REQUEST FOR APPLICATIONS

Consent Management for HIE Grant

Open Date: February 24, 2020

Close Date: March 25, 2020

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 (DC) 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 care services to children, adults, elderly and persons with disabilities who have low-income. Over 250,000 District residents (more than one-third of all residents) receive health care coverage through DHCF’s Medicaid, CHIP, Alliance and Immigrant Children programs. DHCF strives to provide access to health care services in the most appropriate and cost-effective settings possible.

Stakeholder engagement conducted during the development of the District’s 2018 State Medicaid Health IT Plan (SMHP) revealed that the District’s behavioral health provider community sees a significant opportunity to improve care facilitated through the use of electronic health records (EHRs) and health information exchange (HIE). In addition, exchanging behavioral and physical health information in order to integrate care across treating health providers is perceived to be beneficial. While progress has been made to appropriately exchange mental health information among District providers, substance use disorder (SUD) information is subject to regulations that require patient consent prior to the disclosure of information. The SMHP also identified that providers and patients find consent exchange policies related to behavioral health confusing, which may impact continuity and quality of whole-person care.

In the past two years, the District has made great strides to improve access and use of pertinent health information needed to diagnose and treat Medicaid beneficiaries via HIE. The District has made substantial investments in Health IT via the Health Information Technology for Economic and Clinical Health (HITECH) Act funding to facilitate physical and behavioral health integration. In addition, the publication of the 21st Century Cures Act of 2016 presents opportunities to give consumers more options for getting to and using health information through the Act’s specific provisions promoting interoperability and consumer engagement.

In 2018, the District adopted changes to the DC Mental Health Information Act (D.C. Law 22-244), which enables DHCF to exchange mental health information among treating providers so long as the treating behavioral health provider offered the patient notice of the intent to exchange their information and the opportunity to opt out. The one remaining domain of personal health information needed to achieve parity among provider types participating in the DC HIE is substance use data, which is protected by 42 CFR Part 2.
Due to 42 CFR Part 2 protections, incorporating SUD information into the emerging health data ecosystem in the District is only possible if substantial improvements are made to the District’s consent management process. The District now has an opportunity to make substantial improvements in consent management by designing, developing, and implementing a robust consent management solution that is built upon the District’s existing HIE infrastructure.

In September 2019, the Centers for Medicare and Medicaid Services (CMS) awarded DHCF $4.6 million for its proposal Supporting Provider Capacity to Deliver High Quality Substance Use Treatment and Recover Services in the District of Columbia. The goal is to enhance provider capacity to diagnose, treat and provide supportive services to individuals with SUD as part of DHCF’s effort to deliver whole person care. This planning grant will support behavioral health practice transformation by:

1. Conducting a comprehensive needs assessment of Medicaid provider capacity to diagnose and treat SUD;
2. Providing education and technical assistance among Medicaid providers to build provider capacity to treat individuals with SUD in community settings; and
3. Supporting infrastructure to enable:
   a. structured communication and referrals with District behavioral health providers;
   b. e-consult and telemedicine tools to provide access to addiction specialists on-demand who can support Medicaid providers; and
   c. development of consent management tools to facilitate appropriate exchange of 42 CFR part 2 data.

The grant’s objectives complement the District’s Live. Long. DC. Opioid Strategic Plan (https://dbh.dc.gov/publication/live-long-dc) and the November 2019 CMS approval of the District’s Medicaid Section 1115 Behavioral Health Transformation Demonstration (https://dhcf.dc.gov/1115-waiver-initiative). This Demonstration will allow the District’s Medicaid program to pay for services provided to adults with serious mental illness (SMI)/serious emotional disorder (SED) or substance use disorder (SUD) by an institution for mental disease (IMD). The waiver will add new community-based services designed to improve behavioral health treatment capacity and strengthen transitions from emergency, inpatient and residential treatment.

The District will leverage these new authorities under the Behavioral Health Transformation Demonstration to provide a more comprehensive continuum of behavioral health services for Medicaid beneficiaries and support the District’s transition to a healthcare system that provides whole person care. The implementation of the Demonstration accelerates the need for a
system that allows user-friendly capture of patient consent to enable timely exchange of sensitive health information among providers involved in a patient’s care.

This funding opportunity (DHCF-Consent Management Solution 2020) is intended to enable a qualified organization to build on previous public and privately funded HIE infrastructure to efficiently and effectively collect patient consent to exchange behavioral health data, including 42 CFR Part 2 information on SUD, via HIE. DHCF believes that behavioral and physical health information, including information protected by 42 CFR Part 2, can be exchanged in a way that provides a patient with coordinated and integrated care. This exchange of information can be achieved while also following applicable laws and respecting the patient’s right to privacy. Developing an effective consent management solution supports DHCF’s strategic priorities, including a focus on delivering whole person care, and better integrating physical and behavioral health. In order to facilitate this priority, providers and residents must clearly understand their privacy and security rights and responsibilities, and Medicaid beneficiaries must be empowered to control the flow of their health information.

B) Program Description

The purpose of this program is to design, develop, and implement a consent management solution that enables the exchange of behavioral health information, including substance use disorder (SUD) data protected by 42 CFR Part 2, among organizations participating in the DC HIE, a statewide, interoperable system of registered and designated HIE entities.

The consent management solution should allow entities participating in the DC HIE to support Medicaid beneficiaries’ ability to create, manage, sign, and revoke 42 CFR Part 2 compliant consent. The applicant shall also provide tailored workflow analysis, training, and implementation support so that HIE participants can adopt consent management tools.

The program shall accomplish four objectives to implement a consent management solution:

1) Plan and Gather Technical Requirements – Identify technical requirements and options to develop a consent management solution for SUD information that is responsive to stakeholder needs;

2) Review, Recommend, and Select Consent Management Solution – Review approaches to consent management that fulfill the technical requirements and recommend a consent management solution for DHCF approval that meets defined technical requirements, specific key principles, and features;

3) Implement Consent Management Solution – implement a scalable consent management solution with a subset of provider entities treating SUD; and
4) Engage Stakeholders to Meet Ongoing Needs and Expectations – Work closely with end users of the solution and other stakeholders including DHCF, District agencies, and other regional projects supporting HIE and behavioral health. At a minimum, the consent management solution must support the existing DC consent model for sharing SUD.

**Objective #1: Plan and Gather Technical Requirements to Develop a Consent Management Solution for Behavioral Health**

1. The grantee shall gather technical requirements and stakeholder priorities to select a technical solution for consent management. This process shall include technical research and requirements gathering, summarizing consent management best practices to inform the selection, and implementation of a solution.
2. The grantee shall assess current workflow processes for collecting consent through:
   a. Conducting a minimum of ten (10) site visits with District providers in order to complete a workflow assessment, including:
      i. Adult Substance Abuse Rehabilitative Service (ASARS) providers
      ii. Federally-Qualified Health Centers
      iii. Medication-Assisted Treatment (MAT) Providers
      iv. Institutes of Mental Disease
      v. Primary care providers
      vi. DBH-certified Community Service Providers
      vii. Hospital-Based and Affiliated Providers and Social Workers
   b. These site visits will inform the design of system to collect consent in different provider settings at which beneficiaries diagnosed with SUD may receive treatment. The grantee may select providers for the workflow assessment from a group of providers receiving technical assistance from a separate DHCF contract titled, *Integrated Care Technical Assistance Contract.* The grantee shall employ best practice methods for workflow assessment and principles of user-centered design;
   c. Analyzing a prospective user’s current state end-to-end workflow and designing new workflows consistent with principles of user-centered design.

**Objective #2: Review, Recommend, and Select Consent Management Solution – Identify a Consent Management Solution, for DHCF Approval, that Meets Specific Key Principles, Requirements, and Features**

1. The grantee shall review a range of consent management solutions that could meet the technical requirements outlined in Objective 2.
2. Based on evaluation of potential consent management solutions, the grantee shall propose to DHCF, via a memo, a consent management solution that:
   a. Meets the following key principles of consent management:
i. Ensure the privacy and security of patient data;
ii. Promote scalability and sustainability of the solution;
iii. Design features to optimize participation;
iv. Promote integration of physical, behavioral health, and social needs; and
v. Enable patient control (autonomy and specificity of consent).

b. Meets, at a minimum, the following initial requirements:
   i. Complies with 42 CFR Part 2;
   ii. Requires providers to obtain consent from the patient or from an individual authorized to provide consent on behalf of the patient before sharing or requesting access to any SUD or protected patient information within the HIE;
   iii. Ensures authorized information is only shared with the entities specified in the patient consent;
   iv. Provides flexibility to amend or edit consent subsequent to initial consent collection and storage;
   v. Utilizes current technical standards, such as Fast Healthcare Interoperability Resources (FHIR) query-based protocols, to the extent feasible; and
   vi. Supports and enhance existing DC model for sharing 42 CFR Part 2 data.

c. Incorporates key features including:
   i. Interaction: Describe how providers and patients will interact with the consent management solution, such as collecting informed consent, accessing consent, or using consent to access records.
   ii. Authentication: Describe how user access to the solution will be provided, managed, and interact in the context of consent to provide, edit, and request consent through a simple user-friendly, and efficient process.
   iii. Authorization: Describe how, once access is provided, the application will apply logic to determine which users can perform certain functions and which roles are able to access 42 CFR Part 2 restricted versus non-restricted data.
   iv. Storage: Describe how SUD data will be stored, including protocols for managing consent meta-data, and the best practices and platforms for doing so, while ensuring compatibility with existing HIE infrastructure in the District.
   v. Data Exchange: Define exchange protocols and mechanisms that the consent management solution will manage, including a description of
how the solution will utilize current technical standards, such as FHIR query-based protocols.

vi. Scalability: The grantee shall ensure the solution is scalable enough to adapt to data exchange for a range of provider types and other types of sensitive health-related information (i.e. mental health, school-based, sexually transmitted infection (STI)).

3. The grantee shall select a consent management solution, as approved by DHCF, that will be integrated into the existing DC HIE infrastructure.

**Objective #3: Implement Consent Management Solution – Implement a Scalable Consent Management Solution with a Subset of Medicaid Provider Entities**

1. Grantee shall implement the consent management solution with at least one (1) of the provider entity types listed below and a minimum of ten (10) total provider entities representing a range of sites treating SUD, including:
   a. Adult Substance Abuse Rehabilitative Service (ASARS) providers
   b. Federally-Qualified Health Centers
   c. Medication-Assisted Treatment (MAT) Providers
   d. Institutes of Mental Disease
   e. Primary care providers
   f. DBH-certified Community Service Providers
   g. Hospital-based and affiliated providers and social workers

2. The grantee shall undertake a process to optimize technical performance and practice workflow using the consent management solution, particularly for SUD diagnosis and treatment. This process should include:
   a. Checking that the technical solution satisfies the key principles and features for consent management, as well as addresses specific requirements, needs and expectations captured in Objectives 1 and 2;
   b. Conducts user acceptability and convenience testing;
   c. Integrates the consent management solution workflow developed by the grantee without significant disruption to the provider’s existing workflow.

3. Grantee shall streamline patient-provider workflows and resolve any unexpected technical issues. This will include the following activities:
   a. Training of staff – educate providers on the appropriate use of the system and how to adapt their existing workflows to use the consent management solution, including sharing 42 CFR Part 2 data via the HIE; and
   b. Guidance on governance principles and resources to equip users with the knowledge and skills needed to build trust and maximize use of the tool.
Objective #4: Engage Stakeholders to Meet Ongoing Needs and Expectations – Close coordination with end users of the system and other stakeholders including DHCF, Managed Care Organizations, District agencies, and other government projects supporting HIE and behavioral health.

1. Grantee shall develop and execute a formal communication plan that engages diverse stakeholders and aims to build trust among the Medicaid community, including behavioral health providers. The communication plan will outline how the grantee will:
   a. Engage the behavioral health provider community to actively participate in data exchange and consent management solution development;
   b. Engage stakeholders to inform the development of the technical capabilities and policy considerations for the tool;
   c. Develop an advocacy/awareness campaign with a focus on reinforcing consumer education and training on consent management; and
   d. Conduct stakeholder outreach regarding privacy and security safeguards and develop trust in technology and workflows.

2. Grantee shall engage the HIE Policy Board’s subcommittees to provide subject matter expertise to the project and to address issues relating to consent management.
   a. Draft a written privacy and security framework or policy that gives consumer control of their electronic health information, builds trust, and promotes participation.

3. Grantee shall ensure that there is clear and accurate understanding among health system stakeholders of 42 CFR Part 2 requirements.

C) Program Benefits
Exchanging SUD data among organizations participating in the DC HIE will support the District’s effort to transform the behavioral health system by integrating physical and behavioral health information to improve diagnosis and treatment of SUD. The consent management solution will enable District residents to have the autonomy to direct the exchange of their own health information. Doing so supports DHCF’s strategic priority to build a health system that provides whole person care. This effort is the first step in developing a future state of health information exchange that leverages a mature consent management solution to empower patients and those providing care to exchange health and health-related information whenever and wherever needed.

D) Purpose of RFA
The purpose of this RFA is to solicit application from eligible organizations to select a grantee for the Consent Management for HIE Grant.
E) Key Dates and Information (needs editing)

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<tr>
<th>Event</th>
<th>Date/Time Details</th>
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<tr>
<td>RFA release</td>
<td>Monday, February 24, 2020</td>
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<td>Pre-application meeting</td>
<td>Monday, March 2, 2020 2:00 to 3:00 p.m.</td>
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<td>441 4th St., NW 10th Floor, Main Street Room 1028 Washington, DC 20001</td>
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<td>Deadline to submit written questions to</td>
<td>Friday, March 6, 2020 By 4:00 p.m., Eastern</td>
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<td><a href="mailto:deniz.soyer@dc.gov">deniz.soyer@dc.gov</a></td>
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<td>Answers to questions available at</td>
<td>On or before Monday, March 16, 2020</td>
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<td><a href="https://dhcf.dc.gov/page/dhcf-grant-">https://dhcf.dc.gov/page/dhcf-grant-</a></td>
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<td>opportunities</td>
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<td>Application due</td>
<td>Wednesday, March 25, 2020 By 4:00 p.m. Eastern</td>
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<td>Award announcement (expected)</td>
<td>Thursday, April 30, 2020</td>
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<td>Grant start and end dates</td>
<td>Award date to March 29, 2021</td>
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Section II: Award Information
The total amount of funds available is up to nine hundred ninety-seven thousand nine hundred seventy-five dollars ($997,975.00) DHCF will award one (1) grant in the amount of no more than $997,975.00. The grant period will be the date of the award to March 29, 2021.

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 meet the following eligibility requirements to apply for this grant:

1. Be organized under the District of Columbia Non-Profit Corporation Act (D.C. Official Code, sec. 29-401 et seq.) or organized as a Non-Profit organization in the jurisdiction where the entity is incorporated.

2. Have the authority to enter into an agreement with DHCF and be in compliance with applicable District of Columbia laws and regulations.

3. 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, by both DCRA and OTR, at the time of application.

4. Be an HIE entity, as defined under Chapter 87, District of Columbia Health Information Exchange, Title 29, DCMR, as an entity that creates or maintains an infrastructure that provides organizational and technical capabilities in a system to enable the secure, electronic exchange of health-related information among participating organizations not under common ownership.

5. Be a Registered HIE entity, as defined under Chapter 87, District of Columbia Health Information Exchange, Title 29, DCMR, operating in the District to facilitate patient care for District residents through the secure electronic exchange of health-related information among approved, qualifying partners according to nationally recognized standards.

6. 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 that are working to support the grant aims as described in this RFA are subject to all requirements described in Section III and must provide the applicant any documents and reports necessary for the applicant to fulfil all reporting requirements described in Section VI C. 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 Wednesday, March 25, 2020 to DHCF c/o Deniz Soyer, 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]. (See **Attachment E** for Health Insurance Portability and Accountability Act of 1996 (HIPAA) Checklist).

Specifically, the Grantee shall adhere to the requirements below and demonstrate compliance at quarterly privacy and security meetings with the Office of the DHCF Privacy Officer and other DHCF staff:

- Ensure any and all protected health information (PHI) is only exchanged via point-to-point transmission;
- Establish protocols and/or have systems in place to prevent secondary use of data, unless it is related to approved population-based activities such as those related to improving health or healthcare costs, case management, and/or care coordination, among others;
Develop and implement protocols, methodologies, and a monitoring approach designed to discover any unusual findings or unauthorized access, which can be identified with an audit of the user access logs. User access logs must be immutable or support non-repudiation (i.e., information in logs cannot be altered by anyone regardless of access privilege);

Take affirmative and preventive action to protect a patient’s PHI including sensitive health information from a breach or non-HIPAA violation;

Comply, at minimum, with the most recent Level 2 requirements set forth by the National Institute of Standards and Technology (NIST) in the April 2006 Special Publication 800-63 (Version 1.0.2);

Adopt and implement, where applicable, an authentication process that requires two-factor authentication with two characters that include a username and password, along with an additional security precaution, which may include a security question or a device registration;

Assign a unique name and/or number for identifying and tracking user identity;

Ensure all data stored to authenticate an authorized user is encrypted to the level set by industry best practices;

Implement electronic procedures that terminate an electronic session after a predetermined time of inactivity generally not to exceed fifteen (15) minutes;

Implement a mechanism to encrypt and decrypt electronic PHI at rest and in motion;

Implement hardware, software, and/or procedural mechanisms that record and examine activity in information systems that contain or use electronic PHI;

Implement policies and procedures to protect electronic PHI from improper alteration or destruction;

Establish policies and procedures for the appropriate notification and remediation activities, consistent with the Health Information Technology for Economic and Clinical Health Act (HITECH) Act of 2009, in the event of a data breach involving ePHI;

Report to DHCF the results and provide a copy of the management letter of any outside privacy or security audits that the HIE entity engages in regularly or on an ad hoc basis; and

Implement a written plan to ensure that the HIE entity’s enrolled participating organizations conduct their own audit or review the HIE access logs relating to the participating organization within ten (10) days of receipt from the HIE entity.

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 carrier, fidelity bond holder, cybersecurity liability).
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. Fillable W-9 forms can be found on the IRS website: https://www.irs.gov/pub/irs-pdf/fw9.pdf.

2. The tax exemption affirmation letter is the IRS’s determination letter of non-profit status. If this letter is not available, then the Applicant should provide its most recent IRS Form 990 tax return, if one was submitted. If no return has yet been filed, the organization can submit its application for tax-exempt status. If the group has a supporting organization with an IRS tax-exempt status determination, then that organization’s tax exemption affirmation letter should also be submitted.

3. 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. That the applicant has provided the individuals, by name, title, address, and phone number who are authorized to negotiate with the Department on behalf of the organization;

2. That the applicant is able to maintain adequate files and records and can and will meet all reporting requirements;

3. That all fiscal records are kept in accordance with Generally Accepted Accounting Principles (GAAP) and account for all funds, tangible assets, revenue, and expenditures whatsoever; that all fiscal records are accurate, complete and current at all times; and that these records will be made available for audit and inspection as required;

4. That all costs incurred under this grant shall be in accordance with 2 CFR Part 200, “Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards”;

5. Whether the applicant, or where applicable, any of its officers, partners, principals, members, associates or key employees, within the last three (3) years prior to the date of the application, has:
   a. Been indicted or had charges brought against them (if still pending) and/or been convicted of:
      i. Any crime or offense arising directly or indirectly from the conduct of the applicant’s organization, or
ii. Any crime or offense involving financial misconduct or fraud; or

b. Been the subject of legal proceedings arising directly from the provision of services by the organization.

6. If any response to the disclosures referenced at (5.) is in the affirmative, the applicant shall fully describe such indictments, charges, convictions, or legal proceedings (and the status and disposition thereof) and surrounding circumstances in writing and provide documentation of the circumstances;

7. That the applicant is in compliance with requirements set forth in D.C. Official Code § 1-328.15;

8. That the applicant is current on payment of all federal and District taxes, including Unemployment Insurance taxes and Workers’ Compensation premiums. This statement of certification shall be accompanied by a certificate from the District of Columbia Office of Tax and Revenue (OTR) stating that the entity has complied with the filing requirements of District of Columbia tax laws and has paid taxes due to the District of Columbia, or is in compliance with any payment agreement with OTR;

9. That the applicant has the demonstrated administrative and financial capability to provide and manage the proposed services and ensure an adequate administrative, performance, and audit trail;

10. That, if required by the Department, the applicant is able to secure a bond, in an amount not less than the total amount of the funds awarded, against losses of money and other property caused by fraudulent or dishonest act committed by any employee, board member, officer, partner, shareholder, or trainee;

11. That the applicant is not proposed for debarment or presently debarred, suspended, or declared ineligible, as required by Executive Order 12549, “Debarment and Suspension,” and implemented by 2 CFR Part 180, for prospective participants in primary covered transactions and is not proposed for debarment or presently debarred as a result of any actions by the District of Columbia Contract Appeals Board, the Office of Contracting and Procurement, or any other District contract regulating agency;

12. That the applicant has the financial resources and technical expertise necessary for the production, construction, equipment and facilities adequate to perform the grant or sub-grant, or the ability to obtain them;

13. That the applicant has the ability to comply with the required or proposed delivery or performance schedule, taking into consideration all existing and reasonably expected commercial and governmental business commitments;

14. That the applicant has a satisfactory record performing similar activities as detailed in the award or, if the grant award is intended to encourage the development and support of organizations without significant previous experience, that the applicant has
otherwise established that it has the skills and resources necessary to perform the grant;
15. That the applicant has a satisfactory record of integrity and business ethics;
16. That the applicant has the necessary organization, experience, accounting and operational controls, and technical skills to implement the grant, or the ability to obtain them;
17. That the applicant is in compliance with the applicable District licensing and tax laws and regulations;
18. That the applicant complies with provisions of the Drug-Free Workplace Act;
19. That the applicant meets all other qualifications and eligibility criteria necessary to receive an award under applicable laws and regulations; and
20. That the applicant will, if successful, indemnify, defend and hold harmless the Government of the District of Columbia and its authorized officers, employees, agents and volunteers from any and all claims, actions, losses, damages, and/or liability arising out of this grant or sub-grant from any cause whatsoever, including the acts, errors or omissions of any person and for any costs or expenses incurred by the District on account of any claim therefore, except where such indemnification is prohibited by law.

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

Applicant/Grantee hereby assures and certifies compliance with all Federal statutes, regulations, policies, guidelines and requirements, including OMB 2 CFR Part 200, that governs the application, acceptance and use of Federal funds for this federally-assisted project.

In addition, the Applicant/Grantee assures and certifies that:

1. It possesses legal authority to apply for the grant; that a resolution motion or similar action has been duly adopted or passed as an official act of the Applicant/Grantee’s governing body, authorizing the filing of the application, including all understandings and assurances contained therein, and directing and authorizing the person identified as the official representative of the Applicant/Grantee to act in connection with the application and to provide such additional information as may be required.
2. It will comply with requirements of the provisions of the Uniform Relocation Assistance and Real Property Acquisitions Act of 1970 PL 91-646 which provides for fair and equitable treatment of persons displaced as a result of Federal and federally-assisted programs.
3. It will comply with provisions of Federal law which limit certain political activities of employees of a State or local unit of government whose principal employment is in connection with an activity financed in whole or in part by Federal grants. (5 USC 1501, et seq.).

4. It will comply with the minimum wage and maximum hour’s provisions of the Federal Fair Labor Standards Act, if applicable.

5. It will establish safeguards to prohibit employees from using their positions for a purpose that is or gives the appearance of being motivated by a desire for private gain for themselves or others, particularly those with whom they have family, business, or other ties.

6. It will give the Federal grantor agency and the Comptroller General, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the grant.

7. It will comply with all requirements imposed by the Federal grantor agency concerning special requirements of Law, program requirements, and other administrative requirements.

8. It will ensure that the facilities under its ownership, lease or supervision which shall be utilized in the accomplishment of the project are not listed on the Environmental Protection Agency’s (EPA) list of Violating Facilities and that it will notify the Federal grantor agency of the receipt of any communication from the Director of the EPA Office of Federal Activities indicating that a facility to be used in the project is under consideration for listing by the EPA.

9. It will comply with the flood insurance purchase requirements of Section 102(a) of the Flood disaster Protection Act of 1973, PL 93-234, 87 Stat. 975, approved December 31, 1976. Section 102(a) requires, on and after March 2, 1975, the purchase of flood insurance in communities where such insurance is available as a condition for the receipt of any Federal financial assistance for construction or acquisition purposes for use in any area that has been identified by the Secretary of the Department of Housing and Urban Development as an area having special flood hazards. The phrase “Federal Financial Assistance” includes any form of loan, grant, guaranty, insurance payment, rebate, subsidy, disaster assistance loan or grant, or any other form of direct or indirect Federal assistance.

10. It will assist the Federal grantor agency in its compliance with Section 106 of the National Historic Preservation Act of 1966 as amended, Executive Order 11593, and the Archeological and Historical Preservation Act of 1966 by (a) consulting with the State Historic Preservation Officer on the conduct of investigations, as necessary, to identify properties listed in or eligible for inclusion in the National Register of Historic Places that are subject to adverse effects (see 36 CFR Section 800.8) by the activity, and notifying the Federal grantor agency of the existence of any such properties, and by (b) complying with all requirements established by the Federal grantor agency to avoid or mitigate adverse effects upon such properties.
11. It will comply with the provisions of 28 CFR applicable to grants and cooperative agreements including Part 18, Office of Justice Programs Hearing and Appeal Procedures; Part 22, Confidentiality of Identifiable Research and Statistical Information; Part 42, Nondiscrimination/Equal Employment Opportunity Policies and Procedures; Part 61, Procedures for Implementing the National Environmental Policy Act; Part 63, Floodplain Management and Wetland Protection Procedures; and Federal laws or regulations applicable to Federal Assistance Programs.

12. It will comply, and all its contractors or subgrantees will comply with Title VI of the Civil Rights Act of 1964, as amended; Section 504 of the Rehabilitation Act of 1973, as amended; Subtitle A, Title III of the Americans with Disabilities Act (ADA) (1993); Title IX of the Education Amendments of 1972 and the Age Discrimination Act of 1975.

13. In the event of Federal or State court or Federal or State Administrative agency makes a finding of discrimination after a due process hearing on the grounds of race, color, religion, national origin, sex, or disability against a recipient of funds, the recipient will forward a copy of the finding to the Office for Civil Rights, US. Department of Justice.

14. It will provide an Equal Employment Opportunity Program if required to maintain one, where the application is for $500,000 or more.

15. It will comply with the provisions of the Coastal Barrier resources Act (PL 97-348) dated October 19, 1982, (16 USC 3501 et seq.) which prohibits the expenditure of most new Federal funds within the units of the Coastal Barrier Resources System.

16. In addition to the above, the Grantee shall comply with all the applicable District and Federal statutes and regulations as may be amended from time to time including, but not necessarily limited to:
   b. The Hatch Act, Chap. 314, 24 Stat. 440 (7 USC 361a et seq.);
   c. The Fair Labor Standards Act, Chap. 676, 52 Stat. 1060 (29 USC 201 et seq.);
   d. The Clean Air Act (sub-grants over $100,000) PL 104-201, February 24, 2004, 42 USC chap. 85 et seq.;
   e. The Occupational Safety and Health Act of 1970, PL 91-596, Dec. 29, 1970, 84 Stat.1590 (29 USC Chap. 15);
   f. The Hobbs Act (Anti-Corruption), Chap. 537, 60 Stat. 420 (see 18 USC § 1951);
   j. Executive Order 12459 (Debarment, Suspension and Exclusion);
m. Drug Free Workplace Act of 1988, PL 100-690, 102 Stat. 4304 (41 USC 701 et seq.);

n. Assurance of Nondiscrimination and Equal Opportunity as found in 29 CFR 34.20;

o. District of Columbia Human Rights Act of 1977, D.C. Official Code § 2-1401.01; and


H) 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.

I) 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.

J) Financial Management and System of Internal Controls

If selected for funding, the applicant must:

1. Establish and maintain effective internal control over the Federal award that provides reasonable assurance that the non-Federal entity is managing the Federal award in compliance with Federal statues, regulations, and the terms and conditions of the federal award. These internal controls should be in compliance with guidance in the “Standards for Internal Control in the Federal Government” issued by the Comptroller General of the United States and the “Internal Control Integrated Framework” issued by the Committee of Sponsoring Organizations of the Treadway Commission (COSO);

2. Comply with Federal statutes, regulations, and the terms and conditions of the Federal awards;

3. Evaluate and monitor the nonfederal entity’s compliance with statute, regulations and the terms and conditions of the Federal awards; and

4. Take prompt action when instances of noncompliance are identified including noncompliance identified in audit findings.

K) Funding Restrictions

Any award associated with this RFA is limited to the availability funds in Fiscal Year 2020 and Fiscal Year 2021 and the authority to appropriate those funds. Spending is restricted to line items in the approved budget in order to fulfill the requirements of the approved project plan.

Grant award money cannot be used for the following:

1. Duplication of services immediately available through city, or federal government;

2. Market research, advertising (unless public service related to grant program) or other promotional expenses; or

3. Expenses made prior to the approval of a proposal or unreasonable expenditures will not be reimbursed.
Section IV: Application and Submission Information

A) Pre-Application Conference
A pre-application conference is scheduled for Monday, March 2, 2020 from 1:00 to 2:00 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 Wednesday, March 25, 2020 to DHCF c/o Deniz Soyer, 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 (FY18, FY19, and potential FY20)
Appendix 5: District of Columbia Business License  
Appendix 6: District of Columbia Certificate of Good Standing  
Appendix 7: List of insurance carriers  
Appendix 8: Completed W-9 form  
Appendix 9: Sub-grantee plan(s)  
Appendix 10: Signed Letter(s) of Commitment from sub-grantee(s)  
Appendix 11: Letters of Support (Optional)

Descriptions of each response element is detailed below:

a. **Table of Contents**

b. **Program Narrative**  
The narrative section (limited to 15 pages) should describe the applicant’s approach to design, develop and implement a consent management solution to enable the exchange of SUD data protected by 42 CFR Part 2 among organizations participating in the DC HIE.

Specifically, the narrative must:

1. Describe the proposed program’s alignment with existing or ongoing DHCF initiatives, the District’s Section 1115 Medicaid Behavioral Health Transformation Demonstration and behavioral health practice transformation initiatives associated with the District’s CMS Provider Capacity Grant work, including provider capacity needs assessment, education and technical assistance to build provider capacity, and health IT infrastructure development among the District’s behavioral health providers.

2. Articulate the applicant’s approach to meeting the program requirements and grant objectives outlined in the RFA, including a milestones and deliverables chart with due dates, and organizational chart with identified personnel, including identifying a full-time project manager who is employed by the Grantee.

3. Describe the ways the qualified applicant will integrate and sustain ongoing implementation and maintenance of the consent management solution within existing HIE operations in the District. It must address outcomes and activities to be conducted over the entire project period, and describe an approach to gathering technical requirements, developing a consent management solution, and undertaking initial implementation with a subset of SUD providers to test and refine the platform prior to full widespread deployment.
4. Describe any existing or proposed partnerships (i.e., sub-grantees) or existing partnerships with District Agencies (i.e. District grants or contracts) that will assist in or align with the development and implementation of these initiatives, including a description of their qualifications and why they are necessary for the success of the proposed initiatives; and

5. Describe in detail the anticipated sustainability of the consent management solution beyond the period of performance of the grant.

c. **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.

d. **Program Reporting**
Propose progress and outcomes measures to be reported throughout the period of performance. Describe a methodology and capacity to collect baseline and ongoing data to report on proposed measures. Include details on how this approach incorporates District initiatives and priorities. Specify what measures will be reported on and what will be reported at the end of the grant.

Grantees must explain how their proposed approach incorporates District initiatives and priorities and furthers the goal of the CMS SUPPORT ACT Section 1003 to increase the treatment capacity of Medicaid providers to provide SUD treatment and recovery services.

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

e. **Applicant and Subgrantee(s) Qualifications**
Describe the capacity of the applicant organization and any subgrantees (limited to 3 pages per organization). Please include:

1. The organization’s specific involvement and roles in the District’s health system, behavioral health, and health information exchange. Be sure to include operational readiness, capabilities and demonstrated record on gathering technical requirements and assessing and documenting provider processes and workflows.
2. Describe the leadership capacity of your organization. Please include your organization’s specific involvement and roles in the District’s HIE efforts in the last five (5) years.

3. Discuss the applicant’s history, experience, and/or knowledge your organization’s mission and compatibility between your organization and the District Government, particularly DHCF. Please describe how the objectives of this RFA are compatible or will enhance your organization’s mission and services goals in the District of Columbia. Additionally, please describe why your organization is “best” qualified to design and implement the District’s consent management solution.
   a. The applicant’s project management approach, including contact information and qualifications of a full-time project manager who will be responsible for managing the project on time and on budget.

4. The applicant’s operational readiness and capabilities to leverage HIE for the collection and exchange of SUD data protected by 42 CFR Part 2 among organizations participating in the DC HIE.

5. Letters of support are optional but may be submitted in Appendix 11.

f. **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. The budget will include separate line items for specific direct and indirect grant expenses. An example budget template is provided (see Attachment D) but its use is not required.

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

h. **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 FY18, FY19, and/or any expected grants to be received in FY20 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.

Where applicable, the applicant shall provide a list of all of its insurance carriers and the type of insurance provided (Appendix 7).

The applicant shall provide a current completed W-9 form prepared for the U.S. IRS (Appendix 8). 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 9) and signed Letter(s) of Commitment from sub-grantee(s) (Appendix 10).

The applicant may submit optional letters of support (Appendix 11).

**Section V: Application and Review Information**

**A) Initial Review**

Submitted applications will be screened for completeness. The initial review criteria are:

1. Is the applicant an eligible organization?
2. Does the application request not exceed the total amount of funds available as specified Section II?
3. Was the application received on time and delivered in the format described in Section IV, subsection B?
4. Was the application submitted with all required elements outlined in section IV, subsection C of the RFA document?

Applications that satisfy all the above criteria will move forward to the review committee. Applications that do not meet any one of the above requirements may be disqualified.

**B) Review Criteria**

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 unique expertise in behavioral health, data privacy, health IT, health information exchange, and Medicaid.

Each panelist will individually and objectively review, score, and rank each applicant’s proposal according to the four evaluation criteria listed below:

<table>
<thead>
<tr>
<th>Scoring Criteria</th>
<th>Total Possible Points</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Criteria 1: Organizational Structure and Project Leadership</strong></td>
<td></td>
</tr>
<tr>
<td>The applicant provides a staffing plan that outlines staff and sub-grantee’s level of effort as well as duties and responsibility in relation to the scope of work. The staffing plan should include the following:</td>
<td></td>
</tr>
<tr>
<td>• A description of all staff and/or positions to be used to perform the work under the RFA;</td>
<td>5</td>
</tr>
<tr>
<td>• Resumes of proposed key staff, including the full-time project manager who is employed by the grantee, and job descriptions for any additional key positions;</td>
<td></td>
</tr>
<tr>
<td>• An organizational chart, including any potential sub-grantees, showing clear lines of authority and responsibility;</td>
<td></td>
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<tr>
<td>• Level of commitment (FTE) of each staff person for the duration of the grant, including option years; and</td>
<td></td>
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<tr>
<td>• The applicant provides clear discussion of how the organizational structure supports the objectives under this RFA.</td>
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</tbody>
</table>

The applicant must demonstrate that the proposed staff has previous experience with similar work as is being proposed and has the ability to achieve the objectives of the RFA as described. The applicant demonstrates that the proposed staff for the project has an expert level of knowledge of overall project management and technology implementation, and subject matter expertise in data privacy, behavioral health data, health information exchange, healthcare workflow assessment, user experience and system design, and implementing the technical solutions in a clinical setting.
## Scoring Criteria

### Criteria 2: Process, Plans, Operational Readiness, and Capacity

The applicant describes how the HIE entity’s organization’s history, experience, knowledge, capacity, and capability will support the ability to successfully implement a consent management solution in the District that incorporates the following four objectives:

<table>
<thead>
<tr>
<th>Scoring Criteria</th>
<th>Total Possible Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plan and Gather Technical Requirements to Develop a Consent Management Solution</td>
<td>15</td>
</tr>
<tr>
<td>The applicant demonstrates methodology and capacity to gather technical design</td>
<td></td>
</tr>
<tr>
<td>requirements to develop a consent management solution to enable the exchange of</td>
<td></td>
</tr>
<tr>
<td>SUD data. The applicant demonstrates expertise and experience to plan and design</td>
<td></td>
</tr>
<tr>
<td>a consent management solution that ensures provider and patient needs are met.</td>
<td></td>
</tr>
<tr>
<td>Review, Recommend, and Select Consent Management Solution – The applicant</td>
<td>15</td>
</tr>
<tr>
<td>demonstrates operational readiness and knowledge to review, recommend, and select</td>
<td></td>
</tr>
<tr>
<td>an appropriate consent management solution that will meet the technical</td>
<td></td>
</tr>
<tr>
<td>requirements identified in Objective 1.</td>
<td></td>
</tr>
<tr>
<td>Implement Consent Management Solution – The applicant proposes a realistic,</td>
<td>15</td>
</tr>
<tr>
<td>innovative, and achievable approach to implement a consent management solution</td>
<td></td>
</tr>
<tr>
<td>with a subset of provider entities treating SUD patients. Implementation efforts</td>
<td></td>
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<tr>
<td>shall ensure seamless workflow integration and successful resolution of any</td>
<td></td>
</tr>
<tr>
<td>technical issues.</td>
<td></td>
</tr>
<tr>
<td>Engage Stakeholders to Meet the Ongoing Needs and Expectations – The applicant</td>
<td>15</td>
</tr>
<tr>
<td>demonstrates a comprehensive plan to coordinate closely with end users of the</td>
<td></td>
</tr>
<tr>
<td>system and other stakeholders including DHCF, District Agencies, and Other</td>
<td></td>
</tr>
<tr>
<td>Government Projects Supporting HIE and Behavioral Health.</td>
<td></td>
</tr>
</tbody>
</table>

### Criteria 3: Potential for Impact and Alignment with District Health Priorities

The applicant demonstrates an understanding of ongoing District health IT and HIE priorities and aligns the proposed objectives of the consent management solution with the District’s SMHP, as well as other District strategic planning efforts such as DC Healthy People 2020, the DC Health System Plan, the State Innovation Plan, and DC’s Opioid Strategic Plan.

<table>
<thead>
<tr>
<th>Scoring Criteria</th>
<th>Total Possible Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>The applicant demonstrates the potential for positive impact of the program and</td>
<td>2</td>
</tr>
<tr>
<td>an understanding of the ways HIE can address the needs of District behavioral</td>
<td></td>
</tr>
<tr>
<td>health providers and residents.</td>
<td></td>
</tr>
<tr>
<td>The applicant demonstrates an understanding of ongoing District initiatives to</td>
<td>4</td>
</tr>
<tr>
<td>support behavioral health practice transformation, such as increasing the capacity</td>
<td></td>
</tr>
<tr>
<td>of Medicaid providers to deliver SUD treatment; recruitment, training, and</td>
<td></td>
</tr>
<tr>
<td>technical assistance for Medicaid providers that offer SUD treatment or recovery.</td>
<td></td>
</tr>
</tbody>
</table>
services, and health IT infrastructure to enhance behavioral health delivery. The applicant aligns proposed activities these initiatives.

<table>
<thead>
<tr>
<th>Scoring Criteria</th>
<th>Total Possible Points</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Criteria 4: Fiscal Management and Sustainability</strong></td>
<td></td>
</tr>
<tr>
<td>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.</td>
<td>5</td>
</tr>
<tr>
<td>The applicant describes how the fiscal and financial management system ensures all expenditures are accurately tracked, reported, and reconciled for the grant period and a description of current streams of income and any plans to diversify or grow in the future.</td>
<td>5</td>
</tr>
<tr>
<td>The applicant presents a reasonable plan for the long-term financial sustainability of the consent management solution, without substantial grant funding post-grant period.</td>
<td>5</td>
</tr>
</tbody>
</table>

| Maximum Number of Points | 100 |

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:

<table>
<thead>
<tr>
<th>Ranking Classification</th>
<th>Point Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>Most Qualified</td>
<td>95 – 100</td>
</tr>
<tr>
<td>Very Qualified</td>
<td>80 – 94</td>
</tr>
<tr>
<td>Qualified</td>
<td>70 – 79</td>
</tr>
<tr>
<td>Minimally Qualified</td>
<td>69 and below</td>
</tr>
</tbody>
</table>

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) Organizational Capacity and Risk Assessment**

If the applicant’s organization is preliminarily selected for this award, the applicant will be contacted by a representative from DHCF and a letter of intent will be issued. At this time, the applicant will be required to provide specific documents and certifications as well as undergo
an organizational capacity and risk assessment. The applicant must comply with this review before a final award offer can be made.

As part of the organizational capacity and risk assessment, the applicant must comply with a financial capacity review and may be required to provide copies of:

- IRS Form 990 or 990EZ covering the last two years preceding the pre-award stage;
- Financial statements covering the six-month period preceding the pre-award stage (whether prepared monthly or quarterly);
- Any audit reports prepared as a result of a visit by a federal agency;
- Approved Federal Indirect Cost Rate agreement (for applicants claiming indirect expenses greater than 10%).

DHCF may require the applicant to provide additional documents or information to facilitate the organizational capacity and risk assessment as outlined in the list below. This list may not be comprehensive and DHCF reserves the right to require additional documents or other information to complete its organizational capacity and risk assessment:

- ☒ Insurance certificate (or self-insurance letter) for all forms of insurance (except employee benefits) (annual renewal waivers must be submitted);
- ☒ IRS determination letter for all 501 designated organizations;
- ☒ Applicant organization’s by-laws;
- ☒ Applicant organization’s Board of Directors roster (includes names, addresses, phone number);
- ☐ Applicant organization’s conflict of interest policy;
- ☒ Certification that the applicant’s organization has written Policies and Procedures for accounting, personnel, procurement, travel, and property management
- ☐ Other documents as required: ______________________________________________

Do not submit these documents with your application. The applicant will only be required to provide these documents if DHCF issues a letter of intent.

These documents must be submitted by the deadline specified in the letter of intent. Failure to respond to DHCF in a timely manner and/or failure to submit the documents and certifications to DHCF by the deadline may result in the grant offer being rescinded.

D) Anticipated Announcement and Award Dates
The anticipated announcement date is April 30, 2020 (typically 1 month after applications due but should be adjusted for grant staff capabilities). The anticipated date of award is April 30,
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 Agreement (NOGA). The NOGA(s) shall be signed and returned to DHCF within 10 business days. Unsuccessful applications will be notified in writing. Grant proceeds will only be paid after receipt of the signed NOGA.

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
The grantee will be required to submit monthly programmatic and financial 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. It will include a comparison of actual accomplishments to goals outlined in the grant proposal. The financial reports are annotated source documents corroborating project expenditures. They will indicate the status of program spending by category and will be submitted along with all financial requests for reimbursement, including receipts, invoices or other documentation of incurred grant expenses. Programmatic and financial reports are due no later than the 10th after the end of the reported month and totals must match across both reports.

The grantee will be required to submit a final programmatic report and a final financial report within thirty (30) calendar days after the end of the period of performance or end of the grant agreement. The final programmatic report will include a review of the initiative, work conducted by the grantee (and subgrantees), status of goals and performance measures, plans for how the initiative will be leveraged in the future, and recommendations to DHCF, if any, based on the grant. The final financial report will include detailed accounting of all grant expenditures over the grant period.

Grant applicants are expected to complete the reports listed above on time and show adequate progress at each reporting interval. Failure to meet these requirements may result in
withholding of grant funds and/or termination of the grant due to non-performance or lack of capacity.

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 Deniz Soyer, Health Care Reform & Innovation Administration via email at deniz.soyer@dc.gov or by phone at (202) 442-4625.

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) W-9 Form  
C) Automated Clearing House Form  
D) Program Budget and Budget Justification Template  
E) HIPAA Checklist  
F) DHCF RFA Receipt  
G) Federal Assurances
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 the Office of Management and Budget (OMB) Circular A-122, “Cost Principles for Non-Profit Organizations.”

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 offence 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 trainee;

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; and

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

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
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 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

**Request for Taxpayer Identification Number and Certification**

**Form W-9**

<table>
<thead>
<tr>
<th>Name as shown on your income tax return</th>
</tr>
</thead>
<tbody>
<tr>
<td>Business name/individual/sole proprietor</td>
</tr>
<tr>
<td>Corporation</td>
</tr>
<tr>
<td>Partnership</td>
</tr>
<tr>
<td>Limited liability company</td>
</tr>
<tr>
<td>Other (see instructions)</td>
</tr>
</tbody>
</table>

**Exemptions** (see instructions)

- Exempt payee code (if any)
- Exemption from FATCA reporting code (if any)

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

Enter your TIN in the appropriate box. The TIN provided must match the name given on the “Name” line. To avoid backup withholding for individuals, this is your social security number (SSN). However, for a partnership, estate, or trust, see the 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 II: Certification**

- Under penalties of perjury, I certify that:
  1. The number shown on this form is my correct taxpayer identification number (or I am not 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 a failure to report all interest and dividends, or
     c. The IRS has notified me that I am no longer subject to backup withholding, and
  3. I am a U.S. citizen or other U.S. person (defined below), and
  4. The FATCA code(s) entered on this form (if any) indicate that I am exempt from FATCA reporting, or

**Certification Instructions:**

You must check off Item 2 above if you have been notified by the IRS that you are subject to backup withholding because you failed to report all interest and dividends on your tax return. For real estate transactions, Item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and general distributions other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the chart on page 3.

**Sign Here**

- Signature of U.S. person

**General Instructions**

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

**Purpose of Form**

A person who is required to request an identification number from the form must obtain your correct taxpayer identification number (TIN) for reporting, income paid to you, payments made to you in settlement of account card and travel party network transactions, and wire transfers, mortgage interest paid, dividend and interest payments, gains or losses on the sale or exchange of capital assets, and any other transactions needed to be reported on Form W-2 as an information return. All federal income tax is withheld from your account, and your TIN is matched with your name and Social Security number on Form W-2. If you do not provide your correct TIN, you may be subject to backup withholding. If you believe you are subject to backup withholding, you can request to be removed from the backup withholding list. To avoid backup withholding, you must provide your correct TIN to the entity that pays you. If you do not provide your correct TIN, you may be subject to backup withholding at your full federal income tax rate, unless you are an exempt organization, a exempt organization, or a beneficiary of an exempt organization. If you are an exempt organization, you must provide your correct TIN to the entity that pays you. If you do not provide your correct TIN, you may be subject to backup withholding at your full federal income tax rate, unless you are an exempt organization, a exempt organization, or a beneficiary of an exempt organization. If you are a U.S. person who is a partner in a partnership conducting business in the United States, provides Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.
Updating Your Information
You must provide updated information to any person to whom you claimed to be an exempt entity if you are no longer an exempt entity and are receiving reportable payments in the future from that person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are an exempt entity. In addition, you may need to file a new Form W-9 if the name or TIN changes for the account, for example, if the grantor of a grantor trust dies.

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

Cost penalty for failure to inform tax authorities of the existence of a nonreportable account. If you overstate the amount of income that you report, you may have to pay additional penalties.

Specific Instructions
Name
If you are an individual, you must generally enter the name shown on your income tax return. However, if you have changed your last name, instead, due to marriage, you may enter your former name, the last name shown on your social security card, and your new last name.

If the account is in joint names, list first, and, for the corpus of the person or entity whose name is entered in Part I of the form.

Sales, lease, or other business (DBA) name on the "Name" line. If you enter a DBA name on the "Name" line, enter another business name on the "Name" line instead of a business name on the "Business name" line. If you enter a DBA name on the "Name" line, enter the DBA name on the "Name" line instead of a business name on the "Name" line.

Dissolved entity. For U.S. federal tax purposes, an entity that is dissolved as an entity for tax purposes is treated as a "dissolved and liquidating entity." The name of the entity ordered on the "Name" line should describe an entity that was dissolved or liquidated in a taxable event. The name on the "Name" line should reflect the name on the income tax return on which the income should be reported.

An entity that is not a U.S. corporation is not eligible for a TIN. A foreign entity is not eligible for a TIN. A foreign entity that is not a U.S. corporation is not eligible for a TIN. A foreign entity that is not a U.S. corporation is not eligible for a TIN.

Note: Enter the appropriate TIN for the U.S. federal tax classification of the person or entity for whom the form W-9 is filed. In the case of foreign persons or entities, the TIN is the TIN of the foreign person or entity. In the case of foreign persons or entities, the TIN is the TIN of the foreign person or entity.
Exempt payswe pays. Generally, individuals (including sole proprietors) are not exempt from backup withholding. Corporations are exempt from backup withholding on dividend payments, interest payments, and certain other payments. Corporations are not exempt from backup withholding for payments made in settlement or payment of any debt or their party network transactions.

Note: If you are exempt from backup withholding, your bank should provide you with a form to complete the form to avoid potential erroneous backup withholding.

The following boxes identify payswe that are exempt from backup withholding:

1. An organization exempt from tax under section 501(c)(3), any 501(c)(4), or 501(c)(6) if the amount satisfies the requirements at section 3402(o).

2. The United States or any of its agencies or instrumentalities.

3. A state, the District of Columbia, a possession of the United States, or any of its political subdivisions or instrumentalities.

4. A foreign government or any of its political subdivisions, agencies, or instrumentalities.

5. A corporation.

6. A trustee in bankruptcy or any of its subsidiaries.

7. A person holding a collateral interest in the cash or cash equivalent funds of a trust or custodial account under section 408(f) if the account satisfies the requirements at section 3402(c).

8. A trust not subject to the rules of Federally-recognized Indian tribes.

9. A trust exempt from tax under section 501(c)(3) or 501(c)(6) if the amount satisfies the requirements at section 3402(o).

10. A United States government agency.

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 a Social Security number or an individual taxpayer identification number, you must enter your EIN. Your EIN is shown on Form W-9 or on Form TIN. Enter your EIN as your TIN on this form. If you have a TIN, you may enter that number in the space for the TIN number, and use it in lieu of your EIN. If you are not a United States person, you may enter your TIN as an alternative to your EIN.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for a TIN, you must file Form SS-4, Application for a TIN and EIN. You may also apply by calling 1-800-829-4933. You must apply for an EIN by calling 1-800-829-4933. The EIN is issued by the Internal Revenue Service Division (IRS) and is used for reporting and filing income and tax returns.

If you are a sole proprietor and have an EIN, you may enter either your EIN or your Social Security number, whichever you prefer. The EIN is shown on Form W-9 or on Form TIN. Enter your EIN as your TIN on this form. If you have a TIN, you may enter that number in the space for the TIN number, and use it in lieu of your EIN. If you are not a United States person, you may enter your TIN as an alternative to your EIN.

Part II: Certification

To establish the withholding agent that you are a U.S. person, you must certifies that you are a U.S. person and that you are not a foreign entity. You may certify that you are a U.S. person and that you are not a foreign entity by signing and submitting Form W-8. You may not certify that you are a U.S. person and that you are not a foreign entity by signing and submitting Form W-8. You may not certify that you are a U.S. person and that you are not a foreign entity by signing and submitting Form W-8.

For a partner withholding agent, you must sign Form W-8. You may not certify that you are a U.S. person and that you are not a foreign entity by signing and submitting Form W-8. You may not certify that you are a U.S. person and that you are not a foreign entity by signing and submitting Form W-8.

Part III: Authorization to Use your TIN or EIN

To establish the withholding agent that you are a U.S. person, you must certifies that you are a U.S. person and that you are not a foreign entity. You may certify that you are a U.S. person and that you are not a foreign entity by signing and submitting Form W-8. You may not certify that you are a U.S. person and that you are not a foreign entity by signing and submitting Form W-8.
Privacy Act Notice

Section 503B of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or other income paid to you; mortgage interest you paid; the acquisition or abandonment of a secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form or the form to which this information returns with the IRS, reporting this information. Section B of the return includes includes filing it to the Department of Justice for civil and criminal litigation and for collection of taxes, the District of Columbia, and the IRS, tax procedures and provisions for use in determining their returns. The information also may be disseminated to other agencies under a security. Federal and state agencies to enforce civil and criminal laws, or to federal tax enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3408, payers must generally withheld a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or incorrect information.
### Section A

**Vendor/Payer Company Information**

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vendor Name</td>
<td></td>
</tr>
<tr>
<td>Vendor Number</td>
<td></td>
</tr>
<tr>
<td>Address</td>
<td></td>
</tr>
<tr>
<td>Vendor Contact Name</td>
<td></td>
</tr>
<tr>
<td>Vendor Contact Phone Number</td>
<td></td>
</tr>
<tr>
<td>Alternative Phone Number</td>
<td></td>
</tr>
</tbody>
</table>

*Required

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

Name & Title of Authorizing Official for Vendor
(please type or print)

Signature of Authorizing Company Official for Vendor

Date

### Section B

**Payments should be made to the designated account indicated below**

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bank/Financial Institution Information</td>
<td></td>
</tr>
<tr>
<td>(to be reviewed and signed by Vendor's Financial Institution)</td>
<td></td>
</tr>
<tr>
<td>Account Name</td>
<td></td>
</tr>
<tr>
<td>Account Title</td>
<td></td>
</tr>
<tr>
<td>Branch Address</td>
<td></td>
</tr>
<tr>
<td>Routing Number</td>
<td></td>
</tr>
<tr>
<td>Bank's ACH Coordinator</td>
<td></td>
</tr>
<tr>
<td>Telephone Number</td>
<td></td>
</tr>
<tr>
<td>Type of Account</td>
<td></td>
</tr>
<tr>
<td>Signature &amp; Title of Banking Official</td>
<td></td>
</tr>
<tr>
<td>Print Name &amp; Title</td>
<td></td>
</tr>
</tbody>
</table>

Notice: All vendors must have a W-9 on file with the District of Columbia.
**D) Program Budget and Budget Justification Template**

**Department of Health Care Finance**

Budget Projection [RFA #Grant Name]

### GRANT SPENDING PLAN

<table>
<thead>
<tr>
<th>RFA INITIATIVE</th>
<th>DESCRIPTION</th>
<th>PLANNE</th>
<th>BUDGET NARRATIVE / JUSTIFICATION</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Initiative #1</strong></td>
<td>[Insert brief description]</td>
<td>SUBTOTAL 0.00</td>
<td></td>
</tr>
<tr>
<td>#</td>
<td>Description</td>
<td>Direct Expenses</td>
<td>Indirect Expenses</td>
</tr>
<tr>
<td>001</td>
<td></td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>002</td>
<td></td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>Etc.</td>
<td></td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td><strong>Initiative #2</strong></td>
<td>[Insert brief description]</td>
<td>SUBTOTAL 0.00</td>
<td></td>
</tr>
<tr>
<td>#</td>
<td>Description</td>
<td>Direct Expenses</td>
<td>Indirect Expenses</td>
</tr>
<tr>
<td>001</td>
<td></td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>002</td>
<td></td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>Etc.</td>
<td></td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td><strong>Initiative #3</strong></td>
<td>[Insert brief description]</td>
<td>SUBTOTAL 0.00</td>
<td></td>
</tr>
<tr>
<td>#</td>
<td>Description</td>
<td>Direct Expenses</td>
<td>Indirect Expenses</td>
</tr>
<tr>
<td>001</td>
<td></td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>002</td>
<td></td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>Etc.</td>
<td></td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td><strong>Initiative #4</strong></td>
<td>[Insert brief description]</td>
<td>SUBTOTAL 0.00</td>
<td></td>
</tr>
<tr>
<td>#</td>
<td>Description</td>
<td>Direct Expenses</td>
<td>Indirect Expenses</td>
</tr>
<tr>
<td>001</td>
<td></td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>002</td>
<td></td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>Etc.</td>
<td></td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td><strong>Initiative #5</strong></td>
<td>[Insert brief description]</td>
<td>SUBTOTAL 0.00</td>
<td></td>
</tr>
<tr>
<td>#</td>
<td>Description</td>
<td>Direct Expenses</td>
<td>Indirect Expenses</td>
</tr>
<tr>
<td>001</td>
<td></td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>002</td>
<td></td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>Etc.</td>
<td></td>
<td>0.00</td>
<td>0.00</td>
</tr>
</tbody>
</table>

**DIRECT EXPENSE TOTAL:** $0.00  
**INDIRECT EXPENSE TOTAL:** $0.00  
**GRAND TOTAL:** $0.00  
**INDIRECT RATE:** #DIV/0!

Prepared By:

Telephone:
## HIPAA Security Checklist

<table>
<thead>
<tr>
<th>HIPAA SECURITY RULE REFERENCE</th>
<th>SAFEGUARD (R) = Required, (A) = Addressable</th>
<th>STATUS (Complete, N/A, etc.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>164.308(a)(1)(ii)(A)</td>
<td>Has a Risk Analysis been completed IAW NIST Guidelines?</td>
<td></td>
</tr>
<tr>
<td>164.308(a)(1)(ii)(B)</td>
<td>Has the Risk Management process been completed IAW NIST Guidelines?</td>
<td></td>
</tr>
<tr>
<td>164.308(a)(1)(ii)(C)</td>
<td>Do you have formal sanctions against employees who fail to comply with security policies and procedures?</td>
<td></td>
</tr>
<tr>
<td>164.308(a)(1)(ii)(D)</td>
<td>Have you implemented procedures to regularly review records of IS activity such as audit logs, access reports, and security incident tracking?</td>
<td></td>
</tr>
<tr>
<td>164.308(a)(1)(ii)</td>
<td>Assigned Security Responsibility: Identify the security official who is responsible for the development and implementation of the policies and procedures required by this subpart for the entity.</td>
<td></td>
</tr>
<tr>
<td>164.308(a)(3)(ii)(i)</td>
<td>Workforce Security: Implement policies and procedures to ensure that all members of its workforce have appropriate access to EPHI, as provided under paragraph (a)(4) of this section, and to prevent those workforce members who do not have access under paragraph (a)(c) of this section from obtaining access to electronic protected health information (EPHI).</td>
<td></td>
</tr>
<tr>
<td>164.308(a)(3)(ii)(A)</td>
<td>Have you implemented procedures for the authorization and/or supervision of employees who work with EPHI in or locations where it might be accessed?</td>
<td></td>
</tr>
<tr>
<td>164.308(a)(3)(ii)(B)</td>
<td>Have you implemented procedures to determine that the Access of an employee to EPHI is appropriate?</td>
<td></td>
</tr>
</tbody>
</table>

Last Updated - 9/6/16

---

E) HIPAA Security Checklist
<table>
<thead>
<tr>
<th>164.308(a)(3)(II)(C)</th>
<th>Have you implemented procedures for terminating access to EPHI when an employee leaves your organization or as required by paragraph [a][3][ii][B] of this section? (A)</th>
</tr>
</thead>
<tbody>
<tr>
<td>164.308(a)(4)(i)(B)</td>
<td>Information Access Management: Implement policies and procedures for authorizing access to EPHI that are consistent with the applicable requirements of subpart E of this part.</td>
</tr>
<tr>
<td>164.308(a)(4)(ii)(A)</td>
<td>If you are a clearinghouse that is part of a larger organization, have you implemented policies and procedures to protect EPHI from the larger organization? (A)</td>
</tr>
<tr>
<td>164.308(a)(4)(ii)(B)</td>
<td>Have you implemented policies and procedures for granting access to EPHI, for example, through access to a workstation, transaction, program, or process? (A)</td>
</tr>
<tr>
<td>164.308(a)(4)(ii)(C)</td>
<td>Have you implemented policies and procedures that are based upon your access authorization policies, established, document, review, and modify a user's right of access to a workstation, transaction, program, or process? (A)</td>
</tr>
<tr>
<td>164.308(a)(5)(ii)(A)</td>
<td>Security Awareness and Training: Implement a security awareness and training program for all members of its workforce (including management).</td>
</tr>
<tr>
<td>164.308(a)(5)(ii)(A)</td>
<td>Do you provide periodic information security reminders? (A)</td>
</tr>
<tr>
<td>164.308(a)(5)(ii)(C)</td>
<td>Do you have procedures for monitoring login attempts and reporting discrepancies? (A)</td>
</tr>
<tr>
<td>164.308(a)(5)(ii)(D)</td>
<td>Do you have procedures for creating, changing, and safeguarding passwords? (A)</td>
</tr>
<tr>
<td>164.308(a)(6)(ii)</td>
<td>Security Incident Procedures: Implement policies and procedures to address security incidents.</td>
</tr>
<tr>
<td>164.308(a)(6)(ii)</td>
<td>Do you have procedures to identify and respond to suspected or known security incidents; mitigate to the extent practicable, harmful effects of known security incidents; and document incidents and their outcomes? (B)</td>
</tr>
<tr>
<td>164.308(a)(7)(i)</td>
<td>Contingency Plan: Establish (and implement as needed) policies and procedures for responding to an emergency or other occurrence (for example, fire, vandalism, system failure, and natural disaster) that damages systems that contain EPHI.</td>
</tr>
<tr>
<td>164.308(a)(7)(ii)(A)</td>
<td>Have you established and implemented procedures to create and maintain retrievable exact copies of</td>
</tr>
<tr>
<td>164.308(a)(7)(ii)(B)</td>
<td>Have you established (and implemented as needed) procedures to restore any loss of EPHI data that is stored electronically? (R)</td>
</tr>
<tr>
<td>----------------------</td>
<td>-------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>164.308(a)(7)(ii)(C)</td>
<td>Have you established (and implemented as needed) procedures to enable continuation of critical business processes and for protection of EPHI while operating in the emergency mode? (R)</td>
</tr>
<tr>
<td>164.308(a)(7)(ii)(D)</td>
<td>Have you implemented procedures for periodic testing and revision of contingency plans? (A)</td>
</tr>
<tr>
<td>164.308(a)(7)(ii)(E)</td>
<td>Have you assessed the relative criticality of specific applications and data in support of other contingency plan components? (A)</td>
</tr>
<tr>
<td>164.308(a)(8)</td>
<td>Have you established a plan for periodic technical and non-technical evaluation, based initially upon the standards implemented under this rule and subsequently, in response to environmental or operational changes affecting the security of EPHI that establishes the extent to which an entity's security policies and procedures meet the requirements of this subpart? (R)</td>
</tr>
<tr>
<td>164.308(b)(1)</td>
<td>Business Associate Contracts and Other Arrangements: A covered entity, in accordance with Sec. 164.306, may permit a business associate to create, receive, maintain, or transmit EPHI on the covered entity’s behalf only if the covered entity obtains satisfactory assurances, in accordance with Sec. 164.314(a) that the business associate appropriately safeguard the information.</td>
</tr>
<tr>
<td>164.308(b)(4)</td>
<td>Have you established written contracts or other arrangements with your trading partners that documents satisfactory assurances required by paragraph (b)(1) of this section that meets the applicable requirements of Sec. 164.314(a)? (R)</td>
</tr>
<tr>
<td><strong>Physical Safeguards</strong></td>
<td></td>
</tr>
<tr>
<td>164.310(a)(1)</td>
<td>Facility Access Controls: Implement policies and procedures to limit physical access to its electronic information systems and the facility or facilities in which they are housed, while ensuring that properly authorized access is allowed.</td>
</tr>
<tr>
<td>164.310(a)(2)(i)</td>
<td>Have you established (and implemented as needed) procedures that allow facility access in support of restoration of lost data under the disaster recovery plan and emergency mode operations plan in the event of an emergency? (A)</td>
</tr>
<tr>
<td>164.310(a)(2)(ii)</td>
<td>Have you implemented policies and procedures to safeguard the facility and the equipment therein</td>
</tr>
<tr>
<td>Section 164.310(a)(2)(iii)</td>
<td>Have you implemented procedures to control and validate a person’s access to facilities based on their role or function, including visitor control, and control of access to software programs for testing and revision? (A)</td>
</tr>
<tr>
<td>-----------------------------</td>
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</tr>
<tr>
<td>Section 164.310(a)(2)(ix)</td>
<td>Have you implemented policies and procedures to document repairs and modifications to the physical components of a facility, which are related to security (for example, hardware, walls, doors, and locks)? (A)</td>
</tr>
<tr>
<td>Section 164.310(b)</td>
<td>Have you implemented policies and procedures that specify the proper functions to be performed, the manner in which those functions are to be performed, and the physical attributes of the surroundings of a specific workstation or class of workstation that can access EPHI? (R)</td>
</tr>
<tr>
<td>Section 164.310(c)</td>
<td>Have you implemented physical safeguards for all workstations that access EPHI to restrict access to authorized users? (R)</td>
</tr>
<tr>
<td>Section 164.310(d)(1)</td>
<td>Device and Media Controls: Implement policies and procedures that govern the receipt and removal of hardware and electronic media that contain EPHI into and out of a facility, and the movement of these items within the facility.</td>
</tr>
<tr>
<td>Section 164.310(d)(2)(i)</td>
<td>Have you implemented policies and procedures to address final disposition of EPHI, and/or hardware or electronic media on which it is stored? (R)</td>
</tr>
<tr>
<td>Section 164.310(d)(2)(ii)</td>
<td>Have you implemented procedures for removal of EPHI from electronic media before the media are available for reuse? (R)</td>
</tr>
<tr>
<td>Section 164.310(d)(2)(iii)</td>
<td>Do you maintain a record of the movements of hardware and electronic media and the person responsible for its movement? (A)</td>
</tr>
<tr>
<td>Section 164.310(d)(2)(v)</td>
<td>Do you create a retrievable, exact copy of EPHI, when needed, before movement of equipment? (A)</td>
</tr>
</tbody>
</table>

**Technical Safeguards**

<table>
<thead>
<tr>
<th>Section 164.312(a)(1)</th>
<th>Access Controls: Implement technical policies and procedures for electronic information systems that maintain EPHI to allow access only to those persons or software programs that have been granted access rights as specified in Sec. 164.308(a)(4).</th>
</tr>
</thead>
<tbody>
<tr>
<td>Section 164.312(a)(2)(i)</td>
<td>Have you assigned a unique name and/or number for identifying and tracking user identity? (R)</td>
</tr>
<tr>
<td>Section 164.312(a)(2)(ii)</td>
<td>Have you established (and implemented as needed) procedures for obtaining for obtaining necessary EPHI during and emergency? (R)</td>
</tr>
<tr>
<td>164.312(a)(2)(iii)</td>
<td>Have you implemented procedures that terminate an electronic session after a predetermined time of inactivity? (A)</td>
</tr>
<tr>
<td>------------------</td>
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</tr>
<tr>
<td>164.312(a)(2)(iv)</td>
<td>Have you implemented a mechanism to encrypt and decrypt EPHI? (A)</td>
</tr>
<tr>
<td>164.312(b)</td>
<td>Have you implemented Audit Controls, hardware, software, and/or procedural mechanisms that record and examine activity in information systems that contain or use EPHI? (R)</td>
</tr>
<tr>
<td>164.312(c)(1)</td>
<td>Integrity: Implement policies and procedures to protect EPHI from improper alteration or destruction.</td>
</tr>
<tr>
<td>164.312(c)(2)</td>
<td>Have you implemented electronic mechanisms to corroborate that EPHI has not been altered or destroyed in an unauthorized manner? (A)</td>
</tr>
<tr>
<td>164.312(d)</td>
<td>Have you implemented Person or Entity Authentication procedures to verify that a person or entity seeking access EPHI is the one claimed? (R)</td>
</tr>
<tr>
<td>164.312(e)(1)</td>
<td>Transmission Security: Implement technical security measures to guard against unauthorized access to EPHI that is being transmitted over an electronic communications network.</td>
</tr>
<tr>
<td>164.312(e)(2)(i)</td>
<td>Have you implemented security measures to ensure that electronically transmitted EPHI is not improperly modified without detection until disposed of? (A)</td>
</tr>
<tr>
<td>164.312(e)(2)(ii)</td>
<td>Have you implemented a mechanism to encrypt EPHI whenever deemed appropriate? (A)</td>
</tr>
</tbody>
</table>

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F) DHCF RFA Receipt

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

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:

[Blank space for contact name]

(Contact Name)

[Blank space for organization name]

(Organization Name)

[Blank space for address, city, state, zip code]

(Address, City, State, Zip Code)

[Blank space for telephone/email]

(Telephone/Email)

[DHCF USE ONLY]

Date Received: ___/___/___

Time Received: ___/___/___

# of Copies received: ____________

Received by: ____________________________

RFA #DHCF-Consent Management Solution 2020
G) Federal Assurances

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

Statement of Certification

Applicant/Grantee hear by assures and certifies compliance with all Federal statutes, regulations, policies, guidelines and requirements, including OMB 2 CFR Part 200 that governs the application, acceptance and use of Federal funds for this federally-assisted project.

Also, the Applicant/Grantee assures and certifies that:

1. It possesses legal authority to apply for the grant; that a resolution motion or similar action has been duly adopted or passed as an official act of the Applicant/Grantee’s governing body, authorizing the filing of the application, including all understandings and assurances contained therein, and directing and authorizing the person identified as the official representative of the Applicant/Grantee to act in connection with the application and to provide such additional information as may be required.

2. It will comply with requirements of the provisions of the Uniform Relocation Assistance and Real Property Acquisitions Act of 1970 PL 91-646 which provides for fair and equitable treatment of persons displaced as a result of Federal and federally-assisted programs.

3. It will comply with provisions of Federal law which limit certain political activities of employees of a State or local unit of government whose principal employment is in connection with an activity financed in whole or in part by Federal grants. (5 USC 1501, et seq.).

4. It will comply with the minimum wage and maximum hour’s provisions of the Federal Fair Labor Standards Act, if applicable.

5. It will establish safeguards to prohibit employees from using their positions for a purpose that is or gives the appearance of being motivated by a desire for private gain for themselves or others, particularly those with whom they have family, business, or other ties.
6. It will give the Federal grantor agency and the Comptroller General, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the grant.

7. It will comply with all requirements imposed by the Federal grantor agency concerning special requirements of Law, program requirements, and other administrative requirements.

8. It will ensure that the facilities under its ownership, lease or supervision which shall be utilized in the accomplishment of the project are not listed on the Environmental Protection Agency’s (EPA) list of Violating Facilities and that it will notify the Federal grantor agency of the receipt of any communication from the Director of the EPA Office of Federal Activities indicating that a facility to be used in the project is under consideration for listing by the EPA.

9. It will comply with the flood insurance purchase requirements of Section 102(a) of the Flood disaster Protection Act of 1973, PL 93-234, 87 Stat. 975, approved December 31, 1976. Section 102(a) requires, on and after March 2, 1975, the purchase of flood insurance in communities where such insurance is available as a condition for the receipt of any Federal financial assistance for construction or acquisition purposes for use in any area that has been identified by the Secretary of the Department of Housing and Urban Development as an area having special flood hazards. The phrase “Federal Financial Assistance” includes any form of loan, grant, guaranty, insurance payment, rebate, subsidy, disaster assistance loan or grant, or any other form of direct or indirect Federal assistance.

10. It will assist the Federal grantor agency in its compliance with Section 106 of the National Historic Preservation Act of 1966 as amended, Executive Order 11593, and the Archeological and Historical Preservation Act of 1966 by (a) consulting with the State Historic Preservation Officer on the conduct of investigations, as necessary, to identify properties listed in or eligible for inclusion in the National Register of Historic Places that are subject to adverse effects (see 36 CFR Section 800.8) by the activity, and notifying the Federal grantor agency of the existence of any such properties, and by (b) complying with all requirements established by the Federal grantor agency to avoid or mitigate adverse effects upon such properties.

11. It will comply with the provisions of 28 CFR applicable to grants and cooperative agreements including Part 18, Office of Justice Programs Hearing and Appeal Procedures; Part 22, Confidentiality of Identifiable Research and Statistical Information; Part 42, Nondiscrimination/Equal Employment Opportunity Policies and Procedures; Part 61, Procedures for Implementing the National Environmental Policy Act; Part 63, Floodplain Management and Wetland Protection Procedures; and Federal laws or regulations applicable to Federal Assistance Programs.

12. It will comply, and all its contractors or subgrantees will comply with Title VI of the Civil Rights Act of 1964, as amended; Section 504 of the Rehabilitation Act of 1973, as amended; Subtitle A, Title III of the Americans with Disabilities Act (ADA) (1993); Title IIIX of the Education Amendments of 1972 and the Age Discrimination Act of 1975.

13. In the event of Federal or State court or Federal or State Administrative agency makes a finding of discrimination after a due process hearing on the grounds of race, color, religion, national origin, sex, or disability against a recipient of funds, the recipient will forward a copy of the finding to the Office for Civil Rights, US. Department of Justice.
14. It will provide an Equal Employment Opportunity Program if required to maintain one, where the application is for $500,000 or more.

15. It will comply with the provisions of the Coastal Barrier resources Act (PL 97-348) dated October 19, 1982, (16 USC 3501 et seq.) which prohibits the expenditure of most new Federal funds within the units of the Coastal Barrier Resources System.

16. In addition to the above, the Grantee shall comply with all the applicable District and Federal statutes and regulations as may be amended from time to time including, but not necessarily limited to:
   b. The Hatch Act, Chap. 314, 24 Stat. 440 (7 USC 361a et seq.);
   c. The Fair Labor Standards Act, Chap. 676, 52 Stat. 1060 (29 USC 201 et seq.);
   d. The Clean Air Act (sub-grants over $100,000) PL 104-201, February 24, 2004, 42 USC chap. 85 et seq.;
   e. The Occupational Safety and Health Act of 1970, PL 91-596, Dec. 29, 1970, 84 Stat.1590 (29 USC Chap. 15);
   f. The Hobbs Act (Anti-Corruption), Chap. 537, 60 Stat. 420 (see 18 USC § 1951);
   g. Equal Pay Act of 1963, PL 88-38, June 10, 1963, 77 Stat. 59 (29 USC 201);
   j. Executive Order 12459 (Debarment, Suspension and Exclusion);
   m. Drug Free Workplace Act of 1988, PL 100-690, 102 Stat. 4304 (41 USC 701 et seq.);
   n. Assurance of Nondiscrimination and Equal Opportunity as found in 29 CFR 34.20;

As a duly authorized representative of the Applicant/Grantee, I hereby certify that the Applicant/Grantee will comply with the above Federal statutes, regulations, policies, guidelines and requirements.

________________________________________________________________________________

Applicant/Grantee Name

__________________________________________ City ___________________ State ______ Zip Code __________

Street Address

________________________________________________________________________________

RFA Number ____________________________ Applicant IRS Number

RFA #DHCF-Consent Management Solution 2020
<table>
<thead>
<tr>
<th>Printed Name of Authorized Representative</th>
<th>Title of Authorized Representative</th>
</tr>
</thead>
<tbody>
<tr>
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<tr>
<td>________________________</td>
<td>___________________________</td>
</tr>
<tr>
<td>Signature of Authorized Representative</td>
<td>Date: ___________________________</td>
</tr>
</tbody>
</table>