

**REQUEST FOR APPLICATIONS**

**Improving Patient-Centered Cancer Care for Medicaid Beneficiaries**

Open Date: May 31, 2019

Close Date: July 1, 2019 at 4 p.m. Eastern



Department of Health Care Finance

441 4th St. NW, Suite 900S

Washington, DC 20001

TEL: (202) 442-5988

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

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# Section I: Funding Opportunity Description

## Overview

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 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 Children’s Health Insurance Program (CHIP) and Immigrant Children’s Program (ICP). DHCF also administers the locally-funded Healthcare Alliance Program (Alliance). Through these programs, DHCF provides health insurance coverage for 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.

The Department of Health Care Finance (DHCF) will award two competitive grants in an amount not to exceed $50,000 each to health care providers with expertise and staff capacity in medical oncology, particularly prostate and gynecologic cancers, that focus on patient screening, treatment planning, and care coordination, to defray the capital and equipment costs associated with the provision of additional oncological services in Wards 7 and 8. Specifically, these grants will support peer navigation programs to improve the receipt of cancer diagnostic and treatment services among Medicaid and Medicaid-eligible beneficiaries in Wards 7 and 8.

## Background

Cancer is the second leading cause of death in the District of Columbia. The most prevalent cancers in the District include prostate, breast, lung, and colon, with the incidence of prostate, breast, and colon being higher than the national average. Disparities in cancer between White and African American residents of the District are wider than those nationwide, with African Americans much more likely to be diagnosed with and die from cancer than Whites.[[1]](#footnote-2) The District also faces geographic disparities in cancer outcomes, with residents of Wards 7 and 8 having among the highest rates of death due to cancer in the city.[[2]](#footnote-3)

A persistent challenge in improving cancer outcomes among DC residents involves ensuring that patients screened for and diagnosed with cancer are able to receive necessary treatment. According to a DHCF analysis of Medicaid claims data, In FY2017 and FY2018 just under half (47%) of all DC Medicaid beneficiaries diagnosed with any type of cancer received necessary treatment. In addition, among beneficiaries diagnosed with cancer, about 1 in 5 beneficiaries have been diagnosed with some form of metastasis. Some of the most common types of cancer diagnosed among District Medicaid beneficiaries—including breast cancer, lymphoma, thyroid, and cancers of the female reproductive system—have a good prognosis when detected and treated early. However, the prognosis among DC Medicaid beneficiaries is likely negatively impacted given the low numbers of beneficiaries seeking treatment after having been diagnosed with cancer. These findings are indicative of potential gaps in care in diagnosing and treating cancer.

According to the 2017 DC Health Systems Plan, the challenges that the District’s most disadvantaged residents face when trying to access care may be less related to sufficient health system capacity and more related to social, cultural, and economic factors that impede access to or participation in health care. Socioeconomic barriers—such as lack of transportation or child care—and linguistic or cultural barriers play a critical role in whether residents are able to access and participate in care. As one potential means of addressing such challenges, incorporating peer navigators or community health workers into the health care delivery team is a promising strategy to bridge social and cultural barriers to accessing care, and to promote active participation in health care for high-risk populations. Peer navigators have been utilized in cancer care to assist with connecting patients to health care providers and to community resources, have shown promise in increasing cancer screening rates, and in improving adherence to recommended follow up care.[[3]](#footnote-4)

## Program Description

This grant award will support health care providers to initiate or enhance a peer navigation program to improve access to cancer diagnostic and treatment services for Medicaid and Medicaid-eligible beneficiaries in Wards 7 and 8, with the goals of:

* Improving receipt of diagnostic procedures after a positive screening test;
* Improving entry into cancer treatment after diagnosis; or
* Improving participation in and completion of recommended cancer treatment.

A “peer navigator” is defined as a health educator capable of linking beneficiaries with the health and social services they need to achieve wellness, who has either completed at least forty (40) hours of training in, or has at least six (6) months of experience in, community health.[[4]](#footnote-5)

Applicants should propose a health care delivery and supportive services model that incorporates peer navigators and that addresses known barriers to utilization of cancer diagnostic and treatment services among Medicaid and Medicaid-eligible beneficiaries in Wards 7 and 8. Proposals should address the following areas:

* Define the Medicaid or Medicaid-eligible population being targeted, including type of cancer to be targeted, and estimated population size. Efforts should be primarily targeted to individuals who have had a positive screening test for cancer.
* Target the intervention to improve one of the following areas:
	+ Receipt of diagnostic procedures after a positive screening test;
	+ Entry into cancer treatment after diagnosis; or
	+ Participation in and completion of recommended cancer treatment.
* Describe the peer navigation model—including number of navigators involved, training/curriculum, financial incentives, etc.—and describe in detail the role of peer navigators in the care model workflow, including interaction with beneficiaries, health care providers, and community-based organizations.
* Describe means of obtaining patient input and feedback on program design, implementation, and efficacy throughout the intervention in order to address barriers to participation in cancer treatment.
* Demonstrate how program actively coordinates with health care providers or includes peer navigators as part of a team-based health care model.
* Describe coordination with community-based services to connect patients to social supports and address unmet social needs (e.g., transportation, housing, food insecurity, child care) that may impede access to cancer treatment.

## Key Dates and Information

|  |  |
| --- | --- |
| RFA release | Friday, May 31, 2019 |
| Pre-application meeting  | Wednesday, June 5, 20193 – 4 p.m.441 4th St., NW10th Floor, Main Street Room 1028Washington, DC 20001 |
| Deadline to submit written questions to pamela.riley2@dc.gov  | Wednesday, June 12, 2019 |
| Answers to questions available at https://dhcf.dc.gov/page/dhcf-grant-opportunities  | Wednesday, June 19, 2019 |
| Application due | Monday, July 1, 2019By 4:00 p.m. Eastern  |
| Award announcement (expected) | July 22, 2019 |
| Grant start and end dates | Award date to September 30, 2019 |

# Section II: Award Information

The total amount of funds available is up to $100,000.00. DHCF will award two (2) grants in the amount of up to $50,000.00 each. The grant period will be the date of award to September 30, 2019.

# Section III: Eligibility Information

## 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 will be disqualified if any participating organization or any proposed staff have pending investigations, exclusions, suspensions, or debarment from any federal or DC health care program or any overpayment from DHCF.

## 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 RFA 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 July 1, 2019 to DHCF c/o Dr. Pamela Riley, 441 4th St. NW, Washington, DC 20001 at the 9th Floor Reception Desk.

## Privacy and Security

Grantee shall ensure all initiatives are built 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].

## Insurance

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

## Compliance with Tax Obligations

Prior to execution of a grant agreement as a result of this RFA, a recipient must be in compliance with tax laws and regulations.

1. The Applicant must submit a current completed W-9 form prepared for the U.S. Internal Revenue Service (IRS). DHCF defines “current” to mean that the document was completed within the same calendar year as that of the application date. Fillable W-9 forms can be found on the IRS website: <https://www.irs.gov/pub/irs-pdf/fw9.pdf>.
2. The Applicant shall comply, where applicable, with any District licensing requirements.

## Statement of Certification

Applicant shall submit a Statement of Certification (see **Attachment A**), signed by the duly authorized officer of the applicant organization, the truth of which is sworn or attested to by the applicant, which states:

1. That the applicant has provided the individuals, by name, title, address, and phone number who are authorized to negotiate with the Department on behalf of the organization;
2. That the applicant is able to maintain adequate files and records and can and will meet all reporting requirements;
3. That all fiscal records are kept in accordance with Generally Accepted Accounting Principles (GAAP) and account for all funds, tangible assets, revenue, and expenditures whatsoever; that all fiscal records are accurate, complete and current at all times; and that these records will be made available for audit and inspection as required;
4. That all costs incurred under this grant shall be in accordance with 2 CFR 200, “Uniform Requirements, Cost Principles, and Audit Requirements for Federal Awards”;
5. Whether the applicant, or where applicable, any of its officers, partners, principles, members, associates or key employees, within the last three (3) years prior to the date of the application, has:
	1. Been indicted or had charges brought against them (if still pending) and/or been convicted of:
		1. Any crime or offense arising directly or indirectly from the conduct of the applicant’s organization, or
		2. Any crime or offense involving financial misconduct or fraud; or
	2. Been the subject of legal proceedings arising directly from the provision of services by the organization.
6. If any response to the disclosures referenced at (E.) is in the affirmative, the applicant shall fully describe such indictments, charges, convictions, or legal proceedings (and the status and disposition thereof) and surrounding circumstances in writing and provide documentation of the circumstances;
7. That the applicant is in compliance with requirements set forth in D.C. Official Code § 1-328.15;
8. That the applicant is current on payment of all federal and District taxes, including Unemployment Insurance taxes and Workers’ Compensation premiums. This statement of certification shall be accompanied by a certificate from the District of Columbia Office of Tax and Revenue (OTR) stating that the entity has complied with the filing requirements of District of Columbia tax laws and has paid taxes due to the District of Columbia, or is in compliance with any payment agreement with OTR;
9. That the applicant has the demonstrated administrative and financial capability to provide and manage the proposed services and ensure an adequate administrative, performance, and audit trail;
10. That, if required by the Department, the applicant is able to secure a bond, in an amount not less than the total amount of the funds awarded, against losses of money and other property caused by fraudulent or dishonest act committed by any employee, board member, officer, partner, shareholder, or trainee;
11. That the applicant is not proposed for debarment or presently debarred, suspended, or declared ineligible, as required by Executive Order 12549, “Debarment and Suspension,” and implemented by 2 CFR Part 180, for prospective participants in primary covered transactions and is not proposed for debarment or presently debarred as a result of any actions by the District of Columbia Contract Appeals Board, the Office of Contracting and Procurement, or any other District contract regulating agency;
12. That the applicant has the financial resources and technical expertise necessary for the production, construction, equipment and facilities adequate to perform the grant or sub-grant, or the ability to obtain them;
13. That the applicant has the ability to comply with the required or proposed delivery or performance schedule, taking into consideration all existing and reasonably expected commercial and governmental business commitments;
14. That the applicant has a satisfactory record performing similar activities as detailed in the award or, if the grant award is intended to encourage the development and support of organizations without significant previous experience, that the applicant has otherwise established that it has the skills and resources necessary to perform the grant;
15. That the applicant has a satisfactory record of integrity and business ethics;
16. That the applicant has the necessary organization, experience, accounting and operational controls, and technical skills to implement the grant, or the ability to obtain them;
17. That the applicant is in compliance with the applicable District licensing and tax laws and regulations;
18. That the applicant complies with provisions of the Drug-Free Workplace Act;
19. That the applicant meets all other qualifications and eligibility criteria necessary to receive an award under applicable laws and regulations; and
20. That the applicant will, if successful, indemnify, defend and hold harmless the Government of the District of Columbia and its authorized officers, employees, agents and volunteers from any and all claims, actions, losses, damages, and/or liability arising out of this grant or sub-grant from any cause whatsoever, including the acts, errors or omissions of any person and for any costs or expenses incurred by the District on account of any claim therefore, except where such indemnification is prohibited by law.

## Certificate of Good Standing

Applicants shall represent that they are duly organized, validly existing, and in good standing under the laws of the jurisdiction they are organized or licensed, and they, their employees, agents, representatives and members of their workforce are licensed and in good standing with the applicable agency, board, or governing body to perform their obligations. They shall also represent that they, their employees, agents, representatives, and members of their workforce are in good standing with the District of Columbia, that they, their employees, agents, subcontractors, representatives and members of their workforce will submit a Certificate of Good Standing from the District of Columbia Department of Consumer and Regulatory Affairs, and that they, their employees, agents, representatives, and members of their workforce have not been de-barred from being employed as a Grantee by the federal government, the Government of the District of Columbia, or any government entity.

## RFA Terms and Conditions

The terms and conditions of this RFA are as follows:

1. Funding for this award is contingent on availability of funds. The RFA does not commit DHCF to make an award;
2. DHCF reserves the right to accept or deny any or all applications if DHCF determines it is in the best interest of District to do so. DHCF shall notify the applicant if it rejects that applicant’s proposal. DHCF may suspend or terminate an outstanding RFA pursuant to its own grant making rule(s) or an applicable federal regulation or requirement;
3. DHCF reserves the right to issue addenda and/or amendments subsequent to the issuance of the RFA, or to rescind the RFA;
4. DHCF shall not be liable for any costs incurred in the preparation of applications in response to the RFA. Applicant agrees that all costs incurred in developing the application are the applicant’s sole responsibility;
5. DHCF may conduct pre-award on-site visits to verify information submitted in the application and to determine if the applicant’s facilities are appropriate for the services intended;
6. DHCF may enter into negotiations with an applicant and adopt a firm funding amount or other revision of the applicant’s proposal that may result from negotiations;
7. Any and all data requested by DHCF and provided during the grant term shall be made available in a format as requested and/or approved by DHCF;
8. If there are any conflicts between the terms and conditions of the RFA and any applicable federal or local law or regulation, or any ambiguity related thereto, then the provisions of the applicable law or regulation shall control and it shall be the responsibility of the applicant to ensure compliance; and
9. Awardee will be required to participate in any DHCF-sponsored training related to this award.

# Section IV: Application and Submission Information

## Pre-Application Conference

A pre-application conference is scheduled for June 5, 2019 from 3-4pm at the Department of Health Care Finance (441 4th St. NW, 10th Floor, Main Street Conference Room, #1028, Washington, DC 20001).

## 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 July 1, 2019 to DHCF c/o Dr. Pamela Riley, 441 4th St. NW, Washington, DC 20001 at the 9th Floor Reception Desk. Two (2) copies of the DHCF RFA receipt (see **Attachment D**), with applicant information completed, should be stapled to the outside of the submission envelope.

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.

## Application Requirements

The applicant shall prepare a response to this RFA with the following content and in the format described:

1. Table of Contents
2. Program Narrative
3. Grant, Fiscal, and Financial Management
4. Program Reporting
5. Applicant Qualifications
6. Proposed Budget and Budget Justification
7. Attachments

Attachment A: Signed Statement of Certification

Attachment B: Completed Automated Clearing House form

1. Appendices

Appendix 1: Proposed organizational chart

Appendix 2: Proposed staff job descriptions

Appendix 3: Proposed staff resumes

Appendix 4: List of District grants (FY17, FY18, FY19)

Appendix 5: District of Columbia Business License

Appendix 6: District of Columbia Certificate of Good Standing

Appendix 7: Completed W-9 form

Descriptions of each response element is detailed below:

1. **Table of Contents**
2. **Program Narrative**

The narrative section (limited to 10 pages) should describe the applicant’s health care delivery and supportive services model that incorporates peer navigators and that addresses known barriers to utilization of cancer diagnostic and treatment services among Medicaid and Medicaid-eligible beneficiaries in Wards 7 and 8. Specifically, the narrative must:

* 1. Describe the specific problem or issue to be addressed relative to improving receipt of cancer diagnostic and treatment services;
	2. Describe the proposed program in detail, including a description of anticipated expenditures under this award;
	3. Describe the proposed program’s integration with existing or ongoing DHCF initiatives, such as My Health GPS and telemedicine reimbursement, if applicable;
	4. Demonstrate that the proposed program will be in compliance with local licensure requirements;
	5. Describe the intended impact of the program;
	6. 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;
	7. Describe any existing or proposed partnerships or existing partnerships with District Agencies that will assist in the development and implementation of these initiatives, including a description of their qualifications and why they are necessary for the success of the proposed initiatives; and
	8. Describe the anticipated sustainability of the program beyond the period of performance of the grant.
1. **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.

1. **Program Reporting**

The grantee shall propose progress and outcomes measures related to one or more of the following areas to be reported at the end of the grant period:

* + Improving receipt of diagnostic procedures after a positive screening test;
	+ Improving entry into cancer treatment after diagnosis; or
	+ Improving participation in and completion of recommended cancer treatment.

The grantee shall describe methodology and capacity to collect baseline and ongoing data to report on all outcome measures provided to and proposed by the applicant. DHCF reserves the right to require additional reporting prior to award of any grant. DHCF will have final approval of all methodology. DHCF does not intend for reporting requirements to be overly burdensome.

1. **Applicant Qualifications**

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

1. The organization’s specific involvement and roles in the District’s health system, including current involvement with District efforts to improve cancer screening, diagnosis, and treatment.
2. Discuss the applicant’s history, experience, and/or knowledge related to use of peer navigators and with other health care delivery system quality improvement and transformation efforts, particularly with respect to improving cancer screening, diagnosis, and treatment.
3. The applicant’s operational readiness and capabilities to implement a health care delivery model incorporating peer navigators.
4. The applicant’s record of partnering with health care providers, community-based organizations, District Government agencies, or managed care organizations on efforts to improve the quality and delivery of health care services, particularly those focused on improving cancer screening, diagnosis, and treatment.
5. **Program Budget and Budget Justification**

The applicant shall provide a line-item budget and budget narrative justification, including any matching funding provided. The budget narrative justification should clearly state how the applicant arrived at the budget figures. An example budget template is provided (see **Attachment C**) but its use is not required.

1. **Attachments**

Fillable PDF versions of the Certifications (**Attachment A**) and Automated Clearing House form (**Attachment B**) are available as part of the application packet published with this RFA. All attachments shall be completed and included in the applicant’s response.

1. **Appendices**

The applicant shall provide a proposed organizational chart (Appendix 1), proposed staff job descriptions (Appendix 2), and proposed staff resumes (Appendix 3).

Appendix 4 of the response shall include a list of any grants received in FY17 and FY18 and/or any expected grants to be received in FY19 from the District Government. This list shall state the District Government entity providing the grant, description of the SOW, the total grant amount, and the timeframe for the grant.

The applicant shall provide their District of Columbia Business License (Appendix 5) and is strongly encouraged to provide their District of Columbia Certificate of Good Standing (Appendix 6). While a District of Columbia Certificate of Good Standing is not required as part of the RFA response, a District of Columbia Certificate of Good Standing must be provided prior to the award of any grant to selected applicant(s). According to the District Department of Consumer and Regulatory Affairs (DCRA), an organization registered in another state or country that seeks to transact business in the District of Columbia must obtain authority by filing an application for foreign registration. DCRA’s Corporations Division has an expedited one day filing process for a fee in addition to regular filing fees.

The applicant shall also provide a current completed W-9 form prepared for the U.S. IRS (Appendix 7). DHCF defines “current” to mean that the document was completed within the same calendar year as that of the application date. Fillable W-9 forms can be found on the IRS website: <https://www.irs.gov/pub/irs-pdf/fw9.pdf>.

## Funding Restrictions

Any award associated with this RFA is limited to the availability of the District local appropriation for Fiscal Year 2019.

# Section V: Application and Review Information

## Criteria

All applicants for this RFA will be objectively reviewed and scored against 4 criteria:

**Criteria 1: Organizational Structure and Project Leadership** (Total of 15 points)

1. 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 showing clear lines of authority and responsibility. The staffing plan shall include the timeframes for commitment of each staff person to this project and a description of how the project staff will be organized and supervised to meet all RFA requirements. (*5 points*)
2. The applicant’s proposed staff has demonstrated previous experience with similar work as is being proposed and an expert level of knowledge of health care practice transformation and quality improvement, as well as population needs, resources, and challenges to improving cancer care in Wards 7 and 8. (*10 points*)

**Criteria 2: Process, Plans, Operational Readiness, and Capacity** (Total of 65 points)

1. The applicant describes the organization’s history, experience, and/or knowledge related to utilization of peer navigators as part of a health care model, health care practice transformation and quality improvement, as well as population needs and challenges to improving cancer care in Wards 7 and 8 that would support their ability to meet all RFA requirements. (*10 points*)
2. The applicant proposes a comprehensive, innovative, and achievable program that addresses the components outlined in the Program Narrative. (*55 points*)
	* 1. The applicant uses a data informed approach to present problems/issues and the applicant’s proposal directly aims to address or alleviate those problems/issues. (*10 points*)
		2. The applicant proposes a realistic, innovative approach to implement a program. (*15 points*)
		3. The applicant demonstrates operational readiness to implement the program and provides a comprehensive and achievable list of milestones and deliverables. (*15 points*)
		4. The applicant demonstrates their methodology and capacity to collect baseline and ongoing data to report on measures proposed in the Program Narrative. *(15 points)*

**Criteria 3: Potential for Impact and Alignment with District Health Priorities** (Total of 15 points)

1. The applicant demonstrates potential impact of the program on improving utilization of cancer diagnostic and treatment services among Medicaid or Medicaid-eligible beneficiaries in Wards 7 and 8. (*10 points)*
2. The applicant demonstrates an understanding of how proposed activities target population needs and challenges to improving cancer care in Wards 7 and 8 and aligns proposed activities with other ongoing health care initiatives in the District. (*5 points)*

**Criteria 4: Fiscal Management and Sustainability** (Total of 5 points)

1. The applicant describes the grant, fiscal, and financial management system in place, qualifications of systems management staff, and experience with grant monitoring and reporting functions within the last five (5) years. The applicant describes how the fiscal and financial management system ensures all expenditures are accurately tracked, reported, and reconciled. *(5 points)*

## 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 or external reviewers. The panel of reviewers are neutral, qualified, professionals selected by the DHCF Office of the Director for their expertise in improving cancer screening, diagnosis, and treatment in the District.

Each panelist will individually review, score, and rank each applicant’s proposal according to the evaluation criteria listed above. The individual scores of the review panel will be averaged and each application submitted will be classified into one of four categories below based on the averaged score:

|  |  |
| --- | --- |
| **Ranking Classification** | **Point Range** |
| ***Most Qualified*** | 95 – 100 |
| ***Very Qualified*** | 80 – 94 |
| ***Qualified*** | 70 – 79 |
| ***Minimally Qualified*** | 69 and below |

The grantee will be selected from among the applications that score in the “Most Qualified” point range category. If no applications are ranked in the “Most Qualified” category, DHCF may select from the “Very Qualified” and/or “Qualified” categories.

Scoring and the recommendations of the review panel are advisory. The final decision to fund an application rests with the DHCF Office of the Director. If the Office of the Director does not follow the panel’s recommendations, the Director shall provide written justification as required by District regulations.

## Anticipated Announcement and Award Dates

The anticipated announcement date is July 22, 2019. The anticipated date of award is July 22, 2019. Both successful and unsuccessful applicants will be notified in writing of the selection decision prior to the award date.

# Section VI: Award Information

## Award Notices

DHCF will provide the successful applicant(s) with a Notice of Grant Agreement (NOGA). The NOGA(s) shall be signed and returned to DHCF within 10 business days. Grant proceeds will only be paid after receipt of the signed NOGA.

## Programmatic, Administrative, and National Policy Requirements

The Grantee will be held to strict milestones and requirements in order to receive the full amount of the grant. This will be based on a DHCF-approved Work Plan, which shall be submitted to DHCF within thirty (30) calendar days after receipt of the award.

## 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 10th after the end of the reported month.

Grantees will be required to submit a final programmatic report within thirty (30) calendar days after expiration of the grant agreement. The final report will include a review of the initiative, work conducted by the grantee, 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.

## 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 B**).

# Section VII: DC Agency Contacts

For additional information regarding this RFA, please contact Dr. Pamela Riley, Medical Director, Department of Health Care Finance via email at pamela.riley2@dc.gov or by phone at 202-442-9077.

# Section VIII: Attachments

Fillable PDF versions of all the attachments are available as part of the application packet published with this RFA. All attachments shall be completed and included in the applicant’s response.

Attachments included in the separate PDF available as part of the application packet published with this RFA include:

1. Certifications
2. Automated Clearing House Form
3. Program Budget and Budget Justification Template
4. DHCF RFA Receipt
1. District of Columbia Community Health Needs Assessment, DC Department of Health, 2014. [↑](#footnote-ref-2)
2. Health Equity Report for the District of Columbia 2018, DC Department of Health [↑](#footnote-ref-3)
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