# Attachment F: Refugee Medical Screening (RMS)

**Use of form:** Use of this form is mandatory. If the requested information is not provided, the Department will be unable to process your application. Personal information you provide may be used for secondary purposes [Privacy Law, §15.04(1)(m), Wisconsin Statutes].

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| **Application #** 437004-G23-0002025 | | Legal Applicant/Organization Name | | |
| **Section 1: Attachment Instructions**   1. Complete the separate Application Form. 2. Enter your organization’s Legal Applicant/Organization name in the space provided above. 3. Read all sections of this attachment in its entirety. 4. Enter your Organization’s Legal Application/Organization name, Project County, and Funding Amount Requested in the spaces provided above Section 6. 5. Read all grant requirements in Section 6 and respond to the corresponding application questions in the space(s) provided for each question. Application responses must be written in the designated box for each question using 11- point Roboto font, single-spaced. (Hint: Text can be copied from a separate document and pasted into each answer box if preferred. To make a carriage return with an answer box press Shift + Enter.) The Applicant’s response to each question or sub-question must not be longer than 300 words. If responses are longer, reviewers will stop reviewing after 300 words. Any responses not formatted as indicated above will be reformatted by the above guidelines and evaluators will only review the content that fits the criteria above after it is reformatted. The length and formatting only apply to questions 1-6 as found in Section 6. Requirements 7 and 8 must be responded to using separate files as indicated below. 6. Ensure that your projectdoes not exceed the maximum funding allowed for your project county, as listed in Section 3. 7. Ensure that your project serves only the eligible population as outlined in Section 4; delivers all required services, and that you have described your project’s provision of any allowable services, as outlined in Section 5. 8. If your organization seeks to provide projects funded by this program in more than one of the target counties listed in Section 3 of this attachment, you must submit separate attachments for each target county and you must answer each question completely and individually. You may copy and paste your answer to any question between attachments only if your answer is exactly and equally applicable in each of the projects and counties. | | | | |
| **Section 2: Program Description:**  **Refugee Medical Screening (RMS)**  The Wisconsin Department of Children and Families’ (DCF) Bureau of Refugee Programs (BRP) funds the RMS program through a grant it receives from the federal Department of Health and Human Services, Office of Refugee Resettlement (ORR). BRP awards funds to subrecipients that provide services to refugees and other eligible participants as described in [ORR Policy Letters](https://www.acf.hhs.gov/orr/policy-guidance/policy-letters), [ORR Dear Colleague Letters](https://www.acf.hhs.gov/orr/policy-guidance/dear-colleague-letter), and [45 Code of Federal Regulations (CFR) Part 400](https://www.ecfr.gov/current/title-45/subtitle-B/chapter-IV/part-400#400).  The RMS program funds activities and services related to the administration and coordination of initial medial screenings for refugees; including coordinating the provision of medical screening appointments, transportation, interpretation, and translation services as described in [ORR State Letter 12-13](https://www.acf.hhs.gov/orr/policy-guidance/state-letter-12-13), [ORR State letter 12-13 Guidance Clarification](https://www.acf.hhs.gov/orr/policy-guidance/state-letter-12-13-guidance-clarification), and [45 Code of Federal Regulations (CFR) Part 400](https://www.ecfr.gov/current/title-45/subtitle-B/chapter-IV/part-400#400).  BRP makes RMS funding available only to refugee resettlement agencies (RAs) or licensed healthcare providers (e.g., clinics, hospitals) that conduct medical screening services for refugees.  DCF funds RMS services to ensure that 100% of refugees receive health screenings within 30 – 90 days after arrival in the U.S. (or within 30 - 90 days of acquiring their RMS-eligible for eligible participants other than refugees, asylees, and Special Immigrant Visa holders).  The term “refugee” as used in this form includes individuals owning any of the eligible immigrant statuses listed in the Section 4 of this attachment. | | | | |
| **Section 3: Awards and Funding Levels**  BRP seeks to award funds for RMS projects in counties with the greatest number of eligible participants, as listed in the table below.  Projects may additionally serve surrounding counties; but must include at least one of the counties listed below. If any targeted county has no approved applications, DCF may choose to fund only those projects that are approved, or it may choose to repost and repeat the request for application process for the unserved county.  BRP may choose to award funds in excess of the maximum listed for a county if the maximum funding for another county is not reached. BRP may also choose to award projects in excess of the maximum listed for that county if the maximum funding for that county is not reached.  The funding listed below includes estimates based upon projected arrivals of eligible participants during Federal Fiscal Year (FFY) 2022. BRP reserves the right to adjust final RMS awards and the available funding for each target county according to projected arrivals for FFY 2023. | | | | |
| **Project County** | **Minimum Projects** | | **Maximum Projects** | **Maximum Total Funding for All Projects** |
| Brown County | 1 | | 2 | $19,023 |
| Dane County | 1 | | 2 | $14,743 |
| Marathon County | 1 | | 2 | $14,267 |
| Milwaukee County | 3 | | 5 | $167,409 |
| Winnebago County | 1 | | 2 | $61,824 |
| **Section 4: RMS Eligible Participants**  Participants within any funded project must own any of following immigration statuses:   1. **Individuals paroled as refugees or asylees under** §212(d)(5) of the Immigration and Nationality Act (INA); 2. **Refugees** admitted under §207 of the INA; 3. **Asylees** whose status was granted under §208 of the INA; 4. **Cuban and Haitian entrants**, in accordance with the requirements in [45 CFR § 401.2](https://www.ecfr.gov/current/title-45/subtitle-B/chapter-IV/part-401#401.2); 5. **Certain Amerasians** from Vietnam who are admitted to the U.S. as immigrants pursuant to §584 of the Foreign Operations, Export Financing, and Related Programs Appropriations Act, 1988 (as contained in §101 (e) of Public Law 100-202 and amended by the 9th provision under Migration and Refugee Assistance in Title II of the Foreign Operations, Export Financing, and Related Programs Appropriation Acts, 1989 (Public Law 100-461 as amended)); 6. **Individuals subjected to a severe form of trafficking** who have been certified by the United States Department of Health and Human Services (HHS) under The Trafficking Victims Protection Act of 2000, Pub. L. No. 106-386, Division A, 114 Stat. 1464 (2000); 7. Certain **Iraqi and Afghan Special Immigrant Visa holders** (SIV) pursuant to the Defense Authorization Act for Fiscal Year 2008, Public Law 110-181; 8. **Afghan Special Immigrant Parolee** as described in [ORR Policy Letter 22-02](https://www.acf.hhs.gov/sites/default/files/documents/orr/ORR-PL-22-02-Additional-ORR-Eligibility-Categories-and-Documentation-Requirements-for-Afghan-Nationals.pdf) and [ORR Policy Letter 22-10](https://www.acf.hhs.gov/sites/default/files/documents/orr/ORR-PL-22-10-ASA-eligibility_0.pdf); 9. **Afghan Special Immigrant Conditional Permanent Resident** as described in [ORR Policy Letter 22-02](https://www.acf.hhs.gov/sites/default/files/documents/orr/ORR-PL-22-02-Additional-ORR-Eligibility-Categories-and-Documentation-Requirements-for-Afghan-Nationals.pdf) and [ORR Policy Letter 22-10](https://www.acf.hhs.gov/sites/default/files/documents/orr/ORR-PL-22-10-ASA-eligibility_0.pdf); 10. **Afghan Humanitarian Parolee** as described in [ORR Policy Letter 22-02](https://www.acf.hhs.gov/sites/default/files/documents/orr/ORR-PL-22-02-Additional-ORR-Eligibility-Categories-and-Documentation-Requirements-for-Afghan-Nationals.pdf) and [ORR Policy Letter 22-10](https://www.acf.hhs.gov/sites/default/files/documents/orr/ORR-PL-22-10-ASA-eligibility_0.pdf); and 11. **Lawful permanent residents** who previously held one of the statuses identified above.   Funds must not be used to provide services to United States citizens, as United States citizens are ineligible under the authorizing legislation.  Eligibility for all programs and services is for 90 days following the date their eligible status was granted, as described in [45 CFR § 400.107.](https://www.ecfr.gov/current/title-45/subtitle-B/chapter-IV/part-400#400.107) For refugees, SIVs, and certain Amerasians, the date of eligibility is equal to the date of entry in the United States. For Afghan Special Immigrant Parolees, Afghan Special Immigrant Conditional Permanent Residents, and Afghan Humanitarian Parolees, the date of eligibility is equal to the date of entry into the community, as determined either from travel documentation from a Safe Haven or by a verbal attestation authorized by DCF. For individuals of all other immigration statuses listed above, eligibility begins on the date that the status was granted. Lawful permanent residents who previously held one of the other statuses retain the same eligibility start date from their original eligible status.  Projects funded by the RMS Grant must limit all services to only refugees who fit the eligibility requirements described in [ORR State Letter 12-13](https://www.acf.hhs.gov/orr/policy-guidance/state-letter-12-13), [ORR State letter 12-13 Guidance Clarification](https://www.acf.hhs.gov/orr/policy-guidance/state-letter-12-13-guidance-clarification), and [45 Code of Federal Regulations (CFR) Part 400](https://www.ecfr.gov/current/title-45/subtitle-B/chapter-IV/part-400#400). | | | | |
| **Section 5: Required and Allowable Services:**   1. **Required Activities and Services**   The Applicant must deliver all the following services to all refugees enrolled in RMS funded programs, unless otherwise directed or exempted by BRP:   1. Designate a health liaison who will coordinate all services related to health screening for refugees. 2. Provide refugees with information on and referral to local health centers/clinics and Medicaid providers. 3. Coordinate health-screening logistics and interpreter services to ensure that health screening is completed for all refugees within 90 days from their date of eligibility, and in accordance with the Revised Medical Screening Guidelines for Newly Arriving Refugees ([ORR State Letter 12-09](https://www.acf.hhs.gov/orr/policy-guidance/revised-medical-screening-guidelines-newly-arriving-refugees)). Compliance with ORR State Letter 12-09 is necessary for accurate reporting of health screening completions and for provision of referrals to follow-up medical care that addresses health issues identified in the refugees’ screening. 4. Collect the After-Visit Summary and confirmation of completion of the health screening from the health screening provider. 5. Administer participant satisfaction surveys to a random sample of 20% of the adult caseload per year. 6. **Allowable Activities and Services**   The Applicant may also provide any of the following services:   1. Interpretation during screening appointments. 2. Transportation to health appointments. 3. Setting up appointments for follow-up care and connecting refugees to a Primary Care Physician. | | | | |
| **Continue to Section 6 to Complete the Application Questions below.** | | | | |

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| Legal Applicant/Organization Name | |
| Project County | Funding Requested  $ |
| **Section 6: RMS Application Questions** | |
| 1. **Requirement:** Applicants must have experience providing direct services to refugees and working on projects that serve the goals of this grant, each within the last three years. | |
| **(200 points)**  **1. Question:** Provide a brief description of your organization’s history of providing services to refugees, including RMS required or allowable services. Summarize projects funded by RMS that your organization has operated within the last three years. If your organization has not yet received an RMS grant, summarize refugee support projects your organization has conducted in the past three years. If refugee services will be a new service for your organization, indicate other related program(s)/project(s) your organization has provided to refugees or similar participant communities, and how your organization is prepared to expand your services to refugees. | |
| **1. Answer** | |
| 1. **Requirement:** The project must be designed to meet the greatest need(s) of the eligible refugees in the community where the project will occur, while adhering to the grant specific requirements as outlined in Sections 2, 4, and 5 of this Attachment. Applicants should be located within close proximity to where refugees reside in order to best meet the needs of refugee populations located in that geographical area. | |
| **(100 points)**  **2. Question:**   * 1. Explain the method(s) your organization will use to ensure prompt referral and care for RMS participants in need of refugee medical screening.   2. Describe how your organization will make decisions about where RMS participants will be referred for medical screening. What needs related to refugee medical screening do you seek to address with this funding? | |
| **2. Answer**  a**.**  b. | |
| **3. Requirement:** The RMS program requires direct services to eligible participantsas listed in Section 5. The Applicant’s project must be designed to clearly adhere to the required and allowable services listed in Section 5, while effectively delivering high-quality, equitable, and respectful services that respond to the needs of refugees identified in Question 2. | |
| **(300 points)**  **3. Question:**   * 1. List and describe each RMS services that your organization will provide to address the needs of refugees you identified in Question 2. Be detailed in the specific activities of your project and reference the required and allowable services (as applicable) listed in Section 5. Explain how these activities and services address the needs you identified in Question 2.   2. What are the goals and outcomes that refugees are expected to achieve through the activities or services listed in question 3.a.? Goals and outcomes should be S.M.A.R.T. (Specific, Measurable, Achievable, Relevant, and Time-bound). For example: “Referral services will result in X percentage of individuals served establishing care with a primary care physician within Y days of enrollment in our project”.   3. How will your organization ensure the project delivers high-quality, effective, equitable, understandable, and respectful services that are responsive to the diverse needs of refugees? How will you ensure service delivery is comprehensive to the needs of the individual or family and services are provided timely?   4. Describe the timeline of your project, including whether services will be provided throughout the entire first project period and the subsequent two project periods. If some or all services will not be made available throughout the entire project period, explain why, and state the start and end dates (real or projected) for each service.   5. Describe the demographic data of the projected population(s) to be served each year of the three project years. Estimate the number of individuals to be served, their age, immigrant status as listed in Section 4, and their national and ethnic backgrounds, per year. How long do you expect participants be served (one year, three years, etc.)?   6. Identify the way in which your organization will have access to the population to be served. Explain how your organization will conduct outreach to potential participant communities.   7. Specify the city (or cities) and county (or counties) in which refugees will be served. Describe the mode(s) of service delivery (on-site, virtual, or combination of each) and the venue(s)/location(s) in which services will be provided. Explain why each method and location has been chosen.   8. Describe how you will assess the specific needs of the participants you will serve. When client needs are beyond what your organization can address directly, explain how you will make external referrals to partner agencies.   9. Explain who will staff the activities and services to be provided. What duties will they be responsible for? Is there a need to recruit and train staff? If so, what position(s) will you recruit for and when do you expect the position(s) to be filled? How will you ensure all current or new staff receive appropriate training?   10. Who will oversee this grant for your organization and ensure the requirements of the grant are followed? Describe your organization’s Quality Assurance (QA) plan to ensure that services provided are high-quality, appropriate, and effective. How will you ensure your services and activities comply with contractual, state, and federal requirements? Explain your method for internal monitoring and follow-up within your agency. If your organization will subcontract with a partner agency for any activities of the project, name the partner agency, describe the duties for which they will be responsible, and how you will ensure they comply with all requirements previously listed.   11. What is the estimated cost per-person to be served in your project? Explain how you calculated this cost. | |
| 1. **Answer**   a.  b.  c.  d.  e.  f.  g.  h.  i.  j.  k. | |
| 1. **Requirement:** Applicants must verify and record the eligibility of all refugees who participate in RMS services in the Wisconsin Refugee Programs Database and do so in accordance with the requirements described in Section 4. | |
| **(100 points)**   1. **Question:** Explain how your organization will verify and document participant eligibility for RMS services? How will data and records related to participant eligibility be collected and maintained in the Wisconsin Refugee Programs Database? | |
| 1. **Answer** | |
| 1. **Requirement**: Applicants must collect data on program/project outcomes and report them to BRP, including both narrative summaries and quantitative data. BRP will provide reporting forms and will provide technical assistance when necessary to improve quality data collection. Required data includes but is not limited to participant’s names, alien numbers, dates of birth, dates of eligibility, and eligible immigrant status (as listed in Section 4). Applicants will be required to enter this and other service-level data into the Wisconsin Refugee Programs Database. | |
| **(100 points)**   1. **Question**: 2. How will you ensure participants’ activities, services, and outcomes are properly documented by your organization in the Wisconsin Refugee Programs Database? 3. How will your organization measure the success of services and activities provided? Explain what methods your organization will use to measure outcomes and how your organization will evaluate and use that data to inform your project’s implementation. 4. Indicate how your organization will ensure it is able to provide monthly reports in a timely manner while complying with DCF reporting requirements. | |
| 1. **Answer**   a.  b.  c. | |
| 1. **Requirement:** Applicants must collaborate with other programs or partners in order leverage existing community resources, efficiently use grant funds, and solve barriers to service delivery. Applicants must ensure that they do not duplicate services provided to participants co-enrolled in other BRP-funded projects. Applicants must also cooperate with other state-funded agencies issuing public benefits, including but not limited to W-2 and RCA, in their verification of co-enrolled participants’ eligibility for public benefits. | |
| **(100 points)**   1. **Question:** 2. What other organizations or programs will you collaborate with in the implementation of your RMS project, and why? If your organization does not have an established collaboration, what collaboration(s) will it explore during the life of this project? 3. How will your organization ensure that RMS services provided to participants are not duplicative of other services provided to your participants by other BRP-funded projects? 4. Describe how your organization will cooperate with state-funded agencies issuing public benefits, including W-2 and RCA, in their verification of your co-enrolled participants’ eligibility for such benefits. If your organization does not already cooperate with public benefits agencies, describe how your organization will establish such cooperation? | |
| 1. **Answer**   a.  b.  c. | |
| 1. **Requirement:** Applicants must complete the Annual Service Plan (ASP), Appendix 1, RMS tab. The numbers should be the Applicant’s best projections based on planned services, prior year caseloads, projected future caseloads, and the budget amount requested. Answers in this section are to be used by your organization and BRP for project planning and evaluation purposes. The information entered in the ASP will *not* establish required deliverables of any future contract resulting from this application. However, projections should be as well reasoned as possible to provide BRP an understanding of the possible scale of the project. This section will be graded on completeness, and the extent to which individual projections are logically based on the total number of individuals projected to serve, the overall service plan, and the amount of funding requested. The results tab for each program should be left blank at this time. These tabs will be completed after each project period. | |
| **(100 points\*\*)**   1. **Action:** Complete your ASP using the form provided and submit along with this Application Attachment. Name the ASP file “Appendix 1: RMS Annual Service Plan - (Your Organization Name)”.   **\*\*You will be scored on the completion of the Annual Service Plan, not on the total projected individuals served.** | |
| 1. **Requirement:** Applicants must submit one budget proposal for the first year of the project, using the form provided by BRP. The Applicant must submit only one budget and it must be comprehensive of all grants and projects for which the Applicant is applying. The costs for each grant must comply with all requirements of [45 CFR § 75](https://www.ecfr.gov/current/title-45/subtitle-A/subchapter-A/part-75), be clearly separated in the budget document, and listed in their designated columns. If staff time, supplies, or other expenses will be shared between two or more programs, the Applicant must separate those costs per program, while ensuring that program funds are spent only on costs related to that program. The Applicant must include all expenses to be paid by program funds and must ensure that all expenses add up to the total amount requested for each program. The applicant must answer all questions in the budget narrative tab. The amount of funding requested will not be used to determine the application score for this section. This section will be graded on completeness, the extent to which expenses match the proposed project, and to which the budget narrative explains the expenses. BRP may choose to partially fund the Applicant’s project based on the funds available and how well the budget is justified by the project design, as reflected in the Applicant’s responses to the questions in this attachment. | |
| **(100 points\*\*)**   1. **Action:** Complete your budget using the form provided and submit it with all other required application documents. Name the Budget file “Appendix 2: Budget - (Your Organization Name)”.   **\*\*Your response will be scored on the completion of the budget and budget narrative, not on the amount of funds requested in your application.** | |
| **Total Points Available 1,100 points** | |