

**AMENDMENTS TO RFA#: CHA-SHSP-6.18.21**

An amended RFA is also attached on the District Clearinghouse website. The new text is highlighted in red and is as follows:

1. Page 3: NOTICE OF FUNDING AVAILABILITY (NOFA)
  - a. From: July 20, 2021
  - b. To: July 23, 2021
2. Page 10: CHECKLIST FOR APPLICATIONS
  - a. From: July 20, 2021
  - b. To: July 23, 2021
3. Page 11: III. GENERAL INFORMATION, Key Dates, Application Submission Deadline
  - a. From: July 20, 2021
  - b. To: July 23, 2021
4. Page 11 I. GENERAL INFORMATION, B. Overview
  - a. From: The Government of the District of Columbia's Department of Health is soliciting applications from qualified not-for-profit organizations located and licensed to conduct business within the District of Columbia to provide management and daily operation of the School Health Services Program
  - b. To: The Government of the District of Columbia's Department of Health is soliciting applications from qualified **not-for-profit** organizations located and licensed to conduct business within the District of Columbia to provide management and daily operation of the School Health Services Program
5. Page 11 I. GENERAL INFORMATION, C. Award Information, Source of Grant Funding
  - a. From: Funding is made available under the School Health Services Program through Local Appropriation funds and, authorization is Fiscal Year 2022 Budget Support Act of 2021
  - b. To: Funding is made available under the School Health Services Program through Local Appropriation funds and, authorization is Fiscal Year 2022 Budget Support Act of 2021 **and the Centers for Disease Control and Prevention's Cooperative Agreement for Emergency Response: Public Health Crisis Response Federal Award.**
6. Page 11 I. GENERAL INFORMATION, C. Award Information, Source of Grant Funding Eligible Organizations/Entities
  - a. From: Organizations must have an annual budget that is at minimum 40% funded by private sources

- b. To: ~~Organizations must have an annual budget that is at minimum 40% funded by private sources~~
- 7. Page 19, V. Performance Requirements, C. Performance Areas, In-Person Health Suite Staffing & Direct Services
  - a. To: 40 hours of coverage is required under the SHSP grant, so grantees must ensure that they have enough skilled staff to serve the number of students in the selected schools and partners for that amount of time
  - b. From: 40 hours of coverage **per week** is required under the SHSP grant, so grantees must ensure that they have enough skilled staff to serve the number of students in the selected schools and partners for that amount of time
- 8. Page 22 V. Performance Requirements, D. Data Requirements
  - a. From: This electronic records system will be the central health information repository to monitor DCSHSP and evaluate student outcomes.
  - b. To: This electronic records system will be the central health information repository to monitor ~~DC~~SHSP and evaluate student outcomes.
- 9. Page 23 V. Performance Requirements, D. Data Requirements
  - a. From:
    - i. Quarterly Population Health Report: describes the known medical conditions of students in schools. Reports shall be delineated by student gender, grade, school name and ward, and race/ethnicity, and shall be generated for the following health conditions:
      - 1. Asthma: report should detail those students requiring daily medications vs. those requiring medications as needed (e.g. mild intermittent asthma diagnosis)
      - 2. Diabetes: report should delineate insulin and non-insulin dependent students
      - 3. Anaphylaxis: report should include number of students with known history of anaphylaxis due to allergens
      - 4. Children with Special Health Care Needs: report should detail students meeting criteria for CSHCN including diagnoses and presence of IHP, IEP and/or 504; and number of consultations for 504 and IEP plans
      - 5. Pregnancy: number of pregnant students (by trimester, if available)
      - 6. Other conditions as requested by DC Health
    - ii. Monthly Health Suite Utilization Report: delineated by student gender, grade, school name and ward, and race/ethnicity and shall include:
      - 1. Reason for visit
      - 2. Chronic disease management, such as diabetic glucose testing, medication administration (by disease)

3. Preventive care, such as vision screenings and health certificate submission
4. Acute care management, such as injury or illness by type (i.e. burn injury, musculoskeletal injury, abdominal pain, asthma exacerbation, etc.)
5. Procedures, such as tracheostomy care, bladder catheterization, ostomy care, nasogastric feeding, orthopedic device maintenance, chest physical therapy and ventilator care.
6. Condom distribution, including number of health suite visits for condom access, at minimum. Student demographic information may be included in reporting if available.
7. Time in the health suite: less than 10 minutes, 10-20 minutes, 21-30 minutes, 31-60 minutes, 61-120 minutes, more than 2 hours, etc.
8. Disposition: Returned to class, home, transferred to ambulatory facility (primary or urgent care), and emergency medical transfer, etc.
9. For Telemedicine Services: DHCF's documentation standards for telemedicine services include additional documentation of:
10. The modality of service used to deliver the service (i.e. audio/visual, audio-only, etc.)
11. The patient's telephone number, cell phone number, or other information on how communications were established with the patient based on the mode of communication used to deliver the service via telemedicine

b. To: **Monthly Student Health Data Reports:** Population data describes known medical conditions in schools. Utilization data describes service usage. All reported data should be delineated by student gender, grade, school name and ward, and race and ethnicity as appropriate. DC Health will provide templates for reports. Report shall include at minimum:

- i. Asthma: report should detail those students requiring daily medications vs. those requiring medications as needed (e.g. mild intermittent asthma diagnosis)
- ii. Diabetes: report should delineate insulin and non-insulin dependent students
- iii. Anaphylaxis: report should include number of students with known history of anaphylaxis due to allergens
- iv. Children with Special Health Care Needs: report should detail students meeting criteria for CYSHCN including diagnoses and presence of IHP, IEP and/or 504; and number of consultations for 504 and IEP plans
- v. Universal Health Certificates: report to include UHC compliance by school and by student
- vi. Oral Health Assessment Forms: report to include OHA compliance by school and by student
- vii. Immunization Surveillance: report to detail immunization surveillance activities and compliance

viii. Contraception Distribution

ix. AOM trained staff: report to detail AOM training for school staff

x. Telemedicine Services: DHCF's documentation standards for telemedicine services include additional documentation of:

- The modality of service used to deliver the service (i.e. audio/visual, audio-only, etc.)
- The patient's telephone number, cell phone number, or other information on how communications were established with the patient based on the mode of communication used to deliver the service via telemedicine

10. Page 24 V. Performance Requirements, D. Data Requirements

- a. From: Quarterly Quality Assurance Reports
- b. To: **Quarterly Monthly Quality Assurance Reports**

11. Page 24 V. Performance Requirements, Data Requirements

- a. From: Monthly **Utilization Report**: delineated by student gender, grade, school name and ward, and race/ethnicity shall include:
- b. To: Monthly **Utilization Report**: delineated by student gender, grade, school name and ward, and race/ethnicity **as necessary. DC Health will provide templates for reports. Reports and** shall include:

12. Page 25 V. Performance Requirements, Data Requirements

- a. From: **Quarterly Quality Assurance Reports**
- b. To: **Quarterly Monthly Quality Assurance Reports**

13. Page 25 V. Performance Requirements, Data Requirements

- a. Added: **DC Health will provide templates for reports.**

14. Page 26 V. Performance Requirements, Data Requirements

- a. From: Quarterly Quality Assurance Reports
- b. To: **Quarterly Monthly Quality Assurance Reports**

15. Page 31 VII. EVALUATION CRITERIA, D. Staffing Plan

- a. From: Include employees for coverage outside of traditional work hours (i.e. evenings and weekends) for all eight wards, as well as any additional support for specific targeted areas based on equity models.
- b. To: Include ~~employees for coverage outside of traditional work hours (i.e. evenings and weekends) for all eight wards, as well as~~ any additional support for specific targeted areas based on equity models.

16. Page 39 VII. EVALUATION CRITERIA, A.

- a. From: Experience Criteria (20 Points)
- b. To: Experience ~~Criteria~~ (20 Points)

17. Page 29 VII. EVALUATION CRITERIA, Organizational compacity

- a. From: Demonstrates an organizational capacity to provide all the service functions within their chosen performance area to at least 225 schools and at least 20 CBOs within the entire program period
- b. To: Demonstrates an organizational capacity to provide all the service functions within their chosen performance area to at least 225 schools and ~~at least~~ up to 20 CBOs within the entire program period

18. Page 43 IX. APPLICATION PREPARATION & SUBMISSION, Assurances Required to Submit Applications (Pre-Application Assurances)

a. From:

- City Wide Clean Hands Compliance Status Letter (formerly Certificate of Clean Hands).
- 501 (c) 3 certification
- Official List of Board of Directors on letterhead, for current year, signed and dated by the authorized executive of the Board. (cannot be the CEO)
- All Applicable Medicaid Certifications
- A Current Business license, registration, or certificate to transact business in the relevant jurisdiction

b. To:

- City Wide Clean Hands Compliance Status Letter (formerly Certificate of Clean Hands).
- ~~501 (c) 3 certification~~
- Official List of Board of Directors on letterhead, for current year, signed and dated by the authorized executive of the Board. (cannot be the CEO)
- ~~All Applicable Medicaid Certifications~~
- A Current Business license, registration, or certificate to transact business in the relevant jurisdiction

19. Page 44 IX. APPLICATION PREPARATION & SUBMISSION Uploading the Application, **Application Proposal** - Upload **ONE** .pdf file containing

- a. From: Executive Summary
- b. To: Executive Summary (**1 page**)