REQUEST FOR APPLICATIONS

Hospital Discharge Innovations to Improve Care Transitions

Open Date: January 18, 2019

Close Date: February 18, 2019 at 4:00PM

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

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 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 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.

Within DHCF, the Health Care Reform and Innovation Administration (HCRIA) is tasked with developing and implementing innovative care delivery and payment models. HCRIA has worked closely with the provider community and other community stakeholders to develop value-based payment methodologies within the Medicaid program, including the design and deployment of the My Health GPS Health Homes program and a pay-for-performance program among the Federally Qualified Health Centers. Many of DHCF’s value-based payment programs currently focus on performance in three key areas:

- Reducing preventable hospitalizations;
- Reducing low-acuity, non-emergent emergency department (ED) visits;
- Reducing readmissions

This grant aims to improve the discharge and transfer experience of Medicaid beneficiaries from hospitals to other health care facilities or home. Qualitative and quantitative analyses conducted through the State Innovation Model (SIM), the Medical Care Advisory Committee (MCAC), the District Health System Plan, and the State Medicaid Health IT Plan (SMHP) have demonstrated that there are opportunities to improve hospital transitions of care for Medicaid beneficiaries.

This grant will be managed by HCRIA to align with and build off ongoing value-based purchasing and practice transformation efforts. Specifically, the grant will support the implementation of innovative approaches to effective hospital discharge planning and care transition procedures to reduce preventable utilization of services, improve patient experience, and quality of care. Such efforts should be designed to:
• Improve the quality and timeliness of discharge summaries and structured data;
• Utilize new technology effectively, including health information exchange tools;
• Advance team-based care models.

B) Program Description

This grant will endeavor to reduce hospital readmissions and low-acuity non-emergent emergency department (ED) visits by supporting innovative approaches to facilitate effective discharge planning and care transitions from the hospital setting for Medicaid beneficiaries. Applicants shall only use grant funds to implement, improve, or enhance these innovative approaches.

Applicants should consider how their proposal will reduce preventable utilization of services, improve patient experience, and quality of care. Proposed innovations should include efforts designed to:

• Improve the quality and timeliness of discharge summaries and structured clinical and encounter data such as continuity of care documents (CCD) and ensure the timely receipt of discharge information by providers assuming care for the patient;
• Utilize new technology effectively, including health information exchange (HIE) tools, such as the CRISP Patient Care Snapshot; and
• Advance team-based care models that focus on integrating new discharge planning and care transition protocols in the hospital setting and coordinate with external provider networks and existing initiatives such as My Health GPS.

Furthermore, applicants should consider how these grant investments can demonstrate improvements in care and outcomes that will advance health and wellness for all District residents.

Background on Relevant Policies and Programs

This grant builds on a strong set of existing policies and programs in the District of Columbia’s Medicaid program. Notable policies and programs include the District’s new value-based purchasing programs such as health homes and pay for performance programs among the federally-qualified health centers, and support for health information exchange infrastructure. These initiatives are discussed in greater detail below.
Value-Based Payment Initiatives

DHCF is committed to transitioning the District’s Medicaid system away from a fee-for-service (FFS) or volume-based payment approach and towards quality and provider accountability. In FY2017, DHCF implemented its first pay-for-performance (P4P) program where Managed Care Organizations (MCOs) are subject to a 2% withhold based on their performance on three key performance measures.

1. Potentially preventable hospital admissions;
2. Low acuity non-emergent visits to hospital emergency rooms; and
3. Hospital readmissions within 30 days of previous admissions.

To complement these MCO-facing efforts, DHCF is also implementing three provider-facing P4P programs that are aligned on the performance measures described above. These programs include:

- **FQHC Alternative Payment Model**: A bonus payment based on seven outcome measures on enhanced access, inappropriate utilizations and transitions of care.

- **My Health GPS**: A 10% withhold in the first performance year, which gives an opportunity for providers to earn up to 1.5 times the value of the withhold payment. Performance is based on inappropriate utilization and efficiency measures.

- **Nursing Facility Quality Program**: A bonus payment based on 16 performance measures on infrastructure, quality of care, quality of life and inappropriate utilizations.

Health Homes’ Approach to Care Coordination

As of 2018, the District has two health home programs: My DC Health Home and My Health GPS. 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.

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](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

*District Health Information Exchange (HIE)*

As described in the District’s State Medicaid Health IT Plan, practice transformation relies on access to the right information at the right time and requires all stakeholders in the health system – patients, providers, payers, and public health – to work together to promote health by coordinating care, emphasizing prevention, and supporting timely interventions.

The District health information exchange (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. In 2017, DHCF funded a grant to the Chesapeake Regional Information System for our Patients (CRISP DC) to develop and implement the following HIE tools to support care coordination:

- **Patient Care Snapshot**: 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.

- **Analytical Patient Population Dashboard**: A population-level dashboard accessible by providers, hospitals and administrators for patient panel management.

- **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.

In addition to CRISP DC, two other HIEs operate in the District today. **Capital Partners in Care Health Information Exchange (CPC-HIE)** was launched by the DC Primary Care Association and Capital Clinic Integrated Network in 2015. CPC-HIE connects eClinicalWorks (eCW) electronic health record (EHR) information from 11 community health centers, Providence Hospital’s ambulatory clinics, laboratory results, and imaging services, and United Medical Center’s (UMC) ambulatory practices. **Children’s Integrated Quality Network (CIQN)** was launched in Maryland in 2008 and is dedicated to exchanging information and improving care for pediatric patients and is affiliated with Children’s National Health System.
More information on health information exchange in the District is available at: https://dhcf.dc.gov/page/health-information-exchange.

The District’s State Medicaid Health Information Technology Plan is available at: http://dhcf.dc.gov/hitroadmap.

C) **Key Dates and Information**

<table>
<thead>
<tr>
<th>Event</th>
<th>Date/Time</th>
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<tr>
<td>RFA release</td>
<td>Friday, January 18, 2019</td>
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<tr>
<td>Pre-application meeting</td>
<td>Tuesday, January 22, 2019, 10:30 to 11:30 a.m.</td>
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<td></td>
<td>441 4th St., NW, 10th Floor, Main Street Room 1028</td>
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<td></td>
<td>Washington, DC 20001</td>
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<tr>
<td>Deadline to submit written questions</td>
<td>Thursday, January 24, 2019</td>
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<td>to <a href="mailto:joe.weissfeld@dc.gov">joe.weissfeld@dc.gov</a></td>
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<tr>
<td>Answers to questions available at</td>
<td>Wednesday, January 30, 2018</td>
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<tr>
<td><a href="http://dhcf.dc.gov">http://dhcf.dc.gov</a></td>
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<tr>
<td>Application due</td>
<td>Monday, February 18, 2019, By 4:00 p.m. Eastern</td>
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<tr>
<td>Award announcement (expected)</td>
<td>Monday March 11, 2019</td>
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<tr>
<td>Grant start and end dates</td>
<td>Award date to September 30, 2019</td>
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</tbody>
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**Section II: Award Information**

The total amount of funds available is up to $382,000.00. DHCF will award one (1) grant in the amount of $382,000. The grant period will be the date of award to September 30, 2019.

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 this is the only opportunity to request sub-grant funding for the services funded under this RFA.
Section III: Eligibility Information

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 implementing new process or quality improvement interventions in the hospital setting and must have demonstrated expertise in evidenced-based and innovative approaches to effective discharge planning and care transition interventions. Applicants should have a deep understanding of DHCF priorities. The proposal should reflect ongoing initiatives such as pay for performance initiatives, health homes, and health IT and HIE tools.

Sub-grants are permitted for qualified organizations. 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. Sub-grantees must be a registered organization in good standing with the DC Department of Consumer and Regulatory Affairs (DCRA), as described in “Section G Certificate of Good Standing.”

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 February 18, 2019 to DHCF c/o Joe Weissfeld, 441 4th St. NW, Washington, DC 20001 at the 9th Floor Reception Desk.

C) **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].

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

E) **Compliance with Tax Obligations**
Prior to execution of a grant agreement as a result of this RFA, a recipient must be in compliance with tax laws and regulations.

1. The Applicant must submit a current completed W-9 form (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. That all costs incurred under this grant shall be in accordance with 2 CFR 200, “Uniform Admin 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:
   a. Been indicted or had charges brought against them (if still pending) and/or been convicted of:
      i. Any crime or offense arising directly or indirectly from the conduct of the applicant’s organization, or
      ii. Any crime or offense involving financial misconduct or fraud; or
   b. Been the subject of legal proceedings arising directly from the provision of services by the organization.

6. If any response to the disclosures referenced at 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.

7. 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;

8. 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;

9. 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;

10. 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 § 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;

11. 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;
12. 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;

13. 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;

14. That the applicant has a satisfactory record of integrity and business ethics;

15. 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;

16. That the applicant is in compliance with the applicable District licensing and tax laws and regulations;

17. That the applicant complies with provisions of the Drug-Free Workplace Act;

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 of 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. 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

A) Pre-Application Conference
A pre-application conference is scheduled for Tuesday, January 22, 2019 from 10:30 to 11:30 a.m. at the Department of Health Care Finance (441 4th St. NW, 10th 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 February 18, 2019 to DHCF c/o Joe Weissfeld, 441 4th St. NW, Washington, DC 20001 at the 9th 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 (FY17 and 18)
      Appendix 8: Completed Automated Clearing House Form
      Appendix 9: Letters of Support (optional)

2. Program Narrative
   The narrative section (limited to 10 pages) should describe the applicant’s approach to meeting the goals of this grant, including effective discharge planning and care transition interventions for Medicaid beneficiaries in order to reduce preventable utilization of services, improve patient experience, and improve quality of care. Applicants should include a description of:
a. The specific problem(s) or issue(s) that the proposal will address in order to implement innovative approaches to effective hospital discharge planning and care transition procedures;

b. The approach to working with stakeholders, including all acute care hospitals in the District;

c. 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;

d. 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 their qualifications and why they are necessary for the success of the proposed initiatives;

e. The applicant’s proposed intervention and how it will:

   i. Improve the timeliness and completeness of discharge planning and care transition documents in hospitals’ workflow;
   
   ii. Improve the frequency with which discharge summaries and structured clinical and encounter data such as continuity of care documents (CCD) are available electronically and are high quality (e.g. complete, correct, and current);
   
   iii. Ensure the timely receipt of discharge information by providers assuming care for the patient;
   
   iv. Utilize new technology effectively, including health information exchange tools;
   
   v. Advance team-based care models that focus on integrating new discharge planning and care transition protocols in the hospital setting and coordinate with external provider networks and existing initiatives such as My Health GPS; and
   
   vi. Demonstrate improvements in care and outcomes over time.

f. The ways in which the proposed approach may impact District priorities outlined in the following strategic planning documents:

   i. Ongoing value-based purchasing initiatives such as My Health GPS;
ii. The District’s State Medicaid Health IT Plan

iii. One or more goals in the DC Healthy People 2020 plan;

iv. A health system area of need in the DC Health System Plan; and

v. The pillars or enablers listed in the State Health Innovation Plan
https://dhcf.dc.gov/innovation

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 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 Statement of Work (SOW), the total grant amount, and the timeframe for the grant.

4. Program Reporting
Propose progress and outcome 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/priorities and produces lessons learned/recommendations, including those related to sustainability. Specify what measures will be reported on and what will be reported at the end of the grant.

DHCF reserves the right to require additional reporting prior to award of any grant.

5. Applicant Qualifications
Describe the capacity of the applicant organization (limited to 3 pages). Please include:
   a. The organization’s specific involvement and roles in the District’s health system, including implementing evidence-based quality improvement initiatives in the past five (5) years, if applicable.
b. Discuss the applicant’s history, experience, and/or knowledge related to effective discharge planning, care transition interventions, and models of team-based care.

c. The applicant’s operational readiness and capabilities to implement an evidence-based quality improvement intervention related to effective discharge planning and care transitions.

d. Letters of support are optional, but may be submitted in appendix 9.

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 2019.

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 15 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 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)

e. The applicant’s proposed staff has demonstrated previous experience with similar work as is being proposed and an expert level of knowledge on evidence-based quality improvement intervention related to effective discharge planning and care transitions. (10 points)

Criteria 2: Process, Plans, Operational Readiness, and Capacity (Total of 65 points)
a. The applicant describes the organization’s history, experience, and/or knowledge related to effective discharge planning and care transitions that would support their ability to meet all RFA requirements. (10 points)

b. The applicant proposes a comprehensive, innovative, and achievable initiative for Medicaid beneficiaries that addresses the components outlined in the Program Narrative. (55 points)
   i. The applicant used a data informed approach to present problems/issues and the applicant’s proposal directly aims to address or alleviate those problems/issues (5 points)
   ii. The applicant proposed a realistic, innovative approach to implement an initiative with key stakeholders, including within multiple acute care hospitals in the District (10 points)
   iii. The applicant demonstrates operational readiness to implement the initiative and provides a comprehensive and achievable list of milestones and deliverables (10 points)
   iv. The applicant’s proposed intervention comprehensively addresses workflow issues, discharge summaries, health information technology, and team-based care (20 points)
   v. The applicant demonstrates a methodology and capacity to report on measures proposed in the Program Narrative; the methodology demonstrates a realistic approach to evaluate the intervention’s impact on care and outcomes over time. (10 points)

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

a. The applicant demonstrates an understanding of ongoing District value-based purchasing initiatives, such as the MCO pay-for-performance program, and My Health GPS, as well as the development of new HIE tools. The applicant aligns its proposed activities with these initiatives. (10 points)

b. The applicant demonstrates an understanding of ongoing District health priorities and aligns its proposal activities with the goals of District State Medicaid Health IT Plan, DC Healthy People 2020, the District Health System Plan, and the State Health Innovation Plan. (5 points)

Criteria 4: Fiscal Management and Sustainability (Total of 5 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. *(5 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 or external reviewers who are neutral, qualified, professionals selected by the DHCF Office of the Director for their unique expertise in evidence-based quality improvement intervention related to effective discharge planning and care transitions. 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:

<table>
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<tr>
<th>Ranking Classification</th>
<th>Point Range</th>
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<tbody>
<tr>
<td><em>Most Qualified</em></td>
<td>95 – 100</td>
</tr>
<tr>
<td><em>Very Qualified</em></td>
<td>80 – 94</td>
</tr>
<tr>
<td><em>Qualified</em></td>
<td>70 – 79</td>
</tr>
<tr>
<td><em>Minimally Qualified</em></td>
<td>69 and below</td>
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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 March 11, 2019. The anticipated date of award is March 11, 2019. Both successful and unsuccessful applicants will be notified in writing of the selection decision prior to the award date.
Section VI: Award Information

A) Award Notices
DHCF will provide the successful applicants with a Notice of Grant Award (NOGA). The NOGA shall be signed and returned to DHCF within 10 business days. 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 shall be submitted to DHCF within thirty (30) calendar days after receipt of the 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 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 (and subgrantees), status of goals and performance measures, plans for how the initiative will be leveraged in the future, and recommendations to DHCF, including those related to sustainability, 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 Joe Weissfeld, Health Care Reform & Innovation Administration via email at joe.weissfeld@dc.gov or by phone at (202) 442-4623.
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. 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 by the Grant Administrator;

D. All costs incurred under this grant must be in accordance with 2 CFR 200, “Uniform Admin Requirements, Cost Principles, and Audit Requirements for Federal Awards;”

E. Applicant/Grantee states whether it, 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:
   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.

F. If any response to the disclosures referenced in (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;

G. Applicant/Grantee is in compliance with D.C. Official Code § 1-328.15;

H. 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)

I. 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;

J. 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 trustee;

K. 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;

L. 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 subgrant, or the ability to obtain them;

M. 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;

N. 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;

O. That the Applicant/Grantee has a satisfactory record of integrity and business ethics;

P. 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;

Q. That the Applicant/Grantee is in compliance with the applicable District licensing and tax laws and regulations;

R. That the Applicant/Grantee complies with provisions of the Drug-Free Workplace Act;

S. That the Applicant/Grantee meets all other qualifications and eligibility criteria necessary to receive an award under applicable laws and regulations; and

T. 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
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: __________________________ Date: __________________________

Name and Title of Authorized Representative: _______________________________
B) W-9 Form

Form W-9
Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

Name (as shown on your income tax return)

Business name/entity name, if different from above

Check appropriate box for federal tax classification

- Individual/sole proprietor
- Corporation
- Partnership

Exemptions (see instructions):

- Limited liability company
- Other pass-through entity

Address (number, street, and apt. or suite no.)

City, state, and ZIP Code

List account number(s) (optional)

Social security number

Employee identification number

Part 1 - Taxpayer Identification Number (TIN)

Enter your TIN(s) in the appropriate boxes. The TIN(s) 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 entity (other than an individual), 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 how to get a TIN on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Part 2 - Certification

Under penalties of perjury, I certify that:

1. 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

2. 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 failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding.

3. I am a U.S. citizen or other U.S. person (as defined below), and

4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must check Item 2 above if you have not been notified by the IRS that you are currently subject to backup withholding. You must also check Item 3 if you have not 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 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.

Sign Here

Signature of U.S. person:

Date:

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future Developments. The IRS has created a page-on-RFP.gov for information about Form W-9, as well as providing information on any new assessments stemming from a Form W-9. As legislative action occurs, these pages will be posted on that page.

Purpose of Form

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 a court judgment, and property transactions. Real estate transactions, mortgage interest paid, acquisition or abandonment of debt, cancellation of debt, or contributions to an IRA.

Use Form W-9 only if you are an individual, a sole proprietor, or an entity (other than an individual) who is a pass-through entity for federal tax purposes. Do not use Form W-9 if: (1) you are an entity that is already subject to backup withholding tax on foreign persons' share of effectively connected income, and (2) you are exempt from FATCA reporting.

Certification. If you are a U.S. person, sign the form below:

- An individual who is a U.S. citizen or U.S. resident alien
- A partnership, corporation, or association created or organized in the United States or under the laws of any foreign country
- An estate (other than foreign estate)

Special tax rules for partnerships. Partnerships that conduct a business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected income from such business. Further, in cases where a partnership holds foreign assets, the code under section 1446 requires 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, you should check Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

Cat. No. 10331X

Form W-9 (Rev. 8-2018)
Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt person if you are no longer an exempt person or anticipate receiving reportable payments in the future from this person. For example, you may have to provide updated information if you are a C corporation that elects to be an S corporation, or if no longer are tax exempt. In addition, you must file a new Form W-8 if this name or EIN changes for this account, for example, if the grantor is a trust or estate.

Ponies

Failure to furnish timely, or if failure to furnish timely, or if failure to furnish timely, or if failure to furnish timely, or if failure to furnish timely, or if failure to furnish timely, or if failure to furnish timely, or if failure to furnish timely, or if failure to furnish timely, or if failure to furnish timely, or if failure to furnish timely, or if failure to furnish timely, or if failure to furnish timely, or if failure to furnish timely, or if failure to furnish timely, or if failure to furnish timely, or if failure to furnish timely, or if failure to furnish timely, or if failure to furnish timely, or if failure to furnish timely, or if failure to furnish timely, or if failure to furnish timely, or if failure to furnish timely, or if failure to furnish timely, or if failure to furnish timely, or if failure to furnish timely, or if failure to furnish timely, or if failure to furnish timely, or if failure to furnish timely, or if failure to furnish timely, or if failure to furnish timely, or if failure to furnish timely, or if failure to furnish timely, or if failure to furnish timely, or if failure to furnish timely, or if failure to furnish timely, or if failure to furnish timely, or if failure to furnish timely, or if failure to furnish timely, or if failure to furnish timely, or if failure to furnish timely, or if failure to furnish timely, or if failure to furnish timely, or if failure to furnish timely, or if failure to furnish timely, or if failure to furnish timely, or if failure to furnish timely, or if failure to furnish timely, or if failure to furnish timely, or if failure to furnish timely, or if failure to furnish timely, or if failure to furnish timely, or if failure to furnish timely, or if failure to furnish timely, or if failure to furnish timely, or if failure to furnish timely, or if failure to furnish timely, or if failure to furnish timely, or if failure to furnish timely, or if failure to furnish timely, or if failure to furnish timely, or if failure to furnish timely, or if failure to furnish timely, or if failure to furnish timely, or if failure to furnish timely, or if failure to furnish timely, or if failure to furnish timely, or if failure to furnish timely, or if failure to furnish timely, or if failure to furnish timely, or if failure to furnish timely, or if failure to furnish timely, or if failure to furnish timely, or if failure to furnish timely, or if failure to furnish timely, or if failure to furnish timely, or if failure to furnish timely, or if failure to furnish timely, or if failure to furnish timely, or if failure to furnish timely, or if failure to furnish timely, or if failure to furnish timely, or if failure to furnish timely, or if failure to furnish timely, or if failure to furnish timely, or if failure to furnish timely, or if failure to furnish timely, or if failure to furnish timely, or if failure to furnish timely, or if failure to furnish timely, or if failure to furnish timely, or if failure to furnish timely, or if failure to furnish timely, or if failure to furnish timely, or if failure to furnish timely, or if failure to furnish timely, or if failure to furnish timely, or if failure to furnish timely, or if failure to furnish timely, or if failure to furnish timely, or if failure to furnish timely, or if failure to furnish timely, or if failure to furnish timely, or if failure to furnish timely, or if failure to furnish timely, or if failure to furnish timely, or if failure to furnish timely, or if failure to furnish timely, or if failure to furnish timely, or if failure to furnish timely, or if failure to furnish timely, or if failure to furnish timely, or if failure to furnish timely, or if failure to furnish timely, or if failure to furnish timely, or if failure to furnish timely, or if failure to furnish timely, or if failure to furnish timely, or if failure to furnish timely, or if failure to furnish timely, or if failure to furnish timely, or if failure to furnish timely, or if failure to furnish timely, or if failure to furnish timely, or if failure to furnish timely, or if failure to furnish timely, or if failure to furnish timely, or if failure to furnish timely, or if failure to furnish timely, or if failure to furnish timely, or if failure to furnish timely, or if failure to furnish timely, or if failure to furnish timely, or if failure to furnish timely, or if failure to furnish timely, or if failure to furnish timely, or if failure to furnish timely, or if failure to furnish timely, or if failure to furnish timely, or if failure to furnish timely, or if failure to furn...
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, you must use your IRS individual taxpayer identification number (ITIN) instead. Enter it in the exact same number of digits. If you do not have an ITIN, see how to get an ITIN 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 5), 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.

Note: Enter the amount on page 4 for further determination of TIN and contributions.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an EIN, get Form SS-4, Application for a Federal Tax Identification Number, from the IRS directly. You can also get this form online at www.irs.gov/businesses. You may also get this form by calling 1-800-TAX-FORM (1-800-829-3676). Use Form W-7, Application for Taxpayer Identification Number in the Name of the Corporation, to apply for an ITIN. If you are a single-member LLC that is disregarded as an entity separate from its owner (see Limited Liability Company (LLC) on page 5), 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.

Note: Entering “Agricultural” means that you have already applied for a TIN on that form and do not need to apply for one again.

Form W-9. An entry in the foreign tax account must use the appropriate form (Form W-8).

Part II. Certification

To establish the withholding agent that you are a U.S. person, or resident alien, Form W-9. You may be required to sign by the withholding agent under a Subsection 1446(f), if the recipient is an entity.

For a foreign account, only the person whose TIN is shown in Part I should sign (what is referred to as “a non-U.S. entity”) on Form W-8. The person identified on the “A. U.S. persons” line must sign. “Exempt payor” payee, exempt payee codes as mentioned is subject to withholding at a rate of 30%.

For all accounts, only the person whose TIN is shown in Part I should sign (what is referred to as “a non-U.S. entity”) on Form W-8. The person identified on the “A. U.S. persons” line must sign. “Exempt payor” payee, exempt payee codes as mentioned is subject to withholding at a rate of 30%.

A. Amounts may be 30% for all accounts, only the person whose TIN is shown in Part I should sign (what is referred to as “a non-U.S. entity”) on Form W-8. The person identified on the “A. U.S. persons” line must sign. “Exempt payor” payee, exempt payee codes as mentioned is subject to withholding at a rate of 30%.

B. Amounts may be 30% for all accounts, only the person whose TIN is shown in Part I should sign (what is referred to as “a non-U.S. entity”) on Form W-8. The person identified on the “A. U.S. persons” line must sign. “Exempt payor” payee, exempt payee codes as mentioned is subject to withholding at a rate of 30%.

C. Amounts may be 30% for all accounts, only the person whose TIN is shown in Part I should sign (what is referred to as “a non-U.S. entity”) on Form W-8. The person identified on the “A. U.S. persons” line must sign. “Exempt payor” payee, exempt payee codes as mentioned is subject to withholding at a rate of 30%.

D. Amounts may be 30% for all accounts, only the person whose TIN is shown in Part I should sign (what is referred to as “a non-U.S. entity”) on Form W-8. The person identified on the “A. U.S. persons” line must sign. “Exempt payor” payee, exempt payee codes as mentioned is subject to withholding at a rate of 30%.
| Form W-9 (Rev. 5-2015) | Page 4 |

### What Name and Number To Give the Requester

For this type of account:  

| 1. Individual | The actual owner of the account or, if a joint account, the joint owners |
| 2. Two or more individuals (joint account) | |
| 3. Guardian account of a minor | The minor |
| 4. A trust (where the grantor is also trustee) | The grantor (trustee) |
| 5. A tax-exempt organization or governmental unit owned by an individual | The name |
| 6. Grantor trust filing under Optional Form 1060 Filing Method 1 (pass-through section 1.614-1(f)) | The grantor |

Per this type of account:

| 7. Disregarded entity not owned by an individual | The owner |
| 8. A partnership, trust, estate, or person trust | The corporation |
| 9. Corporation or LLC existing corporate status on Form 6552 or Form 553 | |
| 10. Association, etc., religious, charitable, educational, or other tax-exempt organization | The organization |
| 11. Partnership or multi-member LLC | The partnership |
| 12. A trade or occupation name | The trust |
| 13. Account with the Department of Agriculture in the name of a public entity such as a state or local government, school district, or private organization | The trust |
| 14. Grantor trust filing under the Form 1060 Filing Method or the Optional Form 1060 Filing Method (pass-through section 1.614-1(f)) | The grantor |

Note: If 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. If identity theft occurs, you may use your skills to get a job or to file a tax return using your SSN to receive a refund.

To secure your records:

1. Protect your data.
2. Ensure your employer is protecting your SSN.
3. Be careful when choosing a tax preparer.

If your tax records are not currently under identity theft but you think you are at risk due to an email or phone call as a result of tax ID theft or a similar scam, you should report the incident to the IRS.

For more information, see Publication 4477, Identity Theft Prevention and Victim Assistance.

### Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide correct TINs to persons (including Federal agencies) who are required to file information returns with the IRS to report interest, dividends, or other income paid to you, mortgage interest you paid, the acquisition or abandonment of real property, the cancellation of debt, or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form and using the information may pass this information to income returns with the IRS. Reporting this information is required by the Department of Justice for civil and criminal investigations, the Secret Service, the Federal Bureau of Investigation, the Internal Revenue Service, the Department of Commerce, and the Office of Personnel Management.

You may disclose the information of individuals to any person who has a need to know such information being disclosed. You may disclose the information to any person who has a need to know such information being disclosed. You may disclose the information to any person who has a need to know such information being disclosed. You may disclose the information to any person who has a need to know such information being disclosed.
Application Receipt

RFA: Hospital Discharge Innovations to Improve Care Transitions

** 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: ____________________________