

Refugee Medical Screening
BASE CONTRACT 2020-STLMO-02

This contract is entered into by and between the U.S. Committee for Refugees and Immigrants, henceforth *USCRI*, an independent nonprofit 501(c)(3) organization incorporated in the State of New York and headquartered in the Commonwealth of Virginia, and Columbia/Boone County Public Health & Human Services, henceforth *the Contractor*, a Federally Qualified Health Center (FQHC), henceforth collectively *the Parties*.

1. **PURPOSE OF THE CONTRACT:** USCRI agrees to purchase, and the Contractor agrees to provide services and goods to the *eligible populations*.
2. **ELIGIBLE POPULATIONS:** The U.S. Department of Health and Human Services Office of Refugee Resettlement, henceforth ORR, designates the following six population groups program eligible: Refugees, Asylees, Cuban/Haitian entrants, Special Immigrant Visa, Amerasians, and Victims of Trafficking.
3. **TOTAL AMOUNT:** The total amount of this Contract is \$22,967.
4. **FUNDING OBLIGATION:** This contract is contingent upon the continued availability of funding. If funds become unavailable due to lack of federal appropriations, federal budget cuts, or any other disruptions to the current federally appropriated funding specific to this contract, USCRI reserves the right to restrict, reduce, or terminate funding under this Contract. Disruptions encompass, but not limited to, delayed transfer of funds between Federal Programs, especially within the Health and Human Services (HHS) agencies; amendment to the Appropriations Act; HHS agency consolidation; as well as Federal Government shutdown.
5. **TERM OF THE CONTRACT:** This Contract begins on 10/01/2019 and ends on 09/30/2020. USCRI has the option, in its sole discretion, to renew this contract for additional specified terms. USCRI is not responsible for payment under this Contract before both Parties have signed the Contract or before the start date of the Contract, whichever is later. Either Party may terminate this contract by providing the other party sixty (60) days of written notice. Furthermore, USCRI reserves the right to terminate this agreement, if the Contractor fail to perform any of the material terms and conditions. In the event either party decide to terminate this contract for a fundamental or a material breach of the agreement, the Contractor shall return all assets, tangible as well as intangible, belonging to the Program.
6. **AUTHORITY:** As applicable, USCRI enters into this Contract under the authority of the Refugee Education Assistance Act of 1980, Title V, Section 501(a), Public Law 96-422, 94 Stat. 1799, 8 U.S.C 1522 note; the Refugee Act of 1980, Section 412, Public Law 96-212, 94 Stat. 111, 8 U.S.C 1522; the William Wilberforce Trafficking Victims Protection Reauthorization Act of 2008, Section 212-235, Public Law 110-457; and the Victims of Trafficking and Violence Protection Act of 2000, Public Law 106-386.
7. **PROGRAM NAME:** Missouri Refugee Medical Screening Program

8. STATEMENT OF WORK:

SECTION I: OVERVIEW

The Contractor shall perform *medical screening* within a preferred period of thirty (30) days and a maximum of ninety (90) days from the official refugee's arrival in the United States, date asylum granted, or certification of eligibility by ORR. After 90 days, documentation of Medicaid/CHIP ineligibility shall be required to provide services. **Medical Screening** refers to the recommended clinical services for eligible populations according to ORR's Revised Medical Screening Guidelines for Newly Arriving Refugees (State Letter 12-09). This includes a review of overseas documents and health history, a physical exam, immunizations, follow-up appointments, and referrals.

The Contractor shall conduct accurate data collection and reporting related to medical screenings performed.

The services provided under this Contract shall be conducted in a manner that considers the custom and culture of the recipient and shall employ the support of a professional language interpreter if the client so wishes.

The Contractor shall comply with all applicable federal and state statutes, regulations, standards, policies, and guidelines, including, but not limited to:

- The Immigration and Nationality Act, 8 U.S.C. §§ 1522;
- Chapter 192, Missouri Title XII Public Health and Welfare; and
- State letters, recommendations, or guidance's which may be issued by ORR and/or Centers for Disease Control and Prevention (CDC), and forwarded to the Contractor by USCRI, throughout the duration of this contract.

SECTION II: SCOPE OF SERVICES

USCRI expects and the Contractor agrees, that the services rendered shall encompass the following four major areas activities:

- conducting thorough medical screening;
- collating medical screening data accurately using the USCRI provided data collation tool also known as eSHARE or Health Assessment Form;
- documenting and quarterly reporting on incidents, trends, and challenges encountered during the medical screening program implementation; and
- providing health education/promotion as well as disseminating USCRI provided health commination material.

A. Medical Screening:

- **Review medical history record:** A review of overseas medical records should include review of the following Department of State (DS) forms: DS-2053 or DS-2054, Medical Examination for Immigrant or Refugee Applicant; DS-3024 or DS-3030, Chest X-Ray and Classification Worksheet; DS-3025, Vaccination Documentation Worksheet; and DS-3026, Medical History of Physical Examination Worksheet. The history should also include a review of the UNHCR Medical Assessment Form (MAF), the International Organization for Migration's Significant Medical Conditions (SMC) form and Pre-Departure Medical Screening (PDMS) form, immunization records and other individually carried documents.
- **Physical exam:** Physical examinations shall be performed by a Physician, Nurse Practitioner, or Physician Assistant. It should involve a comprehensive clinical evaluation as well as a head-to-toe review of all systems, including an assessment of the client's state of nutritional well-being, reproductive health, mental health, dental health, hearing and vision. A gynecological exam may be performed as part of the physical exam.
- **Age-and-sex-appropriate laboratory testing:** Laboratory testing includes: Complete Blood Count with differentials; Basic/Comprehensive Metabolic Panel (B/CMP), Urinalysis, Cholesterol, Pregnancy testing, testing for certain sexually transmitted infections, including Chlamydia, Syphilis, HIV/AIDs, and other STIs as necessary, Hepatitis B and C testing, Blood lead level, Stool Ova and Parasite testing (O&P), Malaria testing; and Check titer for evidence of MMR, Varicella, Hepatitis A, and Hepatitis B.
- **Age-appropriate vaccinations:** Missing vaccinations should be provided according to CDC guidelines. The decision to vaccinate should be based on a review of overseas vaccination records (form DS-3025), laboratory results and any other immunization records provided by the client during the visit. CDC recommends vaccinating the eligible population against the following disease-causing agents: MMR, Varicella, Hepatitis A, and B, Diphtheria, Tetanus, Pertussis, Polio, Haemophilus influenzae type b (Hib), Rotavirus, Meningococcal, Seasonal Influenza, and Pneumococcal. Elective: HPV and Zoster.
- **Tuberculosis screening (TB):** TB screening includes: Questioning for signs and symptoms of TB, administration of Interferon Gamma Release Assay (IGRA) tests i.e. T-SPOT® or QuantiFERON®—TB Gold In-Tube test (QFT-GIT), or a Mantoux Purified Protein Derivative (PPD) skin test, if IGRA testing is contraindicated. If found positive or uncertain of the test result, the client should be referred to local/regional TB programs for further evaluation and treatment.
- **Mental health screening:** Mental Health screening should assess for acute psychiatric emergencies and may require additional assessment tools. USCRI indorses the use of the Refugee Health Screener-15 (RHS-15). The RHS-15 assessment tool has been validated for use in individuals age 14 years and older to assesses for anxiety, depression, and Post-traumatic stress disorder (PTSD).

- **Prescriptions and supplementary medication:** The following medications should be provided to clients: Antiparasitic for individuals who did not receive presumptive treatment overseas and may be given in lieu of screening for parasites. Vitamins for children between six months and five years of age (and those over five years with clinical evidence of malnutrition). Medications for overseas outbreaks, such as meningitis. Medications or prescriptions in emergency situations for pre-existing conditions. The Contractor may issue prescriptions for any other medications warranted to treat newly identified or existing conditions.
- **Follow-up and referrals:** Referrals should be provided for any conditions identified during overseas or domestic screening resulting in an abnormal finding. The service provider should strive to address the medical needs of the client holistically.

B. Collating data

Submit, within 30 days of completing the medical screening, an accurate collated Health Assessment Form for each eligible individual who underwent the screening process.

Currently, the USCRI Health Assessment Form exists in two forms: electronically (eSHARE) and in a paper form. The Contractor shall return completed Health Assessment Forms, via encrypted email or through eSHARE, to the RMS Program Officer on the 10th day of the month following when services were provided.

- **Paper form:** The completed Health Assessment Forms can be submitted directly to the USCRI RMS Program Officer via Encrypted email or fax.
- **eSHARE:** If the Contractor is instructed to use the eSHARE system, USCRI will first provide training for the relevant Contractor staff.

C. Health education and information dissemination:

The Contractor shall disseminate health education materials including the **“Welcome to the Refugee Health Clinic”** information sheet in the appropriate language and literacy levels. The material shall be provided to the Contractor by USCRI upon request. Furthermore, the Contractor shall provide **health care system orientation and general health education.**

- **Health care system orientation:** The orientation should include explanation to clients regarding the most essential and basic aspects of navigating the United States healthcare system: e.g., how to access preventive health care services; explaining the paramount importance of having health care insurance and how to use it; the difference between a primary care provider (PCP) versus urgent care versus the emergency room; emergency preparedness.

- Health promotion and education: Provide information and education to the client that can help them make informed and responsible decisions regarding their health and wellbeing. The information can be explanatory—about a condition or set of conditions relevant to the client due to exposure or risk of exposure. Other educational information can be preventive or promotive in nature, e.g., lifestyle, dietary, hygiene, age-appropriate screening, gender-appropriate screening, vaccination, etc.

D. Quarterly programmatic report (QPR)

The Contractor shall submit a quarterly report to the USCRI RMS Program Officer by the agreed due date. The QPR shall contain sections, but not limited to the following areas

- **Overview:** Noteworthy achievements as well as major problems encountered during service provision under this Contract (Section II A-C), especially relating to the timely provision of the medical screening services.
- **Feedback:** Communicate any needs, requirements, gaps identified regarding the USCRI RMS program process or activities that could enhance the Contractor’s ability to perform the requirements proclaimed in Contract.
- **Best practices:** The Contractor may share or describe any best practices, innovations, methods or procedures that could improve the program quality.
- **Unusual Cases:** Medically remarkable, complex cases, or trending medical conditions observed or identified during the period should be reported along with referral and/or treatment outcomes. Furthermore, information on refugees arriving with disabilities, the nature of the disability, the care required, particularly mobility concerns, and the impact on housing, should be reported.
- **Top Health Issues:** Top 5 health issues requiring referrals for all clients screened during the reporting period.

SECTION III: PERFORMANCE MEASURES

The performance measures will be used to assess the level of service effectiveness, and adherence to the terms agreed in the Contract without waiving the enforceability of any of the other terms of the Contract. The Contractor shall maintain sufficient documentation to allow USCRI to evaluate the Contractor’s full compliance within these performance measures.

The Contractor shall ensure that each program eligible individual undergoes through the relevant medical screening activities unless the individual refuses, relocates, or cannot be located (lost to follow-up)—in which case, the outcome must be documented in the individual medical file. USCRI uses the following information (provided by the Contractor) to perform evaluative performance measurements:

- Health assessment form is submitted to USCRI (eSHARE Database) within (30) days of completion of health assessment/return of laboratory tests for 90% of eligible individuals. If data indicates a compliance rate for this Performance Measure of less than 75%, then USCRI may (at its sole discretion) require additional measures to be taken by the Contractor to improve the performance, on a timeline set by both USCRI and Contractor.
- Medical screenings are provided for at least 50% of individuals within thirty (30) days: of arrival to the U.S. (for parolees, refugees, and Special Immigrant Visa holders); of asylum granted date for asylees; or, date of certification for victims of human trafficking. Those individuals who do not get the health assessment within 30 days must be assessed within 90 days. If the Performance Measure indicator shows less than 25% compliance, then USCRI may, at its sole discretion, require additional measures to be taken by the Contractor to improve the performance. USCRI and the Contractor can jointly draft corrective action if so needed.

SECTION IV: REPORTING REQUIREMENTS

The Contractor shall return the completed Health Assessment Forms via an ***encrypted email*** to the RMS Program Officer on the 10th day of the month following services provision. Alternatively, the Contractor shall enter the same information directly in the **eSHARE database**.

SECTION V: BILLING REQUIREMENTS

The Contractor shall request payments using USCRI's Purchase Voucher form and acceptable supporting documentation for reimbursement of required services and deliverables. Vouchers and supporting documentation should be mailed or submitted by electronic mail to the addresses provided below:

Mailing Address

U.S. Committee for Refugees and Immigrants
 Department of Finance and Compliance
 2231 Crystal Drive
 Suite 350
 Arlington, VA 22202

Email Address

rhsinvoice@uscridc.org

- A. Requests for payment should be delivered to USCRI within 10 business days after the end of the service month. Bills received within that timeframe will be paid by the 20th business day of the month in which the request for payment was made. Requests for payments received after the 10th business day will be processed in the ensuing month.

- B. The Contractor shall close all requests for payment within 90 business days after the close of the federal fiscal year in which funds were awarded. USCRI has the option, in its sole discretion, to process a request for payments made after the closing period.

9. AWARD INFORMATION:

Award Name: Refugee Medical Screening
Award Number: 1902 VARCMA

Award Start Date: October 1, 2019
Award End Date: September 30, 2020

10. RENEWALS

Number of Renewals Remaining: TBD

Date Renewals Expire: TBD

11. PAYMENT METHOD

Labor Cost Reimbursement

12. SOURCE OF FUNDS

Catalog of Federal Domestic Assistance (CFDA) Program No. 93.566, Refugee and Entrant Assistance State Administered Programs

13. EIN NUMBER

43-8000610

14. DUNS NUMBER

071989024

15. SPECIAL PROVISIONS

- A. The Contractor must adhere to the Privacy Act of 1974, as amended by the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and all other applicable rules concerning the confidentiality of medical records, including providing each individual with a Notice of Privacy Practices and responding to individuals' requests for access to their Protected Health Information (PHI), amendments to their PHI, accounting of disclosures, restrictions on uses and disclosures of their health information, and confidential communications. Parties may be required to enter into and adhere to a Business Associate Agreement per HIPAA requirements if needed.
- B. Neither the Contractor nor any subcontractors, shall transfer any patient record through any means to another entity, person, or subcontractor without the written consent of the individual or legally authorized representative, unless required (or permitted without consent) by law in accordance with HIPAA and the State Health and Safety Codes. USCRI may require the Contractor or any subcontractor, to timely transfer an individual's record to USCRI if the transfer is necessary to protect either the confidentiality of the record or the health and welfare of the individual or otherwise required by law.
- C. USCRI shall have timely access to a client or patient record in the possession of the Contractor, or any subcontractor, under the authority of Chapter 192, Missouri Title XII Public Health and Welfare.

In such cases, USCRI shall keep confidential any information obtained from the client or patient record, as required by Chapter 192, Missouri Title XII Public Health and Welfare.

16. GOVERNING LAW AND VENUE

This Contract shall be interpreted under the laws of the State of Missouri. The venue for any lawsuit arising out of this Agreement will be resolved in the relevant judicial district court of the State of Missouri.

17. DOCUMENTS FORMING CONTRACT

The Contract consists of the following:

- A. Contract (this document) 2020-STLMO-02
- B. Attachments Budget

Any changes made to the Contract, whether by edit or attachment, do not form part of the Contract unless expressly agreed to in writing by USCRI and the Contractor and incorporated herein.

18. PAYEE

The Parties agree that the following payee is entitled to receive payment for services rendered by the Contractor or goods received under this Contract.

Name: Columbia/Boone County Public Health & Human Services
Entity Identification Number: 43-8000610
DUNS Number: 071989024

19. ENTIRE AGREEMENT

The Parties acknowledge that this Contract is the entire agreement and that there are no other agreements or understandings, written or oral, between the Parties, other than as set forth in this Contract.

20. LIABILITY

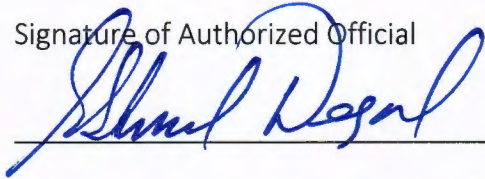
Notwithstanding any other provision herein this contract shall not be interpreted to inure to the benefit of a third party not a party to this contract. This contract may not be interpreted to waive any statutory or common law defense, immunity, including governmental and sovereign immunity, or any limitation of liability, responsibility, or damage of any party to this contract, party's agent, or party's employee, otherwise provided by law.

I certify that I am authorized to sign this document and I have read and agree to all parts of the contract,

**U.S. Committee for Refugees
and Immigrants**

**City of Colombia, on behalf of Colombia/Boone
County Public Health and Human Services**

Signature of Authorized Official



Date 12.20.2019

**Eskinder Negash
President and CEO
2231 Crystal Drive
Suite 350
Arlington, VA 22202
(703) 310-1130**

Signature of Authorized Official

John Glascock, City Manager

Date _____

ATTEST:

Sheela Amin, City Clerk

APPROVED AS TO FORM:

Nancy Thompson, City Counselor



					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
Total Personnel					\$17,656

FRINGE BENEFITS	Itemize the elements of fringe benefits in the space below:				
Social Security					1,350.68
Group Health					1,344.20
Workers Compensation (not listed in benefits)					
Unemployment Insurance (not listed in benefits)					
Retirement					2,429.80
Other(Specify) Dental					72.40
Fringe Benefit Rate %					31.70%
Total Fringe Benefits					\$4,685