



**REQUEST FOR APPLICATIONS**

**Business Transformation Grant**

Open Date: July 18<sup>th</sup>, 2022

Close Date: August 22<sup>nd</sup>, 2022 4:00 P.M.



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

***LATE APPLICATIONS WILL NOT BE ACCEPTED***

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## **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’s Medicaid Reform Efforts**

In October 2020, DHCF transitioned approximately 16,000 individuals in the Medicaid fee-for-service program to the Medicaid Managed Care Program, also known as the DC Healthy Families Program (DCHFP). Previously, fee-for-service beneficiaries managed their health care needs without assistance or care coordination. Through DCHFP, beneficiaries now receive access to care coordination to support improved health outcomes under the provisions outlined in the Managed Care contracts. In August 2021, DHCF announced a new MCO procurement in order to include the full complement of behavioral health services and greater flexibility in payment methodology, with an anticipated award in 2022. As a result, Medicaid Managed Care entities will be required to increase the amount of total medical expenditures through value-based payment arrangements, from 30% of total medical expenditures in the base contract year, increasing by an additional 10% each contract year to 70% of total medical expenditures in year five. The level of risk and integration in Medicaid MCO entity value-based arrangements will also increase over the new contract period. Accordingly, an increasing amount of care by Medicaid MCOs will be financed by alternative payment models (APMs), which provide bonus payments for participating in new ways to deliver care by incentivizing quality and value. APMs require a share of provider revenue to assume risk for providing care, tying payments to the quality of care provided as measured through patient outcomes<sup>1</sup>. By the third MCO contract year, half of total medical expenditures will be made in Learning Action Network (LAN) alternate payment model categories 3-4, characterized by alternate payment models with shared saving, shared savings and downside risk, or population-based payment approaches, reflecting greater incentives for quality, health outcomes, and value over volume.<sup>2</sup>

DHCF is implementing changes to service delivery for Medicaid/Medicare dually eligible beneficiaries, including an expansion of the existing dual eligible special needs plan (D-SNP)

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<sup>1</sup> See State Innovation Model report for background on the District’s efforts to decrease health disparities through use of alternate payment models [https://dhcf.dc.gov/sites/default/files/dc/sites/dhcf/publication/attachments/Appendices%207%2031%202016\\_%20Final.pdf](https://dhcf.dc.gov/sites/default/files/dc/sites/dhcf/publication/attachments/Appendices%207%2031%202016_%20Final.pdf)

<sup>2</sup> See Learning Action Network Alternative Payment Model Framework <https://hcp-lan.org/workproducts/apm-figure-1-final.pdf>

program and launch of the District's first Program of All-inclusive Care for the Elderly (PACE) program. The expansion of Dual Choice in February 2022 integrated care management and other functions to enable individuals enrolled in Dual Choice for Medicare to receive Medicaid services through the program as well as offer enrollees a more seamless, coordinated experience of care.

DHCF's move towards a Managed Care Program that covers nearly all District Medicaid beneficiaries and requires MCOs to tie increasing percentages of expenditures to value-based payment arrangements is designed to achieve a more organized, accountable, and person-centered system that best supports the District's Medicaid beneficiaries in managing and improving their health. 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 State Medicaid Health IT Plan \(SMHP\)](#) and the [Mayor's Commission on Healthcare Systems and Transformation](#).

### **Supporting Provider Readiness for Reform**

DHCF also developed and supports a suite of care coordination and practice transformation efforts designed to improve Medicaid providers' ability to treat medically complex beneficiaries in value-based programs.

#### ***DHCF Launched Individualized Technical Assistance for My Health GPS Providers, 2018-2019***

DHCF's practice transformation technical assistance work began in 2018, with the Health Management Associate (HMA)-led Individualized Technical Assistance (ITA) for My Health GPS providers. Through technical assistance efforts, the My Health GPS entities received support designing workflows and adapting new technology to coordinate patient-centered and population focused care for beneficiaries with multiple chronic conditions. Over a two-year period, the HMA team provided one-on-one technical assistance and group learning collaborative opportunities to the My Health GPS practice teams to develop the following practice transformation core competencies:

- Delivering Patient-Centered Care
- Using Population Health Analytics
- Adapting Operations to a Performance-based Model
- Developing Leadership to Support VBP Strategy

HMA coaches worked closely with nine My Health GPS care teams to implement care management best practices, with a focus on community level engagement, to improve health outcomes for their complex members. This multi-faceted approach allowed HMA to provide technical assistance and coaching that was tailored to the needs of each practice while leveraging

technology to offer learning opportunities that any interested practice could benefit from, so that together DHCF and the My Health GPS practices could reach their goals.<sup>3</sup>

### ***DHCF Expands Targeted Technical Assistance Resources for Providers, 2020-present***

#### **Integrated Care DC**

Beginning in 2020, DHCF launched Integrated Care DC, a five-year comprehensive TA program to improve Medicaid providers' readiness to deliver whole-person, integrated physical and behavioral health care. This program builds on the previous work of the My Health GPS ITA program to incorporate a wider range of practice settings and integrate evidence-based behavioral health and substance use disorder screening, assessment, referral, and interventions. The website <https://www.integratedcaredc.com/> serves as a hub for learning events and training resources, including on-demand trainings on a variety of topics.

Seven (7) priority provider groups are eligible for technical assistance, including: Health Home Providers; Department of Behavioral Health (DBH) Certified Providers; Free Standing Mental Health Clinic Providers (FSMHC); long term services and supports (LTSS) providers, including home health agencies; Certified or waived Medication-Assisted Therapy (MAT) providers, including methadone providers; Specialty providers; and Federally Qualified Health Centers (FQHCs). Practice coaching and community learning are focused on three core competencies for practice transformation:

- Delivering Patient-Centered Care Across the Care Continuum to Improve Patient Outcomes, including the use of evidence-based approaches to diagnose and treat behavioral health conditions;
- Using Data and Population Health Analytics to Improve Care; and
- Engaging Leadership to Support Person-Centered, Value-Based Care.

#### **Rev-Up DC**

In response to stakeholder feedback in the [District of Columbia Substance Use Disorder Community Need and Service Capacity Assessment](#) and the [Behavioral Health Transformation Request for Information](#) for training and technical assistance, DHCF created an additional TA opportunity focused on enhancing the operational and billing capacity of Medicaid providers that provide substance use disorder treatment and recovery services. This program, now called “Rev-Up DC,” is funded by the CMS 1003 SUD Provider Capacity Grant and offers revenue cycle management and business planning support in FY22. The intention is to prepare SUD providers to develop billing and operational skills necessary to be successful in managed care contracts.

#### **HCBS Digital Health TA**

Bolstering these technical assistance efforts, the Department of Health Care Finance, Department of Behavioral Health, Department of Disability Services, and the Department of Human Services are leveraging American Rescue Plan Act of 2021 funding for home and community-based services (HCBS) to provide incentive payments and technical assistance to support HCBS

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<sup>3</sup> See also

[https://dhcf.dc.gov/sites/default/files/dc/sites/dhcf/page\\_content/attachments/ITA%20MHGPS%20Summary%20%289.30.2020%29.pdf](https://dhcf.dc.gov/sites/default/files/dc/sites/dhcf/page_content/attachments/ITA%20MHGPS%20Summary%20%289.30.2020%29.pdf)

providers' adoption and use of digital health tools, including certified electronic health records, health information exchange, and telehealth. The [HCBS Digital Health TA](#) program includes the HCBS Promoting Interoperability Program TA, to assess provider readiness to adopt certified electronic health record technology (CEHRTs) or approved case management systems, support provider implementation of Health IT systems, and connect to the DC Health Information Exchange (HIE); and the HCBS Telehealth TA to encourage providers' meaningful use of telehealth tools/workflows. 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.

### ***New Investments in Practice Transformation for Whole Person Care across the Medicaid Program***

In FY22, Mayor Muriel Bowser provided ongoing support for *Integrated Care DC* as well as new staff resources to support collaboration with District agencies to facilitate whole person care across health and social services. The expansion of DHCF's practice transformation work to create technical assistance resources to support Medicaid providers with business and legal consulting needs is funded by the American Rescue Plan Act (ARPA).

The Business Transformation technical assistance program will 1) provide a brief, stakeholder assessment of Medicaid providers needs for legal analysis, financial consulting, and business development support; and 2) design and deliver appropriate resources to meet these needs. Together these activities support Medicaid provider practice transformation and facilitate integrated whole-person care by enhancing providers' ability to collaborate across entities and participate in value-based care arrangements.

The grantee will design and implement an innovative approach for delivering targeted legal and business resources that support the formation of partnerships and new business arrangements that are positioned to participate in the managed care program, and align with new MCO program requirements that tie increasing percentages of expenditures to value-based payment arrangements.

The Business Transformation technical assistance program responds to recommendations from the [Mayor's Commission on Healthcare Systems Transformation](#) to:

- “Facilitate health system integration by providing legal and regulatory technical assistance to providers who wish to develop clinically integrated networks (CINs), Accountable Care Organizations (ACOs)<sup>4</sup>, and Independent Physician Associations”; and to
- “Make key investments and policy changes to promote system integration for accountable care transformation, a) Invest in practice transformation capacities, and b) Ensure alignment and integration to enable accountability.”

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<sup>4</sup> An ACO is a group of primary care providers, specialists, and/or hospital and other health professionals who manage the full continuum of care and are accountable for the total costs and quality of care for a defined population.

Facilitating health system integration through technical assistance will support provider capacity to participate in the type of accountable, provider-led organizations or networks most likely to achieve the agency's goals to improve whole-person care and improve program efficiency. According to responses to [the ACO RFI](#), as well as the [Behavioral Health Transformation RFI](#)<sup>5</sup>, stakeholders largely supported the system transformation toward provider-led efforts to manage population health, as well as reimbursement strategies that pay for value rather than volume of services.

Stakeholders expressed that additional support would be beneficial to increase provider capacity to enter into value-based care arrangements with managed care, for example financial technical assistance to support management of costs and to develop risk corridors. In addition, respondents expressed that significant practice change would be necessary to support further Medicaid provider integration, including development of improved IT infrastructure to facilitate care coordination and information-sharing, availability of technical experience and capital to integrate operations, and creation of partnerships across provider types, particularly between acute care and community-based settings in order to improve care coordination and reduce preventable ER and hospital admissions. Similarly, understanding the workflow and business relationships between District hospitals and community-based care providers is another stated need. For this key reason, DHCF has funded recent projects (Integrated Care DC and the Hospital Transitions of Care projects) to assess opportunities to a) reduce over-utilization of the acute-care system due to delays in preventative care and b) improve communication and handoffs at discharge to reduce readmissions.

The Business Transformation grant aims to assist providers with these types of needs, providing business, operational, and legal support to build the capacity of Medicaid providers to plan for and engage in strategic affiliations and financial restructuring. Examples of activities may include financial and legal analyses to support provider decision-making; financial analysis or simulations to assess the potential of value-based care models; development of measurement approaches that promote shared accountability; evaluation of governance models or joint ventures and contractual relationships; change management to support implementation of new VBP arrangements; and workflow analyses or improvements to increase efficiencies at the practice level.

## **B) Program Description**

The District's Business Transformation grant will provide one (1) multi-year (FY23-25) grant, of up to \$999,000 in the first year per year, and one option years of up to \$500,000 to design and deliver tailored and innovative business and legal consulting resources and technical assistance to District Medicaid providers who wish to transform their practice to increase financial efficiency, improve client outcomes, remove barriers to care, and create value-based payment arrangements.

Subject to the availability of funds, the grant shall have a base year (not to exceed \$999,000), and if DHCF decides to award an option year, option year 1 (not to exceed \$500,000). This technical assistance program will 1) provide a brief, stakeholder assessment of Medicaid providers' needs for legal analysis, financial consulting, and business development support; and 2) design and

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<sup>5 5</sup> See Behavioral Health Transformation RFI

[https://dhcf.dc.gov/sites/default/files/dc/sites/dhcf/release\\_content/attachments/Medicaid%20Behavioral%20Health%20RFI%20Summary%20February%202021%20%281%29.pdf](https://dhcf.dc.gov/sites/default/files/dc/sites/dhcf/release_content/attachments/Medicaid%20Behavioral%20Health%20RFI%20Summary%20February%202021%20%281%29.pdf)



deliver appropriate resources to meet these needs. Resources should include financial, legal, and business/operations supports that are targeted to individual provider needs and directly relate to the creation and enhancement of value-based payment arrangements that are characterized by shared risk (meeting Learning Action Network alternate payment model framework levels 3-4<sup>6</sup>), in alignment with Medicaid MCO program changes. Examples of activities include financial and legal analyses to support provider decision-making; financial analysis or simulations to assess the potential of value-based care models; development of measurement approaches that promote shared accountability; evaluation of governance models or joint ventures and contractual relationships; change management to support implementation of new VBP arrangements; and workflow analyses or improvements to increase efficiencies at the practice level.

The aim of this Business Transformation grant program is to enhance providers' ability to assess business and governance models that support practice transformation and facilitate integrated whole-person care, thus increasing capacity of providers to participate in value-based care arrangements and in the Medicaid managed care program which will require increasing percentages of expenditures to be tied to value-based payment arrangements. Providers eligible for consulting and technical assistance funded by the Business Transformation grant will meet the following eligibility criteria, and will be reviewed and approved by DHCF:

1. Demonstrate interest in developing contractual arrangements for integrated or whole person care or other value-based care arrangements that meets LAN categories 3-4
2. Be enrolled and in good standing with the District Medicaid program
3. Bill a minimum of 100 DC Medicaid patient encounters in FY2021
4. The provider must own, operate, maintain and upgrade, as needed, a certified electronic health record system. Such a system must be used to document ongoing care coordination activities, including assessment, care planning, and information-sharing, as well as service utilization. The provider must be a participating organization in the District's Health Information Exchange (DC HIE), as specified in Chapter 87 of Title 29 of the District of Columbia Municipal Regulations (DCMR). At minimum, the provider must demonstrate the use of the DC HIE to monitor and or manage admissions, discharges, and other health care settings transitions.

As a requirement of receiving the grant, the Business Transformation grantee will coordinate with DHCF's technical assistance partners to ensure communication and collaboration. Separate from this grant, DHCF has contractual and/or grantee relationships with entities offering technical assistance on integrated care delivery/population health (Integrated Care DC), technical assistance on revenue cycle management (Rev-Up DC) and digital health projects (CRISP, HCBS Digital Health TA grantee). To avoid potential provider burden and confusion, DHCF will require the grantee and other DHCF technical assistance entities to share information on their intended targets and timing for provider site visits. If appropriate, DHCF may require the entities to coordinate or stage their site visit efforts.

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<sup>6</sup> See Learning Action Model Alternate Payment Model Refresh Whitepaper for more information on payment alignment <https://hcp-lan.org/workproducts/apm-refresh-whitepaper-final.pdf>

The Business Transformation grantee will assess practice readiness and planning and provide targeted TA to healthcare organizations to support strategic affiliations and financial restructuring. Each of these activities is described below.

### ***Business Transformation Brief Stakeholder Assessment***

The grantee shall assist DHCF in developing a brief stakeholder assessment of Medicaid providers' needs for legal analysis, financial consulting, and business development support. The purpose of the assessment is to:

- Identify barriers and opportunities for healthcare system practice integration needed to succeed in value-based payment arrangements in alignment with LAN categories 3-4<sup>7</sup>,
- Make recommendations to the Medicaid program on the design and provision of technical assistance and consulting services to address provider needs. The grantee shall utilize similar methodologies deployed in the existing [District State Medicaid Health IT Plan \(SMHP\)](#) and [District of Columbia Substance Use Disorder Community Need and Service Capacity Assessment](#) which used stakeholder mixed-method approaches to make system recommendations, and,
- Make recommendations on the scale and scope of legal, financial, and business/operational technical assistance resources needed to support District providers in alignment with managed Medicaid value-based health care expenditure targets.

The grantee shall refer to and build on previous recommendations made by stakeholders in the [Mayor's Commission Report on Healthcare Systems Transformation](#), the [ACO Request For Information](#) and the [Behavioral Health Transformation Request for Information](#) to refine and update findings, and to identify strategies to address challenges.

The grantee shall collect information and inputs in accordance with DHCF guidance. Within 30 days of grant award, the grantee shall submit the draft assessment plan to DHCF for approval. Through stakeholder interviews, review of the key documents outlined above, and review of program information, the grantee shall gather data that will enable the District to answer questions about the needs of Medicaid providers such as:

1. What are the number and percentage of District Medicaid providers interested in participating in value-based payment arrangements and integrated care models, including clinically integrated networks and other joint ventures that further whole person care?
2. What is the potential impact of new provider governance and business models to support individuals enrolled in Medicaid who have substance use disorders or other behavioral health conditions?
3. What business, operational, legal, and financial barriers impede clinical and operational integration across Medicaid providers, particularly between physical, behavioral health, and social service providers?

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<sup>7</sup> See Learning Action Network Alternative Payment Model Framework <https://hcp-lan.org/workproducts/apm-figure-1-final.pdf>

4. What restructuring or integration technical assistance will provide the greatest impact to further the District’s goals of improving care coordination, enhancing population health management, and reducing inappropriate/preventable emergency department and inpatient use?
5. How can DHCF’s technical assistance programs further equity and access to whole-person care, particularly for providers serving beneficiaries in parts of the District most impacted by the Covid public health emergency, such as Wards 7 and 8?<sup>8</sup>

### ***Technical Assistance Proposal and Recommendations Report***

Based on the brief stakeholder assessment, the grantee will develop a report (TA Proposal) detailing recommendations to the Medicaid program to address provider business transformation needs, and a proposed approach to delivering technical assistance for review and approval by DHCF.

The technical assistance proposal must:

1. Include the provision of tailored legal and governance consulting, financial modeling and analysis, and business resources and TA to District Medicaid providers who meet the provider eligibility criteria of this grant.
2. Directly support the development of integrated or whole person care or other value-based care arrangements that meet LAN alternate payment methodology categories 3-4.
3. Support the goals of Medicaid system transformation to provide whole-person, population-based, integrated care that is comprehensive, coordinated, high quality, culturally competent, and equitable<sup>9</sup>
4. Include coordination with DHCF technical assistance and digital health initiatives to facilitate provider value-based care arrangements that leverage the District’s designated HIE, CRISP, and use available HIE tools to support care coordination, population health management, and information-sharing, such as care alerts, eConsent, and eReferral.
5. Describe provider recruitment and enrollment strategy that includes outreach to diverse provider types and size and outlines a plan to identify, recruit, screen, and enroll providers for participation in technical assistance performed under this award. Must include how the grantee will evaluate providers’ interest in developing or enhancing integrated care or value-based payment arrangement for Medicaid beneficiaries and specific recommendations regarding how best the Medicaid program can meet provider needs and best use of program resources over the next two years.,
6. Includes the direct provision of business, legal, and financial provider supports that may include:
  - a. Strategic, operational, and financial review of participating organizations to further the planning of strategic affiliation or restructuring;
  - b. Financial analyses or simulations to assess the potential of value-based care models;
  - c. Development of measurement approaches that promote shared accountability;
  - d. Evaluation of governance models or joint ventures and contracting relationships;

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<sup>8</sup> Please note that this question list is in draft form and may change subject to program need.

<sup>9</sup> See Behavioral Health Transformation RFI

[https://dhcf.dc.gov/sites/default/files/dc/sites/dhcf/release\\_content/attachments/Medicaid%20Behavioral%20Health%20RFI%20Summary%20February%202021%20%281%29.pdf](https://dhcf.dc.gov/sites/default/files/dc/sites/dhcf/release_content/attachments/Medicaid%20Behavioral%20Health%20RFI%20Summary%20February%202021%20%281%29.pdf)

- e. Workflow analyses or improvements to increase efficiencies at the practice level;
  - f. Assistance with governance, corporate structure, taxation, contractual and regulatory requirements necessary to successfully restructure or affiliate to meet the individualized needs of providers;
  - g. Development of referral agreements and partnerships across provider types, particularly between acute care and community-based settings in order to improve care coordination and reduce preventable ER and hospital admissions;
  - h. Development of data-sharing agreements and shared IT infrastructure to facilitate care-coordination and information-sharing that leverage the District's designated HIE
  - i. Assistance with change management and integration of functions that may include operational, managerial, programmatic, financial, and data management to support the implementation of clinically integrated networks and similar strategic restructuring for whole person and value-based care arrangements.
7. Specify timelines, and indicate proposed approach to customizing technical assistance based on the need of each provider.

DHCF shall have two weeks to provide feedback on the draft TA Proposal. The final detailed TA Proposal shall be delivered no later than six months post award. The technical assistance proposal must be approved by DHCF prior to the provision of provider technical assistance, which will be delivered by the grantee in accordance with the approved proposal that meets the above requirements. The grantee shall be responsible for delivering individualized business transformation technical assistance in alignment with the submitted and approved proposal.

### **C) Purpose of RFA**

The purpose of this RFA is to solicit applications from eligible organizations to select a grantee for the Business Transformation grant program. This grant will fund an assessment of provider needs and deliver tailored TA that enhances providers' capacity to participate in value-based care arrangements by assessing business and governance models that support practice transformation and facilitate integrated whole-person care in the Medicaid managed care program.

Applicants will design the following TA program components to support the aim of this Business Transformation grant:

1. Provide a brief, stakeholder assessment of Medicaid providers' needs for legal analysis, financial consulting, and business development support; and
2. Design and deliver appropriate resources to meet these needs, that shall include financial, legal, and business/operations supports that are targeted to individual provider needs and directly relate to the creation and enhancement of value-based payment arrangements that meet LAN levels 3-4, in alignment with Medicaid MCO program changes.

Delivering tailored TA is essential to building the capacity for District Medicaid providers to reach vulnerable patients and enable more coordinated and integrated care to support DHCF's priority to deliver whole person care. These activities are also essential to ensure District Medicaid providers are able to participate in the Managed Care program which will require increasing percentages of expenditures to be tied to value-based payment arrangements.

## D) Key Dates and Information

RFA release	Monday, July 18 <sup>th</sup> , 2022
Pre-application meeting	<p>Tuesday, July 26<sup>th</sup>, 2022 2:30 p.m. to 3:30 p.m.</p> <p><b>Microsoft Teams meeting</b> <b>Join on your computer or mobile app</b> <a href="#">Click here to join the meeting</a> <b>Or join by entering a meeting ID</b> Meeting ID: 292 529 449 899 Passcode: AFD9LX <b>Join with a video conferencing device</b> <a href="mailto:octo@m.webex.com">octo@m.webex.com</a> Video Conference ID: 112 406 736 8 <a href="#">Alternate VTC instructions</a> <b>Or call in (audio only)</b> <a href="tel:+12025949550267290608">+1 202-594-9550,,267290608#</a> United States, Washington DC Phone Conference ID: 267 290 608# <a href="#">Find a local number</a>   <a href="#">Reset PIN</a> <a href="#">Learn More</a>   <a href="#">Help</a>   <a href="#">Meeting options</a></p>
Deadline to submit written questions to <a href="mailto:brion.elliott@dc.gov">brion.elliott@dc.gov</a>	Tuesday, August 2 <sup>nd</sup> , 2022
Answers to questions available at <a href="https://dhcf.dc.gov/page/dhcf-grant-opportunities">https://dhcf.dc.gov/page/dhcf-grant-opportunities</a>	Tuesday, August 9 <sup>th</sup> , 2022
Application due	Monday, August 22 <sup>nd</sup> , 2022
Award announcement (expected)	Friday, October 7 <sup>th</sup> , 2022
Grant start and end dates	Award date to September 30, 2023; with up to one (1) option years. (NOTE: all grants funded by local dollars must be expended by the end of the fiscal year)

## Section II: Award Information

DHCF announces the availability of grant funds for the Fiscal Year 2023 (FY2023) to one qualified applicant to assess provider needs and to deliver tailored TA that enhances providers' capacity to participate in value-based care arrangements by assessing and implementing business and governance models that support practice transformation and facilitate integrated whole-person care in the Medicaid managed care program.

Each applicant responding to the RFA must demonstrate their capacity to lead the design, development, and implementation of legal, business, and financial analysis and whole-person care model implementation TA.

Subject to the availability of funds, DHCF may award up to 1 option year, 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 \$999,000) and one (1) option year (not to exceed \$500,000). The grant base period will be from date of grant award to September 30, 2023. If DHCF decides to award the option years, the grant option year 1 will be from October 1, 2023 to September 30, 2024. A breakdown of the base and the additional option year is provided below.

<b>Grant Function</b>	<b>Grant Period</b>	<b>Not to Exceed Amount</b>
Perform Community Assessment to Identify Provider Needs; Provide Technical Assistance	FY 23 (Base Year) <i>Date of Award to September 30, 2023</i>	\$999,000
Provide Technical Assistance	FY 23 (Option Year 1) <i>October 1, 2023 to September 30, 2024</i>	\$500,000

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, and any modifications to the sub-grantee plan will require approval of DHCF in writing.

### **Section III: Eligibility Information**

#### **A) Qualified Organization**

Applicants must meet the following eligibility requirements to apply for this grant:

1. Have the authority to enter into an agreement with DHCF and be in compliance with applicable District of Columbia laws and regulations.
2. 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.
3. Applicants are not eligible 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.
4. 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.

5. Have a demonstrated record of legal and business expertise in healthcare and nonprofit management, including strategic affiliations such as mergers and joint ventures.
6. Have demonstrated experience providing tailored TA and training to Medicaid providers on optimizing legal, business, and financial operations.
7. Demonstrate an understanding of the District's Medicaid provider landscape including workflows, challenges, and opportunities with managed care.
8. Demonstrate expertise with value-based payment methodologies that further whole-person care, including implementation of population health strategies that meet LAN categories 3-4.

### **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. Tables, figures, and appendices do not have to be double-spaced.
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 August 22<sup>nd</sup>, 2022 to DHCF c/o Brion Elliott at 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. 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
9. 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 2023 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 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 July 26<sup>th</sup>, 2022 from 2:30 to 3:30 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 August 22, 2022, to DHCF c/o Brion Elliott at 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:

1. Table of Contents
2. Program Narrative
3. Grant, Fiscal, and Financial Management
4. Program Reporting
5. Applicant and Subgrantee(s) Qualifications
6. Proposed Budget and Budget Justification
7. Attachments
  - a. Attachment A: Signed Statement of Certification
  - b. Attachment B: Completed Automated Clearing House form
8. Appendices
  - a. Appendix 1: Proposed organizational chart
  - b. Appendix 2: Proposed staff job descriptions
  - c. Appendix 3: Proposed staff resumes
  - d. Appendix 4: List of District grants (FY20, FY21, and FY22 including potential grants)
  - e. Appendix 5: District of Columbia Business License
  - f. Appendix 6: District of Columbia Certificate of Good Standing
  - g. Appendix 7: List of insurance carriers
  - h. Appendix 8: Completed W-9 form
  - i. Appendix 9: Sub-grantee plan(s)
  - j. Appendix 10: Signed Letter(s) of Commitment from sub-grantee(s)
  - k. Appendix 11: Program Work Plan
  - l. Appendix 12: Letters of Support (Optional)

Descriptions of each response element is detailed below:

#### **1. Table of Contents**

#### **2. Program Narrative**

The narrative section (limited to 20 pages) shall describe the applicant's approach to meeting the program requirements and grant objectives outlined in the RFA to create a tailored TA program that delivers targeted legal and business resources to increase Medicaid provider capacity to participate in value-based care arrangements and in the Medicaid managed care program which will require increasing percentages of expenditures to be tied to value-based payment arrangements. The applicant shall describe how the approach is responsive to the following recommendations from the Mayor's Commission on Healthcare Systems Transformation to:

- “Facilitate health system integration by providing legal and regulatory technical assistance to providers who wish to develop clinically integrated networks (CINs), Accountable Care Organizations (ACOs), and Independent Physician Associations”; and to
- “Make key investments and policy changes to promote system integration for accountable care transformation, a) Invest in practice transformation capacities, and b) Ensure alignment and integration to enable accountability.”

Specifically, the narrative must include the following:

a. Overview

- Briefly describe the purpose of implementing value-based payment arrangements, including clinically integrated networks, strategic affiliations or restructuring in the District Medicaid program, specifically with regard to enhancing outcomes of care and the benefit to Medicaid-enrolled providers.
- Describe prior experience providing tailored technical assistance and business consulting to providers. Describe ways this experience can be applied to further integration and value-based care arrangements of providers.
- Describe prior experience with legal and governance consulting to providers engaging in mergers and/or strategic affiliations. Describe how this experience can be applied to providers who are assessing readiness to engage in value-based payment arrangements, such as integrated networks, and similar joint ventures.
- Describe past experience assessing community provider needs and developing recommendations for the District’s Medicaid program on strategic approaches to deliver technical assistance programs.
- Describe prior experience providing financial modeling and analysis for providers to support greater efficiency, provider decision-making support, and practice sustainability.
- Describe prior experience providing coaching or TA to providers to support measurement of clinical quality outcomes and to improve delivery of care coordination across provider settings to reduce preventable emergency room use and hospital admissions.

b. Program Need:

- Describe the specific problem(s) or issue(s) that the Business Transformation technical assistance will address within the target population of Medicaid providers.
- Identify and describe the District Medicaid managed care value-based payment requirements and previous work to assess provider readiness to participate in value-based payment arrangements, such as clinically integrated networks and similar joint ventures.
- Describe approach to how the applicant proposes to identify, recruit, screen, and enroll providers for participation in technical assistance performed

under this award, including how the grantee will evaluate providers' interest in developing or enhancing integrated care or value-based payment arrangements for Medicaid beneficiaries. Include description of how grantee will ensure providers participating in the program are likely to enhance whole person care for low-income Medicaid beneficiaries in the District.

c. Program Description:

Provide a comprehensive framework and description of all aspects of the program, including activities and timeline to:

- i. Provide a brief, stakeholder assessment of Medicaid providers' needs for legal analysis, financial consulting, and business development support,
- ii. Provide targeted legal, financial, business, and operational supports to providers to support capacity to participate in value-based payment arrangements, including clinically integrated networks, joint ventures, and other similar strategic restructuring to implement whole-person care,
- iii. Directly support the development of integrated or whole person care or other value-based care arrangements that meet LAN alternate payment methodology categories 3-4,
- iv. Support the goals of Medicaid system transformation to provide whole-person, population-based, integrated care that is comprehensive, coordinated, high quality, culturally competent, and equitable,
- v. Describe provider recruitment and enrollment strategy that includes outreach to diverse provider types and size. Must include how the grantee will evaluate providers' interest in developing or enhancing integrated care or value-based payment arrangement for Medicaid beneficiaries and specific recommendations regarding how best the Medicaid program can meet provider needs and best use of program resources over the next two years.
- vi. Describe the proposed program in detail, including a description of anticipated expenditures under this award.
- vii. 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.
- viii. Describe the proposed program's integration with existing or ongoing DHCF technical assistance and digital health initiatives. Examples may include Integrated Care DC, behavioral health and system transformation, value-based payment requirements of the Medicaid managed care program, and digital health projects such as eConsent, electronic advance care planning, eReferrals and encouraging electronic exchange of patient education and the use of patient portals, Community Resource Information Exchange (CoRIE), etc.
- ix. Describe the intended impact of the program, including planned, measurable outcomes.

d. 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.

### **3. 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 including an organizational chart with identified personnel, including identifying a full-time project manager who is employed by the Grantee.

### **4. 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.

### **5. Applicant and Subgrantee(s) Qualifications**

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

- a. The organization’s specific involvement and roles in the District’s health system, including implementing technical assistance and legal and business consulting for the District Medicaid provider community.
- b. Describe any experience the applicant has delivering financial consulting and technical assistance to providers focused on managed care program participation and value-based care arrangements.
- c. Discuss the applicant’s history, experience, and/or knowledge related to understanding of value-based payment arrangements, including clinically integrated network formation, and joint venture or other strategic affiliations or restructuring that support care integration for Medicaid or Medicare beneficiaries.
- d. The applicant’s operational readiness and capabilities to provide tailored TA and training to Medicaid providers on legal, financial, governance, operational, and programmatic components necessary to implement value-based payment arrangements, including clinically integrated networks, and other strategic arrangements that facilitate whole person care.
- e. Describe the applicant’s demonstrated record of:
  - i. Legal and business expertise in healthcare and nonprofit management, including strategic affiliations such as mergers and joint ventures.
  - ii. Demonstrated experience providing tailored TA and training to Medicaid providers on optimizing legal, business, and financial operations.

- iii. Understanding of the District’s Medicaid provider landscape including workflows, challenges, and opportunities with managed care.
- iv. Demonstrated expertise with value-based payment methodologies that further whole-person care, including implementation of population health strategies that meet LAN categories 3-4.

## **6. 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.

The budget will include separate line items for specific direct and indirect grant expenses. An example budget template is provided (see **Attachment B**) but its use is not required.

## **7. 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.

## **8. Appendices**

- a. The applicant shall provide a proposed organizational chart (Appendix 1), proposed staff job descriptions (Appendix 2), and proposed staff resumes (Appendix 3).
- b. Appendix 4 of the response shall include a list of any grants received in FY20-FY22 and/or any expected grants to be received in FY22-23 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.
- c. 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.
- d. Where applicable, the applicant shall provide a list of all its insurance carriers and the type of insurance provided (Appendix 7).
- e. 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>.

- f. 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).
- g. 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, measures and a timeline including milestones and due dates and for objectives and deliverables.
- h. The applicant may submit optional letters of support (Appendix 12).

**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 health care management and administration, understanding of the technical assistance and operational needs of District Medicaid providers, and familiarity with value-based and whole-person care delivery, along with knowledge of the Medicaid managed care program and related system transformation efforts.

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

Scoring Criteria	Points
<b>Criteria 1: Organizational Structure and Operational Readiness</b> (Corresponds to Appendices 1-3)	<b>(20 points)</b>

<p>The applicant provides:</p> <ul style="list-style-type: none"> <li>· Description of all staff and/or positions to be used to perform the work under the RFA;</li> <li>· Resumes of key staff proposed and job descriptions for any key positions proposed, including a project manager who is employed by the grantee, and job descriptions for any additional key positions;</li> <li>· Organizational chart, including any potential sub-grantees, showing clear lines of authority and responsibility; and</li> <li>· Staffing plan which includes the timeframes for commitment and level of commitment (FTE) of each staff person for the duration of the grant period including option years to this project; and</li> <li>· A description of how the project staff will be organized and supervised to support meeting all RFA requirements.</li> </ul>	<p><i>(5 points)</i></p>
<p>The applicant demonstrates the proposed staff have a record of:</p> <ul style="list-style-type: none"> <li>· Providing tailored TA, business, and legal consulting to assist Medicaid providers in implementing whole person care and strategic restructuring to further clinical and operational integration across providers, particularly focused on financial and legal direct assistance.</li> <li>· Working within the District of Columbia or similar markets to promote understanding of value-based payment approaches, or providing analysis and TA for business transformation to supports integrated health care delivery and whole person care.</li> </ul>	<p><i>(15 points)</i></p>
<p><b>Criteria 2: Program Implementation and Evaluation</b> (corresponds to Program Need, Program Description, Evaluation Plan, Appendix 11: Program Work Plan)</p>	
<p>The applicant proposes a comprehensive, innovative, and achievable program that addresses all of the components outlined in the RFA, including:</p>	
<ul style="list-style-type: none"> <li>· The applicant demonstrates an ability to meet all of the RFA requirements by proposing a comprehensive, evidence-based, innovative, and achievable program that addresses the program components</li> </ul>	<p><i>(15 points)</i></p>
<ul style="list-style-type: none"> <li>· The applicant demonstrates their methodology and capacity to conduct a brief stakeholder assessment and develop a technical assistance strategy, including collecting baseline and ongoing data to report on measures proposed in the Program Narrative.</li> </ul>	<p><i>(15 points)</i></p>
<ul style="list-style-type: none"> <li>· The applicant demonstrates an approach and operational readiness to design a business transformation implementation workplan and deliver individualized technical assistance or consulting services to meet provider needs, including identified milestones and deliverables, that meets the goals of the RFA.</li> </ul>	<p><i>(15 points)</i></p>
<p><b>Criteria 3: Cross-sector Engagement and Partnerships</b> (corresponds to Partnerships, Appendices 9 &amp; 10)</p>	
<p>The applicant describes partnerships (i.e., sub-grantees) or existing partnerships, and partnerships with District Agencies that will assist in the development and implementation of these initiatives.</p>	<p><i>(10 points)</i></p>

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.	
The applicant describes the proposed program’s integration with existing or ongoing DHCF technical assistance, digital health, and system transformation initiatives. Examples may include Integrated Care DC, behavioral health and system transformation, value-based payment requirements of the Medicaid managed care program, and digital health projects such as eConsent, eReferrals and encouraging electronic exchange of patient education and the use of patient portals, Community Resource Information Exchange (CoRIE), Advance Care Planning, etc.	(15 points)
<b>Criteria 4: Fiscal Management</b> (Corresponds to Grant, Fiscal, and Financial Management, Program Budget, and Budget Justification)	(10 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)
<b>Maximum Number of Points</b>	<b>100 points</b>

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:

<b>Ranking Classification</b>	<b>Point Range</b>
<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:

- 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
- IRS Form 990 or 990EZ covering the last two years preceding the pre-award stage (if applicable);
- 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 Friday, October 7<sup>th</sup>, 2022. The anticipated date of award is Friday, October 7<sup>th</sup>, 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. It will include a comparison of actual accomplishments to goals outlined in the grant proposal. The financial reports are annotated source documents corroborating project expenditures. They will indicate the status of program spending by category and will be submitted along with all receipts, invoices, or other documentation of incurred expenses. Programmatic and financial reports are due no later than the 10<sup>th</sup> 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 Elizabeth Garrison, Health Care Reform & Innovation Administration via email at [Elizabeth.Garrison@dc.gov](mailto:Elizabeth.Garrison@dc.gov).

## **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