



## **REQUEST FOR APPLICATIONS**

### **Shelters and Public Housing Telehealth Development and Application Grants**

Open Date: December 4, 2017

Close Date: January 5, 2018, 4:00 p.m. Eastern



Department of Health Care Finance  
441 4<sup>th</sup> St. NW, Suite 900S  
Washington, DC 20001  
TEL: (202) 442-4790

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

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## Section I: Funding Opportunity Description

### A) Background

The mission of the Government of the District of Columbia's Department of Health Care Finance (DHCF) is to improve the health outcomes of District (DC) residents by providing access to comprehensive, cost effective, and quality healthcare services. As the single State Medicaid Agency, DHCF administers the Medicaid program and the State Child Health Insurance Program (CHIP). DHCF also administers the locally-funded Healthcare Alliance Program (Alliance).

Through these programs, DHCF provides health care services to children, adults, elderly and persons with disabilities who have low-income. Over 270,000 District residents (more than one-third of all residents) receive health care coverage through DHCF's Medicaid, CHIP and Alliance programs. DHCF strives to provide access to health care services in the most appropriate and cost-effective settings possible.

Within DHCF, the Health Care Reform and Innovation Administration (HCRIA) is tasked with developing and implementing innovative care delivery and payment models including the technology platforms required to support them. This includes the management of DC's Medicaid Electronic Health Record Incentive Program (MEIP), which coordinates payments to providers for the adoption and meaningful use (MU) of electronic medical records. Additionally, HCRIA leads DC's health information exchange (HIE) program, which aims to increase the quality, accessibility, equity and value of healthcare in DC by facilitating the secure and timely exchange of usable health-related information.

The scope of work funded by this grant supports the District's goal to improve access to health care by linking residents of homeless shelters or public housing projects to telehealth services. Individuals experiencing homelessness and residents of public housing projects are largely enrolled or eligible for DHCF health care coverage, either through Medicaid or the DC Health Care Alliance Program. This grant supports expanding access to health care services by enhancing the telehealth infrastructure in homeless shelters and public housing projects.

For the purposes of this RFA, "homeless shelters" are severe weather shelters, low barrier shelters and temporary shelters as defined in Homeless Services Reform Act of 2005. These facilities receive funding, are under contract to, or are otherwise approved by the District Department of Human Services (DHS) to provide temporary or transitional housing to District residents experiencing homelessness. Applicants may refer to the following DHS website for more information on District shelters: <https://dhs.dc.gov/page/shelter>.

“Public housing projects” are defined as those residential properties owned and managed by the District of Columbia Housing Authority (DCHA). The District of Columbia public housing portfolio consists of more than 8,000 apartment or townhome units in 56 properties owned and managed by the District of Columbia Housing Authority (DCHA). DCHA serves as the landlord for close to 20,000 residents who call public housing home.

Public housing units provide very low-income families, seniors and disabled persons the financial assistance they need to live in safe, well maintained and affordable rental homes. There are income requirements for public housing and priority is given to those who are in greatest need. For a list of public housing properties, please see <http://www.dchousing.org/topic.aspx?topid=3>.

## **B) Program Description**

The purpose of this program is to advance the development and implementation of telehealth services for residents in homeless shelters and/or public housing projects. This grant will support innovative solutions to connect District residents in homeless shelters or public housing projects to necessary health care services. Applicants shall only use grant funds to implement, improve, enhance, or measure telehealth services for residents in homeless shelters or public housing projects. Applicants should consider how these grant investments can advance the District’s efforts to improve the health and wellness of all District residents and reduce the utilization of the emergency department for low-acuity conditions.

Applicants may propose a wide range of services and activities to be covered under this grant as long as they demonstrate the impact to residents of homeless shelters or public housing projects. Funds may be used not only to purchase or implement technology, but to support the implementation of telehealth in homeless shelters or public housing projects. Funds may support staff, training, subject matter and legal expertise, or other resources necessary to use of telehealth in more efficient and effective ways.

### **Relevant District Policies and Programs**

The D.C. Telehealth Reimbursement Act of 2013 directs Medicaid to “cover and reimburse for healthcare services appropriately delivered through telehealth if the same services would be covered when delivered in person.” Per the aforementioned Act, telehealth is defined as the delivery of healthcare services through the use of interactive audio, video, or other electronic media used for the purpose of diagnosis, consultation, or treatment, provided, that services

delivered through audio-only telephones, electronic mail messages, or facsimile transmissions are not included. For the purposes of this RFA, telehealth and telemedicine are used synonymously.

This telehealth grant focusing on shelters and public housing aims to build on a strong set of existing policies and programs in the District of Columbia's Medicaid program to create new models of telehealth in housing shelters and public housing projects. Notable policies and programs that potential applicants should consider include the District's telemedicine reimbursement policy for Medicaid providers; the DC HIE infrastructure; new value based purchasing programs such as My DC Health Home and My Health GPS; and District initiatives to end homelessness. Together these efforts create a strong foundation for sustainable approaches to telehealth. Each of these initiatives is discussed in greater detail below.

#### *DC Medicaid's Current Telemedicine Policy*

The District's Medicaid program currently supports reimbursement for telemedicine services through a two-way, real time interactive video-audio communication for the purpose of evaluation, diagnosis, consultation, or treatment. The purpose of providing Medicaid reimbursement for medically necessary services via telemedicine is to improve beneficiaries':

1. Access to patient-centered healthcare services, with the aim of reducing preventable hospitalizations and emergency department utilization;
2. Adherence with treatment plans;
3. Health outcomes, through timely disease detection and review of treatment options; and
4. Choice of care providers and treatment where patients live.

For more information on the DHCF telemedicine policy, see:

<https://dhcf.dc.gov/page/telemedicine>.

#### *DC Health Information Exchange (HIE)*

The DC HIE aims to advance health and wellness for all persons in the District of Columbia by providing actionable information whenever and wherever it is needed. DHCF and its HIE partners facilitate and sustain the engagement of all stakeholders in the secure exchange of useful and usable health-related information to promote health equity, enhance care quality, and improve outcomes in the District of Columbia. DHCF is currently funding a grant to the Chesapeake Regional Information System for our Patients (CRISP DC) to develop and implement four HIE tools to support care coordination:

- Patient Care Overview: An ‘on-demand’ web-based document accessible to eligible professionals and hospitals (in addition to members of their care team) that displays an aggregation of both clinical and non-clinical data for a selected patient.
- Obstetrics/Prenatal Specialized Registry: An electronic form within a District-specified electronic health record (EHR) environment, along with a separate web-based accessible outside of that EHR system, that enables Medicaid providers to directly enter and submit data associated with prenatal screenings and assessments to the District’s OB/Prenatal Specialized Registry.
- Electronic Clinical Quality Measurement Tool and Dashboard: An electronic clinical quality measurement (eCQM) tool that aggregates and analyzes data captured through Continuity of Care Documents (CCDs) submitted by providers and hospitals to calculate their performance against quality measures and benchmarks for their empaneled patient population.
- Analytical Patient Population Dashboard: A population-level dashboard accessible by providers, hospitals and administrators for patient panel management.

The HIE tools currently under development will first be tested and used by the My Health GPS health home entities starting the fall of 2017 (described below). More information on health information exchange in the District is available at: <https://dhcf.dc.gov/page/health-information-exchange>.

#### *Health Homes’ Approach to Care Coordination*

As of 2017, the District has two health home programs. The first, initiated in 2016 and managed by the Department of Behavioral Health (DBH), is focused on beneficiaries with severe mental illness (“My DC Health Home”). The second, launched in the summer of 2017 and managed by DHCF, is focused on beneficiaries with three or more chronic conditions (“My Health GPS”). Both programs seek to provide patients with a central point of care coordination.

At present, there are eight (8) My DC Health Home and 12 My Health GPS provider entities. The My DC Health Home providers include Core Services Agencies (CSA) overseen by DBH. The My Health GPS providers include Federally-qualified Health Centers, community-based providers, and hospital-affiliated primary care clinics that are assigned a panel of eligible participants by DHCF. Providers for both programs are located throughout the District, with several providers in Wards 7 and 8.

The goals of DHCF's HH program for beneficiaries with chronic conditions are to:

- Improve the integration of medical and behavioral health, community supports and social services;
- Lower rates of avoidable emergency department (ED) use;
- Reduce preventable hospital admissions and re-admissions;
- Reduce healthcare costs;
- Improve the experience of care, quality of life and beneficiary satisfaction; and
- Improve health outcomes.

More information on the My DC Health Home is available at: <https://dhcf.dc.gov/page/health-homes-persons-severe-mental-illness-my-health-home>

More information on the My Health GPS program is available at: <https://dhcf.dc.gov/page/health-home-persons-multiple-chronic-conditions-my-health-gps>.

#### *Homeward DC and the Interagency Council on Homelessness*

Stable housing is out of reach for far too many District of Columbia residents, many of whom have lived in the District their entire lives and are finding themselves priced out of a rapidly gentrifying urban market. In addition to the over 5,000 households that experience literal homelessness on any given night in the District, thousands more are living in doubled-up and often unstable (if not unsafe) situations. More than 40,000 District residents are severely cost burdened, paying more than half of their monthly income for housing.

Homeward DC is the District's strategic plan to end long-term homelessness. As noted in the report, individuals experiencing homelessness in the District often have complex comorbidities that result in high total costs of care:

For individuals, the most significant costs related to homelessness typically lie outside of the homeless services system. Health care is the largest component of costs due to frequent and avoidable emergency room visits, inpatient hospitalization for medical or psychiatric care, sobering centers, and nursing homes... In addition to behavioral health issues, homeless individuals also suffer significantly from physical disabilities and chronic illnesses – at a rate three to six times higher than the general population. As seen in the District's data, this includes high rates of asthma, heart disease, kidney disease, diabetes, HIV/AIDS, and cancer. These individuals are frequent users of emergency medical services.  
(Pages 14-15)

More information on Homeward DC is available at:

<https://ich.dc.gov/page/homeward-dc-ich-strategic-plan-2015-2020>

Telehealth services represent a significant opportunity to alleviate barriers to care and reduce overall costs for the population experiencing homelessness. More information on the Interagency Council on Homelessness is available at [www.ich.dc.gov](http://www.ich.dc.gov).

### C) Key Dates and Information

RFA Release Date (Expected)	Monday, December 4, 2017
Pre-Application Meeting (Date)	Monday, December 11, 2017
Pre-Application Meeting (Time)	1:00 to 2:00 p.m.
Pre-Application Meeting (Location)	441 4 <sup>th</sup> St., NW 10 <sup>th</sup> Floor, Main Street Room 1028 Washington, DC 20001
Deadline to submit written questions	Wednesday, December 13, 2017
Questions should be submitted to	<a href="mailto:HealthIT@dc.gov">HealthIT@dc.gov</a>
Answers to questions available by	Monday, December 18, 2017
Answers will be available at	<a href="http://dhcf.dc.gov/page/health-information-technology-01">http://dhcf.dc.gov/page/health-information-technology-01</a>
Application Deadline Date	Friday, January 5, 2018
Application Deadline Time	By 4:00 p.m. Eastern
Award Announcement (Expected)	Thursday, February 15, 2018
Grant Start and End Dates	Award Date to September 30, 2018

### D) Program Benefits

Telemedicine services are designed to improve access to healthcare services, improve patient compliance with treatment plans, improve health outcomes through timely disease detection and treatment options; and increase capacity and choice for treatment in the District of Columbia's Medicaid program. This grant will support qualified organizations to develop and implement telehealth services in homeless shelters and/or public housing projects.

### E) Purpose of Program

The purpose of this program is to advance the development and implementation of telehealth services for residents in homeless shelters and/or public housing projects. The purpose of this RFA is to solicit applications from qualified organizations (see Section III) for selection as a grantee for the Shelters and Housing Projects Telehealth Development and Application Grants. The grant period will be the date of award to September 30, 2018.

### F) Available Funding

The total amount of funds available is up to one hundred and fifty thousand dollars (\$150,000.00). DHCF will award two (2) grants in the amount of \$75,000.00 each.

Please note, respondents to the RFA will be permitted to sub-grant some 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 that applications in response to this RFA are the only opportunity to request sub-grant funding for the services funded under this RFA.

## **Section II: Award Information**

DHCF announces the availability of grant funds for the Fiscal Year 2018 (FY 2018) for two (2) qualified applicants to build on the foundation of telehealth policy, health information exchange infrastructure, and practice networks of the District to facilitate the development and application of telehealth services to residents of homeless shelters and/or public housing projects.

For further information, please contact:

DaShawn Groves  
Health Care Reform and Innovation Administration  
Department of Health Care Finance  
441 4<sup>th</sup> St. NW, Suite 900S  
(202) 442-8956  
[dashawn.groves@dc.gov](mailto:dashawn.groves@dc.gov)

The total amount of funds available is up to \$150,000.00. DHCF will award two (2) grants in the amount of \$75,000.00 each.

## Section III: Eligibility Requirements

### A) Qualified Organization

Applicants must have the authority to enter into an agreement with DHCF and be in compliance with applicable District of Columbia laws and regulations. All applicants must be a registered organization in good standing with the DC Department of Consumer and Regulatory Affairs (DCRA), Corporation Division, the Office of Tax and Revenue (OTR), the Department of Employment Services (DOES), and the Internal Revenue Service (IRS), and demonstrate Clean Hands certification at the time of application.

Applicants must have a demonstrated record of: (1) providing services to District residents who have a history of homelessness or housing insecurity or live in public housing, and (2) providing health services to District residents. **Failure to meet these two requirements means the application is ineligible for further review and award.**

Applicants may demonstrate required experience and expertise by entering into agreements with sub grantees. Applicants who plan to sub-grant shall submit a sub-grantee plan as part of their response, including a signed letter of commitment from sub-grantees. All proposed sub-grantees must satisfy certification, insurance, and tax requirements, and must agree to be bound to all terms of the grant agreement executed by the grantee and the District in connection with this award.

### 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 printed on 8 ½ by 11-inch paper, double-spaced, double-sided, using 12-point type with a minimum of one inch margins, with all pages numbered.
3. The Certifications listed in **Attachments A** are signed and dated.
4. Application must be submitted in a sealed envelope. Sealed envelopes must be clearly identified by the organization name, RFA number, and project name using the DHCF

Receipt (See **Attachment D**). Unsealed and unidentified applications will not be accepted.

5. The applicant shall submit five (5) hard-copies of their proposal and one (1) electronic copy submitted on a flash drive or CD. Of the five (5) hard copies, one (1) copy must be stamped “original.” The electronic copy must be submitted in .PDF format.
6. The application must be submitted no later than 4:00 p.m., Eastern time by the deadline date of January 5, 2018 to DHCF c/o DaShawn Groves, 441 4<sup>th</sup> St. NW, Washington, DC 20001 at the 9<sup>th</sup> Floor Reception Desk.

### **C) Privacy and Security**

Grantee shall ensure all initiatives are developed 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)[Information Access Management].

### **D) Insurance**

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

### **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 (See **Attachment B**) 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.
2. The Applicant shall comply, where applicable, with any District licensing requirements.

## **F) 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. 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. 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.
5. If any response to the disclosures referenced at F.4. 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.
6. 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;

7. 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;
8. 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;
9. 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;
10. 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;
11. 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;
12. 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;
13. That the applicant has a satisfactory record of integrity and business ethics;
14. 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;

15. That the applicant is in compliance with the applicable District licensing and tax laws and regulations;
16. That the applicant complies with provisions of the Drug-Free Workplace Act;
17. That the applicant has necessary resources to comply with the District of Columbia Language Access Act of 2009.
18. That the applicant meets all other qualifications and eligibility criteria necessary to receive an award under applicable laws and regulations; and
19. 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.

#### **G) Certificate of Good Standing**

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

#### **H) 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. DHCF shall provide the citations to the statute and implementing regulations that authorize the grant or subgrant including all applicable federal and District regulations.
8. DHCF shall describe payment provisions identifying how the grantee will be paid for performing under the award; reporting requirements, including programmatic, financial and any special reports required by the granting Department; and compliance conditions that must be met by the grantee.
9. 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.
10. 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.
11. Awardee will be required to participate in any DHCF-sponsored training related to this award.

## **Section IV: Application and Submission Information**

### **A) Pre-Application Conference**

A pre-application conference is scheduled for:

Monday, January 11, 2017 from 1:00 – 2:00 PM ET  
Department of Health Care Finance  
441 4<sup>th</sup> St. NW,  
10<sup>th</sup> Floor, Main Street Conference Room, #1028  
Washington, DC 20001

### **B) Application Delivery**

The applicant shall submit five (5) hard-copies of their proposal and one (1) electronic copy submitted on a flash drive or CD. Of the five (5) hard copies, one (1) copy must be stamped “original.” The electronic copy must be submitted in .PDF format.

The application must be submitted no later than 4:00 p.m., Eastern time by the deadline date of January 5, 2017 to DHCF c/o DaShawn Groves, 441 4<sup>th</sup> St. NW, Washington, DC 20001 at the 9<sup>th</sup> Floor Reception Desk.

Applications must be submitted in person and must be submitted in their entirety, including any supplemental documents as indicated in Section IV.C. Applicants will not be allowed to assemble application material on the premises of DHCF. All applicants will be provided with a hard copy receipt.

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**

#### **1. Proposal Format and Content**

- a. Table of Contents
- b. Program Narrative
- c. Grant, Fiscal and Financial Management
- d. Program Reporting
- e. Applicant Qualifications
- f. Proposed Budget and Budget Justification
- g. Appendices
  - Appendix 1: Proposed Organizational Chart

- Appendix 2: Proposed staff resumes
- Appendix 3: Proposed staff job descriptions
- Appendix 4: District of Columbia Business License
- Appendix 5: Certificate of Good Standing
- Appendix 6: Completed W-9 Form
- Appendix 7: List of District Grants (FY16 and 17)
- Appendix 8: Completed Automated Clearing House Form

## 2. Program Narrative

The narrative section (limited to 10 pages) should describe the applicant's approach to development and application of telehealth services in homeless shelters and/or public housing projects. Specifically, the narrative must:

- a. Describe the specific problem(s) or issue(s) that the proposed telehealth services program will address or alleviate;
- b. Describe the proposed telehealth services program in detail including a description of anticipated expenditures under this award;
- c. Describe the intended impact of the program;
- d. Describe how the proposed program will impact one or more DC Healthy People 2020 goal(s);
  - The DC Healthy People 2020 plan can be accessed at:  
[https://doh.dc.gov/sites/default/files/dc/sites/doh/publication/attachments/FINAL\\_DC\\_HP2020\\_Framework\\_Report\\_5-23-16.pdf](https://doh.dc.gov/sites/default/files/dc/sites/doh/publication/attachments/FINAL_DC_HP2020_Framework_Report_5-23-16.pdf)
- e. Describe how the proposed program will address a health system area of need outlined in the District Health System Plan;
  - The DC Health System Plan can be accessed at:  
[https://doh.dc.gov/sites/default/files/dc/sites/doh/publication/attachments/DC\\_Health\\_Systems\\_Plan\\_2017\\_0.pdf](https://doh.dc.gov/sites/default/files/dc/sites/doh/publication/attachments/DC_Health_Systems_Plan_2017_0.pdf)
- f. Describe how the proposed program will impact the pillars or enablers listed in the State Health Innovation Plan;
  - The DC State Health Innovation Plan can be accessed at:  
<https://dhcf.dc.gov/innovation>
- g. Describe how the proposed program will address one of the key strategies in the Homeward DC Strategic Plan;
  - The Homeward DC Strategic Plan can be accessed at:  
<https://ich.dc.gov/page/homeward-dc-ich-strategic-plan-2015-2020>
- h. 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;

- i. Describe any 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 the sub-grantees qualifications and why they are necessary for the success of the proposed initiatives;
- j. Describe the proposed telehealth program's integration with existing or ongoing DHCF initiatives such as health homes, health information exchange initiatives, and telemedicine reimbursement policies
- k. Describe the anticipated sustainability of the program beyond the period of performance of this grant.

### **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.

Appendix 7 of your proposal shall include a list of any grants received in FY16 and FY17 and/or any expected grants to be received in FY18 from the District Government. This list shall state the District Government entity providing the grant, description of the scope of work (SOW), the total grant amount, and the timeframe for the grant.

### **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, as identified in Section C.2 above. Specify what measures will be reported on, including any clinical outcomes measures for patients, 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. DHCF does not intend for reporting requirements to be overly burdensome.

### **5. Applicant Qualifications**

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

- a. The applicant's record of providing services to District residents, utilize homeless shelters and/or reside in public housing projects.

- b. The organization's specific involvement and roles in the District's health system, including the applicant's record of providing health services to District residents.
- c. Discuss the applicant's history, experience, and/or knowledge related to telehealth services and the corresponding initiatives proposed in your response.
- d. The applicant's operational readiness and capabilities to develop and apply telehealth services in homeless shelters and/or public housing projects in a short timeframe.

**6. Program Budget and Narrative 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.

**D) Funding Restrictions**

Any award associated with this RFA is limited to the availability of the District local appropriation for Fiscal Year 2018.

## Section V: Application and Review Information

### A) Criteria

All applicants for this RFA will be objectively reviewed and scored against four criteria:

#### **Criteria 1: Organizational Structure and Project Leadership (Total of 20 Points)**

- a. The applicant provides a description of all staff and/or positions to be used to perform the work under the RFA; resumes of key staff proposed and job descriptions for any key positions proposed; and an organizational chart, including any potential sub-grantees, showing clear lines of authority and responsibility. The applicant provides a clear discussion of how the organizational structure supports the objectives under this RFA. *(5 Points)*
- b. The applicant provides a staffing plan that outlines staff and subcontractors being offered to perform the tasks, indicating level of effort as well as duties and responsibilities in relation to the SOW. The staffing plan shall include the timeframes for commitment of each staff person to this project and a description of how the applicant's staff and subcontractors will be organized and supervised to meet all RFA requirements. *(5 Points)*
- c. The applicant's proposed staff has demonstrated previous experience with similar work as is being proposed and an expert level of knowledge on health system, telehealth services, practice transformation and project management. *(10 Points)*

#### **Criteria 2: Process, Plans, Operational Readiness and Capacity (Total of 25 Points)**

- a. The applicant describes the organization's history, experience, and/or knowledge that would support their ability to meet all RFA requirements. Specifically, applicants are asked to describe their experience with and/or knowledge of:
  - telehealth services or health services provided to District residents. *(5 Points)*
  - individuals with a history of homelessness, and/or residents in homeless shelters or public housing projects. *(5 Points)*
- b. The applicant demonstrates the operational readiness to implement the initiative on an expedited timeline and to achieve measurable results by the end of the period of performance, including a record of providing health services in homeless shelters and/or public housing projects. *(10 Points)*

- c. The applicant demonstrates their methodology and capacity to collect baseline and ongoing data to report on measures proposed in the Program Narrative. (5 Points)

**Criteria 3: Potential for Impact and Alignment with District Health Priorities (Total of 35 Points)**

- a. The applicant demonstrates potential impact of the program on residents of homeless shelters and/or public housing projects (15 Points).
- b. The applicant demonstrates an understanding of ongoing District health priorities and aligns proposed telehealth activities with the goals of DC Healthy People 2020, the DC Health System Plan, and the State Health Innovation Plan. (15 Points)
- c. The applicant demonstrates an understanding of ongoing DHCF priorities and programs and aligns proposed telehealth activities with DHCF initiatives including value-based purchasing programs such as My Health GPS, health information exchange tools, and telehealth reimbursement policy. (5 Points)

**Criteria 4: Fiscal Management and Sustainability (Total of 20 Points)**

- a. 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. (10 Points)
- b. The applicant presents a reasonable plan for the long-term financial sustainability of the initiative. (10 points)

**B) Review and Selection Process**

All applications that are complete and meet the eligibility and administrative criteria listed in Section III will be reviewed and scored by a panel of internal and/or external reviewers who are neutral, qualified, professionals selected by the DHCF Office of the Director for their unique expertise in health information technology, health information exchange, telehealth, housing insecurity, homelessness, privacy and security, evaluation, or Medicaid. The panel will review, score, and rank each applicant's proposal based on the criteria outlined in the RFA. Scoring and the recommendations of the review panel are advisory.

Applications will be scored according to the evaluation criteria listed above. The results of the evaluation for each application submitted will be classified into one of four categories below:

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

The individual scores of the review panel will be averaged and assigned a classification equivalent to the point range of the averaged scores. 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.

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, they shall provide written justification as required by District regulations.

**C) Anticipated Announcement and Award Dates**

The anticipated announcement date is February 15, 2018. The anticipated date of award is February 15, 2018.

## Section VI: Award Information

### A) Award Notices

DHCF will provide the successful applicants with a Notice of Grant Award (NOGA). The NOGA shall be signed and returned to DHCF within 10 business days. Unsuccessful applications will be notified in writing. Grant proceeds will only be paid after receipt of the signed NOGA and release.

### 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 will be submitted to DHCF 30-days after award.

### C) Reporting

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

Grantees will be required to submit a final programmatic report within 30 days of the end of the period of performance or end of the grant. The final report will include a review of the initiative, work conducted by the grantee (and subgrantees), 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.

### 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 (See **Attachment C**).

## Section VII: DC Agency Contacts

For additional information regarding this RFA, please contact DaShawn Groves, Health Care Reform & Innovation Administration via email at HealthIT@dc.gov or by phone at (202) 442-8956.

## Section VII: Attachments

### A) Certifications

**GOVERNMENT OF THE DISTRICT OF COLUMBIA  
DEPARTMENT OF HEALTH CARE FINANCE (DHCF)**



#### Statement of Certification

- A. Applicant/Grantee has provided the individuals, by name, title, address, and phone number who are authorized to negotiate with the Agency on behalf of the organization; (attach)
- B. Applicant/Grantee is able to maintain adequate files and records and can and will meet all reporting requirements;
- C. 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;
- D. Applicant/Grantee 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 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; (attach)
- E. Applicant/Grantee has the demonstrated administrative and financial capability to provide and manage the proposed services and ensure an adequate administrative, performance and audit trail;
- F. That, if required by the grant making Agency, the Applicant/Grantee 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;
- G. That the Applicant/Grantee 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 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;
- H. That the Applicant/Grantee 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;

- I. That the Applicant/Grantee 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;
- J. That the Applicant/Grantee has a satisfactory record of 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/Grantee has otherwise established that it has the skills and resources necessary to perform the grant. In this connection, Agencies may report their experience with an Applicant/Grantee's performance to OPGS which shall collect such reports and make the same available on its intranet website.
- K. That the Applicant/Grantee has a satisfactory record of integrity and business ethics;
- L. That the Applicant/Grantee has the necessary organization, experience, accounting and operational controls, and technical skills to implement the grant, or the ability to obtain them;
- M. That the Applicant/Grantee is in compliance with the applicable District licensing and tax laws and regulations;
- N. That the Applicant/Grantee complies with provisions of the Drug-Free Workplace Act; and
- O. That the Applicant/Grantee meets all other qualifications and eligibility criteria necessary to receive an award under applicable laws and regulations.
- P. That 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.

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As the duly authorized representative of the Applicant/Grantee, I hereby certify that the Applicant/Grantee will comply with the above certifications.

\_\_\_\_\_  
**Applicant/Grantee Name**

\_\_\_\_\_  
**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Street Address**

\_\_\_\_\_  
**RFA Number**

\_\_\_\_\_  
**Applicant IRS Number**

**Signature:** \_\_\_\_\_  
**Name and Title of Authorized Representative**

**Date:** \_\_\_\_\_

B) W-9 Form

<p>Form <b>W-9</b> (Rev. August 2013) Department of the Treasury Internal Revenue Service</p>	<p><b>Request for Taxpayer Identification Number and Certification</b></p>	<p><b>Give Form to the requester. Do not send to the IRS.</b></p>					
<p>Print or type See Specific Instructions on page 3</p>	Name (as shown on your income tax return)						
	Business name/disregarded entity name, if different from above						
	<p>Check appropriate box for federal tax classification:</p> <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) <b>▶</b> _____ <input type="checkbox"/> Other (see instructions) <b>▶</b> _____		<p>Exemptions (see instructions):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from FATCA reporting code (if any) _____</p>				
	Address (number, street, and apt. or suite no.)		Requestor's name and address (optional)				
	City, state, and ZIP code						
List account number(s) here (optional)							
<p><b>Part I Taxpayer Identification Number (TIN)</b></p> <p>Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I Instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a TIN</i> on page 3.</p> <p><b>Note.</b> If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.</p>							
		<p>Social security number</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%; text-align: center;">[ ] [ ] [ ] [ ]</td> <td style="width:5%; text-align: center;">-</td> <td style="width:25%; text-align: center;">[ ] [ ] [ ] [ ]</td> <td style="width:5%; text-align: center;">-</td> <td style="width:40%; text-align: center;">[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]</td> </tr> </table>	[ ] [ ] [ ] [ ]	-	[ ] [ ] [ ] [ ]	-	[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
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<p><b>Part II Certification</b></p> <p>Under penalties of perjury, I certify that:</p> <ol style="list-style-type: none"> <li>The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and</li> <li>I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and</li> <li>I am a U.S. citizen or other U.S. person (defined below), and</li> <li>The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.</li> </ol> <p><b>Certification instructions.</b> You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the Instructions on page 3.</p>							
<p><b>Sign Here</b></p>	<p>Signature of U.S. person <b>▶</b> _____</p> <p>Date <b>▶</b> _____</p>						
<p><b>General Instructions</b></p> <p>Section references are to the Internal Revenue Code unless otherwise noted.</p> <p><b>Future developments.</b> The IRS has created a page on <a href="http://irs.gov">irs.gov</a> for information about Form W-9, at <a href="http://www.irs.gov/w9">www.irs.gov/w9</a>. Information about any future developments affecting Form W-9 (such as legislation enacted after we release it) will be posted on that page.</p> <p><b>Purpose of Form</b></p> <p>A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, payments made to you in settlement of payment card and third party network transactions, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.</p> <p>Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:</p> <ol style="list-style-type: none"> <li>1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),</li> <li>2. Certify that you are not subject to backup withholding, or</li> <li>3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and</li> </ol> <p><b>4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct.</b></p> <p><b>Note.</b> If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.</p> <p><b>Definition of a U.S. person.</b> For federal tax purposes, you are considered a U.S. person if you are:</p> <ul style="list-style-type: none"> <li>• An individual who is a U.S. citizen or U.S. resident alien,</li> <li>• A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,</li> <li>• An estate (other than a foreign estate), or</li> <li>• A domestic trust (as defined in Regulations section 301.7701-7).</li> </ul> <p><b>Special rules for partnerships.</b> Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases, where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.</p>							

In the cases below, the following person must give Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States:

- In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the entity.
- In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the trust, and
- In the case of a U.S. trust (other than a grantor trust), the U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

**Foreign person.** If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person, do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Publication 515, *Withholding of Tax on Nonresident Aliens and Foreign Entities*).

**Nonresident alien who becomes a resident alien.** Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following two items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

**Example.** Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity, give the requester the appropriate completed Form W-8 or Form 8233.

**What is backup withholding?** Persons making certain payments to you must under certain conditions withhold and pay to the IRS a percentage of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, payments made in settlement of payment card and third party network transactions, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

#### Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester.
2. You do not certify your TIN when required (see the Part II instructions on page 3 for details).
3. The IRS tells the requester that you furnished an incorrect TIN.
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or
5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See *Exempt payee code* on page 3 and the separate instructions for the Requester of Form W-9 for more information.

Also see *Special rules for partnerships* on page 1.

**What is FATCA reporting?** The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all United States account holders that are specified United States persons. Certain payees are exempt from FATCA reporting. See *Exemption from FATCA reporting code* on page 3 and the instructions for the Requester of Form W-9 for more information.

## Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account, for example, if the grantor of a grantor trust dies.

## Penalties

**Failure to furnish TIN.** If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

**Civil penalty for false information with respect to withholding.** If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

**Criminal penalty for falsifying information.** Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

**Misuse of TINs.** If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

## Specific Instructions

### Name

If you are an individual, you must generally enter the name shown on your income tax return. However, if you have changed your last name, for instance, due to marriage without informing the Social Security Administration of the name change, enter your first name, the last name shown on your social security card, and your new last name.

If the account is in joint names, list first, and then circle, the name of the person or entity whose number you entered in Part I of the form.

**Sole proprietor.** Enter your individual name as shown on your income tax return on the "Name" line. You may enter your business, trade, or "doing business as (DBA)" name on the "Business name/disregarded entity name" line.

**Partnership, C Corporation, or S Corporation.** Enter the entity's name on the "Name" line and any business, trade, or "doing business as (DBA) name" on the "Business name/disregarded entity name" line.

**Disregarded entity.** For U.S. federal tax purposes, an entity that is disregarded as an entity separate from its owner is treated as a "disregarded entity." See Regulation section 301.7701-2(p)(2)(ii). Enter the owner's name on the "Name" line. The name of the entity entered on the "Name" line should never be a disregarded entity. The name on the "Name" line must be the name shown on the income tax return on which the income should be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner's name is required to be provided on the "Name" line. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on the "Business name/disregarded entity name" line. If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.

**Note.** Check the appropriate box for the U.S. federal tax classification of the person whose name is entered on the "Name" line (individual/sole proprietor, Partnership, C Corporation, S Corporation, Trust/estate).

**Limited Liability Company (LLC).** If the person identified on the "Name" line is an LLC, check the "Limited liability company" box only and enter the appropriate code for the U.S. federal tax classification in the space provided. If you are an LLC that is treated as a partnership for U.S. federal tax purposes, enter "P" for partnership. If you are an LLC that has filed a Form 8832 or a Form 2553 to be taxed as a corporation, enter "C" for C corporation or "S" for S corporation, as appropriate. If you are an LLC that is disregarded as an entity separate from its owner under Regulation section 301.7701-3 (except for employment and excise tax), do not check the LLC box unless the owner of the LLC (required to be identified on the "Name" line) is another LLC that is not disregarded for U.S. federal tax purposes. If the LLC is disregarded as an entity separate from its owner, enter the appropriate tax classification of the owner identified on the "Name" line.

**Other entities.** Enter your business name as shown on required U.S. federal tax documents on the "Name" line. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on the "Business name/disregarded entity name" line.

## Exemptions

If you are exempt from backup withholding and/or FATCA reporting, enter in the Exemptions box, any code(s) that may apply to you. See *Exempt payee code* and *Exemption from FATCA reporting code* on page 3.

**Exempt payee code.** Generally, individuals (including sole proprietors) are not exempt from backup withholding. Corporations are exempt from backup withholding for certain payments, such as interest and dividends. Corporations are not exempt from backup withholding for payments made in settlement of payment card or third party network transactions.

**Notes.** If you are exempt from backup withholding, you should still complete this form to avoid possible erroneous backup withholding.

The following codes identify payees that are exempt from backup withholding:

- 1—An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2)
- 2—The United States or any of its agencies or instrumentalities
- 3—A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities
- 4—A foreign government or any of its political subdivisions, agencies, or instrumentalities
- 5—A corporation
- 6—A dealer in securities or commodities required to register in the United States, the District of Columbia, or a possession of the United States
- 7—A futures commission merchant registered with the Commodity Futures Trading Commission
- 8—A real estate investment trust
- 9—An entity registered at all times during the tax year under the Investment Company Act of 1940
- 10—A common trust fund operated by a bank under section 584(a)
- 11—A financial institution
- 12—A middleman known in the investment community as a nominee or custodian
- 13—A trust exempt from tax under section 664 or described in section 4947

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 13.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt payees except for 7
Broker transactions	Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012.
Barter exchange transactions and patronage dividends	Exempt payees 1 through 4
Payments over \$600 required to be reported and direct sales over \$5,000 <sup>1</sup>	Generally, exempt payees 1 through 6 <sup>2</sup>
Payments made in settlement of payment card or third party network transactions	Exempt payees 1 through 4

<sup>1</sup> See Form 1099-MISC, Miscellaneous Income, and its Instructions.

<sup>2</sup> However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney, and payments for services paid by a federal executive agency.

**Exemption from FATCA reporting code.** The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements.

- A—An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)
- B—The United States or any of its agencies or instrumentalities
- C—A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities
- D—A corporation the stock of which is regularly traded on one or more established securities markets, as described in Reg. section 1.1472-1(e)(1)(i)
- E—A corporation that is a member of the same expanded affiliated group as a corporation described in Reg. section 1.1472-1(e)(1)(i)
- F—A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state

- G—A real estate investment trust
- H—A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940
- I—A common trust fund as defined in section 584(a)
- J—A bank as defined in section 581
- K—A broker
- L—A trust exempt from tax under section 664 or described in section 4947(a)(1)
- M—A tax exempt trust under a section 403(b) plan or section 457(g) plan

**Part I. Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are a single-member LLC that is disregarded as an entity separate from its owner (see *Limited Liability Company (LLC)* on page 2), enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

**Notes.** See the chart on page 4 for further clarification of name and TIN combinations.

**How to get a TIN.** If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local Social Security Administration office or get the form online at [www.ssa.gov](http://www.ssa.gov). You may also get this form by calling 1-800-775-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at [www.irs.gov/businesses](http://www.irs.gov/businesses) and clicking on Employer Identification Number (EIN) under Starting a Business. You can get Forms W-7 and SS-4 from the IRS by visiting [irs.gov](http://irs.gov) or by calling 1-800-TAX-FORM (1-800-829-5676).

If you are asked to complete Form W-9 but do not have a TIN, apply for a TIN and write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

**Notes.** Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

**Caution:** A disregarded U.S. entity that has a foreign owner must use the appropriate Form W-8.

**Part II. Certification**

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if items 1, 4, or 5 below indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on the "Name" line must sign. Exempt payees, see Exempt payee code earlier.

**Signature requirements.** Complete the certification as indicated in items 1 through 5 below.

1. **Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983.** You must give your correct TIN, but you do not have to sign the certification.
2. **Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983.** You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.
3. **Real estate transactions.** You must sign the certification. You may cross out item 2 of the certification.
4. **Other payments.** You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments made in settlement of payment card and third party network transactions, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).
5. **Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions.** You must give your correct TIN, but you do not have to sign the certification.

**What Name and Number To Give the Requester**

For this type of account:	Give name and SSN or:
1. Individual	The individual
2. Two or more individuals (joint account)	The actual owner of the account or, if combined funds, the first individual on the account <sup>1</sup>
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor <sup>2</sup>
4. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee <sup>3</sup>
b. So-called trust account that is not a legal or valid trust under state law	The actual owner <sup>1</sup>
5. Sole proprietorship or disregarded entity owned by an individual	The owner <sup>4</sup>
6. Grantor trust filing under Optional Form 1066 Filing Method 1 (see Regulation section 1.671-4(b)(2)(i)(A))	The grantor <sup>4</sup>
For this type of account:	Give name and EIN or:
7. Disregarded entity not owned by an individual	The owner
8. A valid trust, estate, or pension trust	Legal entity <sup>4</sup>
9. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
10. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
11. Partnership or multi-member LLC	The partnership
12. A broker or registered nominee	The broker or nominee
13. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity
14. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1066 Filing Method 2 (see Regulation section 1.671-4(b)(2)(i)(B))	The trust

<sup>1</sup> List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.  
<sup>2</sup> Circle the minor's name and furnish the minor's SSN.  
<sup>3</sup> You must show your individual name and you may also enter your business or "DBA" name on the "Business name/disregarded entity" name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.  
<sup>4</sup> List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see Special rules for partnerships on page 1.  
 \*Note. Grantor also must provide a Form W-9 to trustee of trust.

Note. If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

**Secure Your Tax Records from Identity Theft**

Identity theft occurs when someone uses your personal information such as your name, social security number (SSN), or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

- To reduce your risk:
- Protect your SSN.
  - Ensure your employer is protecting your SSN, and
  - Be careful when choosing a tax preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit Form 14069.

For more information, see Publication 4535, Identity Theft Prevention and Victim Assistance.

Victims of identity theft who are experiencing economic harm or a system problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4069.

Protect yourself from suspicious emails or phishing schemes. Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via email. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to [phishing@irs.gov](mailto:phishing@irs.gov). You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration at 1-800-368-4484. You can forward suspicious emails to the Federal Trade Commission at [spam@ftc.gov](mailto:spam@ftc.gov) or contact them at [www.ftc.gov/idtheft](http://www.ftc.gov/idtheft) or 1-877-IDTHEFT (1-877-438-4338).

Visit [IRS.gov](http://IRS.gov) to learn more about identity theft and how to reduce your risk.

**Privacy Act Notice**

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.

C) Automated Clearing House Form

For agency use only:  
 PASS-generated VM# \_\_\_\_\_

### ACH VENDOR PAYMENT ENROLLMENT FORM

#### Section A

New Form       Correction/Change       Cancellation

Vendor/Payee/Company Information	
Vendor Name*	EIN or SSN*
Vendor Number*	
Address*	
Vendor Contact Name*	Vendor Contact Phone Number*
	Alternative Phone Number

\*Required

I (we) hereby authorize the District of Columbia to initiate credit entries to my (our) account. If funds to which I am not entitled to are deposited to my account, I (we) authorize the District of Columbia to direct the financial institution to return said funds. This authorization is to remain in effect until the District of Columbia receives written notification of revocation.

Name & Title of Authorizing Official for Vendor \_\_\_\_\_  
(Please type or print)

Signature of Authorizing Company Official for Vendor \_\_\_\_\_

Date \_\_\_\_\_

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#### Section B

*Payments should be made to the depository account named below*

Bank/Financial Institution Information (to be reviewed and signed by Vendor's Financial Institution)	
Bank/Financial Institution Name	Account Title
Branch Address	Phone Number
9-digit Transit Routing Number	Account Number
Bank's ACH Coordinator	Telephone Number
Type of Account	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
Signature & Title of Banking Official	_____
Print Name & Title	_____

**Notice: All vendors must have a W-9 on file with the District of Columbia**

ACH Enrollment Form      District of Columbia Office of Finance & Treasury      MAY 2008

D) DHCF RFA Receipt

GOVERNMENT OF THE DISTRICT OF COLUMBIA  
DEPARTMENT OF HEALTH CARE FINANCE (DHCF)



**Application Receipt**

RFA Title: Shelters and Public Housing Telehealth Development and Application

RFA# DHCF-Telehealth-2017-B

***\*\*ATTACH TWO (2) COPIES OF THIS RECEIPT TO THE OUTSIDE OF THE ENVELOPE\*\****

The DC Department of Health Care Finance is in receipt of:

(Contact Name)

(Organization Name)

(Address, City, State, Zip Code)

(Telephone/Email)

[DHCF USE ONLY]

Date Received: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Time Received: \_\_\_\_\_

# of Copies Received: \_\_\_\_\_

Received by: \_\_\_\_\_