



# **2022 District of Columbia COVID-19 Hospital Support Grant Request for Applications**



Department of Health Care Finance

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## **Grant Purpose and Objectives**

On January 19, 2022, in accordance with section 450A of the District of Columbia Home Rule Act (D.C. Official Code § 1-204.50a), Mayor Muriel Bowser directed \$15 million of the District's Contingency Cash Reserve, be allocated to the Department of Health Care Finance, to be granted to the District's hospitals to support their response to the ongoing COVID-19 public health emergency. The COVID-19 pandemic has further intensified District Hospitals' existing shortage for nursing staff, a critical component of providing essential care for COVID-19. This has caused an increased reliance on contracted "travel" nurses to meet the hospitals' staffing needs. Labor expenses for these critical staff have more than doubled during the pandemic. Hospitals cannot use 100% of their medical surge capacity due to staff shortages; in some hospitals, 25% of their staff are out on COVID-related leave. Additionally, some emergency rooms are overwhelmed with dozens of patients "boarding," or waiting in the emergency room for a room in the hospital itself. These patients have met admission criteria to the hospital, but the hospital does not have an available staffed bed to accommodate the patient. Boarding, while necessary, impacts the availability of emergency room beds for patients.

These grant funds will fund costs incurred by DC hospitals including supplies and equipment related to COVID-19 and personnel costs incurred to respond to the ongoing COVID-19 pandemic, including the costs of contract staff, to ensure continued access to emergency and inpatient hospital care during this pandemic surge.

## **Eligible Hospitals**

The following eleven (11) hospitals are eligible to apply for this grant award: BridgePoint Hospital Capitol Hill, BridgePoint Hospital National Harbor, Children's National Medical Center, George Washington University Hospital, Howard University Hospital, Medstar Georgetown University Hospital, Medstar National Rehabilitation Hospital, Medstar Washington Hospital Center, Psychiatric Institute of Washington, Sibley Memorial Hospital, and United Medical Center.

## **Allocation Formula**

Grant awards will be allocated to each hospital based on a combination of the percentage of hospital operating beds and the cost increase percentage in nursing expenditures between 2019 and 2021. Hospitals that show a negative cost increase in nursing expenditures are not eligible for funding. The final allocation will be determined based on the signed and submitted applications received by 12 Noon on Wednesday February 9, 2022.

## **Grant Application Materials and Key Dates**

All applications are due no later than 12 Noon on Wednesday February 9, 2022. DHCF will issue the Notice of Grant Award (NOGA) by 12 Noon on Thursday, February 10, 2022. Awardee must sign the NOGA and returned by 12 Noon on Friday, February 11, 2022. DHCF will process the calculated allotment to each hospital applicant through the Medicaid payment system no later than Monday, February 14, 2022, which will allow Awardees to receive the allocated funds no later than February 25, 2022. Hospitals will receive the payment in the same manner as Medicaid submitted claims, the payment will also show on the Medicaid Remittance Advices. The grant period will be the date the NOGA is signed through the end of the federal Public Health Emergency.

Please fill out, sign, and return the Application (Attachment A) electronically to [Angelique.martin@dc.gov](mailto:Angelique.martin@dc.gov) by 12 Noon on Wednesday February 9, 2022

## **Reporting Requirements**

All grant monies awarded must be spent on the objectives specified above in the “Grant Purpose and Objectives” section during the grant period. To document how these funds will be used to support COVID-19 related expenses and to facilitate federal reimbursement of grant funds, the Awardee will be required to submit expenditures incurred under this grant in accordance with the process the Executive Office of the Mayor (EOM), or their Designee, has established through the reporting requirements for District COVID-19 grant awards.

## **Terms and Conditions**

Funding for this award is contingent on continued funding from the grantor. The RFA does not commit DHCF to make an award. DHCF reserves the right to accept or deny any or all applications if DHCF determines it is in the best interest of DHCF to do so. DHCF shall notify the applicant if it rejects that applicant’s proposal. DHCF may suspend or terminate an outstanding RFA pursuant to its own grant making rule(s) or any applicable federal regulation or requirement. DHCF reserves the right to issue addenda and/or amendments subsequent to the issuance of the RFA, or to rescind the RFA. DHCF shall not be liable for any costs incurred in the preparation of applications in response to the RFA. Applicant agrees that all costs incurred in developing the application are the applicant’s sole responsibility. DHCF may conduct pre-award on-site visits to verify information submitted in the application and to determine if the applicant’s facilities are appropriate for the services intended. DHCF may enter into negotiations with an applicant and adopt a firm funding amount or other revision of the applicant’s proposal that may result from negotiations. If there are any conflicts between the terms and conditions of the RFA and any applicable federal or local law or regulation, or any ambiguity related thereto, then the provisions of the applicable law or regulation shall control, and it shall be the responsibility of the applicant to ensure compliance.

## **DC Agency Contact**

For additional information regarding this application, please contact Angelique Martin, Deputy Director of Finance via email at [angelique.martin@dc.gov](mailto:angelique.martin@dc.gov) or by phone at (202) 557-6567.

## **Attachments**

- A. 2022 DC COVID-19 Hospital Support Grant Application Form

**2022 DC COVID-19 Hospital Support Grant Application Form (Attachment A)**

**Administrative Section**

**Applicant Organization Name**

**Medicaid Provider ID**

**Address**

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

**Applicant's Authorized Representative Name and Title**

**10 Digit Phone Number**

**Email Address**

**Grant Information**

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

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

- 1. The above Hospital is currently in good standing with Federal Taxes.
- 2. The above Hospital is currently in good standing with District of Columbia taxes.
- 3. Fiscal records are kept in accordance with Generally Accepted Accounting Principles (GAAP).
- 4. All costs incurred under this grant will be in accordance with 2 CFR 200, "Uniform Admin Requirements, Cost Principles, and Audit Requirements for Federal Awards."
- 5. Has the Applicant, or where applicable, any of its officers, partners, principals, members, associates, or key employees, withing the last three (3) years prior to the date of this application:
  - a. Been indicted or had charges brought against them (if still pending) and/or been convicted off any crime or offence arising directly or indirectly from the conduct of the applicant's organization, or any crime or offense involving financial misconduct or fraud.
  - b. Been the subject of legal proceedings arising directly from the provision of services by the organization.

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

The Applicant/Grantee agrees to indemnify, defend and hold harmless the Government of the District of Columbia and its authorized officers, employees, agents and volunteers from any and all claims, actions, losses, damages, and/or liability arising out of this grant or sub-grant from any cause whatsoever, including the acts, errors or omissions of any person and for any costs or expenses incurred by the District on account of any claim therefore, except where such indemnification is prohibited by law.

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

**Hospital:** \_\_\_\_\_

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

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