



REQUEST FOR APPLICATIONS

Patient Centered Maternal Care Program

Open Date: May 24, 2019

Close Date: June 26, 2019 at 4pm



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. 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.

To address disparities in access to care and health outcomes for expectant mothers in D.C., in 2018 the District established a framework to reduce disparities and improve perinatal health outcomes as part of the DC Health Perinatal Health and Infant Mortality Report. The framework is based on the overarching goal to ensure every community understands its health risks and role in improving perinatal health outcomes. The District has identified seven core priorities that drive programmatic efforts:

- Every teenage girl and woman in DC is in control of her reproductive health.
- Every pregnant woman receives patient-centered, high quality prenatal care beginning in the 1st trimester.
- Every healthcare provider has the tools and resources they need to manage complex social needs of women and infants.
- Every maternal and infant care facility and provider has the tools and resources to practice evidence-based health care and to document QI/QA activities.
- Every newborn receives high-quality neonatal care in the hospital and outpatient setting
- Every parent has the life skills needed to nurture and provide for their family
- Every infant, mom, and dad has a safe and healthy environment to thrive and receive the support they need to promote early childhood development and learning.

These seven priorities fall within four overall strategic areas to eliminate preventable infant deaths and reduce preterm and low-birth-weight births: improving preconception health; assuring high-quality healthcare; strengthening families as they prepare and care for children; and, promoting safe and healthy environments.

To support the District's efforts to improve perinatal health outcomes, the Department of Health Care Finance (DHCF) will award a competitive grant in an amount not to exceed \$200,000 to an entity in the District to utilize peer navigation services to improve the timely delivery of appropriate prenatal and postnatal services to high-risk expectant mothers residing in Wards 7 and 8, and who receive Medicaid or are Medicaid-eligible.

B. Background

The District faces significant challenges with improving perinatal health outcomes, with maternal and infant mortality rates above the national average. These challenges are particularly acute in women of color, and among residents of Wards 7 and 8 in the District. Per the 2018 [DC Health Perinatal Health and Infant Mortality Report](#), Black and Hispanic mothers face higher rates of pre-pregnancy risk factors—such as smoking, obesity, diabetes, or previous preterm birth—and are less likely to initiate prenatal care in the first trimester. Black mothers in particular experience higher rates of preterm births and low birthweight infants compared to White and Hispanic mothers. Mothers in Wards 7 and 8 had the highest rates of preterm birth in the District in 2016, and the highest rates for infant mortality in the District from 2012-2016. In addition, over 60 percent of pregnancy-related deaths in the District occur among women in Wards 7 and 8.

As the payer for over 45% of births in the District of Columbia, DC Medicaid plays a critical role in ensuring access to high-quality prenatal and postnatal care for District residents.¹ However, due to myriad socioeconomic factors women on Medicaid are at greater risk for poor birth outcomes. Per the DC Health Perinatal Health & Infant Mortality Report, the percentage of preterm births among all Medicaid financed births in the District of Columbia was 12.4%, which was significantly higher than the percentage of preterm births financed by private insurance (8.8%). Mothers whose births were Medicaid financed were almost two times more likely than mothers with other types of insurance to have a low birthweight baby. The infant mortality rate was highest among infants whose births were financed by Medicaid (10.2 per 1,000 live births) compared to infants whose births were financed by private insurance (3.4 per 1,000 live births). Timely prenatal care is a key determinant of good maternal and infant health outcomes, however over half of deliveries financed by Medicaid did not receive the recommended number of prenatal visits in 2017. In addition, just over 50 percent of DC Medicaid beneficiaries received a postpartum visit within the recommended time frame after delivery, compared to 60 percent nationally.

According to the [2017 DC Health Systems Plan](#), the challenges that DC's most disadvantaged residents faced when trying to access care are 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. While the District generally has a well-distributed primary care network—a major source of prenatal and postnatal care services for District residents—socioeconomic barriers (e.g., 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. Additionally, findings from the 2018 [Human-Centered Solutions to Improve Reproductive and Maternal Health Outcomes in Washington, DC](#) report from the District of Columbia Primary Care Association (DCPCA) suggest that factors such as perceptions of the quality of care and trust of the health care system impact women's willingness to access and utilize reproductive health care services readily available in their communities.

As one means of addressing the myriad challenges accessing and participating in care, 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. Community health worker interventions have shown promise in improving

¹ Births Financed by Medicaid, Henry J Kaiser Family Foundation, <https://www.kff.org/medicaid/state-indicator/births-financed-by-medicaid/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D>.

perinatal health outcomes, including improving access to prenatal and postnatal care, reducing the incidence of low-birthweight births, increasing breastfeeding initiation, and decreasing the severity of post-partum depression.²

C. Program Description

This grant award will support health care providers to initiate or enhance a peer navigation program directed towards improving perinatal health services among high-risk expectant mothers in Wards 7 & 8 who are on Medicaid or are Medicaid-eligible, with the goals of:

- Improving entry into prenatal care in the first trimester;
- Improving participation in recommended prenatal visits, procedures, and treatments; OR
- Improving receipt of postpartum care.

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.³ “High-risk” may be defined as expectant mothers with any of the following characteristics:

- Previous history of preterm birth
- At risk for preterm delivery or low birth weight infant
- History of diabetes, hypertension, or other chronic medical conditions
- Psychosocial risk factors, social needs, or low social support
- Racial/ethnic minorities

Applicants should propose a health care delivery and supportive services model that addresses known barriers to prenatal care access and utilization among Ward 7 & 8 residents, and that employs innovative strategies involving peer navigation to provide comprehensive, coordinated, high-quality health care and supportive services to high-risk expectant mothers in Wards 7 & 8. Proposals should address the following areas:

- Define the “high-risk” Medicaid or Medicaid-eligible population being targeted, and estimated population size.
- Target the intervention towards improvement in one of the following areas:
 - Improving entry into prenatal care in first trimester
 - Improving participation in recommended prenatal visits & recommended procedures and treatments
 - Decreasing risk of preterm birth among women with a history of preterm delivery
 - Improving receipt of postpartum follow up care, including postpartum visit participation and contraceptive access
- Describe the peer navigation model—including number of navigators involved, training/curriculum, financial incentives, etc.—and describe in detail the role of peer navigators

² What Works for Health – Community Health Workers, University of Wisconsin Population Health Institute, <http://whatworksforhealth.wisc.edu/program.php?t1=22&t2=16&t3=110&id=38>.

³ My Health GPS Provider Manual, Department of Health Care Finance, Government of the District of Columbia, https://dhcf.dc.gov/sites/default/files/dc/sites/dhcf/page_content/attachments/My%20Health%20GPS%20Provider%20Manual_FINAL.pdf.

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 prenatal/postnatal care.
- Demonstrate how program actively coordinates with health care providers or include 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 participation in prenatal/postnatal care.

D. Key Dates and Information

RFA release	Friday, May 24, 2019
Pre-application meeting	Thursday, May 30, 2019 3:00 to 5:00 p.m. 441 4 th St., NW 10 th Floor, Main Street Room 1028 Washington, DC 20001
Deadline to submit written questions to pamela.riley2@dc.gov	Wednesday, June 5, 2019
Answers to questions available at https://dhcf.dc.gov/page/dhcf-grant-opportunities	On or before Wednesday, June 12, 2019
Application due	Wednesday, June 26, 2019 By 4:00 p.m. Eastern
Award announcement (expected)	Wednesday, July 17, 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 two hundred thousand dollars (\$200,000.00). DHCF will award one grant. 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 a portion 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 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.

As indicated, sub-grants are permitted for qualified organizations. Applicants who propose to sub-grant shall submit sub-grantee plan(s) as part of their response, including signed Letter(s) of Commitment from sub-grantee(s). Sub-grantees that are working to support the grant aims as described in this RFA must also be a registered organization in good standing with DCRA as described in Section III.G of this RFA. Sub-contractors that are simply providing supplies or services are not required to possess a certificate of good standing from DCRA.

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 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 June 26, 2019 to DHCF c/o Dr. Pamela Riley, 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 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.

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:

- A. 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;
- B. That the applicant is able to maintain adequate files and records and can and will meet all reporting requirements;
- C. That all fiscal records are kept in accordance with Generally Accepted Accounting Principles (GAAP) and account for all funds, tangible assets, revenue, and expenditures whatsoever; that all fiscal records are accurate, complete and current at all times; and that these records will be made available for audit and inspection as required;
- D. 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";
- E. 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.
- F. 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;
- G. That the applicant is in compliance with requirements set forth in D.C. Official Code § 1-328.15;
- H. 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;
- I. 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;
- J. 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;
- K. 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;
- L. 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;
- M. 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;

- N. 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;
- O. That the applicant has a satisfactory record of integrity and business ethics;
- P. 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;
- Q. That the applicant is in compliance with the applicable District licensing and tax laws and regulations;
- R. That the applicant complies with provisions of the Drug-Free Workplace Act;
- S. That the applicant meets all other qualifications and eligibility criteria necessary to receive an award under applicable laws and regulations; and
- T. 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 and, if applicable, sub-grantee(s) 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, sub-grantees, 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, sub-grantees, 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, sub-grantees, representatives, and members of their workforce have not been debarred from being employed as a Grantee by the federal government, the Government of the District of Columbia, or any government entity.

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 Thursday, May 30, 2019 from 3:00 to 5:00 p.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 June 26, 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.

C) Application Requirements

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

- a. Table of Contents
- b. Program Narrative
- c. Grant, Fiscal, and Financial Management
- d. Program Reporting
- e. Applicant and Subgrantee(s) Qualifications
- f. Proposed Budget and Budget Justification
- g. Attachments
 - Attachment A: Signed Statement of Certification
 - Attachment B: Completed Automated Clearing House form
- h. 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
 - [Include if applicable] Appendix 8: Sub-grantee plan(s)
 - [Include if applicable] Appendix 9: Signed Letter(s) of Commitment from sub-grantee(s)

a. Program Narrative

The narrative section (limited to 10 pages) should describe the applicant's approach and service delivery model for utilizing peer navigation services to improve the timely delivery of appropriate prenatal and postnatal services to high-risk expectant mothers residing in Wards 7 and 8, and who receive Medicaid or are Medicaid-eligible.

Specifically, the narrative must:

- a. 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;
- b. Describe any existing or proposed partnerships (i.e., sub-grantees) or existing partnerships with District Agencies, health care providers, managed care

organizations, or community-based organizations 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;

b. 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.

c. Program Reporting

At the end of the grant period, the grantee will be required to report the following measures to DHCF for program participants compared to high-risk expectant mothers not participating in the intervention:

- Maternal mortality rate among program participants vs. non-participants
- Number of low birth-weight newborns among program participants vs. non-participants
- Rate of premature births among program participants vs. non-participants
- Rate of tobacco use during pregnancy among program participants vs. non-participants

In addition to reporting on the required measures above, the grantee shall identify and propose one outcome measure for intervention participants related to improving perinatal care in one of the following areas:

- Improving entry into prenatal care in the first trimester;
 - Improving participation in recommended prenatal visits, procedures, and treatments;
- OR
- Improving receipt of postpartum care.

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.

d. Applicant and Subgrantee(s) Qualifications

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

- a. The organization's specific involvement and roles in the District's health system, including current involvement with District perinatal health improvement efforts
- b. 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 maternal health care.

- c. The applicant's operational readiness and capabilities to:
 - a. staff the required team (At least 50% of the direct services delivery staff shall not possess an advanced level degree (bachelors level degree and higher));
 - b. Implement a health care delivery model for expectant mothers incorporating peer navigators;
 - c. identify a consistent source of referrals for expectant mothers;
 - d. provide patient-centered care for expectant mothers, including: regular office and in-home visits, access to nutritional education, and access to classes and support groups such as perinatal fitness, child birth education, newborn care, and parenting skills;
 - e. provide access to essential maternity and postpartum maternal and newborn supplies such as clothes and diapers;
 - f. provide or refer expectant mothers to mental health services;
 - g. refer expectant mothers to WIC, health insurance, and other community resources;
 - h. provide expanded maternity services which will include care coordination of non-clinical health, nutritional, and social factors through the end of pregnancy up to 6 months postpartum;
 - i. initiate intervention prior to 4 weeks postpartum for non-NICU and up to 12 weeks postpartum for NICU;
 - j. increase early access and compliance with prenatal care;
- d. The applicant's record of partnering with health care providers, community-based organizations, DC Government agencies, or managed care organizations on efforts to improve the quality and delivery of health care services, particularly those focused on maternal health.

e. 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.

f. 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.

g. 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>.

Sub-grants are permitted for qualified organizations. Applicants who plan to sub-grant shall submit sub-grantee plan(s) (Appendix 8) and signed Letter(s) of Commitment from sub-grantee(s) (Appendix 9).

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 4 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 applicant provides a clear discussion of how the organizational structure supports the objectives under this RFA. *(5 points)*
- b. The applicant provides a staffing plan that outlines staff and subcontractors being offered to perform the tasks, indicating level of effort as well as duties and responsibilities in relation to the scope of work. The staffing plan shall include the timeframes for commitment of each staff person to this project and a description of how the applicant's staff and subcontractors will be organized and supervised to meet all RFA requirements. *(5 points)*
- c. The applicant's proposed staff has demonstrated previous experience with similar work as is being proposed and an expert level of knowledge of knowledge of health care practice transformation & quality improvement; understanding population needs, resources, and challenges to improving maternal health in Wards 7 & 8. *(5 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 utilization of peer navigators as part of a health care model, and health care practice transformation & quality improvement; understanding population needs and challenges to improving maternal health in Wards 7 & 8 that would support their ability to meet all RFA requirements. *(10 points)*
- b. The applicant proposes a comprehensive, innovative, and achievable initiative 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 *(10 points)*
 - ii. The applicant proposed a realistic, innovative approach to implement an initiative *(15 points)*
 - iii. The applicant demonstrates operational readiness to implement the initiative and provides a comprehensive and achievable list of milestones and deliverables *(15 points)*

- iv. 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)

- a. The applicant demonstrates potential impact of the program on increasing entry into and utilization of prenatal care among high-risk expectant mothers in Wards 7 & 8. (5 points)
- b. The applicant demonstrates an understanding of utilizing peer navigators as part of a health care delivery team; health care practice transformation & quality improvement; population needs and challenges to improving maternal health in Wards 7 & 8; and aligns proposed activities with improving the health and well-being before, during, and after child birth for high-risk expectant mothers and their infants in Wards 7 & 8. (10 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. The panel of reviewers are neutral, qualified, professionals selected by the DHCF Office of the Director for their expertise in preventive health and perinatal educational services. The panel will review, score, and rank each applicant’s proposal based on the criteria outlined in the RFA.

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
<i>Most Qualified</i>	95 – 100
<i>Very Qualified</i>	80 – 94
<i>Qualified</i>	70 – 79
<i>Minimally Qualified</i>	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.

C) Anticipated Announcement and Award Dates

The anticipated announcement date is July 17, 2019. The anticipated date of award is July 17, 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 applicant(s) with a Notice of Grant Award (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.

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 if applicable, sub-grantee(s), status of goals and performance measures, plans for how the initiative will be leveraged in the future, and recommendations to DHCF, if any, based on the grant.

D) Payment

Upon award, DHCF shall provide funding to the Grantee(s) according to the terms outlined in the grant agreement which will include a Fund Disbursement Schedule and Terms. All payments associated with this grant will be made through an Automated Clearing House (see **Attachment B**).

Section VII: DC Agency Contacts

For additional information regarding this RFA, please contact Dr. Pamela Riley 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:

- A) Certifications
- B) Automated Clearing House Form
- C) Program Budget and Budget Justification Template
- D) DHCF RFA Receipt