



**Office of Temporary  
and Disability Assistance**

Request for Applications

# **Refugee Medical Screening and Immunization Program, New York City**

Release Date: 12/6/2024

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## PART A - SUMMARY INFORMATION

### I. INTRODUCTION

The Bureau of Refugee Services (BRS) of the New York State Office of Temporary and Disability Assistance (OTDA), issues this Request for Applications (RFA) to solicit applications from qualified applicants. The purpose of this RFA is to find medical clinics to provide initial medical screening and immunization services to newly arriving refugees and other eligible persons.

OTDA anticipates distributing approximately \$1,823,000 in Refugee Medical Assistance (RMA) Program funds under this procurement. All program funds are subject to continued availability and State appropriation thereof. All funds allocated for the administration of this program are received from the federal Office of Refugee Resettlement (ORR), an Office of the Administration for Children and Families (ACF) within the United States Department of Health and Human Services (HHS).

**Note:** For the purpose of this RFA, eligible participants will hereafter be referred to as “refugees” unless special circumstances apply. Part A, Section VIII. Eligible Participants contains information about eligible participants, including appropriate immigration statuses and other eligibility information.

If selected, the proposal and all parts submitted in response to this RFA may become part of a contract with OTDA, subject to approval by the New York State Attorney General (AG) and the Office of the New York State Comptroller (OSC). At the time of contract development, awardees may be required to submit revised budgets, program information and any revised forms and documents for the final contract. Successful grantees will be required to submit all final contract documents, narratives, and budgets via mail or email. OTDA reserves the right to:

- Negotiate any aspect of a proposal other than rates of payment in order to ensure that the final agreement meets OTDA objectives and requirements;
- Waive procedural technicalities, or modify minor irregularities, in proposals received, after notification to the bidder involved; and/or
- Correct arithmetic errors in any proposal, or make typographical corrections to a proposal, with concurrence of the bidder.

### II. REGISTRATION AND PREQUALIFICATION REQUIREMENT

Pursuant to the New York State Division of Budget Bulletin H-1032 (revised), dated January 9, 2024, New York State has instituted key reform initiatives to the grant contract process which require not-for-profits to register in the Statewide Financial System (SFS) and complete the Vendor Prequalification process in order for proposals to be evaluated. Information on these initiatives can be found on the [Grants Management website](#).

Below is a summary of the steps that must be completed to meet registration and prequalification requirements. Additional information on prequalification can be found on the [Grants Management website](#).

#### **Register for the Statewide Financial System**

Applicants must be registered in SFS to compete for New York State grants. Applicants are strongly encouraged to begin the process as soon as possible in order to participate in this opportunity.

Complete instructions on how to register are found here: [Register Your Organization in SFS | Grants Management \(ny.gov\)](#).

In addition to the support resources available to SFS users on the [SFS website](#) in the SFS Coach Training section, such as manuals, videos, webinars, and FAQs, SFS provides live help desk support for SFS users.

- Hours: Monday – Friday 8:00 a.m. to 5:00 p.m.
- Phone: (518) 457-7737 or (877) 737-4185
- Email: [helpdesk@sfs.ny.gov](mailto:helpdesk@sfs.ny.gov)

Not-for-profit organizations must prequalify to do business with New York State agencies before they can compete for State grants. The process allows not-for-profit organizations to address questions and concerns prior to entering a competitive bid process. Not-for-profit organizations are strongly encouraged to begin the prequalification process as soon as possible.

To become prequalified, a not-for-profit organization must first register in SFS. Once registered, not-for-profit organizations complete an online prequalification application. This includes completing a series of forms by answering basic questions regarding the organization and uploading key organizational documents. Complete instructions on how to prequalify are found here: [Get Prequalified | Grants Management \(ny.gov\)](#).

Grant proposals received from not-for-profit applicants that are not prequalified in SFS at the application due date and time will not be evaluated. Such proposals will be disqualified from further consideration.

Specific questions about the prequalification process should be referred to the SFS help desk at [helpdesk@sfs.ny.gov](mailto:helpdesk@sfs.ny.gov).

### III. PROCUREMENT SCHEDULE/SUBMISSION GUIDELINES

**OTDA reserves the right to modify the dates.**

Release Date of the Request for Applications	December 6, 2024
Due Date for Application Submission	Open Application Period Through March 31, 2029
Anticipated Earliest Contract Start Date	April 1, 2025

#### 1. Questions and Answers Regarding this RFA

Prospective applicants may submit questions via email correspondence to:

Phillip Plessas  
Email: [phillip.plessas@otda.ny.gov](mailto:phillip.plessas@otda.ny.gov)  
Or  
[BRS.RFP@otda.ny.gov](mailto:BRS.RFP@otda.ny.gov)

OTDA will respond in writing to questions within two weeks of receipt via email.

OTDA reserves the right to respond to questions submitted throughout the continuous recruitment application period.

## 2. Application Submittal

One original and three copies or one original and a flash drive containing a copy of the entire application submission package (not stapled, bound or paper clipped) must be sent to the Bureau of Contract Management at the address below. OTDA will not accept faxed applications, or applications sent via electronic mail.

NYS OTDA  
Bureau of Contract Management  
40 North Pearl Street 12<sup>th</sup> Floor, Section D  
Albany, New York 12243-0001  
ATTN: NFP Refugee Medical Screening.  
Phone: (518) 486-6352 (For Delivery Questions Only)

In order to be notified of future requests for proposals, agencies must be registered on the [Grants Management website](#). Complete instructions on how to register can be found on the website.

## IV. FEDERAL AUTHORITY

The federal Office of Refugee Resettlement (ORR) within the Administration for Children and Families (ACF) of the United States Department of Health and Human Services (HHS) is authorized to grant funds to states that request to use Refugee Medical Assistance (RMA) funds to provide medical screening as part of its refugee medical assistance program pursuant to Title 45 of the Code of Federal Regulations, Section 400.107 and under the authority of Section 412(b)(5) of the Immigration and Nationality Act (INA) (8 U.S.C. § 1522(b)(5)), as amended (Public Law 96-212) and further amended by the Refugee Assistance Amendments of 1982 (Public Law 97-363).

More information can be found at the following websites:

<https://www.acf.hhs.gov/orr/programs/cma>  
<https://www.gpo.gov/fdsys/pkg/CFR-2013-title45-vol2/pdf/CFR-2013-title45-vol2-sec400-107.pdf>

## V. PROGRAM DESCRIPTION

### 1. Purpose

OTDA is proposing a multi-year program to provide initial medical screening and immunizations to newly arriving refugees and other eligible persons within 90 days of their date of arrival or date of immigration status granted. Priority should be given to individuals with medical conditions identified during the overseas medical exam. These individuals should be given a medical screening exam as soon as possible within 30 days of their date of arrival to the U.S.

The New York City Refugee Medical Screening and Immunization Program has the following key objectives:

- Ensure follow-up with medical issues identified in an overseas medical examination;
- Identify refugees and other eligible persons with communicable diseases of potential public health importance;
- Enable a refugee to successfully resettle by identifying personal health conditions that, if left unidentified, could adversely affect his/her ability to effectively resettle; and
- Refer refugees to primary care providers for ongoing health care.

## 2. Background

Under the authority of the Immigration and Nationality Act (INA) and the Public Health Service Act, the Secretary of HHS promulgates regulations outlining the requirements for the medical examination of non-citizens seeking admission into the United States (U.S.). The Centers for Disease Control and Prevention's (CDC), Division of Global Migration and Quarantine (DGMQ) provides the Department of State (DOS) and the U.S. Citizenship and Immigration Services (USCIS) within the Department of Homeland Security (DHS) with medical screening guidelines for all examining physicians, which outline in detail the scope of the overseas medical examination. The purpose of the medical examination is to identify, for the DOS and USCIS, non-citizens with inadmissible health-related conditions.

Additionally, a domestic medical examination is mandatory for all refugees coming to the U.S. and all applicants outside the U.S. applying for an immigrant visa. Non-citizens in the U.S. who apply for adjustment of their immigration status to that of permanent resident are also required to be medically examined.

In 1995, ORR issued State Letter #95-37, Medical Screening Protocol for Newly Arriving Refugees. Since then, the CDC issued a series of 12 subject-based guidelines to assist clinicians, health professionals and public health partners in conducting medical screenings. These guidelines are formally referred to as Guidelines for the U.S. Domestic Medical Examination for Newly Arriving Refugees, [Refugee Health Domestic Guidance | Immigrant and Refugee Health | CDC](#). ORR endorsed the CDC guidelines and revised the 1995 Medical Screening Protocol for Newly Arriving Refugees accordingly by issuing State Letter #12-09, Revised Medical Screening Guidelines for Newly Arriving Refugees.

## VI. ELIGIBLE GRANT APPLICANTS

Eligible applicants include not-for-profit and for-profit public and private health care providers/agencies, clinics and hospitals; local health departments, or any subdivision thereof; and faith based-organizations. Not-for-profit corporations include charitable organizations incorporated, registered and in good standing with the [Charities Bureau of the Attorney General in the State of New York](#). Eligible applicants are required to have a State of New York, Department of Health, Office of Health Systems Management operating certificate or proof of designation as a Federally Qualified Health Center (FQHC).

Prospective applicants who want to verify their status as a charitable organization should contact the Office of New York State Attorney General, Charities Bureau at (800) 771-7755 or on the internet at [charities.bureau@ag.ny.gov](mailto:charities.bureau@ag.ny.gov).

Eligible applicants must be located in and do business in New York State. Additionally, applicants must be able to offer primary care services subsequent to the initial refugee medical screening.

## VII. SERVICE STRATEGY

### 1. Program Intent

The intent of the program is to contract with qualified and licensed healthcare facilities that Refugee Resettlement Agencies can refer newly arriving refugees to for the initial medical screening exam and necessary immunizations.

To accomplish this objective, the medical screening exam should ideally take place within 30 days of a refugee's arrival to coincide with [Reception and Placement](#) services and, at minimum, include two visits. However, the medical screening can be administered as late as 90 days from the date of arrival to the U.S. or date of status granted. Medical screening must be performed by a qualified and licensed health care professional and a medical interpreter must be used if the refugee does not speak English or is Limited English Proficient (LEP). OTDA reserves the right to make revisions to medical screening guidelines based on CDC and/or New York State Department of Health screening recommendations.

## **2. Required Refugee Medical Screening Exam Protocol**

Clinics will use the Refugee Medical Screening Form to record exam results. Using the refugee medical screening guidelines, the refugee medical screening exam protocol must include the following:

(See **Attachment A** - ORR's Domestic Medical Screening Guidelines Checklist, [Refugee Health Domestic Guidance | Immigrant and Refugee Health | CDC](#), and **Attachment C** Refugee Medical Screening Form for additional information on the following section.)

### **❖ Collect Refugee Identifying Information**

- Name
- Alien Identification Number
- Referring Refugee Resettlement Agency
- Address
- Date of Arrival
- Country of Origin
- Primary Language
- Date of Birth
- Sex

### **❖ Overseas Medical Information**

#### **Review Overseas Medical Information Packet, including:**

- "Medical Examination for Immigrant or Refugee" (Form DS-2053 or DS-2054), also called the overseas medical exam.
- Chest X-ray film(s) and "Chest X-Ray and Classification Worksheet" (Form DS-3024 or DS-3030).
- Immunization records, including "Vaccination Documentation" (Form DS-3025).
- "Medical History and Physical Examination Worksheet" (Form DS-3026) and any other available medical records.

**Note any Class A or Class B Tuberculosis identified.**

**Note any Class B Other conditions identified.**

**Note Overseas Chest X-ray results where available.**

### **❖ Medical History**

## **Interview and Note:**

- Personal and family medical history, medications, allergies.
- Recent fever, cough, weight loss, night sweats, hemoptysis, diarrhea.
- Other recent illnesses or conditions in self or family.
- History of drug use, including alcohol and tobacco.
- Cultural mores and health practices which might impact diagnostic and treatment needs.
- Social history (including refugee camp and migration experiences, etc.)

## **❖ General Laboratory Screening**

**Conduct laboratory screening according to criteria indicated below, and note any abnormal findings. If not done, a reason must be specified.**

- Complete Blood Count (CBC) with Differential – All refugees. Include elevated eosinophil count, as well as any anemia with description, in abnormal findings.
- Serum Chemistries – A basic panel, including blood urea nitrogen and creatinine, if indicated by signs, symptoms, or comorbidities.
- Cholesterol – In accordance with US Preventive Services Task Force Guidelines [Recommendation: Statin Use for the Primary Prevention of Cardiovascular Disease in Adults: Preventive Medication | United States Preventive Services Taskforce \(uspreventiveservicestaskforce.org\)](https://www.uspreventiveservicestaskforce.org/Preventive%20Mediation%20|%20United%20States%20Preventive%20Services%20Taskforce) (testing should include, at a minimum, total cholesterol and HDL).
- Urinalysis - All refugees able to provide a clean-catch specimen.
- Newborn Screening – Follow NYSDOH Newborn Screening Guidelines which can be found at [Newborn Screening Program | New York State Department of Health, Wadsworth Center](https://www.health.ny.gov/programs/newborn_screening/). Tests are optimized for newborns (<28 days old). Initial specimens will be accepted for a child up to one year of age at the discretion of the provider.
- Population-specific Testing – To be determined by examining clinician.
- Pregnancy Test – Women of child-bearing age, using opt-out approach. Girls of child-bearing age, using opt-out approach or with consent of guardian.

## **❖ Physical Examination**

**Conduct each element of the physical exam for all refugees, unless otherwise indicated below, and note any abnormal findings. If not done, a reason must be specified.**

- Nutritional Status – height, weight, head circumference (less than 3 years old), BMI (greater than 2 years old).
- Physical findings – note any abnormal findings such as physical disabilities, injuries, structural or orthopedic impairment, etc.
- Vital signs, including blood pressure (5 years and older), heart rate, and respiratory rate.
- Gross evaluation of vision and hearing.
- Careful oral examination.
- General physical examination - review of systems, including heart, lungs, lymph nodes, abdomen, ENT, neurological, genital and skin evaluation.
- External genital exam for all refugees - A pelvic exam and/or Pap smear should be deferred until a trusting relationship is developed with a primary care physician, unless, in the provider's clinical judgment, it is deemed necessary to perform at the health screening..



- Prescreening is advised to determine if there are signs/symptoms of female genital mutilation/cutting (FGM/C). Direct examination is generally not recommended until a trusting relationship is developed. Providers may choose to begin discussion of cultural practices which may indicate FGM/C. Defer further assessment for primary care or gynecology specialist. [Sexual and Reproductive Health Screening during the Domestic Medical Examination for Newly Arrived Refugees | Immigrant and Refugee Health | CDC](#)
- General assessment of Mental Status/Developmental Level using Refugee Health Screener-15 (RHS-15), **Attachment B**, or other suitable screening tool for mental health assessment.
- Indicate any physical or mental conditions likely to limit employability or school attendance.
- Multivitamins are to be given to all children ages 6-59 months, and all children > 5 years of age and adults with poor nutritional status.

### ❖ Disease Specific Screening

**Conduct disease-specific screening as indicated below. If a required screening test is not done, a reason must be specified.**

#### **Tuberculosis:**

- Review overseas records. Overseas exam includes interferon gamma release assay (IGRA) testing of most children 2-14 years old; refugees ≥15 years old receive a chest x-ray only. Overseas IGRAs and chest x-rays are considered reliable and do not need to be repeated.
- Evaluate for signs or symptoms of disease, history of contacts and physical examination.
- Conduct an IGRA for all eligible refugees not receiving the test overseas, beginning at 2 years old and including refugees who received only a chest x-ray. Note Results.
- For a positive IGRA, perform a chest x-ray (when not done overseas) and make a referral to the county health department where the refugee resides.

#### **Lead:**

- Screen all infants and children ≤16 years of age. Older adolescents (>16 years old) should be screened if there is a high index of suspicion (sibling with elevated level, suspected environmental exposure, etc.)
- Please note for future primary care referral, all children ≤ 6 years of age should receive an additional lead test 3-6 months after the initial test, regardless of the results of the initial screening result. Repeat testing is also recommended for children 7-16 years of age with an elevated level on initial screening.
- Document blood lead level and indicate normal/abnormal. The CDC has established a blood lead level of ≥ 5 mcg/dL as the reference value for childhood lead exposure, while NYS Public Health Law has a longstanding definition of an elevated blood lead level in children as ≥ 10 mcg/dL. For the purpose of the medical screening, providers are asked to document results of ≥ 5 mcg/dL as abnormal. Please note all lead screening results are reported to NYSDOH and the appropriate county health department via electronic laboratory reporting, which will initiate action in cases where indicated.

#### **Malaria:**

- Sub-Saharan African (SSA) refugees that did not receive presumptive treatment prior to departure, such as pregnant or lactating women or children weighing less than 5 kg. at the time of departure, will require post-arrival presumptive treatment or testing. All other SSA refugees receive treatment overseas with artemisinin-based combination therapy (ACT). Documentation of the pre-departure treatment may be found in the Overseas Medical Information Packet. If documentation is lacking, clinicians can reasonably assume pre-departure treatment was

provided to SSA refugees per the Treatment Schedules for Presumptive Parasitic Infections for U.S.-Bound Refugees ([Malaria | Immigrant and Refugee Health | CDC](#)).

- If considering testing, polymerase chain reaction (PCR) is the most sensitive test for persons with sub-clinical malaria.
- CDC does not recommend testing or treatment for refugees from malaria-endemic countries outside SSA, unless there are signs or symptoms of infection.

### **Intestinal and Tissue Invasive Parasites:**

Note: Per CDC guidelines, “In cases when the documentation is not available it is reasonable to assume presumptive treatment has been received by the individual refugee if the refugee is from a population where the program is currently implemented per the Treatment Schedules for Presumptive Parasitic Infections for U.S.-Bound Refugees ([Intestinal Parasites | Immigrant and Refugee Health | CDC](#)) and as long as they had no contraindications at the time of departure.”

- For refugees who received pre-departure treatment, either documented in the Overseas Medical Packet or per the CDC Treatment Schedule (link above), check the “Yes” box. No further treatment or testing is required.
- For refugees who did not receive pre-departure treatment:
  - As a general rule, it is recommended clinicians consider presumptive treatment in lieu of testing for eligible refugees while taking precautions to avoid duplicating overseas treatment.
  - For all refugees, provide presumptive treatment for soil-transmitted helminths (STH) for refugees  $\geq 6$  months of age. For infants less than six months, testing should be performed if the infant has symptoms or signs of infection (including elevated eosinophil count).
  - For all refugees, provide presumptive treatment for Strongyloides. Exclusions include refugees from Loa loa-endemic areas who may have contraindications to presumptive treatment with Ivermectin and European refugees who are not likely to be exposed to Strongyloides (per the CDC). If presumptive treatment is not provided, conduct diagnostics for Strongyloides (serology and/ or blood smear). For more details, especially regarding refugees with potential exposure to Loa loa, see [Intestinal Parasites | Immigrant and Refugee Health | CDC](#).
  - For all SSA refugees, provide presumptive treatment for Schistosomiasis. If presumptive treatment is not provided, conduct serologies for Schistosomiasis.
- For refugees who received incomplete pre-departure presumptive treatment:
- Refer to CDC guidance on testing and/or presumptive treatment found at [Intestinal Parasites | Immigrant and Refugee Health | CDC](#). For refugees who received complete pre-departure presumptive treatment:
  - Note: a persistently elevated absolute eosinophil count conducted as part of hematology testing indicates need for further investigation.

### **Sexually Transmitted Infections (STI):**

**Obtain history for signs and symptoms of STIs and conduct physical examination.**

#### **○ Syphilis**

Review Overseas Medical Information Packet for documentation of pre-departure syphilis screening; note results. If overseas screening is negative, no further screening is required. If documentation of overseas screening is not available:

Conduct venereal disease research laboratory (VDRL) or rapid plasma regain (RPR) for:

- All refugees  $\geq 15$  years of age,

- Refugees < 15 years of age if sexually active, history of sexual abuse, mother who tests positive, or exposure in a country endemic for other treponemal subspecies (e.g. yaws, bejal, pinta.)
- Conduct confirmation testing for positive treponemal tests

### ○ Chlamydia and Gonorrhea

Conduct urine nucleic amplification test for:

- Women < 25 years old who are sexually active
- Women > 25 years old with risk factors
- Any refugee with symptoms
- Women or children with history of or at risk for sexual assault
- The same test/testing guidelines apply to gonorrhea screening. While not required as part of the Refugee Medical Screening, providers are encouraged to screen for gonorrhea not tested overseas to minimize or prevent illness and transmission.

### ○ HIV

All refugees should be screened unless they opt out.

- Children ≤ 12 years of age should be screened unless the mother's HIV status is confirmed negative and the child is otherwise thought to be at low risk.
- Refugees should be clearly informed orally or in writing when/if they will be tested for HIV.
- Note for future referral, screening should be repeated 3-6 months following resettlement for refugees who had recent exposure or are at high risk.
- Provide culturally sensitive and appropriate counseling for HIV-infected refugees in their primary language.
- Refer refugees confirmed to be HIV-infected for care, treatment, and preventive services.

## Hepatitis:

### ○ Hepatitis B

Review Overseas Medical Information Packet for documentation of pre-departure Hepatitis B screening; note results. If overseas screening is negative, vaccine series should be initiated or completed if there are missing doses according to the overseas vaccine record (DS3025). If documentation of overseas screening was not conducted or is not available:

- Conduct Hepatitis B serologic testing, including hepatitis B surface antigen (HBsAG), hepatitis B surface antibody (HBsAb), and hepatitis B core antibody (HBcAb) screening, for all refugees from endemic countries regardless of vaccination history.
- If HBsAG is negative, the refugee should be offered vaccination.
- If HBsAg is positive, testing for HDV infection is required. Hepatitis D testing can be conducted at primary care, or by a specialist. Document as a referral. [Viral Hepatitis | Immigrant and Refugee Health | CDC](#)
- It is not recommended to vaccinate in lieu of testing to ensure identification of those with active disease.

### ○ Hepatitis C

All adult arrivals (≥18 years of age) should be screened for Hepatitis C. Screen pregnant women ≤17 years old and children born to HCV+ mothers.

## ❖ Immunizations

- Most refugees, regardless of age, will have a New York State Immunization Information System (NYSIIS) record pre-populated with demographic and overseas vaccine information. Check NYSIIS before administering vaccines. Refugees that do not have an overseas vaccine record, will not have a NYSIIS record.
- Provide initial doses of all missing or undocumented age-appropriate vaccines per Advisory Committee on Immunization Practices (ACIP) guidelines for children and adults. Record dates of vaccines administered at health assessment.

## ❖ Dates of Medical Screening

- Record Visit #1 and Visit #2 dates. Note medical screening must be conducted within 90 days of the refugee's arrival in the U.S.

## ❖ Referrals

- Referrals must be made for ongoing primary care and indicated on the medical screening form (including a primary care referral to the same facility providing the health medical screening). Referrals must also be made for routine dental care and specialty care for any conditions noted on the medical screening requiring follow-up evaluation and/or treatment.

## ❖ Additional Information

- There may be exceptions to these screening guidelines based on country of origin, culture and family/social/medical history.
- Age-specific recommendations may need to be adjusted based on history, lab results, cultural knowledge and professional judgment.
- Reasons for not conducting screening procedures as indicated must be documented on the Refugee Medical Screening Form.
- Screening results must be discussed at a second office/clinic visit, and all appropriate referrals made.
- "Referral" means setting up a specified appointment with a designated provider.
- Immunizations must be administered if any are indicated at the time of exam. OTDA will provide reimbursement for approved initial vaccines administered to adults, age 19 and older. Medical screening providers are encouraged to use the New York City Department of Health and Mental Hygiene (NYCDOHMH), Vaccines for Children Program, [Vaccines for Children Program - NYC Health](#), to offset the cost of immunizations administered to children.
- Medical screening providers must also refer refugees for completion of the series of immunizations required for them to adjust status to become permanent residents, and eventually U.S. citizens. A USCIS designated civil surgeon must certify the record of immunizations. USCIS has authorized local health departments to act as civil surgeons for the limited purpose of certifying immunizations to refugees for adjustment of status.

## VIII. ELIGIBLE PARTICIPANTS

RMA funds must be used for services for persons who are eligible based on their immigration status, age and their length of stay in the United States or length of time in status, as follows:

### 1. Eligible Immigration Statuses

- A refugee, admitted under Section 207 of Immigration Naturalization Act (INA);
- An asylee, granted asylum status under Section 208 of the INA;
- A Cuban or Haitian Entrant (as defined in subdivision I of Section 501 of the Refugee Education Assistance Act of 1980);
- An alien admitted into the United States as an Amerasian Immigrant as described in Section 402(a)(2)(A)(I)(V) of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (8 USC. 1612 (a) (2) (A));
- A Parolee admitted as a refugee under Section 212(d)(5) of the Immigration and Nationality Act (INA);
- A Certified Trafficking Victim who has received a certification or eligibility letter from the federal Office of Refugee Resettlement (ORR);
- Certain family members of a certified trafficking victim as described in Section 101(a)(15)(T)(ii) of the INA;
- Iraqis and Afghans Granted Special Immigration Status as described in Section 101(a)(27) of the Immigration and Nationality Act (INA); and
- Any other status deemed eligible by the Office of Refugee Resettlement.

## **2. Length of Time in the United States**

Services may be provided to refugees who have been in the country up to 90 days from the date of arrival or from the date the eligible immigration status is granted. Eligibility for services will expire on the 91<sup>st</sup> day following the refugee's date of arrival into the United States or date the eligible immigration status was granted. Eligibility is subject to change based on the Office of Refugee Resettlement policy.

## **IX. FUNDING LIMITATIONS AND PROVISIONS**

### **1. Available Funds**

The federal allocation to the State is provided annually based on submission of New York State's Cash and Medical Assistance (CMA) Budget request. RMA is a CMA suballocation. Anticipated allocations and continuations of contracts are subject to continued availability of federal funds and State appropriation of the funds thereof. Only designated RMA funds for the Refugee Medical Screening and Immunization Program are available through this RFA. It is estimated that approximately \$1,823,000 in Refugee Medical Assistance funding will be available for the multi-year program period beginning April 1, 2025 and ending March 31, 2030.

### **2. Distribution of Funds**

Through this non-competitive, continuous recruitment procurement, OTDA intends to fund qualified, licensed health care facilities to provide services in New York City (NYC) including all NYC Counties:

**Bronx, Kings, Queens, New York and Richmond**

The allocation for each grant award is based on the number of refugees each applicant will potentially serve. OTDA reserves the right to establish the award amount based on historical demographic data. OTDA reserves the right to award funds based on emergent need, as well as on demographic data. These decisions will be made in order to serve the greatest number of refugees in a given area.

OTDA intends to award funds based on viable applications with demonstrated work plans from qualified and licensed health care facilities. Continuous awards to new applicants will be made throughout the multi-year program period through March 31, 2030. OTDA will make continuous awards until all available funds are awarded or until such time the program needs are met. Upon award of all available funds or when the program needs are met, OTDA will suspend this procurement opportunity. If additional funding becomes available or the program needs increase, the procurement may be reopened at the discretion of OTDA.

Should an awarded applicant exceed the initial award amount at any point during the contract term, a supplemental award to continue operations will be considered, based on available funding, continuing need, satisfactory contractor performance, history of expenditures as evidenced by claims for payment and program monitoring, and subject to OSC and the State Office of the AG approval.

When making supplemental awards, OTDA reserves the right to do any of the following:

- Reallocate funding from contractor to contractor;
- Suspend a contract award to an underperforming contractor;
- Amend an award to an underperforming contractor; or
- Amend an award to an over-performing contractor, due to an increased need for services.

### 3. Contract Term

This RFA governs the provision of funds for up to a 60-month contract term starting on or after April 1, 2025, and ending on March 31, 2030. A Work Plan is required at the time of application.

## X. PROGRAM INFORMATION

### 1. Performance Based Contracts

The Refugee Medical Screening and Immunization program contracts are performance-based, per capita reimbursement at established rates. Compensation is directly tied to the completion of medical screening components. Documentation of the completion of one visit or two visits and immunizations administered allows a contractor to claim the respective rates. The contractor is paid at the established rate, as defined in the contract.

The contractor's performance data, along with allocation data such as award amount, contract period, program sites, service locations, and spending information may be posted on OTDA's website as required.

### 2. Reimbursement Rates

The following chart provides information regarding the reimbursement rates for the specific medical screening components. The rates have been established using the NYS Medicare Fee Schedule for the corresponding activities as indicated in the Current Procedural Terminology (CPT) codes:

Medical Screening Component	Rates
First Visit Only	\$634.13
Completed Medical Screening (2 Visits)	\$753.66

Medical Screening Component	Rates
Immunizations:	Up to \$463.14 per capita
Diphtheria, tetanus, pertussis (DTaP)	\$28.80
Haemophilus influenza type b4 (Hib)	\$12.80
Pneumococcal (PCV)	\$117.08
Inactivated poliovirus (IPV)	\$42.64
Influenza rate from 10/2009 MA update	\$19.73
Measles, mumps, rubella (MMR)	\$92.49
Varicella	\$174.32
Hepatitis A Adult dosage	\$78.97
Hepatitis B	\$65.50
Hep A/ Hep B Combo	\$126.19
Human Papillomavirus (HPV)	\$287.53
Meningococcal	\$166.98
Zoster	\$197.90

Rates will only change with authorized revisions to the Refugee Medical Screening Protocol and authorization from ORR.

**Additional Rate Information:**

- First visit includes as many Disease Specific Screening and General Laboratory Screening tests as indicated with the refugee’s consent and cooperation.
- Interpreter costs are included in the exam reimbursement rates.
- Immunizations are reimbursed for adult refugees only at established rates with documentation of expenditures for a maximum reimbursement of \$463.14 per adult refugee.
- Contractors are encouraged to seek reimbursement for immunizations administered to refugee children through the Vaccines for Children (VFC) Program administered by the New York City Department of Health and Mental Hygiene (NYCDOHMH), [Vaccines for Children Program - NYC Health](#).

**XI. SELECTION PROCESS**

Applications should contain **all** items as listed on the Application Submission Checklist, located in the Application Package (see page 36). Pay particular attention to the Minority and Woman-Owned Business Enterprise (M/WBE) requirements. Failure to provide any items will result in delays or inability to approve an award. Each application will be recommended for an award based on the submission of required documents, and work plan that meets the program intent while offering the required medical screening exam elements, preventive health interventions, and other screening activities

- The content of the applicant’s work plan that demonstrates the applicant’s ability to perform medical screenings and immunizations under a contract;
- The applicant’s ability to provide primary care services subsequent to the initial refugee medical screening;
- The applicant’s established relationships with other local agencies in relation to medical services that are provided to refugees;
- The applicant’s experience with, and knowledge of, specific cultural and linguistic needs of the eligible service population and the quality of the work plan in addressing those needs;

- Sufficient project staff, in numbers and qualifications;
- The availability and frequency in which medical screening and immunization services can be provided;
- The accessibility of the applicant's location for services; and
- The applicant's qualifications as a licensed health care facility and/or Federally Qualified Health Center (FQHC).
- The applicant's description of how the above-referenced services improve community health and wellness and advance applicable New York State Prevention Agenda Priorities, consistent with Executive Order 190 (EO 190). Please see Section XVI of Part A (page 21) for additional information on EO 190.

Each application will be reviewed independently from other applications.

OTDA reserves the right to award contract(s) to as many or as few applicants as it may select, to accept or reject any or all proposals, and to cancel, in part or in whole, this RFA, if OTDA deems it to be in its best interest to do so.

OTDA will select an array of applications that best establishes comprehensive medical screening and immunization services for eligible refugees within New York City. OTDA has not pre-determined the number of contracts to be awarded.

OTDA reserves the right to conduct site visits and solicit the opinion of applicants' other funding sources prior to making a funding decision.

**Note:** Updated information may be requested as deemed necessary by OTDA. OTDA also reserves the right to issue a new RFA at any time during the contract term to solicit new applications.

## **XII. AWARD PROCEDURES**

It is the policy of OTDA to provide all program applicants with an opportunity to resolve complaints or inquiries related to solicitations from this RFA or pending contract awards administratively. OTDA encourages all Applicants to seek resolution of complaints concerning the contract award process through consultation with OTDA. All such matters will be accorded impartial and timely consideration. Detailed procedures are provided on OTDA website at [Contracts & Grant Opportunities](#). OTDA continues to encourage all successful or unsuccessful applicants who desire a debriefing to contact OTDA directly.

An appeal may be requested by following the protest procedures established by the Office of the New York State Comptroller (OSC). These procedures can be found in the [OSC Guide to Financial Operations](#). Go to Chapter XI Procurement and Contract Management, 17. Protest Procedures for further information.

### **1. Contract Development Process**

OTDA will begin the contract development process with successful applicants when awards are announced. The successful applicants may be asked to provide updated work plans that specify the services to be delivered, project goals, deliverables, and the claiming process. Successful applicants will be asked to provide current proof of NYS Workers' Compensation and Disability Insurance before the contract is executed. Finally, applicants will provide an operating budget to establish M/WBE goals. The contract will include standard terms and conditions such as confidentiality of records,



publications, and contract termination. The contract will constitute a legal agreement between the selected applicant and OTDA and will be in effect for the full period of the contract term.

The contracts will have a term of up to 60 months and will contain work plans reflecting goals for a 60-month period. Contracts awarded thereafter will be for the duration from the contract execution date through the end of the contract term, March 31, 2030.

## **2. Payment**

The contractor will not be reimbursed for line-item expenses. Under performance-based contracts, the contractor will be reimbursed per capita at established rates for screening components. Payment will be made only for services that are documented and for which vouchers are submitted by the required due date.

No payments will be made until the contract is fully executed and signed by the OSC and the AG. Once the contract has been fully executed (signed and approved by OTDA, the AG and the OSC), OTDA may, at its discretion, advance up to 25 percent of the first budget period amount, if requested and if deemed appropriate by OTDA. There will be no advances for subsequent budget periods. Contractors will work at their own risk if they conduct program activities before the contract is executed.

### **XIII. REPORTS AND RECORD KEEPING**

#### **1. Record Keeping**

The Contractor must maintain current and accurate fiscal and accounting controls to support the claims for payment points claimed under the contract. Records must adequately identify revenue sources and expense items for all contract activities. Accounting records must be supported by clear documentation for all funds received and disbursed. Records must be retained and be accessible for a period of six years from the end of the contract or last payment or last contract transaction.

However, if any claim, audit, litigation, or State/Federal investigation is commenced before the expiration of the aforementioned record retention period, the records must be retained by the contractor until all claims or findings regarding the records are finally resolved. OTDA or its designee shall have access to any records relevant to the project (including but not limited to books, documents, photographs, correspondence, and records), for audits, examinations, transcripts, and excerpts. If OTDA determines that such records possess long-term or historic value, they must be transferred, upon request, to OTDA.

If the Contractor expends \$750,000 or more in Federal funds during any one fiscal year, the Contractor will be subject to the Audit Requirements and provisions of OMB Super Circular, found in Federal regulations at 2 CFR Part 200 (Subparts A – F) – Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards; and, all other audit requirements determined applicable by the OTDA. The audit shall be completed on an annual basis and the audit report submitted within the earlier of 30 days after receipt of the auditor's report(s), or nine months after the end of the audit period, unless a longer period is agreed to in advance by the OTDA. The audit shall be conducted in accordance with generally accepted government auditing standards by an independent auditor and submitted in a form determined by the OTDA. The OTDA will report its findings and any recommendations to the Contractor and may impose any sanctions as determined appropriate.

## **2. Reporting and Vouchering Requirements**

Unless otherwise specified, requests for reimbursement must be submitted to the OTDA/BRS program manager by the contractor on a quarterly basis during the contract term. Payments will be based on vouchers and any necessary documents that support the services for which reimbursement is requested. Additional reporting, as may be determined by OTDA, may also be required.

Final vouchers, known as “close-out” vouchers, are due within 60 days after the completion of, or termination of, the contract.

Contractor must submit the NYS Claim for Payment, NYC Refugee Medical Screening Form (see **Attachment C**), and NYC Refugee Medical Screening Program Client Roster (See **Attachment D**), all of which must be submitted to OTDA on a quarterly basis. Contractors must also ensure that any e-mail sent to OTDA containing personally identifiable or protected health information (PII/PHI) is encrypted.

## **3. Case Records**

The contractor must adhere to OTDA instructions regarding case records as stated in the contract and in related OTDA manuals, directives, and other forms of notification.

## **4. Monitoring**

OTDA will monitor contractors on a regular basis throughout the life of the contract. Monitoring may include site visits, regular telephone contact and/or discussions of performance and progress. The goals of project monitoring are to determine whether the terms of the contract are being met and to provide technical assistance, where necessary, to help the contractor meet these terms. OTDA reserves the right to conduct site visits and make telephone contact with subcontractors as a means of monitoring the prime contractor’s performance.

Monitoring activities will concentrate on proper documentation of claims in the contractor’s case records for each participant or service claimed.

## **5. Amendments to the Contract**

Amendments and modifications of executed contracts are sometimes necessary to accommodate the needs of both the contractor and OTDA. These changes, which must be by mutual written agreement, may include modification to reimbursement schedules, time and money amendments, or no-cost extensions as necessary. Contract modifications, including amendments and no-cost time extensions, will be made at the discretion of the OTDA with the approval of the AG and the OSC. Reimbursement Rates will only change with authorized revisions to the Refugee Medical Screening Protocol and authorization from ORR.

## **XIV. GENERAL TERMS AND CONDITIONS**

This RFA does not commit OTDA to award any contracts or to pay the costs incurred in the preparation of a response to this RFA, or to amend any contract for services.

OTDA reserves the right to amend, modify or withdraw this RFA and to reject any proposals submitted, and may exercise such right at any time without notice and without liability to any applicant or other parties for any expenses incurred in the preparation of a proposal. OTDA reserves the right to accept or reject any or all proposals that do not completely conform to the requirements or instructions given in the RFA, including time frames for submission thereof.

OTDA reserves the right to award contract(s) to as many or as few applicants as it may select.

OTDA reserves the right to conduct contract negotiations with the next responsible applicant, should OTDA be unsuccessful in negotiating with a selected applicant.

Submission of an application will be deemed to be the consent of the applicant to any inquiry made by OTDA or third parties regarding the applicant's experience or other matters deemed by OTDA to be relevant to the proposal. OTDA reserves the right to request and consider additional information from any applicant beyond that presented in the initial application. The award of the contract, if any, may be made with reliance on additional information requested. Such information may include budget justification, program information, operation details, personnel information, or other funding source information.

OTDA reserves the right to seek clarifications and revisions of applications and to require clarification at any time during the procurement process and/or require correction of arithmetic or other apparent errors for the purpose of assuring a full and complete understanding of an application and/or to determine an offeror's compliance with the requirements of the solicitation.

OTDA reserves the right to use application information obtained through site visits, management interviews and the State's investigation of an applicant's qualifications, experience, ability or financial standing, and any material or information submitted by the applicant in response to OTDA's request for clarifying information in the course of evaluation and/or selection under the RFA. OTDA reserves the right to use any and all ideas submitted in the proposals received. Funds awarded for this project shall be used only for the conduct of the project as approved.

If additional funding becomes available, OTDA reserves the right to redistribute funding among any or all of the contract awardees and/or subsequently reconsider eligible applications submitted in response to this RFA at that time, using the same award methodology in lieu of releasing a new RFA, if deemed to be in the best interest of the State. Updated information may be requested as deemed necessary by OTDA. OTDA also reserves the right to issue a new RFA to solicit new proposals.

OTDA reserves the right to terminate in whole or in part, or modify the contract at its discretion or due to the unavailability of funds. Such termination shall not affect obligations incurred under the contract prior to the effective date of such termination.

When funds are advanced any unexpended balance or funds unaccounted for at the end of the approved period or at the time of termination must be returned.

Any contract awarded pursuant to this RFA will be subject to OTDA's processing procedures for contracts of this type, including approval as to form by the AG and by the OSC.

The terms and conditions for all funded projects are specified in a detailed contract which must be signed by OTDA and approved by the AG and the OSC before any work is to begin or payments are made. The successful applicant will be sent the complete standard contract for execution.

It is the policy of OTDA to encourage the employment of qualified applicants/recipients of public assistance by both public organizations and private enterprises that are under contractual agreement with OTDA for the provision of goods and services. OTDA may require the Contractor to demonstrate how the Contractor has complied or will comply with the aforesaid policy.

Subject to the availability of funds, the contract award will be made to the applicants whose applications are determined to best meet the criteria for evaluation and selection set forth in this RFA.

OTDA reserves the right to award contract(s) to as many or as few applicants as it may select, and to reject all applications that do not conform to the requirements of the RFA.

OTDA reserves the right to reject any or all applications received in response to the RFA. OTDA reserves the right to make an award under the RFA in whole or in part.

This RFA and any contract resulting from this RFA is subject to all applicable laws, rules, regulations, policies, guidance, and programmatic requirements promulgated by any Federal and State authority having jurisdiction over the subject matter thereof.

The contractor will be required to comply with all applicable Federal and State laws, regulations, policies, guidance, and programmatic requirements. The contractor must also comply with applicable New York State Executive Orders.

The application of the successful applicant will serve as the basis for the contract, the terms of which will be modified within the context of this RFA. The following will be incorporated into any contracts resulting from this RFA:

1. NYS Master Contract Face Page
2. NYS Master Contract Terms and Conditions
3. Attachment A-1, (Agency Specific Terms and Conditions)
4. Attachment A-2 (Program Specific Terms and Conditions)
5. Attachment A-3 (Federally Funded Grants and Conditions Required by Federal Law)
6. Attachment C (Work Plan)
7. Attachment D (Payment and Reporting Schedule)
8. Reimbursement Rate Schedule

Applicants must review the Attachments, as successful applicants will be expected to comply with the terms and conditions specified therein. These Attachments will become a part of any contract that is developed with successful applicants as a result of this RFA.

All plans and working documents prepared by the applicant under the contract to be awarded will become the property of the State of New York. OTDA reserves the right to use any and all ideas submitted in the applications received.

All products, deliverable items, and working papers resulting from this contract will be the sole property of OTDA and the applicant is prohibited from releasing these documents to any persons other than the Commissioner of OTDA or his/her designee unless authorized by OTDA to do so.

All reports of investigations, studies, and publications made as a result of this proposal must acknowledge the support provided by OTDA.

All personal information concerning individuals served or studies conducted under the project are confidential and such information may not be disclosed to unauthorized persons, corporations, or agencies. A successful applicant agrees that it shall use and maintain personally identifiable information relating to individuals who may receive services, and their families, pursuant to the Master Contract, or any other information, data or records marked as, or reasonably deemed, confidential by the OTDA (Confidential Information) only for the limited purposes of the Master Contract and in

conformity with applicable provisions of State and Federal law. Under any contract resulting from this RFA, a successful applicant (i) will have an affirmative obligation to safeguard any such Confidential Information from unnecessary or unauthorized disclosure and (ii) must comply with the provisions of the New York State Information Security Breach and Notification Act (General Business Law Sections 899-aa and 899-bb; State Technology Law Section 208). A successful applicant must also meet the requirements pertaining to privacy and security that are set forth in Attachment A-1 to the Contract. Applicants are encouraged to review the Master Contract for Grants, and all Attachments thereto, prior to submitting a proposal.

OTDA reserves a royalty free non-exclusive license to use and to authorize others to use all copyrighted material resulting from this project.

Successful applicants will be subject to New York State's prompt contracting law.

The application shall be signed by an official authorized to bind the applicant and shall contain a statement to the effect that the proposal is a firm offer for a 180-day period. The application shall also provide the name, title, address, telephone number, and area code of individuals with authority to negotiate and contractually bind the corporation or municipality and who may be contacted during the period of application evaluation.

#### **XV. EXECUTIVE ORDER NUMBER 190: INCORPORATING HEALTH ACROSS ALL POLICIES INTO STATE AGENCY ACTIVITIES**

Per Executive Order 190, this RFA incorporates the New York State Prevention Agenda and the World Health Organization (WHO) Eight Domains of Livability to further the Health Across All Policies initiative.

The New York State Prevention Agenda is the blueprint for action to improve the health of New Yorkers and become the healthiest state for people of all ages. The five priority areas of the New York State Prevention Agenda are:

1. Preventing Chronic Diseases
2. Promoting a Healthy and Safe Environment
3. Promoting Healthy Women, Infants and Children
4. Promoting Well-Being and Preventing Mental Health and Substance Use Disorders
5. Preventing Communicable Diseases

The WHO Eight Domains of Livability include:

1. Outdoor Spaces and Buildings
  - Providing safe, accessible places for the public to gather indoors and out. Ensuring that parks, sidewalks, safe streets, outdoor seating, and accessible buildings can be used and enjoyed by people of all ages.
2. Transportation
  - Increasing the accessibility, availability, and affordability of public transit options, as well as ensuring safe roadways.
3. Housing

- Expanding affordable housing options for varying life stages, and enacting programs that help people remain in their homes longer to age in place.
4. Social Participation
    - Increasing access to affordable and community-based social activities can help address loneliness and isolation.
  5. Respect and Social Inclusion
    - Increasing the availability of intergenerational activities and programs.
  6. Civic Participation and Employment
    - Provide ways that all people, including older people, can, if they choose to, work for pay, volunteer their skills, and be actively engaged in community life.
  7. Communication and Information
    - Providing information through a variety of means and in a culturally competent manner, recognizing that not everyone has a smartphone or internet access.
  8. Community and Health Services
    - Ensuring accessible and affordable health services in every community.

The Health Across All Policies initiative is a collaborative approach that integrates health considerations into policymaking across all sectors to improve community health and wellness. To successfully improve the health of all communities, health improvement strategies must target social determinants of health and other complex factors that are often the responsibility of non-health partners such as housing, transportation, education, environment, parks, and economic development.

Consistent with Executive Order 190, where requested in this RFA, applicants must describe how their proposals can improve community health and wellness through alignment and coordination with the New York State Prevention Agenda priorities and the WHO Eight Domains of Livability.

**XVI. Contractor Requirements and Procedures for Business Participation Opportunities for New York State Certified Minority- and Women-Owned Business Enterprises and Equal Employment Opportunities for Minority Group Members and Women**

Pursuant to New York State Executive Law Article 15-A and Parts 140-145 of Title 5 of the New York Codes, Rules and Regulations OTDA is required to promote opportunities for the maximum feasible participation of New York State-certified Minority and Women-owned Business Enterprises (“MWBEs”) and the employment of minority group members and women in the performance of OTDA contracts.

**Business Participation Opportunities for MWBEs**

For purposes of this solicitation, OTDA hereby establishes an overall 30% M/WBE participation goal, and specific participation goals for both New York State-certified Minority-owned Business Enterprises (“MBE”) and New York State-certified Women-owned Business Enterprises (“WBE”) will be assessed based on the nonprofit’s discretionary spending budget and participation opportunities therein. A contractor (“Contractor”) on any contract resulting from this procurement (“Contract”) must document its good faith efforts to provide meaningful participation by MWBEs as subcontractors and suppliers in the performance of the Contract. To that end, by submitting a response to this RFA, the respondent agrees that OTDA may withhold payment pursuant to any Contract awarded as a result of

this RFA pending receipt of the required MWBE documentation. The directory of MWBEs can be viewed at: <https://ny.newnycontracts.com>. For guidance on how OTDA will evaluate a Contractor's "good faith efforts," refer to 5 NYCRR § 142.8.

The respondent understands that only sums paid to MWBEs for the performance of a commercially useful function, as that term is defined in 5 NYCRR § 140.1, may be applied towards the achievement of the applicable MWBE participation goal. [FOR CONSTRUCTION CONTRACTS – The portion of a contract with an MWBE serving as a supplier that shall be deemed to represent the commercially useful function performed by the MWBE shall be 60 percent of the total value of the contract. The portion of a contract with an MWBE serving as a broker that shall be deemed to represent the commercially useful function performed by the MWBE shall be the monetary value for fees, or the markup percentage, charged by the MWBE]. [FOR ALL OTHER CONTRACTS - The portion of a contract with an MWBE serving as a broker that shall be deemed to represent the commercially useful function performed by the MWBE shall be 25 percent of the total value of the contract]

In accordance with 5 NYCRR § 142.13, the respondent further acknowledges that if it is found to have willfully and intentionally failed to comply with the MWBE participation goals set forth in a Contract resulting from this RFA, such finding constitutes a breach of contract and OTDA may withhold payment as liquidated damages.

Such liquidated damages shall be calculated as an amount equaling the difference between: (1) all sums identified for payment to MWBEs had the Contractor achieved the contractual MWBE goals; and (2) all sums actually paid to MWBEs for work performed or materials supplied under the Contract.

By submitting a bid or proposal, a respondent agrees to demonstrate its good faith efforts to achieve the applicable MWBE participation goals by submitting evidence thereof through the New York State Contract System ("NYSCS"), which can be viewed at <https://ny.newnycontracts.com>, provided, however, that a respondent may arrange to provide such evidence via a non-electronic method by contacting the Contract's program manager at OTDA.

Additionally, a respondent will be required to submit the following documents and information as evidence of compliance with the foregoing:

- An MWBE Utilization Plan with their bid or proposal. Any modifications or changes to an accepted MWBE Utilization Plan after the Contract award and during the term of the Contract must be reported on a revised MWBE Utilization Plan and submitted to OTDA for review and approval.

OTDA will review the submitted MWBE Utilization Plan and advise the respondent of OTDA acceptance or issue a notice of deficiency within 30 days of receipt.

- If a notice of deficiency is issued, the respondent will be required to respond to the notice of deficiency within seven (7) business days of receipt by submitting to the OTDA a written remedy in response to the notice of deficiency. If the written remedy that is submitted is not timely or is found by OTDA to be inadequate, OTDA shall notify the respondent and direct the respondent to submit, within five (5) business days, a request for a partial or total waiver of MWBE participation goals. Failure to file the waiver form in a timely manner may be grounds for disqualification of the bid or proposal.

OTDA may disqualify a respondent as being non-responsive under the following circumstances:

- If a respondent fails to submit an MWBE Utilization Plan;
- If a respondent fails to submit a written remedy to a notice of deficiency;

- If a respondent fails to submit a request for waiver; or
- If OTDA determines that the respondent has failed to document good faith efforts.

The successful respondent will be required to attempt to utilize, in good faith, any MBE or WBE identified within its MWBE Utilization Plan, during the performance of the Contract. Requests for a partial or total waiver of established goal requirements made subsequent to Contract Award may be made at any time during the term of the Contract to OTDA but must be made no later than prior to the submission of a request for final payment on the Contract.

The successful respondent will be required to submit a quarterly M/WBE Contractor Compliance & Payment Report to OTDA, by the 8th day following each end of quarter over the term of the Contract documenting the progress made toward achievement of the MWBE goals of the Contract.

### **Equal Employment Opportunity Requirements**

By submission of a bid or proposal in response to this solicitation, the respondent agrees with all of the terms and conditions of [Appendix A – Standard Clauses for All New York State Contracts including Clause 12 - Equal Employment Opportunities for Minorities and Women OR Authority equivalent to Appendix A]. The respondent is required to ensure that it and any subcontractors awarded a subcontract for the construction, demolition, replacement, major repair, renovation, planning or design of real property and improvements thereon (the "Work"), except where the Work is for the beneficial use of the respondent, undertake or continue programs to ensure that minority group members and women are afforded equal employment opportunities without discrimination because of race, creed, color, national origin, sex, age, disability or marital status. For these purposes, equal opportunity shall apply in the areas of recruitment, employment, job assignment, promotion, upgrading, demotion, transfer, layoff, termination, and rates of pay or other forms of compensation. This requirement does not apply to: (i) work, goods, or services unrelated to the Contract; or (ii) employment outside New York State.

The respondent will be required to submit a Minority and Women-owned Business Enterprise and Equal Employment Opportunity Policy Statement, Form OTDA-4970, to OTDA with its bid or proposal.

If awarded a Contract, respondent shall submit a Workforce Utilization Report, Form OTDA-4971, and shall require each of its Subcontractors to submit a Workforce Utilization Report, in such format as shall be required by OTDA on a QUARTERLY basis during the term of the Contract.

Further, pursuant to Article 15 of the Executive Law (the "Human Rights Law"), all other State and Federal statutory and constitutional non-discrimination provisions, the Contractor and sub-contractors will not discriminate against any employee or applicant for employment because of race, creed (religion), color, sex, national origin, sexual orientation, military status, age, disability, predisposing genetic characteristic, marital status or domestic violence victim status, and shall also follow the requirements of the Human Rights Law with regard to non-discrimination on the basis of prior criminal conviction and prior arrest.

Providers with less than \$5,000 of discretionary spending opportunities over the full life of their contract period will have the ability to request an exclusion from the aforementioned MWBE requirements.

Please Note: Failure to comply with the foregoing requirements may result in a finding of non-responsiveness, non-responsibility and/or a breach of the Contract, leading to the withholding of



funds, suspension or termination of the Contract or such other actions or enforcement proceedings as allowed by the Contract.

### **Participation Opportunities for New York State Certified Service-Disabled Veteran-Owned Businesses**

Article 3 of the New York State Veterans' Services Law provides for more meaningful participation in public procurement by certified Service-Disabled Veteran-Owned Businesses ("SDVOBs"), thereby further integrating such businesses into New York State's economy. The OTDA recognizes the need to promote the employment of service-disabled veterans and to ensure that certified service-disabled veteran-owned businesses have opportunities for maximum feasible participation in the performance of OTDA contracts.

In recognition of the service and sacrifices made by service-disabled veterans and in recognition of their economic activity in doing business in New York State, Bidders/Contractors are strongly encouraged and expected to consider SDVOBs in the fulfillment of the requirements of the Contract. Such participation may be as subcontractors or suppliers, as protégés, or in other partnering or supporting roles.

For purposes of this procurement, OTDA conducted a comprehensive search and determined that the Contract does not offer sufficient opportunities to set specific goals for participation by SDVOBs as subcontractors, service providers and suppliers to the Contractor. Nevertheless, the Bidder/Contractor is encouraged to make good faith efforts to promote and assist in the participation of SDVOBs on the Contract for the provision of services and materials. The directory of New York State Certified SDVOBs can be viewed at: <https://ogs.ny.gov/veterans/>.

The Bidder/Contractor is encouraged to contact the Office of General Services' Division of Service-Disabled Veteran's Business Development at 518-474-2015 or [VeteransDevelopment@ogs.ny.gov](mailto:VeteransDevelopment@ogs.ny.gov) to discuss methods of maximizing participation by SDVOBs on the Contract.

**PART B APPLICATION PACKET**

Please read Pages 1-25 of the Request for Applications carefully before completing this Application Packet

## SECTION A - APPLICANT DOCUMENTATION

### Executive Summary

Provide a one-paragraph summary of your organization's proposed New York City Refugee Medical Screening and Immunization Program. Include the following information:

- The communities/counties to be served;
- Estimated number of refugees and others in eligible immigration statuses to be served; and
- Timeframe for implementation of the proposed project;

Suggested format:

**ABC, Inc.** is requesting to serve **area(s) that will benefit from proposed project – counties, municipalities, etc.** ABC, Inc. estimates that **(X) number** refugees and others in eligible immigration statuses will be served. Awarded funds will assist with medical screening and immunization services. ABC, Inc. can **immediately** commence the project upon notification of award. An anticipated benefit of this Refugee Medical Screening and Immunization project is to assist **as many refugees and/or other eligible people to access health care in a culturally and linguistically appropriate manner.**

## Section B – PROGRAM NARRATIVE (NO PAGE LIMIT)

Please provide us with a comprehensive narrative explanation of your proposed program. This narrative is NOT limited to the questions asked. If there are other points that are pertinent to your application and will serve to strengthen or explain statements, they should be included.

### ORGANIZATIONAL EXPERIENCE & CAPACITY

Describe your organization, how the proposed program will be operated within your organization, and what your organization will bring to the targeted population. Your description **must** address the following whether applicable or not. If not applicable, please state that the information is not applicable:

- Describe your organization’s experience in providing medical services to refugee and/or other eligible populations.
  - Describe how your organization will utilize your current expertise and capacity to implement services under this program. What types of medical specialists will be available to administer the initial medical screening?
  - Describe your agency’s ability to provide primary care to refugees subsequent to the initial screening.
  - Describe how the program/services will improve community health and wellness and advance applicable New York State Prevention Agenda Priorities, consistent with Executive Order 190 (EO 190). Please see page 21 for additional information on EO 190.
  - Describe other programs or services that your organization administers and how they will be used to enhance the effectiveness of your proposed program.
  - Describe your organization’s established relationships with other community service providers. What specific resources will refugees gain through these relationships?
  - Please attach a detailed organizational chart that reflects where your proposed program will be housed within your organization.
  - Describe the role of your organization’s Board of Directors in the operation of this program.
  - Please provide copies of your organization’s New York State Health Department, Office of Health Systems Management operating certificate and/or designation as a Federally Qualified Health Center (FQHC)
  - Describe the operation and management of the project. Specifically, how your organization will accomplish the following:
    - ✓ Assure that CDC Refugee Health Domestic Guidance and the refugee medical screening exam protocol are followed by staff;
    - ✓ Assure that there is no duplication of services;
    - ✓ Monitor progress towards goals;
    - ✓ Maintain agency and staff accountability;
    - ✓ Supervise cash flow;
    - ✓ Assure timely submission of reports and vouchers; and
    - ✓ Maintain appropriate case records for each individual served; indicating how the required documentation will be obtained and maintained, and how case records will be secured.
  - Key Personnel Profile:
- ✓ Attach a chart that depicts the staff involved with the project. For each staff member listed, please include the person’s name and position or job title, the qualifications of the staff member, the responsibilities of the position or job title, the languages spoken by the staff member, the percent of

time the staff member will spend on the proposed project, and the name and title of the supervisor.

- ✓ In narrative form, please explain how the proposed positions are sufficient to successfully implement the proposed project.

**Suggested format:**

Name and Position or Job Title	Qualifications	Responsibilities	Languages	Percent of Time to be Spent on Project	Supervisor

**PROGRAM DESCRIPTION & IMPLEMENTATION**

- Describe the physical location(s) of the project and the hours and days of operation.
- Describe any specific methods of outreach and recruitment to prospective refugees and other eligible persons of the program.
- Describe your organization’s language access procedures for Non-English speaking or Limited English Proficient (LEP) clients. Specifically, for which languages can your organization provide interpretation services?
- Identify and describe any potential barriers that may affect service delivery and how they will be addressed.
- You may require a start-up period to hire personnel, outreach and recruit clients, obtain bids for equipment, purchase equipment and/or supplies, or train personnel. If a start-up period is required, please describe these tasks, as well as time frames for accomplishing them. Identify staff that will oversee these activities.
- Describe how your organization’s staff will stay up to date on the latest health care issues affecting refugees and screening recommendations for refugees.

## **SECTION C – ORGANIZATION INFORMATION**

**The following documents are required to be submitted by other than Not-for-Profit applicants.**

### **1. Board of Directors Profile**

List the names, addresses, phone numbers, places of employment and number of years as a board member of each member of your organization's Board of Directors. Also, indicate if any Board of Directors member is on your organization's payroll. It is the contractor's responsibility to ensure there are no conflicts of interest.

The following forms can be found on the OTDA webpage for this RFA.

- 2. Non-Discrimination in Employment in Northern Ireland MacBride Fair Employment Principles**
- 3. Procurement Lobbying Act**
- 4. Disclosure of Prior Non-Responsibility Determinations**

**ADDITIONALLY, OTHER THAN NOT-FOR-PROFIT ENTITIES MUST SUBMIT THE FOLLOWING:**

#### **➤ FORM ST-220-TD: CONTRACTOR CERTIFICATION**

[http://www.tax.ny.gov/pdf/current\\_forms/st/st220td\\_fill\\_in.pdf](http://www.tax.ny.gov/pdf/current_forms/st/st220td_fill_in.pdf)

**FORM ST-220-TD MUST BE SENT TO THE NYS DEPARTMENT OF TAXATION AND FINANCE AS INSTRUCTED.**

#### **➤ FORM ST-220-CA: CONTRACTOR CERTIFICATION TO COVERED AGENCY**

[http://www.tax.ny.gov/pdf/current\\_forms/st/st220ca\\_fill\\_in.pdf](http://www.tax.ny.gov/pdf/current_forms/st/st220ca_fill_in.pdf)

**FORM ST-220-CA MUST BE INCLUDED WITH THIS APPLICATION.**

## **Workers' Compensation and Disability Insurance Requirements**

New York State Workers' Compensation Law (WCL) has specific coverage requirements for businesses contracting with New York State and additional requirements which provide for the debarment of vendors that violate certain sections of WCL. This section provides guidance to State contracting entities regarding their obligations relative to these requirements.

### **BACKGROUND**

The WCL requires, and has required since introduction of the law in 1922, the heads of all municipal and State entities to ensure that businesses have appropriate workers' compensation and disability benefits insurance coverage *prior* to issuing any permits or licenses, or *prior* to entering into contracts.

Workers' compensation requirements are covered by WCL Section 57, while disability benefits are covered by WCL Section 220(8). The Workers' Compensation Benefits clause in Appendix A – STANDARD CLAUSES FOR NEW YORK STATE CONTRACTS states that in accordance with Section 142 of the State Finance Law, a contract shall be void and of no force and effect unless the contractor provides and maintains coverage during the life of the contract for the benefit of such employees as are required to be covered by the provisions of the WCL.

Under provisions of the 2007 Workers' Compensation Reform Legislation (WCL Section 141-b), any person, or entity substantially owned by that person<sup>1</sup>: subject to a final assessment of civil fines or penalties, subject to a stop-work order, or convicted of a misdemeanor for violation of Workers' Compensation laws Section 52 or 131, is barred from bidding on, or being awarded, any public work contract or subcontract with the State, any municipal corporation or public body<sup>2</sup> for one year for each violation. The ban is five years for each felony conviction.

### **PROOF OF COVERAGE REQUIREMENTS**

The Workers' Compensation Board has developed several forms to assist State contracting entities in ensuring that businesses have the appropriate workers' compensation and disability insurance coverage as required by Sections 57 and 220(8) of the WCL.

***Please note – an ACORD form is not acceptable proof of New York State workers' compensation or disability benefits insurance coverage.***

### **Proof of Workers' Compensation Coverage**

To comply with coverage provisions of the WCL, the Workers' Compensation Board requires that a business seeking to enter into a State contract submit appropriate proof of coverage to the State contracting entity issuing the contract. For each new contract or contract renewal, successful applicants will be asked to provide current proof of NYS Worker's Compensation and Disability Insurance before the contract is executed.

### **OSC Review**

Contracting entities must include all necessary proofs of insurance with the contract record for new contracts and contract renewals submitted to OSC for approval. Contracts will not be approved without such proof. OSC may immediately reject any contract submitted without such proof.

### **QUESTIONS**

Any questions regarding workers' compensation coverage requirements or debarments should be directed to:

Workers' Compensation Board  
Bureau of Compliance  
(518) 462-8882  
(866) 298-7830



## **M/WBE SUBCONTRACTOR UTILIZATION EXAMPLES**

It is important to note that in addition to direct sub-contracting on State contracts, contractors can also utilize a number of other vendors in support of their overall operations. Using NYS Certified MWBEs (link to Directory of NYS Certified MWBEs, [NEW YORK STATE CONTRACT SYSTEM \(newyorkstatecontractsystem.com\)](http://newyorkstatecontractsystem.com)) as providers of these second tier services can be counted in satisfaction of the goals. The following are examples of indirect services that you may want to consider for compliance with MWBE subcontracting participation requirements: Accounting Services, Advertising, Building Maintenance, Car Rental, Cleaning Supplies, Copying, Electrical Services, Furniture, Heating and Cooling, Janitorial Services, Office Supplies, Pest Control, Printing Services, Publishing, Rubbish Removal, Security, Shredding Services, Tax Preparation, Technical Writing, Training, Travel Services, etc.

### **MWBE Participation Requirements Forms**

Offerors are required to comply with MWBE participation requirements as stated in Section XVI of this RFA. As part of your proposal, submit the following documents, as appropriate. These documents can be found at:

#### [Minority and Women Owned Business Enterprise Forms | OTDA](#)

- a. Form OTDA-4970 (Minority and Women-Owned Business Enterprises – Equal Employment Opportunity Policy Statement) as described in Clause 12 of Appendix A – Standard Clauses for NYS Contracts
- b. Form OTDA-4934 (Staffing Plan)
- c. Form OTDA-4937 (MWBE Utilization Plan)
- d. Form OTDA-4938 (MWBE Subcontractors and Suppliers Letter of Intent to Participate)
- e. Form OTDA-4976 (MWBE Goal Requirements Certification of Good Faith Efforts)

Note: Offerors may apply for a partial or total waiver of MWBE participation requirements by submitting Form OTDA-4969 (Request for Waiver Form) and including all required documentation. Waivers will be granted only when the Offeror cannot, after a good faith effort, comply with

## Other Forms

The following list of forms can be found on the OTDA web page for this RFA. These forms must be submitted with all applications:

1. General Information
2. Agency Agreement
3. Encouraging Use of New York State Businesses in Contract Performance
4. Certificate of Incorporation. Please submit a copy of your organization's most recent Certification of Incorporation and any amendments.
5. Offeror's Acknowledgment of Understanding of Post-Employment Provisions
6. Offeror Assurance of No Conflict of Interest or Detrimental Effect
7. Sexual Harassment Prevention Certification
8. EO 177 Certification Prohibiting Contracts With Entities That Support Discrimination
9. Non-Collusive Bidding Certification
10. Executive Order 16: Prohibiting State Agencies and Authorities from Contracting with Business Conducting Business in Russia

**Applicant:**

<b>APPLICATION CHECKLIST OF REQUIRED DOCUMENTATION</b>	<b>INCLUDED?</b>
<b>For All Entities:</b>	
Executive Summary	
General Information	
Accessibility Determination Form	
Program Narrative (includes the following) <ul style="list-style-type: none"> <li>• Organizational Experience &amp; Capacity</li> <li>• Key Personnel Profile</li> <li>• Program Description &amp; Implementation</li> </ul>	
Agency Agreement	
Vendor Responsibility Questionnaire (Please complete the form at: <a href="http://www.osc.state.ny.us/vendrep/forms_vendor.htm">http://www.osc.state.ny.us/vendrep/forms_vendor.htm</a> ).  OTDA recommends that vendors file the required Vendor Responsibility Questionnaire online via the New York State VendRep System. To enroll in and use the New York State VendRep System, see <a href="#">VendRep System Instructions</a> .  Vendors must provide their New York State Vendor Identification Number when enrolling. To request assignment of a Vendor ID or for VendRep System assistance, contact the Office of the State Comptroller's (OSC) Help Desk at 866-370-4672 or 518-408-4672 or by email at: <a href="mailto:ITServiceDesk@osc.ny.gov">ITServiceDesk@osc.ny.gov</a> .  Vendors opting to complete and submit a paper questionnaire can obtain the appropriate questionnaire from the <a href="#">VendRep website</a> or may contact the OSC's Help Desk for a copy of the paper form. Please call the OSC Help Desk with any questions at 518-408-4672 or 1-866-370-4672.	
Encouraging Use of NYS Businesses in Contract Performance	
M/WBE Subcontractor Utilization Plan	
M/WBE Letter of Intent to Participate	
EEO Staffing Plan	
M/WBE/EEO Policy Statement	
M/WBE Subcontractor Request For Waiver Form	
M/WBE Goal Requirements Certification of Good Faith Efforts	
Attach Copy of: Certificate of Incorporation	

<b>APPLICATION CHECKLIST OF REQUIRED DOCUMENTATION</b>	<b>INCLUDED?</b>
Offeror's Acknowledgment of Understanding of Post-Employment Provisions	
Offeror's Assurance of No Conflict of Interest or Detrimental Effect	
Sexual Harassment Prevention Certification	
Executive Order 177: Prohibiting Contracts with Entities That Support Discrimination	
Non-Collusive Bidding Form	
Executive Order 16: Prohibiting State Agencies and Authorities from Contracting with Business Conducting Business in Russia	
<b>For Other Than Not-For-Profit Entities:</b>	
Board of Directors Profile	
MacBride Fair Employment Principles	
Procurement Lobbying Act Offerer's Certification	
Disclosure of Prior Non-Responsibility Determinations	
Form ST-220-CA	

**END OF APPLICATION**