



REQUEST FOR APPLICATIONS

Hospital Discharge Innovations to Improve Care Transitions

Open Date: January 18, 2019

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



Department of Health Care Finance
441 4th St. NW, Suite 900S
Washington, DC 20001
TEL: (202) 442-5988

LATE APPLICATIONS WILL NOT BE ACCEPTED

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Section I: Funding Opportunity Description

A) Background

The mission of the Government of the District of Columbia's Department of Health Care Finance (DHCF) is to improve the health outcomes of District residents by providing access to comprehensive, cost effective, and quality healthcare services. As the single State Medicaid Agency, DHCF administers the Medicaid program and the State Child Health Insurance Program (CHIP). DHCF also administers the locally-funded Healthcare Alliance Program (Alliance). Through these programs, DHCF provides health insurance coverage for children, adults, elderly and persons with disabilities who have low-income. Over 270,000 District residents (more than one-third of all residents) receive health care coverage through DHCF's Medicaid, CHIP and Alliance programs.

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

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

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

This grant will be managed by HCRIA to align with and build off ongoing value-based purchasing and practice transformation efforts. Specifically, the grant will support the implementation of innovative approaches to effective hospital discharge planning and care transition procedures to reduce preventable utilization of services, improve patient experience, and quality of care. Such efforts should be designed to:

- Improve the quality and timeliness of discharge summaries and structured data;
- Utilize new technology effectively, including health information exchange tools;
- Advance team-based care models.

B) Program Description

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

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

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

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

Background on Relevant Policies and Programs

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

Value-Based Payment Initiatives

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

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

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

- **FQHC Alternative Payment Model:** A bonus payment based on seven outcome measures on enhanced access, inappropriate utilizations and transitions of care.
- **My Health GPS:** A 10% withhold in the first performance year, which gives an opportunity for providers to earn up to 1.5 times the value of the withhold payment. Performance is based on inappropriate utilization and efficiency measures.
- **Nursing Facility Quality Program:** A bonus payment based on 16 performance measures on infrastructure, quality of care, quality of life and inappropriate utilizations.

Health Homes' Approach to Care Coordination

As of 2018, the District has two health home programs: My DC Health Home and My Health GPS. The *My DC Health Home* providers include Core Services Agencies (CSA) overseen by DBH. The *My Health GPS* providers include Federally-qualified Health Centers, community-based providers, and hospital-affiliated primary care clinics that are assigned a panel of eligible participants by DHCF.

More information on the My DC Health Home is available at: <https://dhcf.dc.gov/page/health-homes-persons-severe-mental-illness-my-health-home>

More information on the My Health GPS program is available at:

<https://dhcf.dc.gov/page/health-home-persons-multiple-chronic-conditions-my-health-gps>

District Health Information Exchange (HIE)

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

The District health information exchange (DC HIE) aims to advance health and wellness for all persons in the District of Columbia by providing actionable information whenever and wherever it is needed. In 2017, DHCF funded a grant to the Chesapeake Regional Information System for our Patients (CRISP DC) to develop and implement the following HIE tools to support care coordination:

- **Patient Care Snapshot:** An 'on-demand' web-based document accessible to eligible professionals and hospitals (in addition to members of their care team) that displays an aggregation of both clinical and non-clinical data for a selected patient.
- **Analytical Patient Population Dashboard:** A population-level dashboard accessible by providers, hospitals and administrators for patient panel management.
- **Electronic Clinical Quality Measurement Tool and Dashboard:** An electronic clinical quality measurement (eCQM) tool that aggregates and analyzes data captured through Continuity of Care Documents (CCDs) submitted by providers and hospitals to calculate their performance against quality measures and benchmarks for their empaneled patient population.

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

More information on health information exchange in the District is available at:
<https://dhcf.dc.gov/page/health-information-exchange>.

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

C) Key Dates and Information

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

Section II: Award Information

The total amount of funds available is up to \$382,00.00. DHCF will award one (1) grant in the amount of \$382,000. The grant period will be the date of award to September 30, 2019.

Please note, respondents to the RFA will be permitted to sub-grant some of the work set forth under this RFA. For the purposes of this award, a sub-grant includes any legally-binding agreement between an awardee and sub-grantee. Please note this is the only opportunity to request sub-grant funding for the services funded under this RFA.

Section III: Eligibility Information

A) Qualified Organization

Applicants must have the authority to enter into an agreement with DHCF and be in compliance with applicable District of Columbia laws and regulations. All applicants must be a registered organization in good standing with the DC Department of Consumer and Regulatory Affairs (DCRA), Corporation Division, the Office of Tax and Revenue (OTR), the Department of Employment Services (DOES), and the Internal Revenue Service (IRS), and demonstrate Clean Hands certification at the time of application.

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

Sub-grants are permitted for qualified organizations. Applicants who plan to sub-grant shall submit a sub-grantee plan as part of their response, including a signed letter of commitment from sub-grantees. Sub-grantees must be a registered organization in good standing with the DC Department of Consumer and Regulatory Affairs (DCRA), as described in “Section G Certificate of Good Standing.”

B) Administrative Criteria

To be considered for review and funding, applications shall meet all of the administrative criteria listed below. **Failure to meet any one of the following criteria may mean the application is ineligible for further review and award.**

1. The application proposal format conforms to the “Proposal Format and Content” listed in Section IV.C of the RFA.
2. The application is printed on 8 ½ by 11-inch paper, double-spaced, double-sided, using 12-point type with a minimum of one-inch margins, with all pages numbered.
3. The Certifications listed in **Attachments A** are signed and dated.
4. Application must be submitted in a sealed envelope. Sealed envelopes must be clearly identified by the organization name, RFA number, and project name using the DHCF Receipt (see **Attachment D**). **Unsealed and unidentified applications will not be accepted.**

5. The applicant shall submit five (5) hard-copies of their proposal and one (1) electronic copy submitted on a flash drive or CD. Of the five (5) hard copies, one (1) copy must be stamped "original." The electronic copy must be submitted in .PDF format.
6. The application must be submitted no later than 4:00 p.m., Eastern time by the deadline date of February 18, 2019 to DHCF c/o Joe Weissfeld, 441 4th St. NW, Washington, DC 20001 at the 9th Floor Reception Desk.

C) Privacy and Security

Grantee shall ensure all initiatives are built according to current industry standards and best practices regarding system performance, privacy, and system security. This includes ensuring technical policies and procedures are in place for electronic information systems that maintain electronic protected health information to allow access only to those persons or software programs that have been granted access rights as specified in 45 CFR § 164.308(a)(4) [Information Access Management].

D) Insurance

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

E) Compliance with Tax Obligations

Prior to execution of a grant agreement as a result of this RFA, a recipient must be in compliance with tax laws and regulations.

1. The Applicant must submit a current completed W-9 form (see **Attachment B**) prepared for the U.S. Internal Revenue Service (IRS). DHCF defines "current" to mean that the document was completed within the same calendar year as that of the application date.
2. The Applicant shall comply, where applicable, with any District licensing requirements.

F) Statement of Certification

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

1. The individuals, by name, title, address, and phone number who are authorized to negotiate with the Department on behalf of the organization;
2. That the applicant is able to maintain adequate files and records and can and will meet all reporting requirements;
3. That all fiscal records are kept in accordance with Generally Accepted Accounting Principles (GAAP) and account for all funds, tangible assets, revenue, and expenditures whatsoever; that all fiscal records are accurate, complete and current at all times; and that these records will be made available for audit and inspection as required;

4. That all costs incurred under this grant shall be in accordance with 2 CFR 200, "Uniform Admin Requirements, Cost Principles, and Audit Requirements for Federal Awards"
5. Whether the applicant, or where applicable, any of its officers, partners, principles, members, associates or key employees, within the last three (3) years prior to the date of the application, has:
 - a. Been indicted or had charges brought against them (if still pending) and/or been convicted of:
 - i. Any crime or offense arising directly or indirectly from the conduct of the applicant's organization, or
 - ii. Any crime or offense involving financial misconduct or fraud; or
 - b. Been the subject of legal proceedings arising directly from the provision of services by the organization.
6. If any response to the disclosures referenced at F.4. is in the affirmative, the applicant shall fully describe such indictments, charges, convictions, or legal proceedings (and the status and disposition thereof) and surrounding circumstances in writing and provide documentation of the circumstances.
7. That the applicant is current on payment of all federal and District taxes, including Unemployment Insurance taxes and Workers' Compensation premiums. This statement of certification shall be accompanied by a certificate from the District of Columbia Office of Tax and Revenue (OTR) stating that the entity has complied with the filing requirements of District of Columbia tax laws and has paid taxes due to the District of Columbia, or is in compliance with any payment agreement with OTR;
8. That the applicant has the demonstrated administrative and financial capability to provide and manage the proposed services and ensure an adequate administrative, performance, and audit trail;
9. That, if required by the Department, the applicant is able to secure a bond, in an amount not less than the total amount of the funds awarded, against losses of money and other property caused by fraudulent or dishonest act committed by any employee, board member, officer, partner, shareholder, or trainee;
10. That the applicant is not proposed for debarment or presently debarred, suspended, or declared ineligible, as required by Executive Order 12549, "Debarment and Suspension," and implemented by 2 CFR § 180, for prospective participants in primary covered transactions and is not proposed for debarment or presently debarred as a result of any actions by the District of Columbia Contract Appeals Board, the Office of Contracting and Procurement, or any other District contract regulating agency;
11. That the applicant has the financial resources and technical expertise necessary for the production, construction, equipment and facilities adequate to perform the grant or sub-grant, or the ability to obtain them;

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

G) Certificate of Good Standing

Applicant shall represent that it is duly organized, validly existing, and in good standing under the laws of the jurisdiction it is organized or licensed, and it, its employees, agents, sub-grantees, representatives and members of its workforce are licensed and in good standing with the applicable agency, board, or governing body to perform its obligations. It shall also represent that it, its employees, agents, sub-grantees, representatives, and members of its workforce are in good standing with the District of Columbia, that it, its employees, agents, subcontractors, representatives and members of its workforce will submit a Certification of Good Standing from the District of Columbia Department of Consumer and Regulatory Affairs, and that it, its employees, agents, sub-grantees, representatives, and members of its workforce have not been de-barred from being employed as a Grantee by the federal government of District of Columbia.

H) RFA Terms and Conditions

The terms and conditions of this RFA are as follows:

1. Funding for this award is contingent on availability of funds. The RFA does not commit DHCF to make an award;
2. DHCF reserves the right to accept or deny any or all applications if DHCF determines it is in the best interest of District to do so. DHCF shall notify the applicant if it rejects that applicant's proposal. DHCF may suspend or terminate an outstanding RFA pursuant to its own grant making rule(s) or an applicable federal regulation or requirement;
3. DHCF reserves the right to issue addenda and/or amendments subsequent to the issuance of the RFA, or to rescind the RFA;
4. DHCF shall not be liable for any costs incurred in the preparation of applications in response to the RFA. Applicant agrees that all costs incurred in developing the application are the applicant's sole responsibility;
5. DHCF may conduct pre-award on-site visits to verify information submitted in the application and to determine if the applicant's facilities are appropriate for the services intended;
6. DHCF may enter into negotiations with an applicant and adopt a firm funding amount or other revision of the applicant's proposal that may result from negotiations;
7. Any and all data requested by DHCF and provided during the grant term shall be made available in a format as requested and/or approved by DHCF;
8. If there are any conflicts between the terms and conditions of the RFA and any applicable federal or local law or regulation, or any ambiguity related thereto, then the provisions of the applicable law or regulation shall control and it shall be the responsibility of the applicant to ensure compliance; and
9. Awardee will be required to participate in any DHCF-sponsored training related to this award.

Section IV: Application and Submission Information

A) Pre-Application Conference

A pre-application conference is scheduled for Tuesday, January 22, 2019 from 10:30 to 11:30 a.m. at the Department of Health Care Finance (441 4th St. NW, 10th Floor, Main Street Conference Room, #1028, Washington, DC 20001)

B) Application Delivery

The applicant shall submit five (5) hard-copies of their proposal and one (1) electronic copy submitted on a flash drive or CD. Of the five (5) hard copies, one (1) copy must be stamped "original." The electronic copy must be submitted in .PDF format.

The application must be submitted no later than 4:00 p.m., Eastern time by the deadline date of February 18, 2019 to DHCF c/o Joe Weissfeld, 441 4th St. NW, Washington, DC 20001 at the 9th Floor Reception Desk.

Applications must be submitted in person and must be submitted in their entirety, including any supplemental documents as indicated in Section IV.C. Applicants will not be allowed to assemble application material on the premises of DHCF. All applicants will be provided with a hard copy receipt.

Applications submitted after the deadline will not be accepted. Any additions or deletions to an application will not be accepted after the deadline.

C) [Application Requirements](#)

1. Proposal Format and Content

- a. Table of Contents
- b. Program Narrative
- c. Grant, Fiscal, and Financial Management
- d. Program Reporting
- e. Applicant Qualifications
- f. Proposed Budget and Budget Justification
- g. Appendices

Appendix 1: Proposed Organizational Chart

Appendix 2: Proposed staff resumes

Appendix 3: Proposed staff job descriptions

Appendix 4: District of Columbia Business License

Appendix 5: Certificate of Good Standing

Appendix 6: Completed W-9 Form

Appendix 7: List of District Grants (FY17 and 18)

Appendix 8: Completed Automated Clearing House Form

Appendix 9: Letters of Support (optional)

2. Program Narrative

The narrative section (limited to 10 pages) should describe the applicant's approach to meeting the goals of this grant, including effective discharge planning and care transition interventions for Medicaid beneficiaries in order to reduce preventable utilization of services, improve patient experience, and improve quality of care.

Applicants should include a description of:

- a. The specific problem(s) or issue(s) that the proposal will address in order to implement innovative approaches to effective hospital discharge planning and care transition procedures;
- b. The approach to working with stakeholders, including all acute care hospitals in the District;
- c. The applicant organization's approach to meeting the program requirements and objectives outlined in the RFA, including a milestones and deliverables chart with due dates;
- d. Any existing or proposed partnerships (i.e., sub-grantees) or existing partnerships with District Agencies that will assist in the development and implementation of these initiatives, including a description of their qualifications and why they are necessary for the success of the proposed initiatives;
- e. The applicant's proposed intervention and how it will:
 - i. Improve the timeliness and completeness of discharge planning and care transition documents in hospitals' workflow;
 - ii. Improve the frequency with which discharge summaries and structured clinical and encounter data such as continuity of care documents (CCD) are available electronically and are high quality (e.g. complete, correct, and current);
 - iii. Ensure the timely receipt of discharge information by providers assuming care for the patient;
 - iv. Utilize new technology effectively, including health information exchange tools;
 - v. Advance team-based care models that focus on integrating new discharge planning and care transition protocols in the hospital setting and coordinate with external provider networks and existing initiatives such as My Health GPS; and
 - vi. Demonstrate improvements in care and outcomes over time.
- f. The ways in which the proposed approach may impact District priorities outlined in the following strategic planning documents:
 - i. Ongoing value-based purchasing initiatives such as My Health GPS;

- ii. The District's State Medicaid Health IT Plan
https://dhcf.dc.gov/sites/default/files/dc/sites/dhcf/page_content/attachments/SMHP%20Final%20Public%20Draft_10Oct.pdf
- iii. One or more goals in the DC Healthy People 2020 plan;
<https://doh.dc.gov/sites/default/files/dc/sites/doh/publication/attachments/FINAL%20DC%20HP2020%20Framework%20Report%205-23-16.pdf>
- iv. A health system area of need in the DC Health System Plan; and
https://doh.dc.gov/sites/default/files/dc/sites/doh/publication/attachments/DC%20Health%20Systems%20Plan%202017_0.pdf
- v. The pillars or enablers listed in the State Health Innovation Plan
<https://dhcf.dc.gov/innovation>

3. Grant, Fiscal, and Financial Management

Describe how the applicant organization will provide sound grant and fiscal management for the project (limited to 3 pages), including experience in managing other grant funds. Include a summary of the grant, fiscal, and financial management systems currently in place that will support the initiatives included in this RFA.

Appendix 7 of your proposal shall include a list of any grants received in FY17 and FY18 and/or any expected grants to be received in FY19 from the District Government. This list shall state the District Government entity providing the grant, description of the Statement of Work (SOW), the total grant amount, and the timeframe for the grant.

4. Program Reporting

Propose progress and outcome measures to be reported throughout the period of performance. Describe a methodology and capacity to collect baseline and ongoing data to report on proposed measures. Include details on how this approach incorporates District initiatives/priorities and produces lessons learned/recommendations, including those related to sustainability. Specify what measures will be reported on and what will be reported at the end of the grant.

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

5. Applicant Qualifications

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

- a. The organization's specific involvement and roles in the District's health system, including implementing evidence-based quality improvement initiatives in the past five (5) years, if applicable.

- b. Discuss the applicant's history, experience, and/or knowledge related to effective discharge planning, care transition interventions, and models of team-based care.
- c. The applicant's operational readiness and capabilities to implement an evidence-based quality improvement intervention related to effective discharge planning and care transitions.
- d. Letters of support are optional, but may be submitted in appendix 9.

6. Program Budget and Narrative Justification

The applicant shall provide a line-item budget and budget narrative justification, including any matching funding provided. The budget narrative justification should clearly state how the applicant arrived at the budget figures.

D) Funding Restrictions

Any award associated with this RFA is limited to the availability of the District local appropriation for Fiscal Year 2019.

Section V: Application and Review Information

A) Criteria

All applicants for this RFA will be objectively reviewed and scored against four criteria:

Criteria 1: Organizational Structure and Project Leadership (Total of 15 points)

- a. The applicant provides a description of all staff and/or positions to be used to perform the work under the RFA; resumes of key staff proposed and job descriptions for any key positions proposed; and an organizational chart, including any potential sub-grantees, showing clear lines of authority and responsibility. The staffing plan shall include the timeframes for commitment of each staff person to this project and a description of how the applicant's staff and subcontractors will be organized and supervised to meet all RFA requirements. (5 points)
- e. The applicant's proposed staff has demonstrated previous experience with similar work as is being proposed and an expert level of knowledge on evidence-based quality improvement intervention related to effective discharge planning and care transitions. (10 points)

Criteria 2: Process, Plans, Operational Readiness, and Capacity (Total of 65 points)

- a. The applicant describes the organization’s history, experience, and/or knowledge related to effective discharge planning and care transitions that would support their ability to meet all RFA requirements. (10 points)

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

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

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

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

Criteria 4: Fiscal Management and Sustainability (Total of 5 points)

- a. The applicant describes the grant, fiscal, and financial management system in place, qualifications of systems management staff, and experience with grant monitoring, and reporting functions within the last five (5) years. The applicant describes how the fiscal and financial management system ensures all expenditures are accurately tracked, reported, and reconciled. (5 points)

B) Review and Selection Process

All applications that are complete and meet the eligibility and administrative criteria listed in Section III will be reviewed and scored by a panel of internal or external reviewers who are neutral, qualified, professionals selected by the DHCF Office of the Director for their unique expertise in evidence-based quality improvement intervention related to effective discharge planning and care transitions. The panel will review, score, and rank each applicant’s proposal based on the criteria outlined in the RFA. Scoring and the recommendations of the review panel are advisory.

Applications will be scored according to the evaluation criteria listed above. The results of the evaluation for each application submitted will be classified into one of four categories below:

Ranking Classification	Point Range
<i>Most Qualified</i>	95 – 100
<i>Very Qualified</i>	80 – 94
<i>Qualified</i>	70 – 79
<i>Minimally Qualified</i>	69 and below

The individual scores of the review panel will be averaged and assigned a classification equivalent to the point range of the averaged scores. The grantee will be selected from among the applications that score in the “Most Qualified” point range category. If no applications are ranked in the “Most Qualified” category, DHCF may select from the “Very Qualified” and/or “Qualified” categories.

The final decision to fund an application rests with the DHCF Office of the Director. If the Office of the Director does not follow the panel’s recommendations, they shall provide written justification as required by District regulations.

C) Anticipated Announcement and Award Dates

The anticipated announcement date is March 11, 2019. The anticipated date of award is March 11, 2019. Both successful and unsuccessful applicants will be notified in writing of the selection decision prior to the award date.

Section VI: Award Information

A) Award Notices

DHCF will provide the successful applicants with a Notice of Grant Award (NOGA). The NOGA shall be signed and returned to DHCF within 10 business days. Grant proceeds will only be paid after receipt of the signed NOGA and release.

B) Programmatic, Administrative, and National Policy Requirements

The Grantee will be held to strict milestones and requirements in order to receive the full amount of the grant. This will be based on a DHCF-approved Work Plan, which shall be submitted to DHCF within thirty (30) calendar days after receipt of the award.

C) Reporting

Grantees will be required to submit monthly programmatic reports and financial requests for reimbursement. The programmatic reports will indicate the status of goals and performance measures, as well as any successes or challenges encountered during the report period. The financial reports will indicate the status of program spending by category and will be submitted along with all receipts, invoices or other documentation of incurred expenses. Reports are due no later than the 10th after the end of the reported month.

Grantees will be required to submit a final programmatic report within thirty (30) calendar days after expiration of the grant agreement. The final report will include a review of the initiative, work conducted by the grantee (and subgrantees), status of goals and performance measures, plans for how the initiative will be leveraged in the future, and recommendations to DHCF, including those related to sustainability, based on the grant.

D) Payment

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

Section VII: DC Agency Contacts

For additional information regarding this RFA, please contact Joe Weissfeld, Health Care Reform & Innovation Administration via email at joe.weissfeld@dc.gov or by phone at (202) 442-4623.

Section VII: Attachments

A) Certifications

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



Statement of Certification

- A. Applicant/Grantee has provided the individuals, by name, title, address, and phone number who are authorized to negotiate with the Agency on behalf of the organization; (attach)
- B. Applicant/Grantee is able to maintain adequate files and records and can and will meet all reporting requirements;
- C. All fiscal records are kept in accordance with Generally Accepted Accounting Principles (GAAP) and account for all funds, tangible assets, revenue, and expenditures whatsoever; that all fiscal records are accurate, complete and current at all times; and that these records will be made available for audit and inspection as required by the Grant Administrator;
- D. All costs incurred under this grant must be in accordance with 2 CFR 200, "Uniform Admin Requirements, Cos Principles, and Audit Requirements for Federal Awards;"
- E. Applicant/Grantee states whether it, 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.
- 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 sub-grant, or the ability to obtain them;
- M. That the Applicant/Grantee has the ability to comply with the required or proposed delivery or performance schedule, taking into consideration all existing and reasonably expected commercial and governmental business commitments;
- N. That the Applicant/Grantee has a satisfactory record of performing similar activities as detailed in the award or, if the grant award is intended to encourage the development and support of organizations without significant previous experience, that the Applicant/Grantee has otherwise established that it has the skills and resources necessary to perform the grant. In this connection, Agencies may report their experience with an Applicant/Grantee's performance to OPGS which shall collect such reports and make the same available on its intranet website;
- O. That the Applicant/Grantee has a satisfactory record of integrity and business ethics;
- P. That the Applicant/Grantee has the necessary organization, experience, accounting and operational controls, and technical skills to implement the grant, or the ability to obtain them;
- Q. That the Applicant/Grantee is in compliance with the applicable District licensing and tax laws and regulations;
- R. That the Applicant/Grantee complies with provisions of the Drug-Free Workplace Act;
- S. That the Applicant/Grantee meets all other qualifications and eligibility criteria necessary to receive an award under applicable laws and regulations; and
- T. That the Applicant/Grantee agrees to indemnify, defend and hold harmless the Government of the District of Columbia and its authorized officers, employees, agents and volunteers from any and all claims, actions, losses, damages, and/or liability arising out of this grant or

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: _____

In the cases below, the following person must give Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States:

- In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the entity.
- In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the trust, and
- In the case of a U.S. trust (other than a grantor trust), the U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

Foreign person. If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person, do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Publication 515, *Withholding of Tax on Nonresident Aliens and Foreign Entities*).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following two items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Example. Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity, give the requester the appropriate completed Form W-8 or Form 8233.

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS a percentage of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, payments made in settlement of payment card and third party network transactions, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester.
2. You do not certify your TIN when required (see the Part II instructions on page 3 for details).
3. The IRS tells the requester that you furnished an incorrect TIN.
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or
5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See *Exempt payee code* on page 3 and the separate instructions for the Requester of Form W-9 for more information.

Also see *Special rules for partnerships* on page 1.

What is FATCA reporting? The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all United States account holders that are specified United States persons. Certain payees are exempt from FATCA reporting. See *Exemption from FATCA reporting code* on page 3 and the instructions for the Requester of Form W-9 for more information.

Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this 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 tax exempt. In addition, you must furnish 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 requester, 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.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal 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, for instance, due to marriage without informing the Social Security Administration of the name change, enter your first 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 then circle, the name of the person or entity whose number you entered in Part I of the form.

Sole proprietor. Enter your individual name as shown on your income tax return on the "Name" line. You may enter your business, trade, or "doing business as (DBA)" name on the "Business name/disregarded entity name" line.

Partnership, C Corporation, or S Corporation. Enter the entity's name on the "Name" line and any business, trade, or "doing business as (DBA) name" on the "Business name/disregarded entity name" line.

Disregarded entity. For U.S. federal tax purposes, an entity that is disregarded as an entity separate from its owner is treated as a "disregarded entity." See Regulation section 301.7701-2(p)(2)(ii). Enter the owner's name on the "Name" line. The name of the entity entered on the "Name" line should never be a disregarded entity. The name on the "Name" line must be the name shown on the income tax return on which the income should be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner's name is required to be provided on the "Name" line. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on the "Business name/disregarded entity name" line. If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.

Note. Check the appropriate box for the U.S. federal tax classification of the person whose name is entered on the "Name" line (individual/sole proprietor, Partnership, C Corporation, S Corporation, Trust/estate).

Limited Liability Company (LLC). If the person identified on the "Name" line is an LLC, check the "Limited liability company" box only and enter the appropriate code for the U.S. federal tax classification in the space provided. If you are an LLC that is treated as a partnership for U.S. federal tax purposes, enter "P" for partnership. If you are an LLC that has filed a Form 8832 or a Form 2553 to be taxed as a corporation, enter "C" for C corporation or "S" for S corporation, as appropriate. If you are an LLC that is disregarded as an entity separate from its owner under Regulation section 301.7701-3 (except for employment and excise tax), do not check the LLC box unless the owner of the LLC (required to be identified on the "Name" line) is another LLC that is not disregarded for U.S. federal tax purposes. If the LLC is disregarded as an entity separate from its owner, enter the appropriate tax classification of the owner identified on the "Name" line.

Other entities. Enter your business name as shown on required U.S. federal tax documents on the "Name" line. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on the "Business name/disregarded entity name" line.

Exemptions

If you are exempt from backup withholding and/or FATCA reporting, enter in the Exemptions box, any code(s) that may apply to you. See *Exempt payee code* and *Exemption from FATCA reporting code* on page 3.

Exempt payee code. Generally, individuals (including sole proprietors) are not exempt from backup withholding. Corporations are exempt from backup withholding for certain payments, such as interest and dividends. Corporations are not exempt from backup withholding for payments made in settlement of payment card or third party network transactions.

Notes. If you are exempt from backup withholding, you should still complete this form to avoid possible erroneous backup withholding.

The following codes identify payees that are exempt from backup withholding:

- 1—An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2)
- 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 their political subdivisions or instrumentalities
- 4—A foreign government or any of its political subdivisions, agencies, or instrumentalities
- 5—A corporation
- 6—A dealer in securities or commodities required to register in the United States, the District of Columbia, or a possession of the United States
- 7—A futures commission merchant registered with the Commodity Futures Trading Commission
- 8—A real estate investment trust
- 9—An entity registered at all times during the tax year under the Investment Company Act of 1940
- 10—A common trust fund operated by a bank under section 584(a)
- 11—A financial institution
- 12—A middleman known in the investment community as a nominee or custodian
- 13—A trust exempt from tax under section 664 or described in section 4947

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 13.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt payees except for 7
Broker transactions	Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012.
Barter exchange transactions and patronage dividends	Exempt payees 1 through 4
Payments over \$600 required to be reported and direct sales over \$5,000 ¹	Generally, exempt payees 1 through 6 ²
Payments made in settlement of payment card or third party network transactions	Exempt payees 1 through 4

¹ See Form 1099-MISC, Miscellaneous Income, and its Instructions.
² However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney, and payments for services paid by a federal executive agency.

Exemption from FATCA reporting code. The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements.

- A—An organization exempt from tax under section 501(c)(3) or any individual retirement plan as defined in section 7701(a)(37)
- B—The United States or any of its agencies or instrumentalities
- C—A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities
- D—A corporation the stock of which is regularly traded on one or more established securities markets, as described in Reg. section 1.1472-1(e)(1)(i)
- E—A corporation that is a member of the same expanded affiliated group as a corporation described in Reg. section 1.1472-1(e)(1)(i)
- F—A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state

- G—A real estate investment trust
- H—A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940
- I—A common trust fund as defined in section 584(a)
- J—A bank as defined in section 581
- K—A broker
- L—A trust exempt from tax under section 664 or described in section 4947(a)(1)
- M—A tax exempt trust under a section 403(b) plan or section 457(g) plan

Part I. Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are a single-member LLC that is disregarded as an entity separate from its owner (see *Limited Liability Company (LLC)* on page 2), enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

Notes. See the chart on page 4 for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local Social Security Administration office or get the form online at www.ssa.gov. You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at www.irs.gov/businesses and clicking on Employer Identification Number (EIN) under Starting a Business. You can get Forms W-7 and SS-4 from the IRS by visiting irs.gov or by calling 1-800-TAX-FORM (1-800-829-5676).

If you are asked to complete Form W-9 but do not have a TIN, apply for a TIN and write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

Notes. Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

Caution: A disregarded U.S. entity that has a foreign owner must use the appropriate Form W-8.

Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if items 1, 4, or 5 below indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on the "Name" line must sign. Exempt payees, see Exempt payee code earlier.

Signature requirements. Complete the certification as indicated in items 1 through 5 below.

1. **Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983.** You must give your correct TIN, but you do not have to sign the certification.
2. **Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983.** You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.
3. **Real estate transactions.** You must sign the certification. You may cross out item 2 of the certification.
4. **Other payments.** You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments made in settlement of payment card and third party network transactions, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).
5. **Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions.** You must give your correct TIN, but you do not have to sign the certification.

What Name and Number To Give the Requester

For this type of account:	Give name and SSN or:
1. Individual	The individual
2. Two or more individuals (joint account)	The actual owner of the account or, if combined funds, the first individual on the account ¹
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor ²
4. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee ³
b. So-called trust account that is not a legal or valid trust under state law	The actual owner ¹
5. Sole proprietorship or disregarded entity owned by an individual	The owner ⁴
6. Grantor trust filing under Optional Form 1066 Filing Method 1 (see Regulation section 1.671-4(b)(2)(i)(A))	The grantor ⁴
For this type of account:	Give name and EIN or:
7. Disregarded entity not owned by an individual	The owner
8. A valid trust, estate, or pension trust	Legal entity ⁴
9. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
10. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
11. Partnership or multi-member LLC	The partnership
12. A broker or registered nominee	The broker or nominee
13. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity
14. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1066 Filing Method 2 (see Regulation section 1.671-4(b)(2)(i)(B))	The trust

¹List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

²Circle the minor's name and furnish the minor's SSN.

³You must show your individual name and you may also enter your business or "DBA" name on the "Business name/disregarded entity" name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

⁴List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see Special rules for partnerships on page 1.

*Note. Grantor also must provide a Form W-9 to trustee of trust.

Note. If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

Secure Your Tax Records from Identity Theft

Identity theft occurs when someone uses your personal information such as your name, social security number (SSN), or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN.
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit Form 14069.

For more information, see Publication 4535, Identity Theft Prevention and Victim Assistance.

Victims of identity theft who are experiencing economic harm or a system problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4069.

Protect yourself from suspicious emails or phishing schemes. Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to phishing@irs.gov. You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration at 1-800-368-4484. You can forward suspicious emails to the Federal Trade Commission at spam@ftc.gov or contact them at www.ftc.gov/idtheft or 1-877-IDTHEFT (1-877-438-4338).

Visit IRS.gov to learn more about identity theft and how to reduce your risk.

Privacy Act Notice

Section 6109 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 certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law 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 3406, payers must generally withhold 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 fraudulent information.

C) Automated Clearing House Form

For agency use only: PASS-generated VM# _____		
ACH VENDOR PAYMENT ENROLLMENT FORM Section A		
New Form <input type="checkbox"/>	Correction/Change <input type="checkbox"/>	Cancellation <input type="checkbox"/>
Vendor/Payee/Company Information		
Vendor Name*		EIN or SSN*
Vendor Number*		
Address*		
Vendor Contact Name*	Vendor Contact	Vendor Contact
	Phone Number*	Phone Number
	Alternative	Phone Number
*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 to are deposited to my account, I (we) authorize the District of Columbia to direct the financial institution to return said 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		
<i>Payments should be made to the depository account named below</i>		
Bank/Financial Institution Information (to be reviewed and signed by Vendor's Financial Institution)		
Bank/Financial Institution Name		Account Title
Branch Address		Phone Number
9-digit Transit Routing Number		Account Number
Bank's ACH Coordinator		Telephone Number
Type of Account	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
Signature & Title of Banking Official _____		
Print Name & Title _____		
Notice: All vendors must have a W-9 on file with the District of Columbia		
ACH Enrollment Form	District of Columbia Office of Finance & Treasury	MAY 2008

D) 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:

(Contact Name)

(Organization Name)

(Address, City, State, Zip Code)

(Telephone/Email)

[DHCF USE ONLY]

Date Received: ___/___/___

Time Received: ___/___/___

of Copies received: _____

Received by: _____