## Attachment A – Notice of Eligibility and Experience Requirements

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School-Based Behavioral Health Services Comprehensive Expansion (Specialty)

RM0 SBH010623

**Notice of Eligibility and Experience Requirements**

**Eligibility Requirements**

*Applicants must meet the stated eligibility and performance requirements in the RFA. Please describe your organization’s eligibility in the applicable box below. You may include supporting documents.*

Eligible entities who can apply for grant funds under this RFA must:

**1. A community-based organization in the behavioral health sector located in the District of Columbia (DC).**

*Justification:*

**2. Eligible to participate in District-funded programs (not debarred) as evidenced by an exclusion verification.**

*Justification:*

**3. Have at least one service location physically within the District of Columbia.Comply with all applicable District licensing, accreditation, and certification requirements, as of the due date of the application.**

*Justification:*

**Experience Requirements**

Eligible entities who can apply for grant funds under this RFA should have the following experience:

**1. Have at least two years of experience (as of the due date of the application) providing child and youth behavioral health services.**

*Justification:*

**2. Be contracted with all Medicaid Managed Care Organizations or demonstrate the capacity to become contracted up to 90 days after the award.**

*Justification:*

**3. Be enrolled as a Medicaid provider and a participating provider with the Department of Health Care Finance (DHCF) up to 90 days after the award.**

*Justification:*

**4. Have an Organizational National Provider Identifier (NPI) number through National Plan & Provider Enumeration System up to 90 days after the award.**

*Justification:*

**5. Have claims and billing operational experience and infrastructure to obtain reimbursement for services rendered in a school setting.**

*Justification:*

**6. Be committed to implementing school-based prevention, early intervention and treatment services based upon the needs of the school**

*Justification:*

**7. Be able to quickly recruit and hire licensed clinicians who are dedicated to providing culturally and linguistically competent services to children and their families.**

*Justification:*

**8. Committed to participating in all Community of Practice and evaluation activities.**

*Justification:*

**9. Have the supervisory capacity to supervise the prevention, and early intervention and treatment services within the comprehensive school behavioral health model.**

*Justification:*

**10. Be able to collect and report utilization, outcome data, and supervision activities. Provide data reports weekly, monthly, quarterly, annually and as needed.**

*Justification:*

**11. Comply with all DBH reporting requirements.**

*Justification:*

## Attachment B – Intent to Apply Notification

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School-Based Behavioral Health Services Comprehensive Expansion (Specialty)

RM0 SBH010623

Due Date: Friday, January 13, 2023

**Intent to Apply Notification**

**TO:** Department of Behavioral Health, Grants Management Office

www.dbh.grants@dc.gov

**FROM:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Organization

**RE:** Intent to Apply for School-Based Behavioral Health Services Comprehensive

Expansion (Specialty)

**Organization Address:**

**Contact Person/Title:**

**Contact Person Telephone Number:**

**Contact Person Email:**

This notification serves as intent to apply for the abovementioned Request for Application. The notification is due Friday, January 13, 2023 to [dbh.grants@dc.gov](mailto:dbh.grants@dc.gov) **Notifications are to be sent to this email address only and will not be received via telephone, fax, any email other than address noted, or in-person.**

I am also confirming attendance at the mandatory pre-application conference Webinar being held **Thursday, January 12, 2023**. **Meeting link:**

**Meeting number: Password:**

**#Attendees: \_\_\_\_\_\_\_\_\_**

**Print Name** **Date**

**Signature**

## Attachment C – Applicant Profile

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**Government of the District of Columbia**

**Department of Behavioral Health (DBH)**

School-Based Behavioral Health Services Comprehensive Expansion (Specialty)

RM0 SBH010623

**Applicant Profile**

**Applicant Name:**

**Type of Organization:** \_\_Non-Profit Org. \_\_Commercial (For-Profit) Org.

\_\_Religious Org.

**EIN/Federal Tax ID No.:**

**UEI No.:**

**Primary Contact Person/Title:**

**Email/Phone Number:**

**Fiscal Contact Person/Title:**

**Email/Phone Number:**

**Street Address:**

**City, State ZIP:**

**Telephone:**

**Email:**

**Ward: Organization Website:**

**Name of Authorized Representative**

**(Official Signatory):**

**Title:**

**Email Address:**

**Phone Number:**

Signature of Authorized Representative  
**Please complete RFA Abstract on next page**

**RFA Abstract (Required, Limit One Page)**