

**GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF HEALTH**



**Community Health Administration
RFA #CHA_DACS071814**

Frequently Asked Questions (FAQS)

Q1 In the NOFA (page 2), it states that the maximum award is \$ 2,000,000; however on Page 7 of the RFA it indicates a maximum of \$1,750,000. Which is correct?

Response: The amount on page 7 is correct: the maximum award is \$1,750,000.

Q2 If a site is not located in the target zip codes but serves the population in these zip codes, is it eligible for funding?

Response: The applicant would have to include a “request for special consideration” detailing – with patient data – how the site meets grant objectives regarding providing services to the population in the target zip codes.

Q3 On page 8 under “Eligible Applicants” it indicates that organizations/entities must participate in all Medicaid managed care plans – but not all of those plans are open to all providers.

Response: Applicants must participate in all Medicaid plans for which they are eligible. If there are any plans from which an applicant is excluded, please indicate this in your application.

Q4 Is the “request for special consideration” for sites that do not meet all of the eligibility requirements included in the 20-page limit for the narrative?

Response: Yes.

Q5 Some of the hospitals and universities have their own zip codes even though they are in the target zip code areas. Are they eligible to apply?

Response: If the site has its own code used for postal services but is located within a geographic area that otherwise corresponds to an eligible zip code, it would be eligible.

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Q6 Can funding be used for a 6-month-pilot of services?

Response: No. An applicant must commit to providing services for the entire grant period - once services are operational (within 120 days of the grant start date).

Q7 Is an instrumentality vs. a not-for-profit, eligible?

Response: Yes, Include an explanation of this in your application.

Q8 If we are a currently-operable health care site, but we are not providing comprehensive primary care at the time of the application, but we will be by the time the award starts, are we eligible to apply for funding?

Response: Yes, the applicant must demonstrate that it can and will be providing comprehensive primary care services by the time the grant starts or within 120 days of the award date. The applicant should submit a “request for special consideration” detailing this.

Q9 Does the grant opportunity exclude primary care sites that only serve children?

Response: No, pediatric primary care facilities are eligible.

Q10 Can a current DOH grantee request funding for the services it provides under an existing DOH award, or would funding under the new grant opportunity have to be used for services not currently provided?

Response: If an existing DOH grant ends prior to the projected start of an award funded under this RFA, the applicant can propose that the new funding be used for the new constellation of services.

Q11 Can funds be used for costs related to electronic health records (EHR) and electronic health information exchange? For example, to make one organization’s EHR compatible with a partner’s system?

Response: No. Grant funds should not be used for upgrades to health information technology.

Q12 Can grant funds be used for transition costs if funded services are moved from one site to another during the grant period?

Response: No.

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Q13 Would outreach costs related to publicizing the availability of the new services be eligible costs?

Response: Yes, however, these costs should be a small portion of your budget.

Q14 Can the grant be used to implement new models of care, such as chronic care modules, or enabling services, such as navigation?

Response: No, grant funds should be used to provide a new or an additional number of medical services and should not be used to refine existing services or provide enabling services.

Q15 Do applicants have to use the budget template provided in the Appendices?

Response: No, but the all of the same information must be provided and must in a similar enough format that it can be compared to other submissions.

Q16 Are applicants required to contract with a third-party evaluator to carry out the evaluation?

Response: No, though grantees are welcome to do so. Costs for evaluators would not be covered by the grant.

Q18 Can multiple providers within the same organization submit applications?

Response: Each organization should submit only one application, but that application can cover multiple sites.

Q19 How many copies of the assurances package need to be submitted with the application?

Response: Only one (1) copy of the assurances package needs to be submitted. It should be with the original copy of the application. If you have an assurance package on file with DOH from prior applications, you do not have to re-submit a copy; however, the applicant must verify that the assurance package on file is **current**.

Q20 For “All Applicable Medicaid Certifications” on page 18, what are you looking for?

Response: Medicaid ID number.

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Q21 If an applicant has applied for funding for the same/similar services under HRSA's Expanded Services supplemental funding opportunity and receives that funding, can they revise their scope for the DOH funding?

Response: DOH will allow some flexibility in revising final scopes of services, but the revised scopes can't be so different from the proposed scopes that it would no longer be representative of the grantee's scored proposal.

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