



Department of
Job and Family Services

John R. Kasich, Governor

Cynthia C. Dungey, Director

July 11, 2016

Dear Applicant:

This letter is to announce the rerelease of the Ohio Department of Job and Family Services' (ODJFS) Request for Grant Application (RFGA) number JFSR1617178113R in order to award funding to one (1) qualified healthcare provider to implement a Refugee Health Screening Program in Lucas County, Ohio. ODJFS is particularly interested in specific project descriptions that focus on measurable outcomes and convey strategies for achieving intended performance.

This RFGA is a competitive opportunity for applicants that can clearly demonstrate the necessary credentials and experience, and that submit plans to achieve ODJFS's program objectives of operating a comprehensive Refugee Health Screening Program.

If you are interested in submitting an application, please obtain the RFGA through the ODJFS web site at <http://www.jfs.ohio.gov/rfp/>. If you do not have Internet access to this document or experience problems opening the above referenced URL, please contact the RFP/RLB Unit:

ODJFS, Office of Contracts and Acquisitions
30 East Broad Street, 31st Floor
Columbus, Ohio 43215
PH: (614) 728-5693

Responses must be prepared and submitted in strict accordance with the requirements and time frames given in the RFGA. Thank you for your attention to this request.

Sincerely,

Signature On File

Jay Easterling
Deputy Director
Contracts and Acquisitions

30 East Broad Street
Columbus, Ohio 43215
jfs.ohio.gov

An Equal Opportunity Employer and Service Provider

REFUGEE HEALTH SCREENING PROGRAM RERELEASE

RFGA # JFSR1617178113R

**Issued By:
The Ohio Department of Job and Family Services**

**REQUEST FOR GRANT APPLICATIONS (RFGA):
Refugee Health Screening Services Program Rerelease
RFGA #: JFSR1617178113R**

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REQUEST FOR GRANT APPLICATIONS (RFGA):
Refugee Health Screening Services Program Rerelease

RFGA #: JFSR1617178113R

SECTION I. GENERAL PURPOSE & GRANTEE INFORMATION

1.1 Purpose

The Ohio Department of Job and Family Services (ODJFS) rereleases this Request for Grant Applications (RFGA) in order to award funding to one (1) qualified healthcare provider to implement a Refugee Health Screening Program in Lucas County, Ohio. ODJFS is particularly interested in specific program descriptions that focus on measurable outcomes and convey strategies for achieving intended performance. Through this RFGA, applications are solicited from organizations that can offer eligible refugees in Lucas County a comprehensive health screening.

1.2 Eligible Population

For the purposes of this RFGA and any resulting grant agreements, a “refugee” is defined as an individual with original documentation issued by the United States Citizenship and Immigration Services (USCIS) or the Office of Refugee Resettlement (ORR) with one of the following statuses under the Immigration and Nationality Act (INA) of 1952:

- A. Admission as a refugee under section 207 of the INA, 8 U.S.C. 1157;
- B. An asylee as granted under section 208 of the INA, 8 U.S.C 1158;
- C. An alien who is a Cuban or Haitian entrant as defined in 45 CFR, part 401;
- D. An Amerasian admitted pursuant to section 584 of Public Law (Pub.L.No.) 100-202, as amended by Pub.L.No. 100-461;
- E. A refugee or asylee as paroled under section 212 (d)(5) of the INA, 8 U.S.C. 1182;
- F. A victim of a severe form of human trafficking, as defined in the Victims of Trafficking and Violence Protection Act of 2000, 114 Stat.1464, 22 U.S.C. 7102, who has a letter documenting eligibility as such from the ORR;
- G. A family member of a victim of a severe form of human trafficking, as defined by the Trafficking Victims Protection Reauthorization Act of 2003, Pub.L.No. 108-193;
- H. An alien child issued an interim assistance letter from the ORR pursuant to the William Wilberforce Victims Protection Reauthorization Act of 2008, 22 U.S.C. 7105;
- I. An Afghan or Iraqi alien admitted in accordance with Pub.L.No 110-161 of the Consolidated Appropriations Act of 2008 and Pub.L.No. 110-181 of the National Defense Authorization Act for Fiscal Year 2008, who was granted a special immigrant visa under section 101(a)(27) of the INA; or
- J. A lawful permanent resident, provided the individual previously had held a status as identified in paragraphs (B)(10)(a) to (B)(10)(i) of rule 5101:1-2-40 of the Ohio Administrative Code (OAC). The beginning date for eligibility for benefits is based on the entry date in the previous status.

1.3 Background

The Ohio Refugee Services Program operates as part of a national and international effort to help individuals displaced from their countries find a new home and a new life. Individuals and families may be displaced by war; political, religious, or economic turmoil; or other factors beyond their control. ODJFS supervises a federally

funded program of services and benefits designed to help refugees, asylees, Cuban/Haitian entrants, and selected others resettle in Ohio. The Refugee Service Section within the Office of Family Assistance (OFA) is the ODJFS unit responsible for coordination and administration of refugee services in the state of Ohio.

The Federal Refugee Act of 1980 entitles all newly arriving refugees to a comprehensive health screening, to be initiated as soon as possible following arrival. In Ohio, the refugee health screening process is administered by the ODJFS Refugee Services Section. The department has a responsibility to ensure that refugee health screenings will be made available to refugees in accordance with the regulations established by the federal ORR and the requirements detailed in ORR State Letter # 04-10 and 45 Code of Federal Regulation (CFR) Part 400.107.

This opportunity was originally posted on April 11, 2016 and was opened on June 16, 2016. A grantee was unable to be awarded for Lucas County, resulting in the rerelease of the RFGA. Because grants were awarded for all other counties listed in the original RFGA, ODJFS is seeking applications only from applicants able to serve eligible refugees in Lucas County.

1.4 Overview of the Program

ODJFS seeks to fund one (1) application that will operate comprehensive Refugee Health Screening Program. ODJFS will award a grant to a qualified healthcare provider to provide health screenings to newly arrived refugees in Lucas County, Ohio.

1.5 Objectives of the Program

Successful applications will describe effective plans to serve the refugee population by providing comprehensive health screenings to newly arrived refugees. Health screenings should be provided to refugees within the first 30 days of their arrival in the U.S. ORR holds that the purposes for health screenings are as follows:

- A. To ensure follow-up on medical issues identified in an overseas medical screening;
- B. To identify persons with communicable diseases of potential public health importance;
- C. To enable a refugee to successfully resettle by identifying personal health conditions that, if left unidentified, could adversely impact his or her ability to resettle; and
- D. To refer refugees to primary care providers for ongoing health care.

Applicants must explain how they would provide services to achieve these objectives.

SECTION II. PROCUREMENT PROCESS INFORMATION**2.1 Anticipated Procurement Timetable**

DATE	EVENT/ACTIVITY
July 11, 2016	ODJFS Releases RFGA to Applicants on DAS/ODJFS Web Sites; Q&A Per. Opens - RFGA becomes active - Applicants may submit inquiries for RFGA clarification
August 1 st , 2016	Q&A Period Closes, 8 a.m. (for inquiries for RFGA Clarification)
Monday August 8th, 2016 3 p.m.	Deadline to Submit Applications to ODJFS (3 p.m.) LATE APPLICATIONS WILL NOT BE CONSIDERED. THERE WILL BE NO EXCEPTIONS MADE.
August 15, 2016	ODJFS Issues Grant Applicants Award Notification Letter (estimated) - Applicants that submitted applications in response to this RFGA will be sent letters stating whether their application was accepted for award of the grant
October 1, 2016	Implementation* (estimated—following notification of all grant agreement and funding approvals) - ODJFS grant agreements are not valid and effective until the state Office of Budget Management approves the purchase order.
September 30, 2017	Program Completion- All work must be completed and approved by ODJFS Agreement Manager

ODJFS reserves the right to revise this schedule in the best interest of the State of Ohio and/or to comply with the State of Ohio procurement procedures and regulations and after providing reasonable notice.

* According to requirements of Ohio Revised Code (ORC) 126.07, ODJFS contracts are not valid and enforceable until the Office of Budget and Management (OBM) certifies the availability of appropriate funding, as indicated by the approval of the Purchase Order (P.O.). The selected applicant may neither perform work nor submit an invoice for payment for work performed for this program for any time period prior to the P.O. approval date. The ODJFS Agreement Manager will notify the selected applicant when the requirements of ORC Section 126.07 have been met.

2.2 Internet Q & A Period; RFGA Clarification Opportunity

Applicants may ask clarifying questions regarding this RFGA via the Internet during the Q & A Period as outlined in Section 2.1, Anticipated Procurement Timetable. To ask a question, applicants must use the following Internet process:

Access the ODJFS Web Page at <http://www.state.oh.us/ODJFS>;
Select “Doing Business with JFS” at the bottom of the JFS home page;
Select “RFGA’s” on the right side page menu;
RFGA Number: [JFSR1617178113R](#);
Select “Ask a Question about this RFGA” function; and
Follow the instructions to send an e-mail question.

Questions regarding to this RFGA must reference the relevant part of this RFGA, the section heading for the provision under question, and the page number of the RFGA where the provision can be found for public reference by any interested party. ODJFS will not provide answers directly to the applicant (or any interested party) who submitted the question. All questions about this RFGA submitted in accordance with these instructions will be answered on the RFGA’s dedicated web page. Questions and clarifications submitted from the original release of this RFGA can be found in Appendix B of this RFGA packet.

Questions submitted may be no longer than 4,000 characters in length, but there is no limit on the number of questions that may be submitted. ODJFS strongly encourages applicants to ask questions early in the Q&A period so that answers can be posted with sufficient time for any possible follow-up questions.

Requests from applicants for copies of previous RFGAs, past applications, score sheets or grant agreements for this or similar past programs, are Public Records Requests (PRRs), and are not clarification questions regarding the present RFGA. PRRs, submitted in accordance with directions provided in Section 2.3, Communications Prohibition, will be honored. The posted time frames for ODJFS responses to questions for RFGA clarification do not apply to PRRs.

Applications in response to this RFGA are to take into account any information communicated by ODJFS in the Q&A process. It is the responsibility of all applicants to check the website dedicated to this RFGA on a regular basis for answers to all questions, as well as for any amendments, alerts, or other pertinent information.

Should applicants experience technical difficulties accessing the ODJFS website where the RFGA and its related documents are published, they may contact the ODJFS Office of Contracts and Acquisitions, RFGA/RLB Unit, at (614) 728-5693 for guidance.

2.3 Communications Prohibition

From the issuance date of this RFGA, until an actual grant is awarded, there may be no communications concerning the RFGA between any applicant who expects to submit an application and any employee of ODJFS in the issuing office, or any other ODJFS employee, or any other individual regardless of their employment status, who is in any way involved in the development of the RFGA or the selection process.

The only exceptions to this prohibition are as follows:

- A. Communications conducted pursuant to Section 2.2, Internet Q & A Period;
- B. As necessary in any pre-existing or on-going business relationship between ODJFS and any grantee which could submit an application in response to this RFGA;
- C. As part of an interview necessary for ODJFS to make a final selection;
- D. If it becomes necessary to revise any part of this RFGA, ODJFS will post those revisions, amendments, etc., to the website dedicated to this RFGA;
- E. Any Public Records Request (PRR) made through the ODJFS Office of Legal Services. The PRR must comply with the following guidelines:
 - 1. The PRR may be filed by a prospective or actual grantee and must be submitted in writing via email or fax and shall contain the following information:
 - a. The name, organization (if applicable), address, telephone and fax number of the requester;
 - b. The specific name and/or number of the past RFGA, application or grant agreement being requested; and
- F. All requests must be filed at the following location:

Chief Legal Counsel
Office of Legal Services
Ohio Department of Job and Family Services
30 East Broad Street, 31st Floor
Columbus, Ohio 43215

ODJFS is not responsible for the accuracy of any information regarding this RFGA that was obtained or gathered through a source different from the question and answer process described in Section 2.2, Internet Q&A Process of this RFGA. Any attempts at prohibited communications by applicants may result in the disqualification of those applicants' applications.

2.4 Time Frames and Funding Available

ODJFS is seeking to enter into an agreement with one (1) grantee, in Lucas County. The agreements will commence October 1, 2016 (or upon notification of all grant and funding approvals), and end September 30, 2017, with the option to renew the agreements for an additional two (2) years.

The actual dollar amounts awarded for selected applications will be based the applicant's anticipated number of refugee arrivals within Lucas county.

Applications are qualified if they are in accordance with the application submission requirements, and earn at least the minimum score requirements for quality and completeness of applications, as specified in this RFGA.

Scoring and final selections will be completed by an Application Review Team (ART) selected by ODJFS. To make its final selection of applications to receive awards and to determine the size of those awards, ODJFS may, at its option, take into consideration application quality, reasonableness and appropriateness of the proposed budget, geographic diversity, rural and urban mix, local collaborations and funding available.

ODJFS may, at its option, make selections based in part on geographical and demographic criteria in order to provide a wide range of services around the state, and in both urban and rural areas.

Since state law prohibits ODJFS from making financial commitments beyond the fiscal biennium, the grant agreements with the selected grantee(s) will be subject to renewal each biennium. Renewal is contingent upon the availability of funds and satisfactory performance by the grantee.

Applicants are to be aware that ODJFS may, at its sole discretion, negotiate with all technically qualifying applicants for a revised program budget if the program budgets of all technically qualifying applicants are in excess of the available funding for this program. Please refer to Section 7.1 C. of this RFGA for further information on ODJFS procedures to be implemented if this occurs.

If funds are not adequately utilized by any grantees over the life of the program/agreement, ODJFS reserves the right to reduce an award, and at its discretion to increase the size of the award made to a more effective grantee.

2.5 Program Resource Library

<http://jfs.ohio.gov/refugee/index.stm>

SECTION III. APPLICANT EXPERIENCE AND QUALIFICATIONS

3.1 Mandatory Qualifications

In order to be considered for the contract expected to result from this RFGA, ODJFS requires that interested applicants **MUST** meet, at minimum, **ALL** the following qualification requirements:

- A. Applicants must be a licensed direct health care provider able to provide screenings in Lucas County, Ohio.
- B. Applicants must identify a key staff member as a Program Director. The Program Director must, at a minimum, have bachelor's degree in a health related field and at least four years' experience managing a health program.
- C. Applicants must have an office in the county in Lucas County.

Applications which do not meet all the above qualifications will be disqualified from further consideration for grant award.

3.2 Applicant Qualifications

Applicants are to describe their organization's experience and credentials to demonstrate to ODJFS the applicant's understanding of, and likelihood of success in, the work described in this RFGA. As part of the evaluation process, applicants are to provide the following information to be scored by ODJFS:

- A. A description of the applicant's prior experience in providing health care to populations with multiple barriers including access and language;
- B. A description of the indicators of the applicant's effectiveness and quality, and outcomes achieved for similar programs. If the desired outcomes were not met, the description must include an explanation of the lessons learned and a proposal of changes for future success;
- C. A description of the applicant's work, or ability to coordinate, with resettlement agencies in Lucas County; (If selected, the applicant will be required to establish Memorandums of Understanding (MOU) with all refugee resettlement agencies within Lucas County within two months of selection.) and
- D. A description of how the applicant will provide services to the maximum extent feasible in a manner that is culturally and linguistically compatible with a refugee's language and cultural background.

3.3 Staff Experience and Capabilities:

Applicants must demonstrate significant expertise by assigning staff to key leadership roles for this program. Key positions will require profiles and resumes. Applicants must, at minimum:

- A. Provide an organizational chart (including any sub-grantees and community partners), list of key staff, their relevant work experience (including the subject and duration) and the duties they will perform under this application;
- B. Identify, by position and by name, those staff considered key to the program's success (at minimum, key staff identified must include a care coordinator at the service providers' office, a fiscal specialist, and medical staff who will work directly with refugees); and
- C. At least one key staff member that has at least three (3) years of experience working with refugees or a recent immigrant population. The experience must have occurred in the last five (5) years. Identified staff member must be in a lead position on this program.

Important: It is the affirmative responsibility of the applicant submitting an application to remove all personal confidential information (such as home addresses and social security numbers) of applicant staff and/or of any subcontractor and subcontractor staff from resumes or any other part of the application package. Following submission to ODJFS, all applications submitted will become part of the public record.

SECTION IV. WORK PLAN & PROGRAM OUTCOMES

4.1 Scope of Program Work

ODJFS seeks to fund one (1) application that will operate a comprehensive Refugee Health Screening Programs. ODJFS will award one (1) grant to a qualified healthcare provider to provide health screenings to newly arrived refugees in Lucas County, Ohio.

The grantee must serve all eligible individuals, as described in Section 1.2 of this RFGA. ODJFS is particularly interested in specific program descriptions that focus on outcomes and convey strategies for achieving intended performance. Program descriptions will be evaluated on the basis of substance and measurable outcomes, not length; extensive exhibits are not required. Cross-referencing should be used with proposals rather than repetition.

As a condition of receiving a grant award from ODJFS, within two (2) months of receiving a selection letter the grantee must enter into MOU(s) with all refugee resettlement agencies in Lucas County. Applicants will not be allowed to begin work until an MOU has been secured for each resettlement agency within Lucas County.

Applications must include a detailed program work plan that describes the scope of the work proposed and a general overview of how the work will be performed. The program work plan is to be described with details such as how much work will be performed, by whom, using what resources, using what methods, achieving what outcomes, measured by what standards, according to what timelines, etc. Activities must, at a minimum, include the following:

- A. Coordination of care for each refugee, to include reviewing overseas medical information, arranging for an interpreter to be present for all refugee appointments, and providing appropriate referrals for primary care physicians, dental, vision and when needed a specialist;
- B. Completion of all aspects of the refugee health screening, which are detailed in the Core Screening Procedures for Refugees (located in the resource library referenced in Section 2.5 and Appendix A of this RFGA); and
- C. Develop and update the Refugee Health Web Tool monthly, by inputting the screening results of each refugee.

4.2 Proposed Work Plan

Applicants are to include, at minimum, the following narrative structures and technical approach for the proposed work plan. The applicant will:

- A. Explain the key objectives of the proposed program. [NOTE: Applicants are advised to refrain from simply restating the objectives as identified in Section 1.5 of this RFGA]
- B. Provide a technical approach and work plan that is to be implemented within sixty days of the purchase order.

C. Summarize how they:

1. Will comply with the Core Screening Procedures for Refugees (located in the resource library referenced in Section 2.5 and Appendix A of this RFGA).
2. Are licensed health care providers, such as a physician, hospital, community health center, county health department or clinic. A nurse practitioner, physician assistant, public health or extended role nurse may conduct the exam, with maximal use of trained assistants. e.g., for blood pressure measurements, hearing or vision screening.
3. Have the clinical capacity as well as adequate staffing and systems for fiscal accounting and program billing.
4. Will coordinate refugee health screening services in cooperation with local refugee resettlement agencies.
5. Will prescribe or supply appropriate medications for infectious diseases and other conditions identified during the health screening.
6. Will provide appropriate vaccine administration by cross-referencing the following sources to determine the vaccines needed by each refugee patient (when a vaccine series cannot be completed during the screening process, a referral must be provided):
 - a. Immunization Schedules: <http://www.cdc.gov/vaccines/schedules/>
 - b. Change of Status Requirements: <http://www.uscis.gov/files/form/i-693.pdf>
 - c. DS-3025, *Vaccination Documentation Worksheet* provided by the refugee.
 - d. If records are unavailable, an age-appropriate vaccination schedule should be initiated. However, serologic testing for immunity is an alternative for certain antigens when the provider believes the refugee was likely to have had a previous infection that conveyed immunity; or received a full series of vaccine but did not have appropriate vaccination records.
7. Will recognize that the refugee health screening encounter may be a new cultural experience for many refugees and will provide a profound first impression about health care in U.S. Therefore, sensitivity toward the refugee's gender, culture, and other issues is very important.

- D. Demonstrate an understanding of, and a sensitivity to, the psychological trauma refugees may have experienced in the migration process. It is essential providers understand that refugees may have been subjected to multiple stressors before migrating while in flight, and, in many cases, during a temporary resettlement period prior to their arrival in the U.S. Although these stressors may have a long-term negative impact on effective resettlement for some individuals, the treatment of mental health needs of refugees should not be the focus of the initial screening encounter. The initial screening process can, however, serve as an opportunity for providers to discuss with refugees the potential psychosocial difficulties they may experience during resettlement, and to refer refugees with identified mental health concerns to trained experts for evaluation and treatment.

- E. Adhere to Title VI of the Civil Rights Act of 1964 requirements for providing interpreters for non-English speakers by using linguistically and culturally competent medical interpreters to assist with exams, interviews, and health education, and to facilitate the referral process.
- F. Indicate they are able to serve eligible refugees in Lucas County, Ohio.
- G. Demonstrate that it has a county collaboration of community health partners. Applications should include a list of organizations and cooperating entities who will work on this program along with a short description of the nature of their contribution and the counties the organizations serve.
- H. Provide letters of support from:
 - 1. Resettlement agencies within Lucas County;
 - 2. Other local health providers where the applicant will provide services.
- I. Enter into a MOU with each of the local resettlement agencies that are within Lucas County. Each MOU will be provided to ODJFS within sixty (60) days of the selection letter and include the following components:
 - 1. Description of the communication process between the applicant and the resettlement agency;
 - 2. Description of the complaint/issue resolution process;
 - 3. Description of the client referral process.

4.3 Program Outcomes & Measures

The program outcomes for each selected grantee will be specific to the details of that grantee's accepted program plan. All grantees selected through this RFGA process must include the following services: comprehensive health screening, care coordination, and follow-up referrals to a primary care physician, dentist, optometrist and/or specialist when needed.

- A. The program plan must identify how many refugees are expected to be served;
- B. The program plan must identify the process for receiving referrals, coordinating care and follow up;
- C. The program plan must detail how all required screenings, as listed in the Core Screening Procedures for Refugees (located in the resource library referenced in Section 2.5 and Appendix A of this RFGA) will be conducted. Any screenings conducted off site must be detailed to include the provider of those screenings;
- D. The program plan must detail how the applicant will implement the RHS-15 to all refugees over the age of 16 (RHS-15 is located in the RFGA resource library referenced in Section 2.5); and

- E. The program plan must specify who will be responsible for updating the Refugee Health Web Tool monthly. This requires inputting the screening results for each refugee.

SECTION V. OTHER REQUIREMENTS

5.1 Interview

Organizations submitting applications may be requested to participate in an in-depth interview as part of the evaluation process. The interview, if necessary, may include participants from the organization &/or the applicant. ODJFS reserves the right to select from responding applicants for interviews and may not interview all applicants submitting applications. The applicant shall bear all costs of any scheduled interview.

5.2 Start Work Date

The selected grantees must be able to begin work no later than seven (7) working days after the time funds are encumbered and approved by the Office of Budget & Management. The selected grantee(s) will be notified by the ODJFS Agreement Manager when work may begin. Any work begun by the selected grantees prior to this notification will NOT be reimbursable by ODJFS.

5.3 Application Costs

Costs incurred in the preparation of this application are to be borne by the applicant; ODJFS will not contribute in any way to the costs of the preparation. Any costs associated with any application review interviews (if applicable) will not be ODJFS responsibility.

5.4 Trade Secrets Prohibition; Public Information Disclaimer

Applicants' are prohibited from including any trade secret information as defined in ORC 1333.61 in their applications in response to any ODJFS RFGA, Requests for Letterhead Bids (RLB) or other procurement efforts. ODJFS shall consider all applications voluntarily submitted in response to any ODJFS RFGA to be free of trade secrets and such applications shall, in their entirety, be made a part of the public record.

All applications and any other documents submitted to ODJFS in response to any RFGA, RLB, etc., shall become the property of ODJFS. After the selection of the grantees, any applications submitted in response to an RFGA are deemed to be public records pursuant to ORC 149.43. The term "application" shall mean both the technical and the program budget, if opened, submitted by the applicant, any attachments, addenda, appendices, or sample products.

Any applications submitted in response to any ODJFS RFGA, RLB, etc., which make claims of trade secret information shall be disqualified from consideration immediately upon the discovery of such unallowable claim.

5.5 Grant Agreement Requirements

- A. Any grant agreement resulting from the issuance of this RFGA is subject to the terms and conditions as provided in the grant agreement model, which is included as Attachment B of this RFGA;

- B. Many of the terms and conditions contained in the grant agreement (See Attachment B) are required by state and federal law; however, the applicant may propose changes to the grant agreement by annotating the model. Any changes are subject to ODJFS review and approval;
- C. Payments for any and all services provided pursuant to the grant agreement are contingent upon the availability of state and federal funds;
- D. All aspects of the grant apply equally to work performed by any and all sub-grantees;
- E. Grantees, and any sub-grantee(s), will not use or disclose any information made available to them for any purpose other than to fulfill the duties specified in the RFGA. The grantees, and any sub-grantee(s), agrees to be bound by the same standards of confidentiality that apply to the employees of ODJFS and the State of Ohio. Any violation of confidentiality will result in an immediate termination of the grant agreement, and may result in legal action;
- F. As a condition of receiving a grant agreement from ODJFS, the grantees, and any sub-grantee(s), shall certify compliance with any court order for the withholding of child support which is issued pursuant to Section 3113.217 of the ORC. The grantees and any sub-grantee(s), must also agree to cooperate with ODJFS and any Ohio Child Support Enforcement Agency in ensuring that the grantees or employees of the grantees meet child support obligations established under state law;
- G. The grantees, and any sub-grantee(s) that the grantees deems appropriate, agree to be monitored by ODJFS staff on an annual or as needed basis;
- H. By signing a grant agreement with ODJFS, an grantees agrees that all necessary insurance is in effect; and
- I. Grantees selected for participation in this program must agree to collect, maintain and report specific data on each component of their program as requested by ODJFS. Selected grantees will be required to submit quarterly reports in a standardized format, which will be supplied by ODJFS. Each grantee must also agree to participate in any data collection or evaluation required by the federal Office of Refugee Resettlement.

5.6 Subgrantee(s)

Any grantee proposing to use a subgrantee(s) for any part of the work described in this RFGA, must clearly identify the subgrantee(s) in their application. The application must include a subgrantee agreement from the proposed subgrantee(s) (see Attachment A), signed by a person authorized to legally bind the subgrantee(s), indicating the following:

- A. The subgrantee(s) legal status, federal tax ID number, and principle place of a business address;
- B. The name, phone number, and fax number of a person who is authorized to legally bind the subgrantee(s) to contractual obligations;

- C. A complete description of the work the sub-grantee will do, financial term(s) and a time frame of agreement;
- D. A commitment to do the work, if the grantee is selected; and
- E. A statement that the subgrantee(s) has read and understands the RFGA, the submitted application, the nature of the work, and the requirements of the RFGA.

5.7 Public Release of Records

Public release of any evaluation or monitoring reports funded under this grant agreement will be made only by ODJFS. Prior to public release of such reports, ODJFS must have at least a 30-day period for review and comment.

5.8 Confidentiality

All grant agreements will require that the grantees maintain the confidentiality of information and records which state and federal laws, rules, and regulations require to be kept confidential.

5.9 Key Personnel

ODJFS may require a clause in the resulting grant agreement regarding key personnel in that any person identified as critical to the success of the program may not be removed without reasonable notice to ODJFS.

The ODJFS Agreement Manager must be informed in writing, if the grant manager or the director of the provider and facility changes over the course of the program.

5.10 Ethical and Conflict of Interest Requirements

- A. No grantee or individual, company or organization seeking a grant agreement shall promise or give to any ODJFS employee anything of value that is of such character as to manifest a substantial and improper influence upon the employee with respect to his or her duties;
- B. No grantee or individual, company or organization seeking a contract shall solicit any ODJFS employee to violate any of the conduct requirements for employees;
- C. Any grantee acting on behalf of ODJFS shall refrain from activities which could result in violations of ethics and/or conflicts of interest. Any grantee or potential grantee that violates the requirements and prohibitions defined here or of Section 102.04 of the ORC is subject to termination of the agreement or refusal by ODJFS to enter into a grant agreement; and
- D. ODJFS employees and grantees who violate Sections 102.03, 102.04 2921.42 or 2921.43 of the ORC may be prosecuted for criminal violations.

5.11 Health Insurance Portability & Accountability Act (HIPAA) Requirements

As a condition of receiving an agreement from ODJFS, the grantee, and any sub-grantee(s), will be required to comply with 42 U.S.C. Sections 1320d through 1320d-8, and the implementing regulations at 45 CFR Section 164.502 (e) and Sections 164.504 (e) regarding disclosure of protected health information under the Health Insurance Portability and Accountability Act (HIPAA) of 1996. Protected Health Information (PHI) is information received by the grantee from or on behalf of ODJFS that meets the definition of PHI as defined by HIPAA and the regulations promulgated by the United States Department of Health & Human Services, specifically 45 CFR 164.501 and any amendments thereto. The selected grantees can reasonably anticipate HIPAA language in the contract that results from this RFGA.

SECTION VI. APPLICATION FORMAT & SUBMISSION

6.1 Application Submission

The application must be prepared and submitted in accordance with instructions found in this section. Six (6) copies of the Technical Application must be received by ODJFS, Office of Legal and Acquisition Services, on or before **August 8, 2016, 3:00 PM.** **Applications received after this date and time will not be reviewed.** Material mailed or submitted separately from the application packet will not be accepted or added to the application by staff of ODJFS. Faxed applications will not be accepted. Applications must be addressed to:

Office of Legal and Acquisition Services
Ohio Department of Job and Family Services
30 East Broad Street, 31st Floor
Columbus, OH 43215
ATTN: RFP/RLB Unit

For hand delivery on the due date, applicants must allow sufficient time for traffic incidents, downtown parking considerations, and for security procedures in the lobby of the Rhodes State Office Tower (address as stated above) and on the 31st Floor. All applications must be received by mail or hand delivery by the above date and time. Materials received after the submission deadline date will not be included in previous submissions nor be considered. No confirmations of mailed applications received will be sent.

Submission of an application indicates acceptance by the applicant of the conditions contained in this RFGA, unless clearly and specifically noted in the application submitted and confirmed in the grant agreement between ODJFS and the applicant selected.

NOTE: Grant applicants are required to submit one additional copy of the program budget, including any required or voluntary attachments, each on a separate CD-ROM, in non-rewriteable CD format. The requested CDs would be used for storage/archiving purposes only, and not for purposes of application evaluation. Compliance with this request is a mandatory requirement for all ODJFS RFGAs for grant awards, as the agency lessens its dependence upon paper records.

6.2 Format for Submission of the Application

To be accepted and forwarded to the RFGA Application Review Team (ART), an application must include Item A. (Technical Application) as described in this section. The Technical Application must contain all the information specified and requested for each of the components listed below. Additionally, the application must meet the requirements of this section (Application Submission) of this RFGA to be accepted. The applicant is required to submit an original signed (in blue ink) and completed Required Applicant Information and Certifications provided as an Attachment A of this RFGA.

The applicant's Technical Application must contain the following components (organized in 5 primary tabs and divided into sub-tabs) as described below. Any other information thought to be relevant, but not applicable to a specific RFGA section number/letter must be provided as an appendix to the application and so marked as an additional tab. ODJFS reserves the right not to review submitted appendices which includes information/materials that was/were not required in the RFGA.

Grant applicants must organize their application in the following order:

Tab 1 Required Applicant Information and Certifications Document

Attachment A., Section I. -- In this section, the applicant is required to provide required information and certifications of eligibility for state awards, as described in Attachment A., Section I. to this RFGA, entitled "Required Applicant Information & Certifications Document." Applicants may, at their discretion, either print Attachment A., Section I., complete and sign it, and return it as the content of their proposal Tab 1; or they may provide all the required information and certifications (each fully re-stated from Attachment A.) on their own letterhead, properly signed, and include that replication in their proposal Tab 1. Applicants who fail to provide all information and certifications as described in Attachment A., Section I. in their proposal Tab 1 will be disqualified.

Attachment A., Section II. -- Standard Affirmation and Disclosure Form Banning the Expenditure of Public Funds on Offshore Services. This form must be completed and signed by every applicant seeking to do business with the Ohio Department of Job and Family Services. This must be submitted as part of the response to any request for proposals, invitation to bid, request for grant applications, informal quotations, or other such competitive process. **Failure by any applicant to complete, sign, and return the Standard Affirmation and Disclosure Form with its proposal will result in rejection of the proposal as being non-responsive and disqualified from further consideration.**

The signed originals of the above referenced forms (RFGA Attachment A., Sections I. and II.) are to be provided in the applicant's original proposal; photocopies of the completed and signed forms must also be provided with each of the required copies.

Tab 2 Applicant Qualifications

- Sub-Tab 2a.** Mandatory Qualifications
- Sub-Tab 2b.** Applicant Qualifications
- Sub-Tab 2c.** Staff Experience and Capabilities
- Sub-Tab 2d.** Key Staff Experience and Capabilities

Tab 3 Narrative Description of Proposed Program (As defined in Section IV)

Tab 4 Activities

Sub-Tab 4a.

Sub-Tab 4b.

Sub-Tab 4c.

Etc.

Tab 5 Budget Form

Tab 6 Examples, other

A. Technical Application

The applicant's Technical Application must contain the following components, at minimum. It is mandatory that applications be organized in the following order, and that, wherever appropriate, sections/portions of the application make reference by section number/letter to those RFGA requirements to which they correspond.

1. Applicant Qualifications (Tab 2)

a. Mandatory Qualifications (**Sub-Tab 2a.**)

The applicant must include information to demonstrate how the applicant meets the mandatory qualifications as described in Section 3.1, of this RFGA.

b. Applicant Qualifications (**Sub-Tab 2b.**)

The applicant must address all the minimum qualifications and fully describe the partnership participant's roles and functions (for the applicant and each individual partner organizations). Information must include facts such as the program roles of each organization, which partners will provide services, whether the partner organizations have collaborated with the applicant on this or similar programs in the past, how program implementation will be staffed, and how those staff members qualify to meet the RFGA objectives. (See Section 3.2)

c. Key Staff Experience and Capabilities (**Sub-Tab 2c.**)

Under this section the applicant is required to demonstrate significant expertise by assigning staff to key leadership roles for this program. Key positions will require profiles and resume(s) and should specifically list their qualifications and experience in the areas described in Section III (Applicant Experience and Qualifications) of this RFGA. (See Sec. 3.2)

2. Narrative Description of Proposed Program (Tab 3)

Provide a narrative describing the proposed program in detail (in the order as outlined) in Section IV, Work Plan & Program Outcomes of this RFGA.

3. Proposed Work Plan and Program Outcomes (Tab 4)

Provide a detailed program work plan and identify program outcomes as required in Sections 4.2 and 4.3.

3. Budget (Tab 5)

The Program Budget must include a State Fiscal Year Budget summary sheet. The total of all activities should be included on this sheet and be distributed by SFY.

5. Examples, other (Tab 6 – Other voluntarily submitted attachments, if any, as deemed appropriate by applicant.)

B. IMPORTANT – APPLICANT DISQUALIFIERS FOR APPLICATION ERRORS:

The Technical Application is defined as any part of the application (either as required by ODJFS or sent at applicant's discretion), such as work plan, resumes, letters of recommendation, letters of cooperation from any sub-grantees, etc., which are not specifically identified by ODJFS.

1. Any trade secret, proprietary, or confidential information (as defined in Section 8.5 of this RFGA) found anywhere in an application shall result in immediate disqualification of that application.

SECTION VII. CRITERIA FOR APPLICATION EVALUATION & SELECTION

7.1 Scoring of Applications

ODJFS will enter into an agreement with grantee(s) that best demonstrates the ability to meet requirements as specified in this RFGA. Grant applicants submitting a response will be evaluated based on the capacity and experience demonstrated in their Technical Application and Program Budget. All applications will be reviewed and scored by an Application Review Team (ART), comprised of staff from ODJFS OFA. ART members will be required to sign disclosure forms to establish that they have no personal or financial interest in the outcome of the application review and grantee selection process. Final selection of the grantee(s) will be based upon the criteria specified in Sections II., III, and IV of this RFGA. Any applications not meeting the requirements contained in Sections II, III, and IV of this RFGA will not be scored or may be held pending receipt of required clarifications. The ART reserves the right to reject any and all applications, in whole or in part, received in response to this request. The ART may waive minor defects that are not material when no prejudice will result to the rights of any grant applicant or to the public. In scoring the applications, ODJFS will score in three phases:

A. Phase I. Review—Initial Qualifying Criteria:

In order to be fully reviewed and scored, applications submitted must pass the following Phase I. Review. **Any “no” for the listed Phase I. criteria will eliminate an application from further consideration.**

B. Phase II. Review—Criteria for Scoring the Technical Application:

The ART will then collectively score those qualifying Technical Applications, not eliminated in Phase I. Review, by assessing how well the applicant meets the requirements as specified in Sections II, III, and IV of this RFGA. Using the score sheet for Phase II scoring (see Attachment C of this RFGA for specific evaluation criteria), the ART will read, review, discuss and reach consensus on the final technical score for each qualifying technical application.

A maximum of **660** points will be awarded for the Technical Application. A Technical Application must achieve a total of at least **501** points out of the possible **660** points to qualify for consideration. Any application which does not meet the minimum required Technical Application points will be disqualified from any further consideration.

All Phase II technical application evaluation criteria will be scored according to the following scale, based on a proposed program's ability to meet ODJFS needs. The Technical Application Score Sheet (see Attachment C) uses the following point values for rating each requirement.

0	6	8	10
Does Not Meet Requirement	Partially Meets Requirement	Meets Requirement	Exceeds Requirement

Technical Performance Scoring Definitions:

“Does Not Meet Requirement”-a particular RFGA requirement was not addressed in the grant applicant's application, **Score: 0**

“Partially Meets Requirement”- grant applicant's application demonstrates some attempt at meeting a particular RFGA requirement, but that attempt falls below acceptable level, **Score: 6**

“Meets Requirement”- grant applicant's application fulfills a particular RFGA requirement in all material respects, potentially with only minor, non-substantial deviation, **Score: 8**

“Exceeds Requirement”- grant applicant's application fulfills a particular RFGA requirement in all material respects, and offers some additional level of quality in excess of ODJFS expectations, **Score: 10**

IMPORTANT: Before submitting an application to ODJFS in response to this RFGA, applicants are strongly encouraged to use the Technical Application Score Sheet (Attachment C) and the above technical performance scoring information to review their applications for completeness, compliance, and quality.

C. Phase III.—Criteria for Considering the Program Budget

The Program Budget will be reviewed by ODJFS. The grand total of each applicant's Program Budget is divided by that applicant's final Technical Application score. This compares the cost with the quality of the Technical Application, which will provide an average cost-per-quality point earned on the Technical Application

If the Program Budgets of all technically qualifying applicants (as determined by the scoring process described in this section and by the Technical Application Score Sheet, Attachment C to this RFA) are in excess of the available funding for this program, ODJFS may, at its sole discretion, negotiate with all technically qualifying applicants for a revised Program Budget. Grant applicants may then submit one last and best offer, or may request that ODJFS view its original Program Budget as its last and best offer, or may formally withdraw from further consideration, and shall formally indicate its choice according to directions provided by ODJFS at that time. Upon receipt of all last and best offers, and assuming that one or more have submitted a budget that is within ODJFS' Program Budget, ODJFS will then consider those applicants' revised Program Budgets which are within the budget according to the cost-point assignment process described in this section, above, and in the Technical Application Score Sheet, Attachment C, for calculation of the winning score. ODJFS reserves the right to negotiate with applicants for adjustments to their applications should ODJFS determine, for any reason, to adjust the scope of the program for which this RFGA is released.

7.2 Final Selection

The ART may recommend for selection as many as nine (9) or as few applicants as budget and successful applications allow.

SECTION VIII. PROTEST PROCEDURE

8.1 Protests

Any potential, or actual, applicant objecting to the award of an agreement resulting from the issuance of this RFGA may file a protest of the award of the agreement, or any other matter relating to the process of soliciting the applications. Such a protest must comply with the following guidelines:

- A. A protest may be filed by a prospective or actual applicant objecting to the award of an agreement resulting from this RFGA. The protest shall be in writing and shall contain the following information:
 1. The name, address, and telephone number of the protestor;
 2. The name and number of the RFGA being protested;
 3. A detailed statement of the legal and factual grounds for the protest, including copies of any relevant documents;
 4. A request for a ruling by ODJFS;
 5. A statement as to the form of relief requested from ODJFS; and
 6. Any other information the protestor believes to be essential to the determination of the factual and legal questions at issue in the written protest.

- B. A timely protest shall be considered by ODJFS, if it is received by ODJFS' Office of Contracts and Acquisitions, within the following periods:
 1. A protest based on alleged improprieties in the issuance of the RFGA or any other event preceding the closing date for receipt of applications which are apparent or should be apparent

prior to the closing date for receipt of applications shall be filed no later than 3:00 p.m. on the closing date for receipt of applications, as specified in Section 2.1, Anticipated Procurement Timetable, of this RFGA.

2. If the protest relates to the announced intent to award an agreement, the protest shall be filed no later than 3:00 p.m. of the seventh (7th) calendar day after the issuance of formal letters sent to all responding applicants regarding the ODJFS's intent to make the award. The date on these ODJFS letters to responding applicants is the date used to determine if a protest regarding the intent to award is submitted by the end of the protest period.
- C. An untimely protest may be considered if ODJFS determines that the protest raises issues significant to the Department's solicitation process. An untimely protest is one received by ODJFS' Office of Contracts and Acquisitions after the time periods set forth in Item B. of this section.
- D. All protests must be filed at the following location:

Deputy Director
ODJFS Office of Contracts and Acquisitions
30 East Broad Street, 31st Floor
Columbus, Ohio 43215
- E. When a timely protest is filed, a agreement award shall not proceed until a decision on the protest is issued or the matter is otherwise resolved, unless the Director of ODJFS determines that a delay will severely disadvantage the department. The applicant(s) who would have been awarded the agreement shall be notified of the receipt of the protest.
- F. ODJFS' Office of Contracts and Acquisitions shall issue written decisions on all timely protests and shall notify any applicant who filed an untimely protest as to whether or not the protest will be considered.

8.2 Caveats

ODJFS is under no obligation to issue a grant agreement as a result of this solicitation if, in the opinion of ODJFS and the ART, none of the applications are responsive to the objectives and needs of the Department. ODJFS reserve the right not to select any grant applicant should ODJFS decide not to proceed.

Any award resulting from the issuance of this application is subject to the terms and condition as provided in the Sub-grant Agreement (but not only) Article VIII, paragraph C. The Sub-grant Agreement is Attachment B to this application packet.

SECTION IX. ATTACHMENTS AND THEIR USES

- A. **Required Grantee Information and Certifications (To be completed & included in application packet as specified in Sec. 6.2)**

- B. ODJFS Model Grant Agreement (For applicant reference purposes and referenced earlier as Sec. 5.5, A.)**
- C. Technical Application Score Sheet (For applicant self-evaluation purposes)**
- D. Budget Form (To be completed & included in cost application packet as specified in Sec. 6.2, A.3)**

SECTION X APPENDICES

- A. Core Screening Procedures for Refugees**
- B. Internet Question & Answer (Q&A) Period; RFGA Clarification Opportunity from Original Posting**

Thank you for your interest in this program.

Attachment A

Attachment A consists of 2 distinct and different sections. Both sections must be completed and included in Tab 1 of the proposal.

Section I – Required Grantee Information

Section II - Location of Business Form

Attachment A—Section I

REQUIRED GRANTEE INFORMATION and CERTIFICATIONS

Purpose: The Ohio Department of Job and Family Services (ODJFS) requires the following information on applicants who submit proposals or applications in response to any ODJFS Requests for Grant Applications (RFGAs), in order to facilitate the development of the grant with the selected applicant. ODJFS reserves the right to reject your application if you fail to provide this information fully, accurately, and by the deadline set by ODJFS. Further, some of this information (as identified below) **must** be provided in order for ODJFS to accept and consider your application. **Failure to provide such required information will result in your application’s immediate disqualification.**

Instructions: Provide the following information regarding the applicant organization submitting the application. Applicants may either print this attachment, complete and sign it, or may provide the required information and certifications (each fully re-stated from this attachment) on their letterhead as the opening pages of their applications. It is mandatory that the information provided is certified with an original signature (in blue ink, please) from a person with authority to represent the applicant. Applicants are to provide the completed and signed information and certifications as the cover pages of their original proposal submitted to ODJFS.

IMPORTANT: If the RFGA specified a maximum page limit for applicant proposals, the attachment of any required certifications, other documents, or additional pages needed to fully provide the information requested here will **NOT** be counted against that page limit.

Applicants must provide all information

1. ODJFS RFGA #:	2. Application Due Date:
3. Name: (legal name of the grantee – person or organization – to whom grant payments would be made)	
3a. Grantee’s Ohio Administrative Knowledge System (OAKS) ID#: [Vendors may apply for an OAKS vendor ID# at: http://ohiosharedservices.ohio.gov/Vendors.aspx . The necessary forms to be completed and remitted to Ohio Shared Services are the Vendor Information Form (OBM-5657) and the IRS Form W-9. Completion and/or submission of these forms to Ohio Shared Services <u>does not</u> assume a vendor/applicant award of any ODJFS contract/grant.]	
4. Grantee Corporate Address:	5. Grantee Remittance Address: (or “same” if same as Item # 4)
6. Print or type information on the grantee representative/contact person <u>authorized to answer questions on the application:</u> Grantee Representative NAME and TITLE: Address: _____ E-Mail Address: _____ Phone #: _____ Fax #: _____	
7. Print or type the name of the grantee representative <u>authorized to address contractual issues, including the authority to execute a contract on behalf of the vendor, and to whom legal notices regarding contract termination or breach, should be sent</u> (if not the same individual as in #6, provide the following information on each such representative and specify their function): Grantee Representative NAME and TITLE: Address: _____ E-Mail Address: _____ Phone #: _____ Fax #: _____	

8. Is this grantee an Ohio certified MBE? Yes No If yes, attach a copy of current certification to proposal\bid. (If ODJFS has specified the RFGA document as an opportunity open exclusively to Ohio Certified MBEs, then failure to attach a copy of current certification WILL RESULT IN DISQUALIFICATION.)

9. Mandatory Grantee Certifications:

ODJFS may not enter into agreements with/make purchases from any organizations that have been found to be ineligible for state contracts under specific federal or Ohio statutes or regulations. Organizations responding to any ODJFS RFGA opportunity MUST certify that they are NOT INELIGIBLE by signing each of the three statements below. Failure to provide proper affirming signature on any of these statements will result in the disqualification of your application.

I _____ (signature of representative shown in Item # 7, above) hereby certify and affirm that _____ (name of the vendor shown in Item # 3, above), has not been debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in transactions by the United States Department of Labor, the United States Department of Health and Human Services, or any other federal department or agency as set forth in 29 CFR Part 98, or 45 CFR Part 76, or other applicable statutes.

AND

I _____ (signature of representative shown in Item #7, above) hereby certify and affirm that _____ (name of the vendor shown in Item # 3, above), is not on the list established by the Ohio Secretary of State, pursuant to ORC Section 121.23, which identifies persons and businesses with more than one unfair labor practice contempt of court finding against them.

AND

I _____ (signature of representative shown in Item #7, above) hereby certify and affirm that _____ (name of the vendor shown in Item # 3, above), either is not subject to a finding for recovery under ORC Section 9.24, or has taken appropriate remedial steps required under that statute, or otherwise qualifies under that section to enter into contracts with the State of Ohio.

10. Equal Employment Opportunity Information on the Grantee and any Sub-grantee(s)

A. Provide vendor employee data both nationwide (including Ohio staff), and Ohio office employees separately:

	Nationwide	Ohio Offices
Total Number of Employees:	_____	_____
% of those who are Women:	_____	_____
% of those who are Minorities:	_____	_____

B. If you are the selected vendor, will you subcontract any part of the work?

NO -or- YES, but for less than 50% of the work -or- YES, for 50% or more of the work

If yes, provide the following information on each subcontractor (additional pages may be added as needed):

Subcontractor Name: _____

Address: _____

Work To Be _____

Performed: _____

(a brief description) _____

Subcontractor's Estimated Percentage of Total Project (in % of work, not % of dollars): _____

If 50% or more of the work will be subcontracted, then ALSO provide the following information on ALL proposed sub-grantees:

	Nationwide	Ohio Offices
Total Number of Employees:	_____	_____
% of those who are Women:	_____	_____
% of those who are Minorities:	_____	_____

C. Identify all state grants which the grantee has since the beginning of the last fiscal year (i.e., since July 01, 2012) through this fiscal year to date. Also include grants approved for ODJFS or institutions of higher education:

Total number of grants: _____

For each state grant, list the state agency and provide the following information:

State Agency/Educational Institution: _____

Grant Dollar Amount: _____

State Agency/Educational Institution: _____

Grant Dollar Amount: _____

State Agency/Educational Institution: _____

Grant Dollar Amount: _____

Attach additional pages if needed

11. Grantee Ethics Certification

As a grantee receiving grants from the State of Ohio, I certify on behalf of _____ (name of vendor or grantee):

(1) I have reviewed and understand Ohio ethics and conflict of interests' laws, as found in Chapter 102. and Sections 2921.42 and 2921.43 of the Ohio Revised Code.

(2) I acknowledge that failure to comply with this certification is, by itself, grounds for termination of this contract or grant with the State of Ohio.

Signature of authorized agent

Date

12. I have read the ODJFS Model Grant attached to the RFGA, and if awarded a grant, I will not ____ (or) I will ____ request changes to the standard language, and have marked the requested changes and returned the model document with this proposal for consideration by ODJFS. (If so, ODJFS will review those requested changes if you are the selected grantee. All requested changes to model contract language are subject to ODJFS approval.)

13. I _____, (grantee representative in Item # 7) hereby affirm that this proposal accurately represents the capabilities and qualifications of _____ (grantee's name), and I hereby affirm that the cost(s) bid to ODJFS for the performance of services and/or provision of goods covered in this application in response to this ODJFS RFGA is a firm fixed price, inclusive of all incidental as well as primary costs. (Failure to provide the proper affirming signature on this item may result in the disqualification of your proposal\bid.)

14. Location of Business Declaration: Vendors responding to any ODJFS RFP/RLB/RFGA (etc.) must certify that no public funds shall be spent on services provided/performed offshore by completing, signing, and returning the "Location of Business Form," which is the final section of this attachment. **FAILURE TO PROPERLY COMPLETE, SIGN AND RETURN THIS FORM, INCLUDING THE "LOCATION OF BUSINESS FORM," WILL RESULT IN DISQUALIFICATION OF THE VENDOR FROM CONSIDERATION FOR AWARD OF AN ODJFS CONTRACT.**

Attachment A —Section II.

Location of Business Form

Pursuant to Governor’s Executive Order 2011-12K (www.governor.ohio.gov), no public funds shall be spent on services provided offshore. This form serves as a certification of compliance with this policy and required disclosures. Please answer the following questions about the project or service you are seeking to perform for or the funding for which you are applying from the Ohio Department of Job and Family Services:

1. Principal location of business of Grantee:

(Address) (City, State, Zip)

Name/Principal location of business of sub-grantee(s):

(Name) (Address, City, State, Zip)

(Name) (Address, City, State, Zip)

2. Location where services will be performed by Grantee:

(Address) (City, State, Zip)

Name/Location where services will be performed by sub-grantee(s):

(Name) (Address, City, State, Zip)

(Name) (Address, City, State, Zip)

3. Location where state data will be stored, accessed, tested, maintained or backed-up, by Grantee:

(Address) (Address, City, State, Zip)

Name/Location(s) where state data will be stored, accessed, tested, maintained or backed-up by sub-grantee(s):

(Name) (Address, City, State, Zip)

(Name) (Address, City, State, Zip)

(Name) (Address, City, State, Zip)

4. Location where services to be performed will be changed or shifted by Grantee

(Address)

(Address, City, State, Zip)

Name/Location(s) where services will be changed or shifted to be performed by sub-grantee(s):

(Name)

(Address, City, State, Zip)

(Name)

(Address, City, State, Zip)

(Name)

(Address, City, State, Zip)

By signing below, I hereby certify and affirm that I have reviewed, understand, and will abide by the Governor's Executive Order 2011-12K. I attest that no funds provided by ODJFS for this grant or any other agreement will be used to purchase services provided outside the United States or to contract with a sub-grantee(s) who will use the funds to purchase services provided outside the United States. I will promptly notify ODJFS if there is a change in the location where any of the services relating to this project will be performed. If I am signing this on behalf of a company, business, or organization, I hereby acknowledge that I have the authority to make this certification on behalf of that entity.

Signature

Date

Entity Name

Address (Principal place of business)

Printed name of individual authorized
to sign on behalf of entity

City, State, Zip

ATTACHMENT C
RFGA#: JFSR1617178113R
Technical Proposal Score Sheet

PHASE I: Initial Qualifying Criteria

Applicant Name: _____

The application must meet all of the following Phase I application acceptance criteria in order to be considered for further evaluation. Any application receiving a “no” response to any of the following qualifying criteria **shall be disqualified from consideration.**

ITEM	PROPOSAL ACCEPTANCE CRITERIA	RFGA Section Reference	YES	NO
1	Was the application received by the deadline as specified in the RFGA?	2.1 and 6.1		
2	Did the applicant submit a proposal comprised of a Technical Proposal and, a Project Budget?	6.2		
3	Did the application include all required affirmative statements and certifications, signed by the applicant’s responsible representative, as described in the RFGA?	Attachment A		
4	Included in those certifications, did the applicant state that it is not excluded from entering into an agreement with ODJFS, due to restrictions related to the federal debarment list, unfair labor findings, or R.C. § 9.24?	Attachment A		
5	Did ODJFS’ review of the Auditor of State website verify that the applicant is not excluded from contracting with ODJFS by R.C. § 9.24 for an unresolved finding for recovery?	Attachment A		
6	Is the applicant is a licensed direct health care provider in Ohio?	3.1 A.		
7	Has the applicant identified a key staff member as a Program Director with a minimum of a a bachelor’s degree in a health related field and at least four years’ experience managing a health program?	3.1 B.		
8	Has the applicant has identified their office location in Lucas County?	3.1 C.		

PHASE II: Criteria for Scoring of Technical Proposal

Qualifying technical proposals will be collectively scored by an Application Review Team (ART) appointed by ODJFS, Office of Family Assistance, Refugee Services Section. For each of the evaluation criteria given in the following score sheet, reviewers will collectively judge whether the technical proposal exceeds, meets, partially meets or does not meet the requirements expressed in the RFGA, and assign the appropriate point value, as follows:

0	6	8	10
Does Not Meet Requirement	Partially Meets Requirement	Meets Requirement	Exceeds Requirements

A technical proposal’s total PHASE II score will be the sum of the point value for all the evaluation criteria. The review team will collectively score each individual qualifying proposal. Technical proposals which do not meet or exceed a total score of at least **501** points (a score which represents that it “meets” all the evaluation criteria) out of a maximum of **660** points, will be disqualified from further consideration, and its project budget will neither be opened nor considered. Only those vendors who’s Technical Proposals meet or exceed the minimum required technical points will advance to PHASE III of the technical proposal score sheet.

APPLICANT QUALIFICATIONS		RFGA Sec. Ref.	Weight s	Doesn't Meet 0	Partially Meets 6	Meets 8	Exceeds 10
1	The applicant has described their prior experience in providing health care to populations with multiple barriers including access and language.	3.2, A.	2				
2	The applicant has provided a description of the indicators of the applicant's effectiveness and quality, and outcomes achieved for similar programs. NOTE: If the desired outcomes were not met, has the applicant did their description include an explanation of the lessons learned and a proposal of changes for future success.	3.2, B.	3				
3	The applicant has described their work or ability to coordinate with resettlement agencies in the county of application.	3.2, C.	2				
4	The applicant has described they will provide services to the maximum extent feasible in a manner that is culturally and linguistically compatible with a refugee's language and cultural background.	3.2, D.	3				
STAFF EXPERIENCE AND CAPABILITIES		RFGA SEC. REF.					
5	The applicant has provided an organizational chart and a list of key staff, their relevant work experience (including the subject and duration) and the duties they will perform under this grant agreement award.	3.3, A.	2				
6	The applicant has identified, by position and by name, those staff they consider key to the project's success (at minimum, key staff identifies must include the following: 1. Care coordinator at the service providers' office. 2. Fiscal specialist 3. Medical Staff who will work directly with refugees.	3.3, B.	2				
7	The applicant has least one staff member, in a lead position, that has at least three (3) years of experience working with refugees or a recent immigrant population that has occurred in the last five (5) years.	3.3, C.	3				
WORK PLAN & PROGRAM OUTCOMES		RFGA SEC. REF.					
PROPOSED WORK PLAN							
8	The applicant has explained the key objectives of the proposed project.	4.2, A.	3				
9	The applicant has provided a technical approach and work plan that is to be implemented within sixty days of receiving the purchase order.	4.2, B.	3				
10	The applicant has summarized how they will comply with the Core Screening Procedures for Refugees.	4.2, C. 1.	2				
11	The applicant is a licensed health care provider, such as a physician, hospital, community health center, county health department or clinic. A nurse practitioner, physician assistant, public health or extended role nurse may conduct the exam, with maximal use of trained assistants. e.g., for blood pressure measurements, hearing or vision screening.	4.2, C. 2.	3				
12	The applicant has the clinical capacity as well as adequate staffing and systems for fiscal accounting and program billing.	4.2, C. 3.	3				
13	The applicant has summarized how they will coordinate refugee health screening services in cooperation with local refugee resettlement agencies (RAs).	4.2, C. 4.	3				
14	The applicant has summarized how they will prescribe or supply appropriate medications for infectious diseases and other conditions identified during the health screening.	4.2, C. 5.	2				

15	<p>The applicant has summarized how they will provide appropriate vaccine administration by cross-referencing the following sources to determine the vaccines needed by each refugee patient (when a vaccine series cannot be completed during the screening process, all refugees must be provided with a referral):</p> <ul style="list-style-type: none"> a. Immunization Schedules: http://www.cdc.gov/vaccines/schedules/ b. Change of Status Requirements: http://www.uscis.gov/files/form/i-693.pdf c. DS-3025, <i>Vaccination Documentation Worksheet</i> provided by the refugee. d. If records are unavailable, an age-appropriate vaccination schedule should be initiated. However, serologic testing for immunity is an alternative for certain antigens when the provider believes the refugee was likely to have had a previous infection that conveyed immunity or received a full series of vaccine but did not have appropriate vaccination records. 	4.2, C. 6.	2				
16	The applicant has summarized how they will recognize that the refugee health screening encounter may be a new cultural experience for many refugees and will provide a profound first impression about health care in U.S. Therefore, sensitivity toward the refugee's gender, culture, and other issues is very important.	4.2, C. 7.	2				
17	The applicant has demonstrated an understanding of, and a sensitivity to, the psychological trauma refugees may have experienced in the migration process. It is essential providers understand that refugees may have been subjected to multiple stressors before migrating, while in flight, and, in many cases, during a temporary resettlement period prior to their arrival in the U.S. Although these stressors may have a long-term negative impact on effective resettlement for some individuals, the treatment of mental health needs of refugees should not be the focus of the initial screening encounter. The initial screening process can, however, serve as an opportunity for providers to discuss with refugees the potential psychosocial difficulties they may experience during resettlement, and to refer refugees with identified mental health concerns to trained experts for evaluation and treatment.	4.2, D.	2				
18	The applicant confirmed they will Adhere to Title VI of the Civil Rights Act of 1964 requirements for providing interpreters for non-English speakers by using linguistically and culturally competent medical interpreters to assist with exams, interviews, and health education, and to facilitate the referral process.	4.2, E.	3				
19	The applicant has indicated they are able to serve eligible refugees in Lucas County, Ohio.	4.2, F.	3				
20	The applicant has demonstrated that it has a county collaboration of community health partners. Applications should include a list of organizations and cooperating entities who will work on this project along with a short description of the nature of their contribution and the counties the organizations serve.	4.2, G.	3				
21	The applicant has provided letters of support from: <ul style="list-style-type: none"> 1. Resettlement agencies within the county being served. 2. Other local health providers where the applicant will provide services. 	4.2, H.	3				
PROJECT OUTCOMES& MEASURES							
22	The submitted program plan has identified how many refugees are expected to be served.	4.3, A.	1				
23	The submitted program plan has identified the process for receiving referrals, coordinating care, and follow up.	4.3, B.	2				

24	The submitted program plan has provided details how all required screenings, as listed in the Core Screening Procedures for Refugees, will be conducted. Any screenings conducted off site must be detailed to include the provider of those screenings.	4.3, C.	3				
25	The submitted program plan has provided detail how the applicant will implement the RHS-15 to all refugees over the age of 16.	4.3, D.					
26	The submitted program plan has specified who will be responsible for updating the Refugee Health Web Tool monthly for each refugee.	4.3, E.					
Column Subtotal of "Partially Meets" points							
Column Subtotal of "Meets" points							
Column Subtotal of "Exceeds" points							
GRAND TOTAL SCORE:							

Based upon the Grand Total Technical Score earned, does the applicant’s proposal proceed to the Phase III evaluation of its Project Budget? (Applicant’s Grand Total Technical Score must be at least 501 points.)

Yes _____ **No** _____

(If “No,” applicant’s Project Budget will not be opened.)

**ATTACHMENT D:
Budget Form and Instructions**

The Budget must include all costs to run the program. The applicant should outline the program costs for SFY16 and SFY17*.	SFY 2016 (Through 6/30/16)	SFY 2017 (7/1/16 Through 6/30/17)	Total Cost for All SFYs
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
SFY 16 Grand Total	\$		
SFY 17 Grand Total		\$	
Project Grand Total			\$

***Applicants are encouraged to submit multiple forms if additional line items are necessary to accurately outline expenditures.**

**ATTACHMENT D:
Budget Form and Instructions**

Page 2 of 2

Budget Narrative

Applicants have the option of attaching a succinct budget narrative to explain and justify costs, and to submit it as part of the Budget Form. A Budget Narrative may be advisable to explain any costs which the applicant has chosen to combine, to explain how expenditures were achieved, or to make the connections between costs and the technical proposal.

Core Screening Procedures for Refugees

I. ELIGIBILITY

Persons in Ohio holding one of the following federal immigration status categories are eligible to receive federally funded refugee health screening:

- Admitted as a **refugee** under section 207 of the Immigration and Nationality Act (INA).
- Granted asylum** under section 208 of the INA.
- Paroled as a **refugee** or **asylee** under section 212 (d) (5) of the INA.
- Special Immigrant Visa** Holder from Iraq or Afghanistan under section 101(a)(27) of the INA.
- Victims of Severe Forms of **Trafficking** as certified by the federal Office of Refugee Resettlement (ORR).
- Cuban and Haitian entrants** in accordance with section 501 (a), Public Law 96-42294 Stat. 1810 (U.S.C. 1522 note) executive order 123.
- Certain Amerasians from Vietnam.

Proof is required in the form of documentation issued to an individual by the United States Citizenship and Immigration Services (USCIS). The documentation is usually, but not always, an I-94 card. Contact the Ohio Refugee Health Coordinator for assistance with alternative documentation.

The provider must obtain a copy of the documentation that determines each individual's eligibility for the services and maintain it in the patient file.

II. AUTHORITY

- Pursuant to section 412(b)(5) of the Immigration and Nationality Act, ORR is authorized to fund states to cover the costs of providing medical screening to refugees.
- Pursuant to 45 CFR 400.107, states are authorized to provide medical screening to refugees in accordance with requirements prescribed by ORR.
- Pursuant to Ohio Revised Code section 5101.49, the Ohio Department of Job and Family Services (ODJFS) is designated as the single state agency responsible for the development and administration of the Refugee Resettlement Program (Refugee Act of 1980 (P.L. 96-212)), and the Cuban-Haitian Entrant Program (Fascell-Stone Amendment to the Refugee Education Assistance Act of 1980 (P.L. 96-422)).

<http://jfs.ohio.gov/refugee>

III. PURPOSE

ORR holds that the purposes for medical screening are as follows:

- To ensure follow-up with medical issues identified in an overseas medical screening.
- To identify persons with communicable diseases of potential public health importance.
- To enable a refugee to successfully resettle by identifying personal health conditions that, if left unidentified, could adversely impact his or her ability to resettle.
- To refer refugees to primary care providers for ongoing health care.

IV. COMPONENTS

Review of Overseas Medical Records

A review of overseas medical records should include the following Department of State (DS) forms: DS-2053 or DS-2054, *Medical Examination for Immigrant or Refugee Applicant*; DS-3024 or DS-3030, *Chest X-Ray and Classification Worksheet*; DS-3025, *Vaccination Documentation Worksheet*; and the DS-3026, *Medical History of Physical Examination Worksheet*.

The history should also include the United Nations High Commission for Refugees Medical Assessment Form (MAF), the International Organization for Migration’s Significant Medical Conditions (SMC) form and Pre-Departure Medical Screening (PDMS) form, immunization records and other individually carried documents.

Prioritization

Priority should be given to persons with Class A and/or Class B medical conditions identified during the overseas medical examination. These patients should receive health screening as soon as possible and providers should ensure coordination with/referral to local public health.

<u>Class A Conditions</u>	<u>Class B Conditions</u>
Require approved waivers for U.S. entry and immediate follow-up upon arrival.	Require follow-up soon after arrival in the U.S.
Conditions that preclude a refugee from entering the U.S. including communicable diseases of public health significance, mental illnesses associated with violent behavior and drug addiction.	Significant health problems: physical or mental abnormalities, diseases, or disabilities serious in degree or permanent in nature amounting to a substantial departure from normal well-being.
<i>HIV was removed from this list effective 1/4/2010.</i>	
Tuberculosis, active, infectious. Hansen’s disease, infectious (leprosy). Chancroid, gonorrhea, granuloma inguinale, lymphogranuloma venereum & syphilis. Drug addiction. Mental illness with violent behavior.	Tuberculosis: active, not infectious; extrapulmonary; old or healed TB; contact to an infectious case-patient; positive skin test. Hansen’s disease, not infectious. Other significant physical disease, defect or disability.

Physical Exam

The physical exam should involve a comprehensive clinical evaluation as well as a head-to-toe review of all systems, including an assessment of refugees’ nutritional well-being, reproductive health, mental health, dental health, hearing and vision. A gynecological exam may be performed as part of the physical after the health professional informs the refugee woman about the health benefits of this type of exam and any procedures involved. The health professional should advise the woman of her choice to opt-out. During the assessment, the provider should pay special attention to signs of trauma (e.g., childbirth, gender-based violence). In accordance with the Centers for Disease Control and Prevention’s guidelines, the mental health screening should be incorporated into the history and physical exam. The purpose of the mental health screening is to assess for acute psychiatric emergencies such as suicidal and homicidal ideation. In instances where suicidal or homicidal ideation is suspected, providers should make expedited referrals for formal psychiatric evaluation.

<http://www.cdc.gov/immigrantrefugeehealth/guidelines/domestic/domestic-guidelines.html>

V. TERMS AND CONDITIONS

Providers

Refugee Health Screening Program providers must:

- Comply with the 'Core Screening Procedures for Refugees.'
- Be a licensed health care provider, such as a physician, hospital, community health center, county health department or clinic. **A nurse practitioner, physician assistant, public health or extended role nurse may conduct the exam, with maximal use of trained assistants. e.g., for blood pressure measurements, hearing or vision screening.**
- Demonstrate clinical capacity as well as adequate staffing and systems for fiscal accounting and program billing.
- Coordinate refugee health screening services in cooperation with local refugee resettlement agencies (RSAs). RSAs are responsible for providing refugees with resettlement assistance upon their entry into the U.S. This assistance includes referral services for health care, employment, training and education. RSAs assist refugees in obtaining the initial health screening.
- Prescribe or supply appropriate medications for infectious diseases and other conditions identified during the health screening.
- Provide appropriate vaccine administration by cross-referencing the following sources to determine the vaccines needed by each refugee patient (when a vaccine series cannot be completed during the screening process, all refugees must be provided with a referral):
 1. Immunization Schedules: <http://www.cdc.gov/vaccines/schedules/>
 2. Change of Status Requirements: <http://www.uscis.gov/files/form/i-693.pdf>
 3. DS-3025, *Vaccination Documentation Worksheet* provided by the refugee.
 4. *If records are unavailable, an age-appropriate vaccination schedule should be initiated. However, serologic testing for immunity is an alternative for certain antigens when the provider believes the refugee was likely to have had a previous infection that conveyed immunity or received a full series of vaccine but did not have appropriate vaccination records.*
- Recognize that the refugee health screening encounter may be a new cultural experience for many refugees and will provide a profound first impression about health care in U.S. Therefore, sensitivity toward the refugee's gender, culture, and other issues is very important.
- Providers should have an understanding of, and be sensitive to, the psychological trauma refugees may have experienced in the migration process. It is essential providers understand that refugees may have been subjected to multiple stressors before migrating, while in flight, and, in many cases, during a temporary resettlement period prior to their arrival in the U.S. Although these stressors may have a long-term negative impact on effective resettlement for some individuals, the treatment of mental health needs of refugees should not be the focus of the initial screening encounter. The initial screening process can, however, serve as an opportunity for providers to discuss with refugees the potential psychosocial difficulties they may experience during resettlement, and to refer refugees with identified mental health concerns to trained experts for evaluation and treatment.
- Adhere to Title VI of the Civil Rights Act of 1964 requirements for providing interpreters for non-English speakers by using linguistically and culturally competent medical interpreters to assist with exams, interviews, and health education, and to facilitate the referral process.

INTERPRETATION SERVICES MUST BE APPROPRIATE:

1. **It is not appropriate to use children or other family members as interpreters.**
 2. **Telephonic or video interpreting services are often the best choice**—especially in smaller or new communities.
For example, an 11 year old female patient should be provided with telephonic or video interpretation services if the only available in-person interpreter is an adult male who is friends with the patient’s father.
 3. It is not appropriate to delay or reschedule an appointment due to a lack of in-person interpretation services. Providers should prioritize completion of the health screening and obtain telephonic or video interpreter services if in-person service is not available. **If a provider contracts with a resettlement agency for interpreter services they must recognize *potential* conflicts of interest** as the resettlement agency balances the best interests of the refugee with the agency’s interests as a service vendor.
- Maintain linkage to appropriate primary care providers or specialists for necessary follow-up services not available on site, including public health and inpatient facilities, psychological counselors, drug and alcohol treatment services and other community providers.
 - Assure continuity of care, and that referrals are timely, and when possible, in proximity to the refugee’s residence. Refugees must be referred to participating Medicaid specialty or primary health care services for treatment and follow-up of acute and chronic conditions identified during the overseas and domestic health screening. When refugees are referred for specialty or primary care, the screening provider must share the results of the initial health screening. Follow-up care may be provided by the provider performing the initial health screening.
 - Maintain patient records in accordance with 45 CFR 400.28.
 - Participate in refugee health meetings and site visits conducted by ODJFS assuring prompt access to all program sites, records and reports relating to the program. The Provider must obtain a signed release from each patient allowing ODJFS to access their records for its monitoring purpose.
 - **Records are the property of the provider agency.** However, information pertaining to Refugee Health Screening Program surveillance requirements must be accessible to ODJFS.
 - Submit completed health screenings electronically via the Refugee Health Screening System: <https://www.odjfs.state.oh.us/rhss> and e-mail invoices to ODJFS on a monthly basis.

If technical issues prohibit submission of forms electronically they may be mailed to:

Ohio Department of Job and Family Services
Office of Family Assistance
Refugee Services Section
P.O. Box 183204
Columbus, OH 43218-3204

Reimbursement

Reimbursement from the ODJFS Refugee Health Program is contingent upon:

- The health screening is initiated within 90 days of:
 - Refugee / SIV date of entry into the U.S.
 - Asylee / SIV / Cuban-Haitian entrant date status is granted (when obtained in the U.S.).
 - Trafficking victim's date of certification.

NOTE: SCREENING SHOULD BEGIN WITHIN 30 DAYS OF ARRIVAL TO MEET FEDERAL GUIDELINES.

- The first dose of all age/condition appropriate vaccines are provided and documented on USCIS Form I-693 with a copy of the form provided to the refugee.
- All age/condition appropriate components of the health screening are provided for each refugee.
- That no other reimbursement is sought. **By accepting reimbursement from the ODJFS Refugee Health Program the provider agrees that this covers ALL costs associated with refugee health screening.**

Providers billing Ohio Medicaid, Medicare or private insurance for costs associated with refugee health screening are committing fraud.

ODJFS Refugee Health Program

The ODJFS Refugee Health Program will support the efforts of contracted health screening providers by furnishing technical assistance to enhance the effectiveness of the Program including, but not limited to, the following areas:

1. Provide direction, training, forms and other materials as needed.
2. Provide on-site and/or telephone technical assistance as needed.
3. Oversee health screening providers' performance. Conduct site visits to ensure compliance with the terms of the agreement.
4. Provide pertinent information, such as trends in morbidity that may be specific to ethnicity or country of origin, to providers, RSAs and other stakeholders as applicable.
5. Use surveillance findings as the basis for recommendations for revisions to the health screening payments and instructions (Attachment A).
6. Coordinate collaboration between providers and RSAs to ensure new arrivals' access to screening.
7. Process invoices timely.
8. Notify the health screening providers immediately when a problem arises regarding the performance of duties as specified in the agreement.

VI. HEALTH SCREENING PROTOCOL

Refugee health screening involves collecting/documenting:

- Demographics, dates and health education
- Exam and lab information
- Immunizations
- Parasites
- Tuberculosis
- Hepatitis B
- Sexually transmitted infections
- Referrals
- Authorization for release of protected health information

Section I: Refugee Personal and Demographic Information

▪ **Name:** Family name first, followed by given name and middle name.
Probably pre-loaded into database- enter alien number to find match.**

▪ **[Street Address, City, Zip & Phone:** Not needed, no not enter.]

▪ **County:** Enter the refugee's county of residence.

▪ **Gender:** Male or female – may be pre-loaded into database- enter alien number to find match.

▪ **Resettlement Agency:** Record name of refugee's resettlement agency when applicable.

▪ **Alien number:** The "A" number is *usually* located at the back of the USCIS form I-94, Record of Changes section. At times the "A" number may be found on the front page of the I-94 under the Departure Number, hand-written or typed.

Probably pre-loaded into database- enter alien number to find match.**

▪ **Alien Status:** Frequently found on the USCIS I-94 front page next to the Departure Number (stamped ADMITTED AS A...). Note: Asylee status is not always indicated on the I-94 form; it can be found on a letter from USCIS indicating asylum granted status and the date the asylum granted.

Providers are required to verify a client's eligibility for refugee health screening program and maintain documentation of eligibility in the permanent record.

▪ **Country of Origin:** This will be noted on the I-94 card; may not be country of departure; contact ODJFS for assistance.

Probably pre-loaded into database- enter alien number to find match.**

▪ **Primary Language:** Record the language the refugee identifies as their native language. Please conduct session in this language, unless refugee is *proficient* in English.

▪ **Interpreter Needed:** An interpreter is needed unless the refugee is *proficient* in English.

Items shaded in grey should be provided by RSA.

▪ **Language Used:** Refers to language used during interpretation.

▪ **Interpreter Name:** Name of interpreter or their employer.

▪ **Interpreter Agency:** Name of agency supplying interpreter

Section II: Dates and Locations

- **Arrival / Status Granted Date:** Month/Day/Year taken from I-94 or letter of status.
- **Date of Birth:** Month/ Day/Year taken from front page lower right hand corner of the I-94. Note: some records from overseas may be in a *Day/Month/Year* format.

Probably pre-loaded into database- enter alien number to find match.

☐ Items shaded in grey should be provided by RSA. ☐

- **Health Screening Start Date:** Date the refugee started the domestic health screening in U.S., can include *any* medical, pharmaceutical, public health or dental encounter.
- **Health Screening Start Location/Site:** Location the health screening was started, including if it was not provided by your facility, e.g. TB testing or blood work/evaluation.
- **Health Screening Assessment Date:** Date of refugee's final health screening evaluation by the provider physician or practitioner. This is the date/month used for invoicing purposes.
- **Health Screening Assessment Location/Site:** Location where refugee health screening was completed.

Section III: Screening Provider Information (Provider Use Only)

Your log-in will fill this section for each contracted provider.

Section IV: Overseas Medical Document Review

A review of overseas medical records should include the following Department of State (DS) forms:

- DS-2053 or DS-2054, *Medical Examination for Immigrant or Refugee Applicant*;
- DS-3024 or DS-3030, *Chest X-Ray and Classification Worksheet*;
- DS-3025, *Vaccination Documentation Worksheet*;
- DS-3026, *Medical History of Physical Examination Worksheet*.

The history should also include a review of the UNHCR Medical Assessment Form (MAF), the International Organization for Migration's Significant Medical Conditions (SMC) form and Pre-Departure Medical Screening (PDMS) form, immunization records and other individually carried documents.

- List the Class A & B findings from the overseas health assessment. Evaluate the diagnoses.
- Check Yes or No depending on whether your diagnosis concurs with the overseas diagnosis for each Class A or B condition. If further evaluation is needed to confirm any diagnosis, refer the refugee for evaluation as appropriate.
- Enter brief comments related to diagnosis or documentation that may be useful to other service providers (in case we forward the health screening form to another state for refugees who move after their initial resettlement in Ohio).

What if overseas records are not available?

Timely refugee health screening is dependent on refugees arriving with their overseas records. Coordinate with the resettlement agency staff to ensure that all refugees arrive with their records.

Contact ODJFS to request overseas records from the federal database if a refugee fails to provide them.

Section V: Health Education: 50 Minute Orientation to the U.S. Health Care System

You are required to provide “Safe, Smart and Healthy: Keys to Success in Your New Home” viewing time as a component of each screening. This can be done using pre- and post-appointment times. The DVDs are provided at no cost to health screening providers and can be played in a variety of settings, on laptops or DVD players. All refugee patients (except very young children) must have the opportunity to view all six modules of the DVD to meet the Health Education requirement of the refugee health screening.

Viewing the DVD will likely prompt questions from your refugee patients. Please allow enough office visit time to answer questions brought about by viewing the DVD.

ODJFS supplies copies of the DVD for providers to hand out to patients so they may view the information again.

Section VI: Physical Exam

Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient.

For children under the age of 16

- Head circumference: centimeters (**pre-school age only**)
- Blood lead level: µg/dL
- Test Date (Blood Lead level): Mandatory for reimbursement.

For all ages record:

Height	Weight	Temperature
Pulse	Blood Pressure	Visual Acuity
Oral Exam	Hearing	Speech
Complete Blood Count with Differential:		
White blood cells	Mean corpuscular volume	Hemoglobin
Hematocrit	Eosinophils	Serum glucose
Urinalysis:		
Specific gravity pH		

UTC = Unable to Collect: when selecting UTC you must provide explanation in the Physical Exam Notes.

Physical Exam Notes

Document any issues or problems with the screening including why procedures were not followed.

Section VII: Immunization Status

Contracted refugee health screening providers MUST administer the first dose of all age/condition appropriate vaccines by cross-referencing the following sources to determine the vaccines needed by each refugee patient that supports their change of status from refugee to permanent resident:

- Immunization Schedules: <http://www.cdc.gov/vaccines/schedules/>
- Change of Status Requirements: <http://www.uscis.gov/files/form/i-693.pdf>
- DS-3025, *Vaccination Documentation Worksheet* provided by the refugee

*If records are unavailable, an age-appropriate vaccination schedule should be initiated. However, **serologic testing for immunity is an alternative** for certain antigens when the provider believes the refugee was likely to have had a previous infection that conveyed immunity or received a full series of vaccine but did not have appropriate vaccination records.*

The per capita reimbursement does not require providers to complete the multi-dose series they initiate. When a vaccine series cannot be completed during the screening process, all refugees must be provided with a referral to a clinic that can complete their series.

- Document immunity based on exam, history or serologic testing
- Record Mo/Day/Year of each immunization.
- *Provide each patient with documentation of all known vaccinations.*
- Instruct refugees to bring the documentation to all medical visits including the Civil Surgeon evaluation required for change of status applications.

Section VIII: Parasite Screening

	Adults	Children
Stool Ova and Parasite Testing <i>Presumptive treatment is an acceptable alternative to testing, provided the contraindication has resolved.</i>	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 <i>Serological testing is an acceptable alternative. Ivermectin is the drug of choice, but is contraindicated in refugees from Loa loa endemic areas of Africa. In African refugees from Loa loa endemic areas, presumptive treatment is more expensive and complicated (e.g. high dose albendazole) and it may be more feasible to conduct serologic testing with treatment of those found to have infection</i>	Individuals who did not receive pre-departure presumptive treatment.	Children who did not receive pre-departure presumptive treatment.
Schistosomiasis Presumptive Treatment <i>Serological testing is an acceptable alternative. Presumptive treatment is only recommended in refugees from sub-Saharan Africa. Currently, all sub-Saharan refugees without contraindications are receiving pre-departure treatment.</i>	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 contraindications to presumptive treatment at pre-departure (e.g., under 4 years).
Malaria Testing	Individuals from sub-Saharan Africa who had contraindications to	Children from sub-Saharan Africa who had contraindications to

<i>Presumptive treatment is an acceptable alternative to testing, provided the contraindication has resolved.</i> <i>Presumptive treatment is only recommended in refugees from sub-Saharan Africa. Currently, all sub-Saharan refugees without contraindications are receiving pre-departure treatment.</i>	presumptive treatment at pre-departure (e.g., pregnant, lactating)	presumptive treatment at pre-departure (e.g., < 5 kg).
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Section IX: Tuberculosis Screening

TB Test: TB testing must be performed on every refugee health screening patient. ODJFS recommends the use of interferon-gamma release assays (IGRAs) because this reduces the number of false positive results and thus reduces the need for chest x-rays. The use of IGRAs is calculated in the per capita reimbursement rate. TB skin test results are acceptable. Perform and document the date and results of TB testing. All refugee patients must be screened in the United States. Overseas TB test results cannot be entered into the Refugee Health Screening System.

Chest x-ray: Chest x-ray must be performed for all individuals with a positive TB skin test or IGRA. A chest x-ray should also be performed for those individuals classified as TB Class A or TB Class B during the overseas exam and for those who have symptoms compatible with TB disease, regardless of TB skin test results.

COORDINATION WITH LOCAL PUBLIC HEALTH IS HIGHLY RECOMMENDED.

Section X: Hepatitis B Screening

ALL refugees require Hep B testing.

- Hepatitis B surface antigen (HBsAg)
- Hepatitis B surface antibody (anti-HBs)
- Hepatitis B core antibody (anti-HBc)

Screen all household contacts of carriers and immunize susceptibles.

Refer all carriers for additional medical evaluation.

Section XI: Sexual History and Sexually Transmitted Infections

	All	Adults	Children
HIV Testing	✓ Opt-out approach	Effective January 4, 2010, refugees will no longer be tested for HIV prior to entry to the U.S. These core procedures now reflect the recommendation of the Centers for Disease Control and Prevention for domestic HIV screening (MMWR 9/22/06)	
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.
Gonorrhea		No data support routine testing in refugees; test only if symptomatic.	

Pregnancy Testing		✓ Women of childbearing age.	✓ Girls of childbearing age.
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Section XII: Referrals

Primary Care

To ensure continuity of care, all refugees should be referred to primary care services as needed that:

- Are accessible with their Medicaid or other insurance coverage;
- Are accessible via public transportation or insurance-covered transportation;
- In proximity to the refugee’s residence.

Public Health

Tuberculosis and other reportable disease conditions should be coordinated with local public health.

Dental / Vision / Mental Health Services

Providers should also make referrals as appropriate, for dental, vision and mental health services.

I-693 / Civil Surgeons / Public Health Vaccination Clinics

Providers must supply all refugees with the contact information for their nearest USCIS Civil Surgeon or participating health department for completion of the I-693 form.

Civil Surgeons can be located using:

https://egov.uscis.gov/crisgwi/go?action=offices.type&OfficeLocator.office_type=CIV or 1 (800) 375-5283.

Providers can become designated Civil Surgeons:

USCIS.gov > Resources > Designated Civil Surgeons

Section VI: Authorization for Release or Use of Protected Health Information

Refugee health screening must be HIPAA compliant:

- Providers must supply an authorization for the release and use of protected health information form to refugees for their signature and dating, authorizing ODJFS staff access to their records for invoicing and monitoring purposes.
- Records are the property of the provider agency, however, information pertaining to Refugee Medical Screening Program invoices, reports and surveillance requirements must be accessible to ODJFS.
- When submitting refugee health screening electronically, the Authorization for Release or Use of Protected Health Information forms **MUST** be kept in the patient’s file and be available for inspection and or monitoring purposes.

NOTE: Health providers or their affiliates may not sign the witness section. This section must be signed by a third party (non affiliate of the health provider), e.g., resettlement agency representative, another patient or refugee, or a relative of a refugee.

Domestic Medical Screening Guidelines Summary Checklist*

Activity	All	Adults	Children
History & Physical Exam			
History	✓	Includes review of overseas medical records.	
Physical Exam & Review of	✓	Includes mental health, dental, hearing, and vision screening; nutritional, reproductive assessment; health education and anticipatory guidance, etc.	
Laboratory Tests			
Complete Blood Count with Differential	✓		
Serum Chemistries	✓		
Urinalysis	✓		
Pregnancy Testing		✓ Women of childbearing age; using opt-out approach	✓ Girls of childbearing age; using opt-out approach
HIV Testing	✓		
Hepatitis B Testing	✓		
Blood Lead Level			✓ Children 6 months to 16 years
Syphilis Testing		✓	✓ Children ≥15 years ; children under 15 years 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 who are sexually active or children with risk factors
Newborn Screening Tests ¹			✓ Within first year of life
Preventive Health Interventions & Other Screening Activities			
Immunizations ²		✓ Individuals with incomplete or missing immunization records	✓ Children with incomplete or missing immunization records
Tuberculosis Screening ³	✓		
Stool Ova and Parasite Testing ⁴		✓ 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 ^{2, 5}		✓ 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 or child <15 kg) should be presumptively treated after arrival. ✓	
Schistosomiasis Presumptive Treatment ^{2, 6}		✓ 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 ^{4, 6}		✓ 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

¹ According to state standards; see: <http://genes-r-us.uthscsa.edu/resources/consumer/statemap.htm>

³ Tuberculosis screening may include IGRA or TST/PPD testing and/or chest x-ray

² Serological testing is an acceptable alternative

⁴ Presumptive treatment is an acceptable alternative to testing, provided the contraindication has resolved

⁵ Ivermectin is the drug of choice, but is contraindicated in refugees from *Loa loa* endemic areas of Africa. In African refugees from *Loa loa* endemic areas, presumptive treatment is more expensive and complicated (e.g. high dose albendazole) and it may be more feasible to conduct serologic testing with treatment of those found to have infection

*For specifics, see CDC guidelines at: <http://www.cdc.gov/immigrantrefugeehealth/guidelines/domestic/domestic-guidelines.html>. These screening guidelines are for asymptomatic refugees. Refugees with signs or symptoms should receive diagnostic testing.

Domestic Medical Screening Guidelines Summary Checklist*

Activity	All	Adults	Children
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⁶ *Presumptive treatment is only recommended in refugees from sub-Saharan Africa. Currently, all sub-Saharan refugees without contraindications are receiving pre-departure treatment.*

*For specifics, see CDC guidelines at: <http://www.cdc.gov/immigrantrefugeehealth/guidelines/domestic/domestic-guidelines.html>. These *screening* guidelines are for *asymptomatic* refugees. Refugees with signs or symptoms should receive diagnostic testing.

Opportunity Detail

Questions and Answers

Refugee Health Screening Services

Document #: JFSR1617178113

Question: If our agency is applying to be a refugee health screening provider in 2 counties, should we submit 2 separate applications (one for each county) or just one application that encompasses both counties?

Answer: Applicants must submit two separate submissions for each county the applicant will provide refugee services.

Date: 5/13/2016

Inquiry: 38041

Question: Section III 3.3 Staff Experience and Qualifications C. Can the "at least one key staff member that has at least (3) years of experience working with refugees" be the Refugee Nurse or Navigator? And does this person have to have worked with refugees full-time for three years or can they have worked with them part-time for three years?

Answer: Yes the person can be the refugee nurse or the patient navigator as long as they're "key" staff for the project. Both full and part time work is sufficient to meet the three year requirement.

Date: 5/11/2016

Inquiry: 38013

Question: Is there a fillable pdf version of the RFGA?

Answer: At this time, JFS does not have a fillable version of the RFGA.

Date: 5/11/2016

Inquiry: 38019

Question: **Section VI--Application Format & Submission 6.2 Format for Submission of the Application** Is there any requirements for the following: font size, margins, page numbering, heading format, and spacing.

Answer: There are no font size, margins, page numbering, heading format, and spacing limits for this RFGA.

Date: 5/9/2016

Inquiry: 37995

Question: **Pg 14 regarding Application Submission. Send 6 written copies for the Technical Application. The application says "submit one additional copy of the program budget in CD-ROM"** Does this mean only one CD-ROM of only the budget is submitted or 2

Answer: Please submit one hard copy of the program budget as well as one copy on CD-ROM. In addition to the six hard copies of the Technical Application, applicants are also required to submit one CD-ROM copy.

Date: 5/9/2016

Inquiry: 37989

Question: **On Attachment A, REQUIRED GRANTEE INFORMATION and CERTIFICATIONS, Part 10C, it instructs, "C. Identify all state grants which the grantee has since the beginning of the last fiscal year (i.e., since July 01, 2012) through this fiscal year to date." July 1, 2012 is obviously not the last fiscal year. Should we list all state grants since July 1, 2014 or July 1, 2015?**

Answer: Please identify all state grants, which the grantee has since the beginning of this fiscal year (i.e., July 1, 2015 through June 30, 2016).

Date: 5/9/2016

Inquiry: 37980

Question: In Section 6.2, Tab 2 Applicant Qualifications lists 4 sub-tabs (2a, 2b, 2c, and 2d) on page 15, but on page 16, under "Technical Application," it only lists 3 sub tabs (2a, 2b, and 2c). Please confirm that there are only 3 sub tabs under Tab 2.

Answer: There are only three (3) sub tabs (i.e., 2a, 2b, and 2c.) for this RFGA.

Date: 5/9/2016

Inquiry: 37977

Question: I would like to discuss the requirements with someone. Thanks

Answer: As stated in Sections 2.2 Internet Q&A Period; RFGA Clarification Opportunity, Applicants may ask clarifying questions regarding this RFGA via the Internet during the Q & A Period as outlined in Section 2.1, Anticipated Procurement Timetable. To ask a question, applicants must use the following Internet process: Access the ODJFS Web Page at <http://www.state.oh.us/ODJFS>; Select "Doing Business with JFS" at the bottom of the JFS home page; Select "RFGA's" on the right side page menu; RFGA Number: JFSR1617178113; Select "Ask a Question about this RFGA" function; and Follow the instructions to send an e-mail question. Questions regarding to this RFGA must reference the relevant part of this RFGA, the section heading for the provision under question, and the page number of the RFGA where the provision can be found for public reference by any interested party. ODJFS will not provide answers directly to the applicant (or any interested party) who submitted the question. All questions about this RFGA submitted in accordance with these instructions will be answered on the RFGA's dedicated web page.

Date: 4/29/2016

Inquiry: 37529

Question: Section IX--Attachments and Their Uses C. Technical Application Score Sheet 26--Is the "Refugee Health Web Tool" the same as the current "Refugee Health Screening System"? Or will there be different format used?

Answer: The Refugee Health Web Tool is the current system being used.

Date: 4/29/2016

Inquiry: 37928

Question: Section VI--Application Format & Submission 6.2 Format for Submission of the Application Is there a word or page limit to the Technical Application? If so, does the word limit include headings?

Answer: There is no word or page limit for this RFGA.

Date: 4/29/2016

Inquiry: 37927

Question: Section III 3.1 Mandatory Qualifications A. How large does the organization chart need to be (i.e., agency-wide, division/office-wide, program-wide)?

Answer: The organizational chart should include specific details for individuals in the organization that will be working on a particular part of the project. General details to depict agency infrastructure (i.e., Directors, board) should also be included.

Date: 4/29/2016

Inquiry: 37924

Inquiry period ended: 5/13/2016 8:00:00 AM