



2023 District of Columbia Indigent Care Hospital Support Grant Request for Applications



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

Grant Purpose and Objectives

The purpose of this grant is to ensure a more equitable allocation of public financial resources provided for the purposes of off-setting the financial burden placed on qualifying hospitals in providing care to medically indigent District residents through inpatient and outpatient care (including emergency room services).

The District of Columbia supports uncompensated care for qualifying hospitals through quarterly Disproportionate Share Hospital (DSH) funding which is based on a calculation derived from hospital supported data through the DHCF DSH Data Collection Tool. Hospital cost have continued to spike as the federal Public Health Emergency continues because of cost to cover workforce shortages, addressing care for those who did not receive care during the pandemic and the cost of providing care to an increased population. Additionally, some emergency rooms are overwhelmed with dozens of patients “boarding,” or waiting in the emergency room for a room in the hospital itself. These patients have met admission criteria to the hospital, but the hospital does not have an available staffed bed to accommodate the patient. Boarding, while necessary, impacts the availability of emergency room beds for patients.

These grant funds are being made available from the District government to support costs related to provision of care for the indigent; ensuring the continuity of care for the District’s most vulnerable populations. The funds are eligible to support personnel cost, staffing contracts, supplies and equipment and other approved cost that enable eligible hospital(s) to continue providing care to eligible District residents.

Eligible Hospital(s)

The hospital(s) participating in the DHCF Disproportionate Share Hospital program must provide more than 25% of the total uncompensated care days for all hospital(s) participating in the DHCF Disproportionate Share Hospital program, and more than 25% of total uncompensated care outpatient visits based on all hospital(s) participating in the DHCF Disproportionate Share Hospital program, as reported to the District on the DHCF DSH Data Collection Tool.

Grant Application Materials and Key Dates

Applications are due no later than 12 Noon on Wednesday April 26, 2023. DHCF will issue the Notice of Grant Award (NOGA) by 12 Noon on Thursday, April 27, 2023. The awarding hospital(s) will receive the payment in the same manner as Medicaid submitted claims, the payment will also show on the Medicaid Remittance Advices. The grant period will be the date the NOGA is signed through September 30, 2023.

Please fill out, sign, and return the Application (Attachment A) electronically to angelique.martin@dc.gov by 12 Noon on Wednesday April 26, 2023.

Reporting Requirements

All grant monies awarded must be spent on the objectives specified above in the “Grant Purpose and Objectives” section during the grant period. The Awardee will be required to submit expenditures incurred under this grant in accordance with the process the Executive Office of the Mayor (EOM), or their Designee, has established.

Terms and Conditions

Funding for this award is contingent on continued funding from the grantor. The RFA does not commit DHCF to make an award. DHCF reserves the right to accept or deny any or all applications if DHCF determines it is in the best interest of DHCF to do so or it is determined that the applicant does not qualify. 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 any applicable federal regulation or requirement. DHCF reserves the right to issue addenda and/or amendments after the issuance of the RFA, or to rescind the RFA. 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. 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. 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. 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.

DC Agency Contact

For additional information regarding this application, please contact Angelique Martin via email at angelique.martin@dc.gov or by phone at (202) 557-6567.

Attachments

- A. 2023 DC Indigent Care Hospital Grant Application Form completely

2023 District of Columbia Indigent Care Hospital Grant Form (Attachment A)

Administrative Section

Applicant Organization Name

Medicaid Provider ID

Address

Please provide information for the applicant's representative authorized to negotiate with DHCF on behalf of the applicant organization and who will sign the form below:

Applicant's Authorized Representative Name and Title

10 Digit Phone Number

Email Address

Grant Information

Please provide information regarding the intended use of grant funds ensuring the purpose aligns with stipulations in the "Grant Purpose and Objectives" section of this application.

Please answer Yes (Y) or No (N) to each of the statements below:

1. The above Hospital is currently in good standing with Federal Taxes.

2. The above Hospital is currently in good standing with District of Columbia taxes.

3. Fiscal records are kept in accordance with Generally Accepted Accounting Principles (GAAP).

4. All costs incurred under this grant will be in accordance with 2 CFR 200, "Uniform Admin Requirements, Cost Principles, and Audit Requirements for Federal Awards."

5. Has the Applicant, or where applicable, any of its officers, partners, principals, members, associates, or key employees, withing the last three (3) years prior to the date of this application:
 - a. Been indicted or had charges brought against them (if still pending) and/or been convicted off any crime or offence arising directly or indirectly from the conduct of the applicant's organization, or any crime or offense involving financial misconduct or fraud.

 - b. Been the subject of legal proceedings arising directly from the provision of services by the organization.

If the answer to either of the questions in item 5 above is in the affirmative, the applicant must attach to this application a statement fully describing such indictments, charges, convictions, or legal proceedings (and the status and disposition thereof) and surrounding circumstances in writing and provide documentation of the circumstances.

The Applicant/Grantee agrees to 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.

As the duly authorized representative of the Applicant/Grantee, I hereby swear and attest that the statements above are true and that the Applicant/Grantee will comply with the above certifications.

Hospital: _____

Signature: _____ **Date:** _____

Printed Name and Title of Authorized Representative: _____

Signature: _____ **Date:** _____

Printed Name and Title of Authorized Representative: _____