



REQUEST FOR APPLICATIONS

ARPA Home and Community Based Services (HCBS)

Digital Health Technical Assistance (TA)

Open Date: November 23rd, 2021

Close Date: December 27th, 2021 4:00 P.M



Department of Health Care Finance
441 4th St. NW, Suite 900S
Washington, DC 20001
TEL: (202) 442-5988

LATE APPLICATIONS WILL NOT BE ACCEPTED

Table of Contents

Section I: Funding Opportunity Description	4
A) Background	4
B) Program Description	6
C) Purpose of RFA	9
D) Key Dates and Information	10
Section II: Award Information	11
Section III: Eligibility Information	12
A) Qualified Organization	12
B) Administrative Criteria	12
C) Privacy and Security	13
D) Insurance	13
E) Compliance with Tax Obligations	13
F) Federal Assurances	13
G) Statement of Certification	16
H) Certificate of Good Standing	18
I) RFA Terms and Conditions	18
J) Financial Management and System of Internal Controls	19
K) Funding Restrictions	19
Section IV: Application and Submission Information	20
A) Pre-Application Conference	20
B) Application Delivery	20
C) Application Requirements	20
D) Funding Restrictions	24
Section V: Application and Review Information	25
A) Initial Review	25
B) Review Criteria	25
C) Organizational Capacity and Risk Assessment	27
D) Anticipated Announcement and Award Dates	28
Section VI: Award Information	29
A) Award Notices	29
B) Programmatic, Administrative, and National Policy Requirements	29

C) Reporting	29
D) Payment	29
Section VII: DC Agency Contacts	29
Section VIII: Attachments	30

Section I: Funding Opportunity Description

A) Background

The mission of the Department of Health Care Finance is to improve the health outcomes by providing access to comprehensive, cost effective, and quality healthcare services for residents of the District of Columbia. In addition to the Medicaid program, DHCF also administers insurance for immigrant children, the Children's Health Insurance Program (CHIP) and the DC Healthcare Alliance Program (a locally funded program). Through these programs, DHCF provides health insurance coverage for children, adults, elderly, and persons with disabilities who have low-income. Over 300,000 District residents (more than one-third of all residents) receive health care coverage through DHCF's Medicaid, CHIP, Alliance, and Immigrant Children's programs.

DHCF has established three strategic priorities to guide the agency's focus: 1) building a health system that provides whole person care, 2) ensuring value and accountability and lastly, 3) strengthening internal operational infrastructure. Aligning all programs to these overall strategic priorities allows the agency to not only achieve the goals of whole person care, but also supports effective value-based payment approaches as recommended in the District's State Medicaid Health IT plan and the Mayor's Commission on Healthcare Systems and Transformation.

In addition to administering District public insurance programs, DHCF offers incentives to qualifying providers and hospitals for using electronic health record (EHR) systems to deliver patient care and connect with patients and other providers. This initiative, known as the Promoting Interoperability (PI) Program, has paid eligible District health care providers and hospitals over \$35 million for adopting, implementing, and/or upgrading their EHRs in accordance with Office of the National Coordinator for Health Information Technology (ONC) certified EHR Technology (CEHRT) standards/criteria and US Department of Health and Human Services, Centers for Medicare and Medicaid Services (CMS) Meaningful Use requirements. More information on DC's Medicaid PI Program is available at: <https://dhcf.dc.gov/page/medicaid-electronic-health-record-incentive>.

With the help of Medicaid PI incentives, hundreds of health care providers in the District – namely physicians, dentists, nurse practitioners, and certified nurse midwives – have made great progress in maximizing their CEHRTs to ultimately improve health outcomes, securely exchange health information, expand patient access to their health data, as well as protect the privacy and security of patient health data. While the District's PI Program has been extremely successful at encouraging interoperability, several provider types were unable to participate due to eligibility requirements.

DHCF is leveraging American Rescue Plan Act (ARPA) Enhanced Funding for Medicaid HCBS to enhance, expand, and strengthen home and community-based services digital health

infrastructure to support a more integrated and accessible person-centered system for all Medicaid beneficiaries.

ARPA was signed into law on March 11, 2021. Under Section 9817 of the ARPA (Pub. L. 117-2; 135 Stat. 4), states are afforded a temporary ten (10) percentage point increase to the federal medical assistance percentage (FMAP) for Medicaid HCBS. States must use funds equivalent to the amount of federal funds attributable to the increased FMAP to implement activities that enhance, expand, or strengthen Medicaid HCBS.

In early July 2021, the District submitted a [spending plan](#) and narrative that describes the planned HCBS enhancement activities to CMS for review and approval. On August 31, 2021, DHCF received official CMS partial approval for the temporary 10% increase for HCBS. The increase will afford the District the ability to deliver tailored technical assistance (TA) to build off of existing efforts and be more inclusive of HCBS providers who have historically been excluded from programs such as the PI Program, which encourages the meaningful use and interoperability of certified EHR systems, as well as the DC Health Information Exchange (HIE) Connectivity Program, which provides education, training, and enrollment to the DC HIE.

The District's planning process considered the impact on the local budget for the proposed initiatives, the long-term sustainability of the funded initiatives, and the equity of enhancement activities across HCBS programs. In response DHCF, along with its District partners at the Department of Behavioral Health (DBH), the Department on Disability Services (DDS) and Department of Human Services (DHS), have proposed to address the following issues:

1. Some providers do not have access to an interoperable EHR, making it difficult to integrate health information – and care – across the District's health system:

HCBS providers, including behavioral health (BH), long term care (LTC), disability services (DDS) and housing support services (HSS), struggle to securely communicate clinical information with other providers treating the same patient. Due to technical and regulatory challenges, many specialties are unable to exchange critical information about a patient's complete history. This lack of access to standardized clinical data can create an obstacle for securely exchanging patient data within the broader health care system, and results in significant gaps in continuity of care.

2. An ongoing need for telehealth tools and TA to support appropriate use of telehealth services

The District has made significant strides to ensure that telehealth participation and access is available to as many Medicaid providers and beneficiaries as possible, with the design and launch of the Emergency Telehealth Project in July 2020, as a prime example.

In short, equipping HCBS providers with tailored TA will encourage secure interoperability between systems, meaningful use of telehealth tools/workflows, and support the delivery of integrated, whole person care by District Medicaid providers.

B) Program Description

This Request for Applications (RFA) seeks applicants for one (1) multi-year (FY22 -24) grant of up to \$4,000,000 to create a tailored TA program to support HCBS providers' adoption and use of digital health. The grantee will assess practice readiness and provide TA to implement CEHRTs or case management systems; assist providers with documentation requirements for the HCBS Promoting Interoperability Program (PIP); connect providers to the DC HIE; and support telehealth adoption.

The aim of this HCBS Digital Health TA is to augment the capacity of HCBS providers to reach high-cost chronic care patients as needed by activating the full care continuum including community health workers, peer recovery support workers, and directly engaging with patients and caregivers.

Applicants will design the following TA programs to support the aim for this HCBS Digital Health TA grant:

1. **HCBS Promoting Interoperability Program TA (HCBS PIP TA):** Modeling the HITECH funded DC Medicaid Promoting Interoperability Program (also known as the EHR Incentive Program), this TA program will support the DHCF HCBS PIP incentive program managed by DHCF. The HCBS PIP rewards HCBS providers (inclusive of BH, LTC, DDS, and HSS providers) for meeting milestones to select, adopt, and implement CEHRT and/or approved case management systems. In addition, the HCBS PIP will connect eligible providers to the DC HIE.

This program will further encourage the interoperability of patient records via the provider's EHR and enable population health management to support whole person care via the DC HIE. HCBS providers may include providers under the umbrella of DHCF's Long Term Care Administration (LTCA), Department on Disability Services (DDS), Department of Behavioral Health (DBH) and Housing Support Services (HSS).

The grantee will be responsible for providing tailored TA and training to HCBS providers by:

- a. assessing provider readiness to adopt new health IT systems,
- b. assisting providers with the selection of appropriate systems (EHR or case management systems) capable of meeting the requirement of the incentive program,
- c. supporting system implementation and use,

- d. supporting meaningful use of the system, including connectivity to and use with the DC HIE,
- e. assisting providers with the documentation required by DHCF and DBH to receive the allowable HCBS PIP incentive payment, and
- f. As needed, assist providers with the Medicaid compliance requirements to meet the Administrative Simplification provisions of HIPAA.

Furthermore, in order to participate in the HCBS PIP, HCBS providers will need to determine their eligibility as a covered entity. The electronic transactions providers will transmit as a Medicaid provider for reimbursement makes them a covered entity. In their role as a covered entity, providers will need to ensure their agency is fully compliant with Title II: Health Insurance Portability and Privacy Act (HIPAA) Administrative Simplification.

HIPAA Administrative Simplification provisions consists of the following five rules:

1. **Privacy Rule** (45 CFR Part 160 and 45 CFR Part 164 Subparts A and E)
2. **Transaction and Code Sets Rule** (45 CFR Part 162 Subpart J)
3. **Security Rule** (45 CFR Part 160 and 45 CFR Part 164 Subparts A and E)
4. **Identifiers Rule** (45 CFR Part 162 Subpart D)
5. **Enforcement Rule** (45 CFR Part 160, Subparts C, D, and E)

To ensure all District Medicaid providers have technical systems and procedures in place to comply with HIPAA, the ARPA HCBS TA provider will conduct an assessment of HIPAA compliance, as needed, and ensure providers have appropriate resources to meet the Administrative Simplification provisions of HIPAA.

Eligible HCBS PIP participants will select among three tracks, according to the needs of the practice. Table 1 provides a description to each of the three tracks based on provider need.

Table 1

HCBS PIP	
Program Track	Description of Program Track
Track 1	Appropriate for provider organizations that have <i>not yet adopted an EHR or case management system in their practice</i> . Track 1 organizations will receive TA to acquire, purchase or secure access to CEHRT. Additionally, TA will support and assist with the installation or commence utilization of CEHRT.
Track 2	Appropriate for provider organizations that need to <i>upgrade to a certified EHR or case management system</i> . Track 2 organizations will receive TA to update and expand the functionality of CEHRT.
Track 3	Appropriate for provider organizations that would like to <i>optimize their existing (certified or non-certified) EHR or case management system</i> . Track 3 organizations will receive TA to purchase potential

	gap tools or other direct integration tools to ultimately enable a secure connection to the DC HIE.
--	---

Please refer to the proposed framework below which outlines the three tracks and the subsequent milestones that the provider must meet in order to receive the HCBS PIP incentive.

Program Stage
<p>Track 1: Implement a new EHR</p> <p>Milestone 1.1: Participation Agreement Milestone 1.2: Complete TA Training and Education Milestone 1.3: EHR Go-Live Milestone 1.4: Connect to the DC HIE to view clinical information Milestone 1.5: Send patient encounter information to the DC HIE Milestone 1.6: Send clinical documents to the DC HIE</p>
<p>Track 2: Upgrade existing EHR to a CEHRT</p> <p>Milestone 2.1: Participation Agreement Milestone 2.2: Complete TA Training and Education Milestone 2.3: EHR upgrade Milestone 2.4: Connect to the DC HIE to view clinical information Milestone 2.5: Send patient encounter information to the DC HIE Milestone 2.6: Send clinical documents to the DC HIE</p>
<p>Track 3: Optimize Existing EHR or Case Management System</p> <p>Milestone 3.1: Participation Agreement Milestone 3.2: Complete TA Training and Education Milestone 3.3: Purchase gap tools or direct integration tools to connect to DC HIE Milestone 3.4: Connect to the DC HIE to view clinical information Milestone 3.5: Send patient encounter information to the DC HIE Milestone 3.6: Send clinical documents to the DC HIE</p>

** Please note that this framework is in draft form and may be modified further based on stakeholder feedback.*

2. **HCBS Telehealth TA Program:** The HCBS Telehealth TA program leverages the District’s progressive Medicaid telehealth reimbursement policy as well as telehealth investments made during the pandemic. The overall goal of the HCBS telehealth TA program is to ensure telehealth services may be provided at the standard of care by as many District Medicaid HCBS providers as possible.

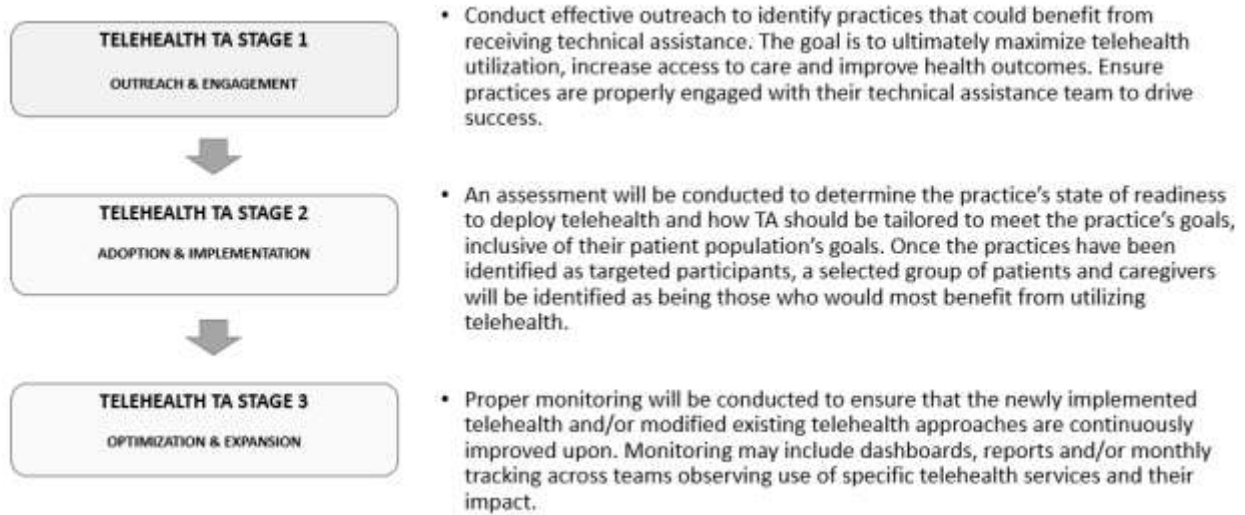
The grantee will be responsible for providing tailored technical assistance and training to HCBS provider organizations by:

- a. addressing the needs of two groups of stakeholders: 1) Providers and office staff, and 2) patients and caregivers,
- b. encourage the engagement, adoption, and effective use of telehealth critical to integrate telehealth into routine care delivery in the District, and
- c. telehealth engagement may include, but not limited to, the following: continuing the use of DHCF funded laptops for purposes of conducting visits via telehealth, implementing new/modifying existing telehealth workflows, encouraging patient

- d. education and patient portal usage required to access telehealth modules/tools, supporting the optimization of provider workflows and system configuration to enable billing and reimbursement for telehealth services, deploying interns into participating provider organizations to augment and assist existing staff, etc.

The HCBS Telehealth program will be divided into three stages. Each stage of the program will offer a different level of TA service to the practice. Figure 1 below outlines the stages of the HCBS Telehealth TA program.

Figure 1



** Please note that this framework is in draft form and may be modified further based on stakeholder feedback*

C) Purpose of RFA

The purpose of the ARPA HCBS Digital Health TA RFA is to make grant funds available to provide tailored TA, based on practice readiness, to implement CEHRT or case management systems, assist providers with documentation requirements for the HCBS PIP, connect providers to the DC HIE, and support telehealth adoption.

The ARPA HCBS Digital Health TA Program has two components: (1) The HCBS PIP TA will assess provider readiness to adopt CEHRTs or approved case management systems, support provider implementation of Health IT systems, and connect to the DC HIE; (2) The HCBS Telehealth TA will encourage providers’ access and meaningful use of telehealth tools/workflows. Delivering tailored TA is essential to building the capacity for HCBS providers to reach vulnerable patients and enable more coordinated and integrated care to support DHCF’s priority to deliver whole person care.

D) Key Dates and Information

RFA release	Tuesday, November 23, 2021
Pre-application meeting	<p>Monday, December 6, 2021 2:00 to 3:00 p.m.</p> <p>Microsoft Teams: https://teams.microsoft.com/dl/launcher/launcher.html?url=%2F_%23%2F1%2Fmeetup-join%2F19%3Ameeting_NzQ0YjFkMzAtNWM4NS00Mzg5LTk5M2QtM2U2OWNhOTkzZjBj%40thread.v2%2F0%3Fcontent%3D%257b%2522Tid%2522%253a%25228fe449f1-8b94-4fb7-9906-6f939da82d73%2522%252c%2522Oid%2522%253a%252262dc600c-e04f-4966-a468-f19883412822%2522%257d%26anon%3Dtrue&type=meetup-join&deeplinkId=8803d8d7-9778-4656-92f1-69598c9959fd&directDl=true&msLaunch=true&enableMobilePage=true&suppressPrompt=true</p> <p>Or call in (audio only)</p> <p>+1 202-594-9550,698953642# United States, Washington DC</p> <p>Phone Conference ID: 698 953 642#</p> <p>Find a local number Reset PIN</p>
Deadline to submit written questions to brion.elliott@dc.gov	Monday December 13, 2021
Answers to questions available at https://dhcf.dc.gov/page/dhcf-grant-opportunities	On or before Monday, December 20, 2021

Application due	Monday, December 27, 2021 By 4:00 p.m. Eastern
Award announcement (expected)	Tuesday, February 22, 2022
Grant start and end dates	Award date to September 30, 2022 plus option years.

Section II: Award Information

DHCF announces the availability of grant funds for the Fiscal Year 2022 (FY2022) to one qualified applicant to provide tailored TA that expands use of CEHRT or qualified case management systems and telehealth and building capacity among HCBS providers. Each applicant responding to the RFA must demonstrate their capacity to lead the design, development, and implementation of both the HCBS PIP TA as well as the HCBS Telehealth TA Program.

Subject to the availability of funds, DHCF may award up to 2 option years, in addition to the base year, for the continuation of the TA programs funded by this grant. The grant shall have a base year (not to exceed \$1,500,000) and one (1) option year (not to exceed \$1,500,000) with the consideration for an additional option year (not to exceed \$1,000,000). The grant base period will be from date of grant award to September 30, 2022. If DHCF decides to award the option years, the grant option year 1 will be from October 1, 2022 to September 30, 2023 and the grant option year 2 will be from October 1, 2023 to March 31, 2024. A breakdown of the base and the two (2) additional option years is provided below.

Grant Function	Grant Period	Not to Exceed Amount
Provide Technical Assistance	FY 22 (Base Year) <i>Date of Award to September 30, 2022</i>	\$1,500,000
Provide Technical Assistance	FY 23 (Option Year 1) <i>October 1, 2022 to September 30, 2023</i>	\$1,500,000
Provide Technical Assistance	FY 24 (Option Year 2) <i>October 1, 2023 to March 31, 2024</i>	\$1,000,000

Please note, respondents to the RFA will be permitted to sub-grant a portion of the work set forth under this RFA. For the purposes of this award, a sub-grant includes any legally binding agreement between an awardee and sub-grantee. Please note this is the only opportunity to request sub-grant funding for the services funded under this RFA.

Section III: Eligibility Information

A) Qualified Organization

Applicants must have the authority to enter into an agreement with DHCF and be in compliance with applicable District of Columbia laws and regulations. All applicants must be a registered organization in good standing with the DC Department of Consumer and Regulatory Affairs (DCRA), Corporation Division, the Office of Tax and Revenue (OTR), the Department of Employment Services (DOES), and the Internal Revenue Service (IRS), and demonstrate Clean Hands certification at the time of application. Applicants will be disqualified if any participating organization or any proposed staff have pending investigations, exclusions, suspensions, or debarment from any federal or District health care program or any overpayment from DHCF.

Applicants must have a demonstrated record of:

1. Implementing (and optimizing) certified electronic health records, health information exchange, and telehealth systems for District Medicaid community.
2. Providing tailored technical assistance and training to HCBS providers on (certified) EHR Technology or case management systems, HIE, and telehealth/telemedicine tools and reimbursement.
3. Understanding of HCBS workflows, challenges, and opportunities with using technologies that support integrating BH, LTC, community-based long-term services and supports (LTSS).

Sub-grants are permitted for qualified organizations. Applicants who plan to sub-grant must submit a sub-grantee plan as part of their response, including a signed letter of commitment from sub-grantees. Sub-grantees that are working to support the grant aims as described in this RFA are subject to all requirements described in Section III of this RFA and must provide the applicant any documents and reports necessary for the applicant to fulfill all reporting requirements described in Section VI. C of this RFA. Sub-grantees that are simply providing supplies are not required to possess a certificate of good standing from DCRA.

B) Administrative Criteria

To be considered for review and funding, applications shall meet all of the administrative criteria listed below. **Failure to meet any one of the following criteria may mean the application is ineligible for further review and award.**

1. The application proposal format conforms to the “Proposal Format and Content” listed in Section IV.C of the RFA.
2. The application is formatted on 8 ½ by 11-inch paper, double-spaced, using 12-point type with a minimum of one-inch margins, with all pages numbered.
3. The Certifications listed in **Attachment A** are signed and dated.
4. The applicant shall submit their proposal electronically. The electronic copy must be submitted in .PDF format and must include RFA number and project name.

5. The application must be submitted no later than 4:00 p.m., Eastern time by the deadline date of Monday December 27th, 2021 to DHCF c/o brion.elliott@dc.gov.

C) Privacy and Security

Grantee shall ensure all programs are delivered according to current industry standards and best practices regarding system performance, privacy, and system security. This includes ensuring technical policies and procedures are in place for electronic information systems that maintain electronic protected health information to allow access only to those persons or software programs that have been granted access rights as specified in 45 CFR §164.308(a)(4).

In the event the applicant plans to request access to DHCF claims data or other data sources for program monitoring or evaluation, the applicant should address this in their proposal. Applicants should consider the timeline required to complete required data use agreements (DUA) and/or demonstrate compliance with Institutional Review Board (IRB) or Privacy Board reviews, as relevant. Please see DHCF's partnership policy (<https://dhcf.dc.gov/page/partnering-dhcf>) for further information on requesting data from DHCF. Applicants should also review the DHCF's sample Data Use Agreement, which is the agency's standard agreement and is not subject to modification.

D) Insurance

Where applicable, the applicant shall provide the name of all of its insurance carriers and the type of insurance provided (e.g., general liability insurance carrier, automobile insurance carrier, workers' compensation insurance carrier, fidelity bond holder).

E) Compliance with Tax Obligations

Prior to execution of a grant agreement as a result of this RFA, a recipient must be in compliance with tax laws and regulations.

1. The Applicant must submit a current completed W-9 form prepared for the U.S. Internal Revenue Service (IRS). DHCF defines "current" to mean that the document was completed within the same calendar year as that of the application date. Fillable W-9 forms can be found on the IRS website: <https://www.irs.gov/pub/irs-pdf/fw9.pdf>
2. The Applicant shall comply, where applicable, with any District licensing requirements.

F) Federal Assurances

Applicant shall submit a Federal Assurances Certification (see **Attachment C**), signed by the duly authorized officer of the applicant organization, the truth of which is sworn or attested to by the applicant, which states:

Applicant/Grantee hereby assures and certifies compliance with all Federal statutes, regulations, policies, guidelines, and requirements, including 2 CFR Part 200; E.O. 12372 and Uniform

Administrative Requirements for Grants and Cooperative Agreements –29 CFR Part 97, Common Rule that govern the application, acceptance and use of Federal funds for this federally-assisted project.

In addition, the Applicant/Grantee assures and certifies that:

1. It possesses legal authority to apply for the grant; that a resolution motion or similar action has been duly adopted or passed as an official act of the Applicant/Grantee's governing body, authorizing the filing of the application, including all understandings and assurances contained therein, and directing and authorizing the person identified as the official representative of the Applicant/Grantee to act in connection with the application and to provide such additional information as may be required.
2. It will comply with requirements of the provisions of the Uniform Relocation Assistance and Real Property Acquisitions Policies Act of 1970 (PL 91-646) which provides for fair and equitable treatment of persons displaced as a result of Federal and federally assisted programs.
3. It will comply with provisions of Federal law which limit certain political activities of employees of a State or local unit of government whose principal employment is in connection with an activity financed in whole or in part by Federal grants. (5 USC 1501, *et seq.*).
4. It will comply with the minimum wage and maximum hour's provisions of the Federal Fair Labor Standards Act, if applicable.
5. It will establish safeguards to prohibit employees from using their positions for a purpose that is or gives the appearance of being motivated by a desire for private gain for themselves or others, particularly those with whom they have family, business, or other ties.
6. It will give the Federal grantor agency and the Comptroller General, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the grant.
7. It will comply with all requirements imposed by the Federal grantor agency concerning special requirements of Law, program requirements, and other administrative requirements.
8. It will ensure that the facilities under its ownership, lease or supervision which shall be utilized in the accomplishment of the project are not listed on the Environmental Protection Agency's (EPA) list of Violating Facilities and that it will notify the Federal grantor agency of the receipt of any communication from the Director of the EPA Office of Federal Activities indicating that a facility to be used in the project is under consideration for listing by the EPA.
9. It will comply with the flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973, PL 93-234, 87 Stat. 975, approved December 31, 1976. Section 102(a) requires, on and after March 2, 1975, the purchase of flood insurance in communities where such insurance is available as a condition for the receipt of any Federal financial assistance for construction or acquisition purposes for use in any area that has been identified by the Secretary of the Department of Housing and Urban Development as an area having special flood hazards. The phrase "Federal Financial Assistance" includes any form of loan, grant, guaranty, insurance

payment, rebate, subsidy, disaster assistance loan or grant, or any other form of direct or indirect Federal assistance.

10. It will assist the Federal grantor agency in its compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (PL 113-287; 54 USC 306108), Executive Order 11593, and the Archeological and Historical Preservation Act of 1966 (54 USC 312501-312508)) By (a) consulting with the State Historic Preservation Officer on the conduct of investigations, as necessary, to identify properties listed in or eligible for inclusion in the National Register of Historic Places that are subject to adverse effects (see 36 CFR 800.8) by the activity, and notifying the Federal grantor agency of the existence of any such properties, and by (b) complying with all requirements established by the Federal grantor agency to avoid or mitigate adverse effects upon such properties.

11. It will comply with the provisions of 28 CFR applicable to grants and cooperative agreements including Part 18, Administrative Review Procedure; Part 22, Confidentiality of Identifiable Research and Statistical Information; Part 42, Nondiscrimination/Equal Employment Opportunity Policies and Procedures; Part 61, Procedures for Implementing the National Environmental Policy Act; Part 63, Floodplain Management and Wetland Protection Procedures; and Federal laws or regulations applicable to Federal Assistance Programs

12. It will comply, and all its contractors or subgrantees will comply with Title VI of the Civil Rights Act of 1964, as amended; Section 504 of the Rehabilitation Act of 1973, as amended; Subtitle A, Title III of the Americans with Disabilities Act (ADA) (1993); Title IX of the Education Amendments of 1972 and the Age Discrimination Act of 1975.

13. In the event of Federal or State court or Federal or State Administrative agency makes a finding of discrimination after a due process hearing on the grounds of race, color, religion, national origin, sex, or disability against a recipient of funds, the recipient will forward a copy of the finding to the Office for Civil Rights, US. Department of Justice.

14. It will provide an Equal Employment Opportunity Program if required to maintain one, where the application is for \$500,000 or more.

15. It will comply with the provisions of the Coastal Barrier Resources Act (PL 97-348) dated October 18, 1982, (16 USC 3501 et seq.) which prohibits the expenditure of most new Federal funds within the units of the Coastal Barrier Resources System.

16. In addition to the above, the Grantee shall comply with all the applicable District and Federal statutes and regulations as may be amended from time to time including, but not necessarily limited to:

- a. The Health Insurance Portability and Accountability Act of 1996, PL 104-191;
- b. The Hatch Act, 53 Stat. 1147 (5 USC 7321-7326);
- c. The Fair Labor Standards Act, 52 Stat. 1060 (29 USC 201 *et seq.*);
- d. The Clean Air Act (sub-grants over \$100,000) PL 88-206, December 17, 1963, 42 USC Chap. 85 *et seq.*;
- e. The Occupational Safety and Health Act of 1970, PL 91-596, Dec. 29, 1970, 84 Stat.1590 (29 USC 651 *et seq.*);

- f. The Hobbs Act (Anti-Corruption) (see 18 USC § 1951);
- g. Equal Pay Act of 1963, PL 88-38, June 10, 1963, 77 Stat. 56 (29 USC 206(d));
- h. Age Discrimination in Employment Act, PL 90-202, Dec. 15, 1967, 81 Stat. 602 (29 USC 621 *et seq.*);
- i. Immigration Reform and Control Act of 1986, PL 99-603, Nov 6, 1986, 100 Stat. 3359, (8 USC 1101 *et seq.*);
- j. Executive Order 12459 (Debarment, Suspension and Exclusion);
- k. Medical Leave Act of 1993, PL 103-3, Feb. 5, 1993, 107 Stat. 6 (28 USC 2601 *et seq.*);
- l. Lobbying Disclosure Act, PL 104-65, Dec. 19, 1995, 109 Stat. 691 (2 USC 1601 *et seq.*);
- m. Drug Free Workplace Act of 1988, PL 100-690, 102 Stat. 4304 (41 USC 8101 *et seq.*);
- n. Assurance of Nondiscrimination and Equal Opportunity as found in 29 CFR 38.25;
- o. District of Columbia Human Rights Act of 1977, D.C. Official Code § 2-1401.01 *et seq.*; and
- p. District of Columbia Language Access Act of 2004, DC Law 15-167, D.C. Official Code § 2-1931 *et seq.*)

G) Statement of Certification

Applicant shall submit a Statement of Certification (see **Attachment A**), signed by the duly authorized officer of the applicant organization, the truth of which is sworn or attested to by the applicant, which states:

1. That the applicant has provided the individuals by name, title, address, and phone number who are authorized to negotiate with the Department on behalf of the organization;
2. That the applicant is able to maintain adequate files and records and can and will meet all reporting requirements;
3. That all fiscal records are kept in accordance with Generally Accepted Accounting Principles (GAAP) and account for all funds, tangible assets, revenue, and expenditures whatsoever; that all fiscal records are accurate, complete and current at all times; and that these records will be made available for audit and inspection as required;
4. That all costs incurred under this grant shall be in accordance with 2 CFR 200, “Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards”;
5. Whether the applicant, or where applicable, any of its officers, partners, principals, members, associates or key employees, within the last three (3) years prior to the date of the application, has:
 - a. Been indicted or had charges brought against them (if still pending) and/or been convicted of:
 - i. Any crime or offense arising directly or indirectly from the conduct of the applicant’s organization, or
 - ii. Any crime or offense involving financial misconduct or fraud; or

- b. Been the subject of legal proceedings arising directly from the provision of services by the organization.
6. If any response to the disclosures referenced at (5.) is in the affirmative, the applicant shall fully describe such indictments, charges, convictions, or legal proceedings (and the status and disposition thereof) and surrounding circumstances in writing and provide documentation of the circumstances;
7. That the applicant is in compliance with requirements set forth in D.C. Official Code § 1-328.15;
8. That the applicant is current on payment of all federal and District taxes, including Unemployment Insurance taxes and Workers' Compensation premiums. This statement of certification shall be accompanied by a certificate from the District of Columbia Office of Tax and Revenue (OTR) stating that the entity has complied with the filing requirements of District of Columbia tax laws and has paid taxes due to the District of Columbia, or is in compliance with any payment agreement with OTR;
9. That the applicant has the demonstrated administrative and financial capability to provide and manage the proposed services and ensure an adequate administrative, performance, and audit trail;
10. That, if required by the Department, the applicant is able to secure a bond, in an amount not less than the total amount of the funds awarded, against losses of money and other property caused by fraudulent or dishonest act committed by any employee, board member, officer, partner, shareholder, or trainee;
11. That the applicant is not proposed for debarment or presently debarred, suspended, or declared ineligible, as required by Executive Order 12549, "Debarment and Suspension," and implemented by 2 CFR Part 180, for prospective participants in primary covered transactions and is not proposed for debarment or presently debarred as a result of any actions by the District of Columbia Contract Appeals Board, the Office of Contracting and Procurement, or any other District contract regulating agency;
12. That the applicant has the financial resources and technical expertise necessary for the production, construction, equipment and facilities adequate to perform the grant or sub-grant, or the ability to obtain them;
13. That the applicant has the ability to comply with the required or proposed delivery or performance schedule, taking into consideration all existing and reasonably expected commercial and governmental business commitments;
14. That the applicant has a satisfactory record performing similar activities as detailed in the award or, if the grant award is intended to encourage the development and support of organizations without significant previous experience, that the applicant has otherwise established that it has the skills and resources necessary to perform the grant;
15. That the applicant has a satisfactory record of integrity and business ethics;
16. That the applicant has the necessary organization, experience, accounting and operational controls, and technical skills to implement the grant, or the ability to obtain them;

17. That the applicant is in compliance with the applicable District licensing and tax laws and regulations;
18. That the applicant complies with provisions of the Drug-Free Workplace Act;
19. That the applicant meets all other qualifications and eligibility criteria necessary to receive an award under applicable laws and regulations; and
20. That the applicant will, if successful, indemnify, defend and hold harmless the Government of the District of Columbia and its authorized officers, employees, agents and volunteers from any and all claims, actions, losses, damages, and/or liability arising out of this grant or sub-grant from any cause whatsoever, including the acts, errors or omissions of any person and for any costs or expenses incurred by the District on account of any claim therefore, except where such indemnification is prohibited by law.




H) Certificate of Good Standing

Applicant and sub-grantee(s) shall represent that they are duly organized, validly existing, and in good standing under the laws of the jurisdiction they are organized or licensed, and they, their employees, agents, sub-grantees, representatives, and members of their workforce are licensed and in good standing with the applicable agency, board, or governing body to perform their obligations. They shall also represent that they, their employees, agents, sub-grantees, representatives, and members of their workforce are in good standing with the District of Columbia, that they, their employees, agents, subcontractors, representatives and members of their workforce will submit a Certificate of Good Standing from the District of Columbia Department of Consumer and Regulatory Affairs, and that they, their employees, agents, sub-grantees, representatives, and members of their workforce have not been de-barred from being employed as a Grantee by the federal government, the Government of the District of Columbia, or any government entity.

I) RFA Terms and Conditions

The terms and conditions of this RFA are as follows:

1. Funding for this award is contingent on availability of funds. The RFA does not commit DHCF to make an award;
2. DHCF reserves the right to accept or deny any or all applications if DHCF determines it is in the best interest of District to do so. DHCF shall notify the applicant if it rejects that applicant's proposal. DHCF may suspend or terminate an outstanding RFA pursuant to its own grant making rule(s) or an applicable federal regulation or requirement;
3. DHCF reserves the right to issue addenda and/or amendments subsequent to the issuance of the RFA, or to rescind the RFA;
4. DHCF shall not be liable for any costs incurred in the preparation of applications in response to the RFA. Applicant agrees that all costs incurred in developing the application are the applicant's sole responsibility;

5. DHCF may conduct pre-award on-site visits to verify information submitted in the application and to determine if the applicant's facilities are appropriate for the services intended;
6. DHCF may enter into negotiations with an applicant and adopt a firm funding amount or other revision of the applicant's proposal that may result from negotiations;
7. Any and all data requested by DHCF and provided during the grant term shall be made available in a format as requested and/or approved by DHCF;
8. DHCF shall provide the citations to the statute and implementing regulations that authorize the grant or subgrant, including all applicable federal and District regulations.
9. DHCF shall describe payment provisions identifying how the grantee will be paid for performing under the award; reporting requirements, including programmatic, financial and any special reports required by DHCF; and compliance conditions that must be met by the grantee.
-    If there are any conflicts between the terms and conditions of the RFA and any applicable federal or local law or regulation, or any ambiguity related thereto, then the provisions of the applicable law or regulation shall control and it shall be the responsibility of the applicant to ensure compliance; and
11. Awardee will be required to participate in any DHCF-sponsored training related to this award.

J) Financial Management and System of Internal Controls

If selected for funding, the applicant must:

1. Establish and maintain effective internal control over the award that provides reasonable assurance that the non-Federal entity is managing the Federal award in compliance with Federal statutes, regulations, and the terms and conditions of the federal award. These internal controls should be in compliance with guidance in the "Standards for Internal Control in the Federal Government" issued by the Comptroller General of the United States and the "Internal Control Integrated Framework" issued by the Committee of Sponsoring Organizations of the Treadway Commission (COSO);
2. Comply with statutes, regulations, and the terms and conditions of the awards;
3. Evaluate and monitor the nonfederal entity's compliance with statute, regulations and the terms and conditions of the award; and
4. Take prompt action when instances of noncompliance are identified including noncompliance identified in audit findings.

K) Funding Restrictions

Any award associated with this RFA is limited to the availability of funds in Fiscal Year 2022 and the authority to appropriate those funds. Spending is restricted to line items in the approved budget

in order to fulfill the requirements of the approved program work plan. Grant award money cannot be used for the following:

1. Duplication of services immediately available through city, or federal government;
2. Market research, advertising (unless public service related to grant program) or other promotional expenses;
3. Expenses made prior to the approval of a proposal or unreasonable expenditures will not be reimbursed.

Section IV: Application and Submission Information

A) Pre-Application Conference

A pre-application conference is scheduled for **Monday, December 6, 2021** from 2:00 to 3:00 p.m. via **Microsoft Teams**

B) Application Delivery

The applicant shall submit their proposal in their entirety in .PDF format. Applicants will not be allowed to assemble application material on the premises of DHCF.

The application must be submitted no later than 4:00 p.m., Eastern time by the deadline date of December 27th, 2021 to DHCF c/o brion.elliott@dc.gov. Applicants will receive an email receipt notification to verify that their application has been received.

Applications submitted after the deadline will not be accepted. Any additions or deletions to an application will not be accepted after the deadline.

C) Application Requirements

The applicant shall prepare a response to this RFA with the following content and in the format described:

- a. Table of Contents
- b. Program Narrative
- c. Grant, Fiscal, and Financial Management
- d. Program Reporting
- e. Applicant and Subgrantee(s) Qualifications
- f. Proposed Budget and Budget Justification
- g. Attachments
 - Attachment A: Signed Statement of Certification
- h. Appendices
 - Appendix 1: Proposed organizational chart
 - Appendix 2: Proposed staff job descriptions
 - Appendix 3: Proposed staff resumes
 - Appendix 4: List of District grants (FY20, FY21, FY22)
 - Appendix 5: District of Columbia Business License

- Appendix 6: District of Columbia Certificate of Good Standing
- Appendix 7: List of insurance carriers
- Appendix 8: Completed W-9 form
- Appendix 9: Sub-grantee plan(s)
- Appendix 10: Signed Letter(s) of Commitment from sub-grantee(s)
- Appendix 11: Program Work Plan

Descriptions of each response element is detailed below:

a. Table of Contents

b. Program Narrative

The narrative section (limited to 20 pages) shall describe the applicant’s approach to create a tailored TA program in support of HCBS providers’ adoption and use of digital health. This section shall describe how the grantee will assess practice readiness and provide TA to implement CEHRTs or case management systems; assist providers with documentation requirements for the HCBS PIP; connect providers to the DC HIE; and support telehealth adoption. Targeted technical assistance will augment the capacity of HCBS providers to reach high-cost chronic care patients as needed by activating the full care continuum including community health workers, peer recovery support workers, and directly engaging with patients and caregivers.

Specifically, the narrative must include the following:

1. Overview:

- Briefly describe the purpose of implementing (and optimizing) electronic health records, health information exchange, and telehealth systems for District Medicaid community, specifically targeting the HCBS population of providers.
- Describe prior experience with the Meaningful Use/Promoting Interoperability Program. Describe ways this experience can be applied to support District HCBS providers.
- Describe prior experience with DHCF’s HIE Connectivity Program and/or efforts to ensure Medicaid providers are provided proper education, training, and enrollment to the DC HIE. Describe ways this experience can be applied to support District HCBS providers.
- Describe prior experience delivering TA to maximize the use of telehealth to Medicaid providers.
- Describe prior experience delivering TA to optimize provider billing and reimbursement for telehealth services.

2. Program Need:

- Describe the specific problem(s) or issue(s) that the HCBS PIP and HCBS Telehealth Program will address within the target HCBS population of providers.

- Identify and describe the population that will be served by the ARPA HCBS Digital Health TA program including an assessment of current needs and assets in the community for whom the program will be employed.

3. Program Description:

- Provide a comprehensive framework and description of all aspects of the program, including activities and timeline to:
 1. Assess practice readiness,
 2. Provide TA to implement CEHRTs or case management systems,
 3. assist providers with documentation requirements for the HCBS PIP ,
 4. connect providers to the DC HIE,
 5. support telehealth adoption, and
 6. as needed, assist providers with the Medicaid compliance requirements to meet the Administrative Simplification provisions of HIPAA.

Describe the proposed program in detail, including a description of anticipated expenditures under this award.

- Articulate the applicant organization’s approach to meeting the program requirements and objectives outlined in the RFA, including a milestones and deliverables chart with due dates.
- Describe the proposed program’s integration with existing or ongoing DHCF initiatives. Examples may include eConsent, eReferrals and encouraging electronic exchange of patient education and the use of patient portals, Community Resource Information Exchange (CoRIE), Advance Care Planning, etc.
- Describe the intended impact of the program, including planned, measurable outcomes.
- Describe how Health Information Technology (HIT) Incentive and TA supports broader vision for integrated health care delivery and whole person care.

4. Partnerships:

- Describe the proposed program’s integration with existing or proposed partnerships (i.e., sub-grantees) or existing partnerships with District Agencies that will assist in the development and implementation of these initiatives, including a description of their qualifications and why they are necessary for the success of the proposed initiatives. Also describe how you would address any potential conflicts of interest, and plans to mitigate conflicts, with TA recipients or other community stakeholders.

5. Sustainability:

- Describe the anticipated sustainability of the program beyond the period of performance of the grant.

c. Grant, Fiscal, and Financial Management

Describe how the applicant organization will provide sound grant and fiscal management for the project (limited to 3 pages), including experience in managing other grant funds. Include a summary of the grant, fiscal, and financial management systems currently in place that will support the initiatives included in this RFA.

d. Program Reporting

Propose progress and outcomes measures to be reported throughout the period of performance. Describe a methodology and capacity to collect baseline and ongoing data to report on proposed measures. Include details on how this approach incorporates District initiatives and priorities. Specify what measures will be reported on and what will be reported at the end of the grant.

DHCF reserves the right to require additional reporting prior to award of any grant.

e. Applicant and Subgrantee(s) Qualifications

Describe the capacity of the applicant organization and any subgrantees (limited to 3 pages per organization). Please include:

1. The organization's specific involvement and roles in the District's health system, including implementing (and optimizing) electronic health records, health information exchange, and telehealth systems for District Medicaid community.
2. Discuss the applicant's history, experience, and/or knowledge related to understanding of HCBS workflows, challenges, and opportunities with using technologies to support care integration for BH, LTC, and LTSS.
3. The applicant's operational readiness and capabilities to provide tailored TA and training to HCBS providers on (certified) Electronic Health Record (EHRs) Technology, HIE, telehealth reimbursement, and telehealth/telemedicine tools.

f. Program Budget and Budget Justification

The applicant shall provide a line-item budget and budget narrative justification, including any matching funding provided. The budget narrative justification should clearly state how the applicant arrived at the budget figures.

An example budget template is provided (see **Attachment B**) but its use is not required.

g. Attachments

Fillable PDF versions of the Certifications (**Attachment A**) are available as part of the application packet published with this RFA. All attachments shall be completed and included in the applicant's response.

h. Appendices

The applicant shall provide a proposed organizational chart (Appendix 1), proposed staff job descriptions (Appendix 2), and proposed staff resumes (Appendix 3).

Appendix 4 of the response shall include a list of any grants received in FY20 and FY21 and/or any expected grants to be received in FY22 from the District Government. This list

shall state the District Government entity providing the grant, description of the SOW, the total grant amount, and the timeframe for the grant.

The applicant shall provide their District of Columbia Business License (Appendix 5) and is strongly encouraged to provide their District of Columbia Certificate of Good Standing (Appendix 6). While a District of Columbia Certificate of Good Standing is not required as part of the RFA response, a District of Columbia Certificate of Good Standing must be provided prior to the award of any grant to selected applicant(s). According to the District Department of Consumer and Regulatory Affairs (DCRA), an organization registered in another state or country that seeks to transact business in the District of Columbia must obtain authority by filing an application for foreign registration. DCRA's Corporations Division has an expedited one day filing process for a fee in addition to regular filing fees.

Where applicable, the applicant shall provide a list of all its insurance carriers and the type of insurance provided (Appendix 7).

The applicant shall provide a current completed W-9 form prepared for the U.S. IRS (Appendix 8). DHCF defines "current" to mean that the document was completed within the same calendar year as that of the application date. Fillable W-9 forms can be found on the IRS website: <https://www.irs.gov/pub/irs-pdf/fw9.pdf>.

Sub-grants are permitted for qualified organizations. Applicants who plan to sub-grant shall submit sub-grantee plan(s) (Appendix 9) and signed Letter(s) of Commitment from sub-grantee(s) (Appendix 10).

The program work plan (Appendix 11) describes key process objectives and goals for successful program implementation. Under each objective, provide a list of the activities that will be used to achieve each of the objectives proposed and anticipated deliverables. The work plan should include a chronological list and description of activities to be performed. Each activity should have an identified responsible staff, target completion dates and projected outcomes. The work plan should include process objectives and measures.

D) Funding Restrictions

Any award associated with this RFA is limited to the availability of funds in Fiscal Year 2022 through Fiscal Year 2024 and the authority to appropriate those funds. Spending is restricted to line items in the approved budget in order to fulfill the requirements of the approved project plan.

Section V: Application and Review Information

A) Initial Review

Submitted applications will be screened for completeness. The initial review criteria are:

1. Is the applicant an eligible organization as specified in Section III?
2. Is the application request within the allowable total amount of funds available as specified in Section II?
3. Was the application received on time and delivered in the format described in Section IV, subsection B?
4. Was the application submitted with all required elements as specified in Section IV, subsection C?

Applications that satisfy all the above criteria will move forward to the review committee.

Applications that do not meet any one of the above requirements may be disqualified.

B) Review Criteria

All applicants that are complete and meet the eligibility and administrative criteria listed in Section III will be reviewed and scored by a panel of internal or external reviewers. The panel of reviewers are neutral, qualified, professionals selected by the DHCF Office of the Director for their expertise in health information technology, interoperability, implementation of electronic health records, equity barriers to accessing telehealth, implementing/optimizing telehealth/telemedicine tools, along with knowledge of programs such as Promoting Interoperability and the HIE Connectivity Program.

Each panelist will individually review, score, and rank each applicant's proposal according to the evaluation criteria listed below.

Scoring Criteria	Points
Criteria 1: Organizational Structure and Operational Readiness (corresponds to Appendices 1-3)	(20 points)
The applicant provides: <ul style="list-style-type: none">· a description of all staff and/or positions to be used to perform the work under the RFA;· resumes of key staff proposed and job descriptions for any key positions proposed;· an organizational chart, including any potential sub-grantees, showing clear lines of authority and responsibility; and· a staffing plan which includes the timeframes for commitment of each staff person to this project and a description of how the project staff will be organized and supervised to meet all RFA requirements.	(5 points)
The applicant demonstrates a record of:	(15 points)

<ul style="list-style-type: none"> · Providing tailored TA, training and/or implementation on (certified) EHRs Technology or case management systems, assisting providers with documentation requirements for participation in similar programs, health information exchange, and telehealth/telemedicine tools for District Medicaid community. · working in the District’s health care system and an understanding of how HIT Incentive and TA supports broader vision for integrated health care delivery and whole person care. 	
Criteria 2: Program Implementation and Evaluation (corresponds to Program Need, Program Description, Evaluation Plan, Appendix 11: Program Work Plan)	(45 points)
The applicant proposes a comprehensive, innovative, and achievable program that addresses all of the components outlined in the RFA, including:	
<ul style="list-style-type: none"> · The applicant describes the organization’s experience and/or knowledge in delivering tailored TAt programs that demonstrates their ability to meet all RFA requirements 	<i>(5 points)</i>
<ul style="list-style-type: none"> · The applicant proposes a comprehensive, innovative, and achievable program that addresses the components outlined in the Program Narrative. 	<i>(10 points)</i>
<ul style="list-style-type: none"> · The applicant uses an evidence-informed approach to present problems/issues and the applicant’s proposal directly aims to address or alleviate potential challenges. 	<i>(5 points)</i>
<ul style="list-style-type: none"> · The applicant proposes a realistic, innovative approach to implement a program. 	<i>(10 points)</i>
<ul style="list-style-type: none"> · The applicant demonstrates operational readiness to implement the program and provides a comprehensive and achievable list of milestones and deliverables. 	<i>(10 points)</i>
<ul style="list-style-type: none"> · The applicant demonstrates their methodology and capacity to collect baseline and ongoing data to report on measures proposed in the Program Narrative. 	<i>(5 points)</i>
Criteria 3: Cross-sector Engagement and Partnerships (corresponds to Partnerships, Appendices 9 & 10)	(20 points)
The applicant describes partnerships (i.e., sub-grantees) or existing partnerships with District Agencies that will assist in the development and implementation of these initiatives. The applicant describes partner qualifications and why they are necessary for the success of the proposed initiatives. Furthermore, the applicant addresses any potential conflicts of interest, and plans to mitigate conflicts, with TA recipients or other community stakeholders.	<i>(10 points)</i>
The applicant describes the proposed program’s integration with existing or ongoing DHCF initiatives. Examples may include Integrated Care DC, eConsent, eReferrals and encouraging electronic exchange of patient education and the use of patient portals, Community Resource Information Exchange (CoRIE), Advance Directives, etc.	<i>(10 points)</i>
Criteria 4: Fiscal Management and Sustainability (Corresponds to Sustainability, Grant, Fiscal, and Financial Management, Program Budget, and Budget Justification)	(15 points)

The applicant describes the grant, fiscal, and financial management system in place, qualifications of systems management staff, and experience with grant monitoring and reporting functions within the last five (5) years. The applicant describes how the fiscal and financial management system ensures all expenditures are accurately tracked, reported, and reconciled.	(5 points)
The applicant presents a reasonable and detailed budget and justification to achieve the objectives of the RFA.	(5 points)
The applicant presents a reasonable plan for the long-term financial sustainability of the Digital Health TA program	(5 points)
Maximum Number of Points	100 points

The individual scores of the review panel will be averaged and each application submitted will be classified into one of four categories below based on the average score:

Ranking Classification	Point Range
<i>Most Qualified</i>	95 – 100
<i>Very Qualified</i>	80 – 94
<i>Qualified</i>	70 – 79
<i>Minimally Qualified</i>	69 and below

The grantee will be selected from among the applications that score in the “Most Qualified” point range category. If no applications are ranked in the “Most Qualified” category, DHCF may select from the “Very Qualified” and/or “Qualified” categories.

Scoring and the recommendations of the review panel are advisory. The final decision to fund an application rests with the DHCF Office of the Director. If the Office of the Director does not follow the panel’s recommendations, the Director shall provide written justification as required by District regulations.

C) Organizational Capacity and Risk Assessment

If the applicant’s organization is preliminarily selected for this award, the applicant will be contacted by a representative from DHCF and a letter of intent will be issued. At this time, the applicant will be required to provide specific documents and certifications as well as undergo an organizational capacity and risk assessment. The applicant must comply with this review before a final award offer can be made.

As part of the organizational capacity and risk assessment, the applicant must comply with a financial capacity review and may be required to provide copies of:

- IRS Form 990 or 990EZ covering the last two years preceding the pre-award stage;

- Financial statements covering the six-month period preceding the pre-award stage (whether prepared monthly or quarterly);
- Any audit reports prepared as a result of a visit by a federal agency;
- Approved Federal Indirect Cost Rate agreement (for applicants claiming indirect expenses greater than 10%).

DHCF may require the applicant to provide additional documents or information to facilitate the organizational capacity and risk assessment as outlined in the list below. This list may not be comprehensive and DHCF reserves the right to require additional documents or other information to complete its organizational capacity and risk assessment:

- Insurance certificate (or self-insurance letter) for all forms of insurance (except employee benefits) (annual renewal waivers must be submitted);
- IRS determination letter for all 501 designated organizations;
- Applicant organization's by-laws;
- Applicant organization's Board of Directors roster (includes names, addresses, phone number);
- Applicant organization's conflict of interest policy;
- Certification that the applicant's organization has written Policies and Procedures for accounting, personnel, procurement, travel, and property management
- Other documents as required: _____

Do not submit these documents with your application. The applicant will only be required to provide these documents if DHCF issues a letter of intent.

These documents must be submitted by the deadline specified in the letter of intent. Failure to respond to DHCF in a timely manner and/or failure to submit the documents and certifications to DHCF by the deadline may result in the grant offer being rescinded.

D) Anticipated Announcement and Award Dates

The anticipated announcement date is February 22, 2022. The anticipated date of award is February 22, 2022. Both successful and unsuccessful applicants will be notified in writing of the selection decision prior to the award date.

Section VI: Award Information

A) Award Notices

DHCF will provide the successful applicant(s) with a Notice of Grant Agreement (NOGA). The NOGA(s) shall be signed and returned to DHCF within 10 business days. Grant proceeds will only be paid after receipt of the signed NOGA.

B) Programmatic, Administrative, and National Policy Requirements

The Grantee will be held to strict milestones and requirements in order to receive the full amount of the grant. This will be based on a DHCF-approved Work Plan, which shall be submitted to DHCF within thirty (30) calendar days after receipt of the award.

C) Reporting

Grantees will be required to submit financial reports, monthly programmatic reports, and financial requests for reimbursement. The programmatic reports will indicate the status of goals and performance measures, as well as any successes or challenges encountered during the report period. The financial reports will indicate the status of program spending by category and will be submitted along with all receipts, invoices, or other documentation of incurred expenses. Reports are due no later than the 10th after the end of the reported month.

Grantees will be required to submit a final programmatic report and a final financial report within thirty (30) calendar days after expiration of the grant agreement. The final programmatic report will include a review of the initiative, work conducted by the grantee, and if applicable, sub-grantee(s), status of goals and performance measures, plans for how the initiative will be leveraged in the future, and recommendations to DHCF, if any, based on the grant. The final financial report will include detailed accounting of all grant expenditures over the grant period.

Grant applicants are expected to complete the reports listed above on time and show adequate progress at each reporting interval. Failure to meet these requirements may result in withholding of grant funds and/or termination of the grant due to non-performance or lack of capacity.

D) Payment

Upon award, DHCF shall provide funding to the Grantee(s) according to the terms outlined in the grant agreement which will include a Fund Disbursement Schedule and Terms. All payments associated with this grant will be made through an Automated Clearing House.

Section VII: DC Agency Contacts

For additional information regarding this RFA, please contact Eduarda Koch, Health Care Reform & Innovation Administration via email at Eduarda.Koch@dc.gov or by phone at (202) 673-3561.

Section VIII: Attachments

Fillable PDF versions of all the attachments are available as part of the application packet published with this RFA. All attachments shall be completed and included in the applicant's response.

Attachments included in the separate PDF available as part of the application packet published with this RFA include:

- A) Certifications
- B) Program Budget and Budget Justification Template
- C) Federal Assurances