



Request for Proposals for Evaluation of ARC's J-1 Visa Waiver Program

Open date:	January 19, 2023
Questions due:	February 2, 2023
Answers posted on ARC website:	February 9, 2023
Proposal due date:	February 24, 2023
Selection date:	April 21, 2023
Contract period:	May 1, 2023 – October 31, 2023 (with possible extension up to January 31, 2024)

Overview

The Appalachian Regional Commission (ARC) invites proposals from qualified consultants to identify current contact information and collect feedback from sponsoring medical practices, physician supervisors, and physicians who participated in ARC's J-1 visa waiver program from 2012 through 2021. This outreach will help ARC learn about the experiences of physicians and sponsoring medical practices, the impact on communities served by ARC's J-1 visa waiver program, and the likelihood that physicians will stay in their community after completing their three-year commitment.

Through the waiver program, ARC considers requests for waivers to the requirement that physicians with a J-1 visa return to their home countries for at least two years before they may apply for any other immigration status in the United States. ARC makes use of this waiver provision to help provide needed health care to the residents of Appalachia. The requesting medical practice must be located in a Health Professional Shortage Area (HPSA) and must demonstrate a need for the physician to practice in its community. In exchange for the waiver recommendation, the foreign physician must agree to provide primary or specialty medical care for at least three years at an approved site in an Appalachian community designated by the United States Department of Health and Human Services as a HPSA.

This evaluation will require individual outreach to sponsoring medical practices to obtain updated contact information for medical practices, physician supervisors, and physicians who benefited from ARC's J-1 visa waiver program over a period of ten years, representing 215 physicians. The evaluation will produce a description of the program as well as a summary of findings about compliance with waiver requirements (for those still in their three-year commitment), physicians' experiences in their placement and community, the sponsoring medical practices' experiences with the physician, and physicians' plans after their three-year commitment.

Required deliverables include the following:

1. Final report that includes key findings and recommendations
2. Staff presentation, which may be conducted virtually
3. Data files, including all raw data and edited datasets

Background

About Appalachia

The Appalachian Region (the Region), as defined in ARC's authorizing legislation, is a 206,000-square-mile region that follows the spine of the Appalachian Mountains from southern New York to northern Mississippi. It includes all of West Virginia and parts of 12 other states: Alabama, Georgia, Kentucky, Maryland, Mississippi, New York, North Carolina, Ohio, Pennsylvania, South Carolina, Tennessee, and Virginia. Forty-two percent of the Region's population lives in rural communities, compared with 19% of the national population.

The Appalachian Region's economy, which was once highly dependent on extractive industries, has become more diversified and now includes larger shares of manufacturing and professional services, among other industries. Appalachia has made significant progress over the past five decades: Its poverty rate, which was 30.9% in 1960, fell to 14.7% over the 2016–2020 period. The number of high-poverty counties in the Region (those with poverty rates greater than 1.5 times the U.S. average) declined from 297 in 1960 to 117 over the 2016–2020 period. Since the 2011–2015 period, the share of Appalachian adults ages 25 and over with a bachelor's degree or higher has risen by nearly three percentage points, to 25.4 percent, in 2016–2020. Additionally, the high school completion rate for the Region is now almost equal to that of the country, after decades of lagging behind.

These gains have transformed the Region from one of widespread poverty to one of economic contrasts. Some communities have successfully diversified their economies, while others still lack basic infrastructure such as roads, health clinics, and water and wastewater systems. The contrasts are not surprising in light of the Region's size and diversity—it extends more than 1,000 miles and is home to over 26 million people.

About the Appalachian Regional Commission

The Appalachian Regional Commission (ARC) is a regional economic development agency serving 423 counties across the Appalachian Region. Established by an act of Congress in 1965, the Commission is composed of the governors of the 13 Appalachian states, as well as a federal co-chair appointed by the president of the United States and confirmed by the Senate. Annually, the group of governors elects one governor to serve as the states' co-chair. To strengthen local participation, ARC works with the Appalachian states to support a network of multicounty planning and development organizations, or local development districts (LDDs), throughout the Region. Seventy-four LDDs cover all 423 counties in the Region. The LDDs help identify needs of local communities, assist with participation in ARC programs, and at times serve as pass-through entities or fiscal agents to local grantees.

ARC's mission is to innovate, partner, and invest to build community capacity and strengthen economic growth in Appalachia. ARC funds projects that address the five goals identified in its strategic plan:

1. Strengthen and diversify the Region's economy through inclusive economic development strategies and investments in entrepreneurship and business development.
2. Expand and strengthen community systems (education, healthcare, housing, childcare, and others) that help Appalachians obtain a job, stay on the job, and advance along a financially sustaining career pathway.
3. Ensure that the residents and businesses of Appalachia have access to reliable, affordable, resilient, and energy efficient utilities and infrastructure in order to successfully live and work in the Region.
4. Strengthen Appalachia's community and economic development potential by preserving and investing in the Region's local, cultural heritage, and natural assets.
5. Invest in the capacity of local leaders, organizations, and communities to address local challenges by providing technical assistance and support to access resources, engage partners, identify strategies and tactics, and conduct effective planning and project execution.

Each year, ARC provides funding for approximately 500 projects in the Appalachian Region in areas such as business development, education and job training, telecommunications, infrastructure, community development, housing, and transportation. These projects create thousands of new jobs, improve local water and wastewater systems, train the Region's workforce, assist local communities with strategic planning, and provide entrepreneurial assistance to emerging businesses.

Additional information about the Appalachian Regional Commission can be found at www.arc.gov.

About ARC's J-1 Visa Waiver Program

J-1 is the immigration status given to foreign-trained physicians who come to the United States to do residency work in a U.S. hospital. Under immigration law, once J-1 physicians have completed their residency training, they must return to their home countries for at least two years before they are allowed to apply for any other immigration status in the United States. The law, however, allows this home residency requirement to be waived at the request of an interested U.S. government agency. ARC makes use of this waiver provision to help provide needed health care to the people of Appalachia.

ARC's J-1 visa waiver program is rooted in the Commission's continuing commitment to help all residents of Appalachia have access to quality, affordable health care. This commitment to the health care needs of Appalachians derives from the original Congressional mandate to ARC when it was established by the Appalachian Regional Development Act of 1965. Health care assistance had a prominent place, along with education, transportation, the environment, and economic development, in a coordinated program to lift a region that lagged behind the rest of the nation in economic growth and had not shared fully in the nation's prosperity.

Access to health care continues to be a concern for much of Appalachia. Physician recruitment is an acute local problem in the Region, particularly in rural communities. Through ARC's J-1 waiver program, ARC's federal co-chair, at the request of one of the 13 Appalachian states, may recommend a waiver of the two-year home residence requirement for a physician holding a J-1 visa under certain circumstances. The federal co-chair's

recommendation and the required documentation is forwarded to the U.S. Department of State (DOS) for processing. Once DOS has completed its review, it provides a notice of recommendation to ARC and the recommendation is forwarded to U.S. Citizenship and Immigration Services (USCIS) for approval.

Before recommending a waiver for a J-1 physician, ARC requires a thorough demonstration of need from the sponsor for the physician to practice in the community. In exchange for the waiver recommendation, the foreign physician must agree to provide primary medical care for at least three years in an Appalachian community designated by the U.S. Department of Health and Human Services as a Health Professional Shortage Area (HPSA). Starting in 2018, waiver recommendations for physicians who will practice specialty medicine may be made with an appropriate demonstration of need.

Additional information about ARC's J-1 visa waiver program can be found at www.arc.gov/j-1-visa-waivers.

Scope of Work

The goals of this evaluation are as follows:

- **Verification:** To verify that physicians who are still in their three-year waiver commitment period have remained at their approved HPSA site(s), either by remaining at their original placement or by moving to an approved transfer site(s)
- **Retention:** To learn about physicians' intent to stay in the community at their current medical practice or another practice after the completion of their three-year commitment
- **Participant Experiences:**
 - Physician: To learn about physicians' experiences with the recruitment and J-1 application process, as well as their placement experiences (e.g., satisfaction with the job, medical practice, medical practice team, and community)
 - Medical practice: To learn about the medical practices' experiences with the recruitment and J-1 application process, as well as their experiences with the physician (e.g., satisfaction with the work of the physician and the impact the placement has had on the community)

The contractor is expected to achieve the above goals by researching current contact information and collecting feedback from sponsoring medical practices, physician supervisors, and physicians who have participated in the program from 2012 through 2021. Proposals should include an outline of the data collection and analysis to be conducted, a work plan, and a schedule for deliverables.

The evaluation should use data provided by ARC and collected by the contractor to describe the program over the past ten years, including information such as:

- Physicians' countries of origin
- Location and type of approved practice sites
- HPSA designations served by sponsored physicians
- Types of patients receiving services
- Other relevant information

In addition, the evaluation should address the following questions:

- To what extent are physicians who are still in their three-year waiver period in compliance (i.e., at their original placement, or at an approved transfer location)?
- What do physicians do after their three-year waiver period? To what extent do they stay in their original placement, in their original community, and/or in Appalachia? How many open their own practice?
- Among physicians still in the waiver period, what is the likelihood they will stay in their placement, their community, and/or in Appalachia?
- What factors influence physicians' decisions to stay or leave their placements or communities after the three-year waiver period?
- What are physicians' experiences/satisfaction with—
 - the recruitment and J-1 waiver application process?
 - their work at the sponsoring medical practice, interactions with other staff, and interactions with patients?
 - their lives in the community?
- What are sponsoring medical practices' experiences/satisfaction with—
 - the recruitment process to obtain and retain the physician?
 - the physician's work at their site, interactions with other staff, interactions with patients, and quality of work?

Recommendations

ARC is interested in learning about the impact of its J-1 visa waiver program beyond stakeholders' experiences with the application process, but we also recognize that ARC's impact on their experiences is limited to the application process. As such, recommendations that emerge from this evaluation should be organized as actions that are within ARC's control, as well as lessons learned that may be shared with stakeholders such as J-1 state offices, sponsors, physician supervisors, and physicians.

Methodology

The successful applicant will develop a feasible methodology to complete the scope of work within the given timeframe. The methodology should include the following:

- Collection of current contact information for medical practices and physicians who were sponsored by ARC in the last ten years. This will require reaching out to all sponsoring medical practices by phone and requesting contact information for the following:
 - The best contact to speak about the application process from the sponsor perspective
 - The best contact to speak about the sponsoring medical practice's experience with the physician as an employee (e.g., the physician's supervisor during placement)
 - Current contact information for the physician
- ARC will provide phone numbers for the sponsoring medical practices. Some of these are up to ten years old and may not be current. Further research, such as web searches, may be required to find appropriate contact information.
- Quantitative analysis of available and collected data such as placement location and

type (hospital, private practice, etc.), populations served, etc.

- Framework for gathering and analyzing information from stakeholders (sponsors, physician supervisors, and physicians). This could be through surveys, interviews, or other means.
- Framework for gathering illustrative stories that highlight the experiences of up to 10 individual physicians or medical practices with the J-1 waiver program.

The proposed methodology should include a description of how the contractor will address the possible apprehension that may be caused to immigrant stakeholders through the outreach required by this evaluation, particularly for those physicians still in the three-year waiver period.

Data Provided by ARC

ARC will provide the contractor with a Microsoft Excel file containing a list of 215 physicians sponsored by ARC from 2012 through 2021. The file will include approval and start dates, the physician's name, sponsoring practice name and address, sponsor contact name, sponsor contact phone number, and attorney name. A number of the physicians will be at the same site and/or have the same sponsor. There are 113 unique sponsors in the list.

The selected contractor will also have view-only access to ARC's J-1 database, where further information may be accessed, such as verification forms in portable document format (PDF). Starting in 2015, these forms include personal phone numbers and email addresses for physicians.

Deliverables

1. Final Report

The final report will include a description of the program as well as a summary of stakeholder feedback about the recruitment and application process, physicians' experiences in their sponsoring medical practices, and physicians' activities after their placements end. Relevant recommendations and lessons learned will also be included. On completion of the project, the final report must be submitted as a Microsoft Word file and an Adobe PDF.

2. Staff Presentation

Findings and recommendations will be shared with ARC staff during an all-staff presentation. This presentation may be conducted virtually.

3. Data Files

The contractor must provide ARC with electronic versions of all relevant datasets compiled during the study, including all raw data, edited datasets, and results of statistical analyses.

4. Other Deliverables as Suggested by Contractor

Technical, Management, and Cost Proposal Contents

A. Technical Proposal

The technical proposal should not exceed 15 pages, not including the abstract, accompanying resumes, and organizational background materials.

The technical proposal must contain the following elements.

1. Summary Abstract (300 words)

In this section, provide a brief abstract of the proposal by summarizing the background, objectives, proposed methodology, and expected outputs and results of this project.

2. Methodology

Describe the approach or methods intended to accomplish all the tasks specified in this RFP. The proposal should identify the tasks in this project that will require participation by ARC staff. Further, the proposal should identify specific information needs, including sources, procedures, and individual research tasks that may need to be performed by ARC staff. Finally, the proposal should identify any difficulties that may be encountered in this project and propose practical and sound solutions to these problems.

3. Project Work Plan and Milestones

The proposal should describe the phases into which the proposed work can be logically divided and performed. A schedule of milestones and deadlines should be specified for the completion of various work elements, including, for example, interviews, analyses, written progress reports, preliminary drafts for review, and final report. Regular check-in meetings with ARC staff are also required. Please note: It is the responsibility of the contractor to provide line editing of the final report/deliverable. Contractors should budget accordingly.

4. Key Personnel

Personnel performing the work must be described in this section, including the number of people and their professional classifications (e.g., project director, meeting facilitator, analyst, business consultant, writer, line editor, etc.). Brief resumes of the education and relevant experience of all key personnel are required. The selected contractor will be required to furnish the services of those identified in the proposal as key personnel. Any change in key personnel is subject to approval by ARC.

B. Management Proposal

1. Business Management Organization and Personnel

Furnish a brief narrative description of the organization, including the division that will perform the proposed effort, and the authority responsible for controlling these resources and personnel.

2. Staffing Plan

A staffing plan is required that describes the contractor's proposed staff distribution to accomplish this work. The staffing plan should present a chart that assigns the time commitment of each staff member to the project's tasks and schedule. In addition, the proposal should include a detailed description of activities for key project-related personnel and anticipated deliverables. Finally, the proposal should identify the relationship of key project personnel to the contracting organization, including consultants and subcontractors.

3. Relevant Prior Experience

The proposal must describe the qualifications and experience of the organization and the personnel to be assigned to the project. Information provided should include direct experience with the specific subject-matter area and must provide examples (links and/or attachments) of the three most similar projects undertaken by the applicant organization

and the extent to which performance goals were achieved. Provide client organization names and addresses, names of contact persons, and email addresses and telephone numbers for reference.

4. *Contract Agreement Requirements*

This section of the proposal should contain any special requirements that the contractor wants included in the contract.

C. Cost Proposal

The contract awarded for this project will be a FIRM FIXED-PRICE CONTRACT, with a total budget not to exceed **\$150,000**. Payments shall be made on a monthly or quarterly schedule (depending on contractor preference). The contract terms shall remain firm during the project and shall include all charges that may be incurred in fulfilling the terms of the contract.

Proposals must contain all cost information, including direct labor costs (consistent with the staffing plan), labor overhead costs, travel, estimated cost of any subcontracts, other direct costs, total direct cost and overhead, and total cost and fee or profit.

Proposals should include a plan for a kickoff meeting, regular check-in meetings, and a final presentation of key findings and recommendations to all ARC staff. We anticipate these meetings to be conducted virtually. However, proposals should include travel costs, if applicable, for any potential in-person activities such as site visits.

ARC policy on allowable indirect overhead costs for university-based contracts is to permit universities to charge the same rates charged to their own state agencies. ARC will honor indirect rates as suggested by the contractor. However, be aware that a lower indirect rate may be more competitive in the selection process.

Proposal Submission

Proposals are due at or before 5 p.m. Eastern Time on February 24, 2023. Please send proposals as one Microsoft Word file or Adobe PDF to Regina Van Horne, Program Evaluator, at rvanhorne@arc.gov.

Additional requirements:

- Submissions must be sent via email.
- Responses or unsolicited amendments will not be accepted after the closing date and time.
- Requests for time extensions past any deadlines will not be considered.
- Questions may be submitted to Regina Van Horne (rvanhorne@arc.gov) by February 2. Answers will be posted on the [Contract Opportunities](#) section of the ARC website on February 9.

Proposal Evaluation

ARC will select contractors through a competitive process based on the following criteria:

- A complete, clearly articulated study design and technically competent methodology that, at a minimum, addresses the following:

- Collection of current contact information
- Descriptive data about ARC's J-1 visa waiver program
- Feedback from sponsors, physician supervisors, and physicians
- Illustrative stories
- Final report
- Staff presentation
- Relevant prior experience designing and implementing data collection such as surveys, interviews, focus groups, etc.
- Relevance of similar projects undertaken by the applicant and inclusion of contact information for three references
- Experience working with immigrant populations and knowledge of immigration legal issues
- Thorough and feasible plan for collecting data
- A credible management proposal for staffing, and the capability to carry out and support the project in a timely fashion
- Cost effectiveness of the proposal

It is anticipated that the contractor will be selected by April 21, for an estimated contract start date of May 1, and completion date of October 31, 2023. Depending on the project plan, contract extensions will also be considered up to January 31, 2024.