Department of Health

DC | HEALTH
GOVERNMENT OF THE DISTRICT OF COLUMBIA
Community Health Administration

REQUEST FOR APPLICATIONS
**Community Dental Health Coordinator
Pilot Program
RFA# CHA_CDHP_05.31.19**

Submission Deadline:
July 1, 2019 at 6:00 pm

Table of Contents

The District of Columbia, Department of Health (DC Health) is soliciting applications from qualified applicants to services in the program and service areas described in this Notice of Funding Availability (NOFA). This announcement is to provide public notice of the Department of Health's intent to make funds available for the purpose described herein. The applicable Request for Applications (RFA) will be released under a separate announcement with guidelines for submitting the application, review criteria and DC Health terms and conditions for applying for and receiving funding.

General Information:

Funding Opportunity Title:	Community Dental Health Coordinator Program
Funding Opportunity Number:	FO-CHA-PG-00006-004
Program RFA ID#:	RFA_CHA_CDHP_05.31.19
Opportunity Category:	Competitive
DC Health Administrative Unit:	Community Health Administration
DC Health Program Bureau	Health Care Access
Program Contact:	Urvi Patel 202-442-9168
Program Description:	DC Health is looking to fund DC-based health care facilities to develop and pilot a model of care that uses dental auxiliaries trained as Community Dental Care Coordinators (CDHCs) to integrate oral health care into primary care and support services delivered to pregnant women and children 0-5 years of age. The purpose of this pilot program is to assess the feasibility and effectiveness of the CDHC model of oral health integration to improve key oral health indicators among perinatal and early childhood (age 0-5) populations.
Eligible Applicants	Eligible entities under this RFA are not-for-profit health care facilities located in the District of Columbia providing dental and primary health care and support services (e.g. case management, nutrition, education services) to the target population: pregnant women and or children 0-5 years of age.
Anticipated # of Awards:	Up to four (4) awards
Anticipated Amount Available:	$160,000

Floor Award Amount:	$25,000
Ceiling Award Amount:	Up to $100,000

Funding Authorization

Legislative Authorization	Public Health Service Act, Title III, Section 340G (42 U.S.C. 256g)
Associated CFDA#	93.236
Associated Federal Award ID#	T12HP28873
Cost Sharing / Match Required?	No
RFA Release Date:	May 31, 2019
Pre-Application Meeting (Date)	June 6, 2019
Pre-Application Meeting (Time)	12:00PM-1:30PM
Pre-Application Meeting (Location/Conference Call Access)	899 North Capitol Street, NE Third Floor Room 332 Washington, DC 20002 (Contact urvi.patel@dc.gov)
Letter of Intent Due date:	Not applicable
Application Deadline Date:	July 1, 2019
Application Deadline Time:	6:00 PM
Links to Additional Information about this Funding Opportunity	DC Grants Clearinghouse http://opgs.dc.gov/page/opgs-district-grants-clearinghouse. DC Health EGMS https://dcdoh.force.com/GO__ApplicantLogin2

Notes:
1. DC Health reserves the right to issue addenda and/or amendments subsequent to the issuance of the NOFA or RFA, or to rescind the NOFA or RFA.
2. Awards are contingent upon the availability of funds.
3. Individuals are not eligible for DC Health grant funding.
4. Applicants must have a DUNS #, Tax ID#, be registered in the federal Systems for Award Management (SAM) and the DC Health Enterprise Grants Management System (EGMS)
5. Contact the program manager assigned to this funding opportunity for additional information.
6. DC Health is located in a secured building. Government issued identification must be presented for entrance.

District of Columbia Department of Health RFA Terms and Conditions

The following terms and conditions are applicable to this and all Requests for Applications issued by the District of Columbia Department of Health (DC Health) and to all awards, if funded under this RFA:

A. Funding for a DC Health sub-award is contingent on DC Health's receipt of funding (local or federal) to support the services and activities to be provided under this RFA.

B. DC Health may suspend or terminate an RFA pursuant to its own grant making rule(s) or any applicable federal regulation or requirement.

C. The RFA does not commit DC Health to make any award.

D. Individual persons are not eligible to apply or receive funding under any DC Health RFA.

E. DC Health reserves the right to accept or deny any or all applications if the DC Health determines it is in the best interest of DC Health to do so. An application will be rejected if it does not comply with eligibility requirements, formatting or submission requirements outlined in the RFA. DC Health shall notify the applicant if it rejects that applicant's proposal for review.

F. DC Health reserves the right to issue addenda and/or amendments subsequent to the issuance of the RFA, or to rescind the RFA. The prospective applicant is responsible for retrieving this information via sources outlined in the RFA (e.g. DC Grants Clearinghouse).

G. DC Health shall not be liable for any costs incurred in the preparation of applications in response to the RFA. The Applicant agrees that all costs incurred in developing the application are the applicant's sole responsibility. No funds already awarded the applicant under other instruments or agreements shall be used by the applicant to fund the preparation of the application.

H. DC Health 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.

I. DC Health shall determine an applicant's eligibility by way of local and federal registries for excluded parties searches and documents and certifications submitted by the applicant.

J. The Applicant Organization must obtain a Data Universal Numbering System (DUNS) number to apply for funding and register for the federal System for Award Management (SAM) at www.sam.gov prior to award.

K. DC Health reserves the right to require registry into local and federal systems for award management at any point prior to or during the Project Period. This includes DC Health electronic grants management systems, for which the awardee will be required to register and maintain registration of the organization and all users.

L. DC Health 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.

M. DC Health shall establish terms of agreement for an award funded under this RFA. If funded, the applicant will receive a Notice of Grant Award (NOGA). The NOGA will establish the project period (i.e. the total number of years for which funding has been approved) and define any segments of the Project Period (e.g. initial partial year, or a 12 month budget period). The NOGA shall outline conditions of award or restrictions.

N. Continuation of funding, if awarded shall be based on availability of funds, documented satisfactory progress in interim and annual reports, continued eligibility and determination that the continued funding and activities is in the best interest of the District of Columbia.

O. DC Health shall provide the citations to the local or federal statute/s and implementing regulations that authorize the award; all applicable District of Columbia and Federal regulations, including OMB Circulars 2 CFR 200 (effective December 26, 2014) and Department of Health and Services (HHS) published 45 CFR Part 75, and supersedes requirements for any funds received and distributed by DC Health under legacy OMB circulars A-102, A-133, 2 CFR 180, 2 CFR 225, 2 CFR 220, and 2 CFR 215; payment provisions identifying how the awardee will be paid for performing under the award; reporting requirements, including programmatic, financial and any special reports required by the funding Agency; and compliance conditions that must be met by the awardee.

P. 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.

Additional information about grants management policy and procedures may be obtained at the following site: www.opgs.dc.gov (click on Information) or click here: City-Wide Grants Manual.

If your agency would like to obtain a copy of the **DC Health RFA Dispute Resolution Policy,** please contact the Office of Grants Management and Resource Development at doh.grants@dc.gov or call (202) 442- 9237. Your request for this document will not be shared with DC Health program staff or reviewers. Copies will be made available at all pre-application conferences.

CHECKLIST FOR APPLICATIONS

☐ Applicants must be registered in the federal Systems for Award Management (SAM) and the DC Health Enterprise Grants Management System (EGMS).

☐ Complete your EGMS registration **two weeks** prior to the application deadline.

☐ Start constructing and uploading your application components into EGMS at least a week prior to the application deadline.

☐ The complete **Application Package** should include the following:

- DC Health Application Profile and Table of Contents
- Assurances, Certifications and Certification Documents
- Project Narrative
- Project Abstract (Attachment 1)

- Work Plan (Attachment 2)
- Evaluation Plan (Attachment 3)
- Staffing Plan (Attachment 4)
- Budget and Budget Justification (Attachment 5)
- Letters of Agreement

☐ Documents requiring signature have been signed by an agency head or AUTHORIZED Representative of the applicant organization.

☐ The Applicant needs a DUNS number to be awarded funds. Go to Dun and Bradstreet to apply for and obtain a DUNS # if needed.

☐ The Project Narrative is written on 8½ by 11-inch paper, **1.0 spaced**, **Arial or Times New Roman font using 12-point type** *(11 –point font for tables and figures)* **with a minimum of one inch margins**. **The total size of all uploaded files must conform to the page-length guidelines outlined on page 8 of this RFA. Applications that do not conform to these requirements will not be forwarded to the review panel.**

☐ The application proposal format conforms to the "Application Elements" listed in the RFA.

☐ The proposed budget is complete and complies with the budget forms provided in the RFA. The budget narrative is complete and describes the categories of items proposed.

☐ The proposed work plan, logic model, and other attachments are complete and comply with the forms and format provided in the RFA

☐ Submit your application via EGMS by **6:00 pm** on the deadline of **Monday, July 1, 2019.**

GENERAL INFORMATION

Key Dates

- Notice of Funding Announcement Date: Friday, May 17, 2019
- Request for Application Release Date: Friday May 31, 2019
- Pre-Application Meeting Date: Thursday, June 6, 2019
- Application Submission Deadline: Monday, July 1, 2019
- Anticipated Award Start Date: Thursday, August 1, 2019

Overview

The Government of the District of Columbia, Department of Health (DC Health), Community Health Administration (CHA) is soliciting applications from qualified organizations to implement the Community Dental Health Coordinator Pilot Program.

Source of Grant Funding

Funding is made available under the State Oral Health Workforce Grant awarded to DC Health by the US Department of Health and Human Services' Health Resources and Services Administration (HRSA).

Award Information

Amount of Funding Available

This RFA will make $160,000 available for up to four (4) awards annually. The grants will be for a period of 12 months with one option year, which is subject to performance and availability of funds.

Performance and Funding Period

DC Health intends to award a two-year Project Period grants, with the first Budget Period anticipated being from August 1, 2019 – July 31, 2020. Continuation of funds after the first budget period is contingent upon availability of funds and grantee's performance.

Eligible Organizations/Entities

Eligible entities under this RFA are not-for-profit health care facilities located in the District of Columbia providing dental and primary health care and support services (e.g. case management, nutrition, education services) to the target population: pregnant women and or children 0-5 years of age.

Non-Supplantation

Recipients must supplement, and not supplant, funds from other sources for initiatives that are the same or similar to the initiatives being proposed in this award.

Application Page Limit

The total size of uploaded files that will be counted in the page limit may not exceed the equivalent of **20 pages** when printed by DC Health. The page limit includes the following documents:

- Project Narrative
- Project Abstract (Attachment 1)
- Work Plan (Attachment 2)
- Evaluation Plan (Attachment 3)
- Staffing Plan (Attachment 4)
- Budget and Budget Justification (Attachment 5)
- Letters of Agreement

Letters of agreement are not counted towards the page limit.

BACKGROUND & PURPOSE

Background

Oral Health During Pregnancy and Early Childhood

Dental caries is a diet-dependent multifactorial bacterial disease that is preventable. Yet, nearly one in four US children 2-5 years of age had caries experience, and 10% of them had untreated caries on their primary teeth in 2011-2012.[1] Children's dietary and oral hygiene behaviors rely on parents and caregivers, thus caregivers' oral health knowledge, beliefs, and self-efficacy influence children's oral health behaviors and outcomes.[2,3] Studies also show that maternal untreated caries and elevated level of salivary cariogenic bacteria increase the odds of early childhood caries in their children.[2,3]

In 2011-2012, 82% of US adults 20-34 years and 94% of US adults 35-49 years of age had experienced dental caries, and 27% of these adults of reproductive age had untreated dental caries.[4] A sizable subgroup of adult women and men with active dental caries, therefore, may become or be caregivers of infants. Pregnancy often triggers the progression of oral disease processes in women due to complex physiological changes as well as changes in dietary and oral hygiene practices.[2,3] Depending on the study, prevalence of gingivitis during pregnancy ranges from 30% to 100%, and estimated 5% to 20% of pregnant women manifest clinical signs of periodontitis.[2]

Despite the perinatal and early childhood periods being critical opportunities to deliver primary and secondary preventive oral health services, both perinatal women and young children are less likely to receive dental services than other health services. Women during the perinatal period have both heightened oral health needs and enhanced access to health care during the perinatal period, yet fewer women receive oral health/dental services compared with other perinatal health services. The 2015 Pregnancy Risk Assessment Monitoring Survey (PRAMS) data indicated that only 48% of survey participants reported a dental visit during pregnancy while 56% of them reportedly received teeth cleaning 12 months before pregnancy.[5]

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[1] Dye BA, Thornton-Evans G, Li X, Iafolla TJ. Dental Caries and Sealant Prevalence in Children and Adolescents in the United States, 2011-2012. NCHS Data Brief. No. 191; March 2015. Available at https://www.cdc.gov/nchs/data/databriefs/db191.pdf

[2] Association of State & Territorial Dental Directors. Best Practice Approach; Perinatal Oral Health. Available at https://www.astdd.org/bestpractices/BPAPernatalOralHhealth.pdf

[3] Iida H. Oral Health Intervention During Pregnancy. Dent Clin North Am. 2017;61(3):467-81

[4] Dye BA, Thornton-Evans G, Li X, Iafolla TJ. Dental caries and tooth loss in adults in the United States, 2011-2012. NCHS Data Brief. No.197. May 2015. Available at https://www.cdc.gov/nchs/data/databriefs/db197.pdf

[5] Centers for Disease Control and Prevention. Prevalence of selected maternal and child health indicators for all PRAMS sites, Pregnancy Risk Assessment Monitoring System (PRAMS), 2011-2015. https://www.cdc.gov/prams/pramstat/pdfs/mch-indicators/PRAMS-All-Sites-2012-2015-508.pdf

In 2017, 84% of District children younger than 3 years of age who were eligible for Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services had at least one child health screening service, however only 39% of them received any dental or oral health services.[6] Given the

potential for enhanced receptivity to healthier behaviors among adults during the perinatal period and opportunity for primary prevention of dental diseases in children, oral health education and intervention should be promoted as a standard part of prenatal and well-child services.

Pediatric Access to Oral Health Care in the District of Columbia
While increasing demand for dental services among perinatal women and children is critical, there must also be a supply of providers that is capable of responding to the demand. Nationwide there is a maldistribution and shortage of pediatric dental workforce that is willing and competent to serve infants and toddlers. In DC, the dental workforce survey conducted by the DC Board of Dentistry in 2017 indicated that only 5% of dentists who have either part-time or full-time practices in the District of Columbia (N=690) either specialize in pediatric dentistry or are general dentists with a pediatric focus; and 80% of these dentists were in private practice.[7] Among 35% of DC-based dentists who reportedly participate in the Medicaid program, 9% were pediatric dentists, which makes Medicaid-participating pediatric dentists only 3% of the entire dental workforce in District of Columbia.[7]

These workforce challenges may contribute to the finding that in 2017, only 22% of eligible DC Medicaid children <2 years of age received any oral diagnostic services. To mitigate a shortage of the dental workforce serving vulnerable early childhood populations and to otherwise increase access to oral health care, many pediatricians in healthcare safety-net facilities are now trained to conduct oral health screenings and fluoride varnish application. As a result, the vast majority of oral health screenings provided to the 22% Medicaid-enrolled children (21% out of 22%) were conducted by non-dental providers; a significantly smaller percentage of these children (11%) received any dental screening by dentists – either in addition to or instead of the non-dental provider screening.[8] Due to the lack of provider time and resources available for oral health case management, ensuring the successful referral of patients from primary care to dental care is often challenging, even when primary care providers are trained in oral health interventions and/or dental and primary care services are co-located in the same facility.[9]

Oral Health Case Management and Community Dental Health Coordinators
Case management is the consumer-centric collaborative process of assessing, planning, facilitating, and advocating for options and services to meet an individual's health needs and to promote cost-effective quality outcomes.[10] In response to the need for enhanced dental case management and to address other barriers to accessing dental care, the American Dental Association (ADA) introduced Community Dental Health Coordinators (CDHCs) as a new type of dental health professional in 2006. CDHCs have both dental care skills as well as community health worker skills such as case management, patient navigation, advocacy, education, and outreach.[11] CDHCs are able to address social factors impacting patients' health with their motivational interviewing, cultural competencies, and health literacy skills.[10] CDHCs can also perform screenings of oral health risks and deliver

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6   Centers for Medicare and Medicaid Services. Annual EPSDT Participation Report From FFY 2017 CMS-416 Data. District of Columbia. Available at https://www.medicaid.gov/medicaid/benefits/epsdt/index.html
7   DC Department of Health. Unpublished 2017 dental workforce survey data.
8   DC Department of Health. Unpublished 2017 DC Medicaid/MCO Claims data.
9   Douglass JM, Clark MB. Integrating oral health into overall health care to prevent early childhood caries: Need, Evidence, and Solutions. Pediatr Dent. 2015;37(3):266-74
10   Grover J. Community Dental Health Coordinators: Cultural "Connectors" for Oral Health. NC Med J. 2017;78(6):383-5
11   American Dental Association. Community Dental Health Coordinators. Available at https://www.ada.org/en/public-programs/action-for-dental-health/community-dental-health-coordinators

preventive and educational dental services as part of their community-based oral health promotion and outreach (within the scope of professional practice for dental assistants and dental hygienists described in each state's dental practice act).

There are two pathways to becoming a CDHC: existing dental auxiliaries such as dental assistants and dental hygienists can get training – either in-person or remotely - in the community health worker component of the CDHC curriculum, or individuals without previous clinical dental training can pursue full in-person CDHC training which includes clinical as well as the community health worker components. At present, there are CDHC training programs offered at 18 educational institutions in the US, two of which offer remote training for existing dental auxiliaries. As of 2018, approximately 300 CDHCs were trained and working across 26 states.[11]

Purpose

DC Health's Community Health Administration (CHA) is soliciting applications from eligible organizations to develop and pilot a model of care that uses dental auxiliaries trained as Community Dental Health Coordinators (CDHCs) to integrate oral health care into primary care and support services delivered to pregnant women and children 0-5 years of age. The purpose of this pilot program is to assess the feasibility and effectiveness of the CDHC model of oral health integration to improve key oral health indicators among perinatal and early childhood (age 0-5) populations.

The goals of the grant are to 1) train the initial cohort of CDHCs in DC who would serve as key informants in the local oral health initiative to increase care linkages to oral health services during the perinatal and early childhood; 2) increase the number of pregnant women and children <6 years of age who receive oral health risk assessments, education/anticipatory guidance, preventive services, and referrals to dental care as needed; and 3) reduce episodic use of dental care among pregnant women and preschool children.

Performance Requirements

Grantee organizations shall be responsible for facilitating their respective employees' full participation in CDHC training through an approved CDHC distance learning program, including dedicating staff time to CDHC training and service delivery. The grantees shall also develop, implement, and participate in evaluating the CDHC model of oral health integration. Program evaluation activities shall include, but are not limited to: collecting, monitoring, and detailed reporting on services delivered and key oral health indicators.

Target Population

The target population for this CDHC Pilot Program is pregnant women and/or children 0-5 years of age and their parents.

Location of Services

CDHCs will be stationed on-site at the grantee health care facility(ies); a portion of their outreach and care coordination activities may be conducted off-site based on strategies identified.

Scope of Services

Funding under this RFA will enable grantee organizations to:

- Facilitate the distance-learning training of dental assistant and/or dental hygienist employees (at least one) as CDHCs;

- By January 1, 2020 (after completion of the first semester of training), develop and implement a CDHC-facilitated oral health integration model including oral health care delivery (e.g. oral health risk assessment, parent/caregiver education, preventive care, and/or care coordination/case management services) at primary care and/or support service (e.g. case management, nutrition, education services) settings within the grantee health care facility;

- Track, collect, and report on services delivered and key oral health metrics, including measures of workflow and productivity, to evaluate the program;

- Participate in trainings and conference calls organized by DC Health for the pilot program sites;

- Serve as key informants in surveys, discussions, and planning efforts related to the potential development of a local CDHC training program.

Detailed Description of Scope of Services:

Training of CDHC

In year one, grantee organizations shall use the grant funds to enroll and pay the tuition of their respective dental hygienist or dental assistant employee(s)' CDHC training at one of two distance learning programs (see Table 1). The grantee organization and the CDHC candidate must allocate sufficient time (i.e. estimated 6 hours per week) during the first two semesters to successfully complete the curriculum and carry out one concurrent semester of a clinical practicum.

Table 1: Distance Learning Programs on the CDHC training

Institutions	Program Type	Tuition	Start date	Web-link
Rio Salado College	Certificate of Completion	$2658	September	http://www.riosalado.edu/programs/Pages/CCL-Community-Dental-Health-Coordination.aspx
Alamance Community College	Continuing Education	$180	April	https://www.alamancecc.edu/continuing-education-site/certifications-and-licensure/healthcare-2/community-dental-health-coordinator/

CDHC Model of Oral Health Integration

The grantee organizations must develop and implement a CDHC-facilitated model of oral health integration in primary care and/or support service settings by January 1, 2020. Clinical and non-clinical services provided by CDHCs during the primary care and/or support services visits must conform to the scope of practice regulations set forth by the District's Board of Dentistry. Such services may include:

- Oral health outreach, education, and anticipatory guidance;

- Oral health risk assessment;

- Preventive oral intervention; and

- Oral health case management and navigation to dental homes.

<u>Data Collection and Reporting</u>

Grantees will be required to collect, track, and report data on both process and outcome measures related to the program at least quarterly. Grantees shall submit a quarterly report on grant activities in a form/format prescribed by DC Health. Quarterly reports will cover grantee performance (e.g. service data described below, challenges, and feedback on the CDHC training experience) and administrative data. On an annual basis, the grantee will be expected to provide summary data on services provided and patients served and report on evaluation findings. The evaluation plan will be finalized in collaboration with DC Health upon award. However, at a minimum, grantees will be expected to report the following program- and patient-level information:

- **Process data**
    - CDHC Training
        - # of staff trained as CDHCs
        - # and % of training sessions completed as required
    - CDHC hours dedicated to clinical and non-clinical services in primary care and/or support service settings
    - Patients served, by (at a minimum):
        - Age
        - Caries risk (low, moderate, high)
        - Health insurance status
        - Date of last prior dental service
        - Services provided
        - Service setting
    - Implementation/Workflow
        - # of staff, by type, involves in the new model of care delivery
        - # of tools/processes developed to support implementation
        - Average length of patient visit where CDHC-facilitated oral health integration takes place
    - Services delivered, including:
        - The number and proportion of pregnant women and children <6 years of age who received oral health risk assessments
        - The number and proportion of pregnant women and children <6 years of age and their parents/caregivers who received oral health education and anticipatory guidance
        - The number and percent of pregnant women and or children <6 years of age successfully referred for dental care as needed

- **Outcomes data**
  - The number and proportion of pregnant women and or children <6 years of age and their parents/caregivers who received preventive oral/dental care (e.g. fluoride varnish application)
  - The number and percent of patients completing needed dental care (patients served by CDHC vs. other)
  - The number and percent of Medicaid-insured patients of target population who had no prior claim for dental diagnostic and preventive services in preceding 12-month period

APPLICATION REQUIREMENTS

Project Narrative

Population (up to 1 page)
This section should provide an overview of the facility's patient panel of the target population (pregnant women and children 0-5 years), including their source of insurance; demographic information; area of residence (ward or zip code); rates of prenatal, well-child, and dental visits; and oral health status.

Organization (up to 2 page)
This section should provide a description of services provided and the infrastructure supporting service delivery, with a focus on the prenatal, primary care, dental, and support services. Applicants should provide information on the organization's mission and structure and the scope of its current quality improvement and cross-discipline collaboration activities - particularly those related to the delivery of perinatal and early childhood services. The applicant should describe how previous experience in these areas contribute to the ability of the organization to implement the proposed program. Applicants should describe data and health IT infrastructure that will support the program.

Project Description (up to 3 pages)
This section should provide a detailed description of the proposed program, including the need for enhanced oral health integration, the specific populations to be targeted, the methods, and intended outcomes. The applicant should demonstrate the need using patient and administrative data. Description of the methods should include the intended location of services, detailed description of the current and proposed assignments/scope of work for the employee(s) to be trained as CDHC(s), the organization's process for designing and implementing the CDHC-facilitated oral health integration model, and key staff to be involved in the program. Applicants must submit a work plan (template provided) as Attachment 2 detailing key activities and timelines (work plan is counted separately in the application page limit). If any community-based partnerships will be used to implement the pilot program, describe the partnerships and provide letters of agreement (letters of agreement are not counted in the page limit).

Evaluation (up to 2 page)
Applicants should provide targets for process and outcome measures and provide a description of how the process and outcome measures will be evaluated during project implementation, including

intended uses of information technology.

Project Attachments

Some of the attachments for this application will have required templates that the applications must use. The sections below will indicate which documents require the use of a template.

Project Abstract (up to 1 page)
This section should provide a clear, accurate, and concise description of the proposed program, including the following:
- Needs: Use data to describe the target population and the need for practice improvement using the CDHC model of oral health integration
- Methods: Describe how the organization will implement the project.
- Outcomes: Describe what key outcome and process metrics and associated targets will be monitored to evaluate the proposed activities and outcomes

The project abstract must be single-spaced and limited to one page in length. No template is provided.

Work Plan (up to 3 pages)
The Work Plan, on the *template provided by DC Health*, is required (Attachment 2). The work plan describes key activities and tasks to successfully deliver the CDHC Pilot Program. The activities and tasks should be organized chronologically, and each should have an identified responsible staff, target completion date, and associated output.

Evaluation Plan (up to 3 pages)
The Evaluation Plan, on the *template provided by DC Health*, is required (Attachment 3). The process and outcome indicators should have source of data, frequency of data collection, and targets.

Staffing Plan (up to 2 pages)
The applicant's staffing plan is required (no template provided) as Attachment 4. The staffing plan should describe staff duties, qualifications, and the percent of time to be spent on project activities, and whether the time will be charged to the grant or provided in-kind. The plan should clearly indicate which staff positions, if any, will need to be hired. Staff CVs, resumes, and position descriptions may also be submitted, but they are not required and will not count towards the page limit. Staffing should include, at a minimum, the CDHC candidate(s) and relevant providers and administrative staff involved in the oversight and day-to-day management and evaluation of the proposed program.

Project Budget and Justification (up to 3 pages)
The application should include as Attachment 5 a project budget with justification *using the single form* provided*. The project budget and budget justification should be directly aligned with the work plan and project description. All expenses should relate directly to achieving the key grant goals. The budget should reflect a 12-month period. Costs charged to the award must be reasonable, allowable and allocable under this program. Personnel charges must be based on actual, not budgeted labor. Salaries and other expenditures budgeted for in the grant must be for services that will occur during the 12-month grant period.

*Note: the electronic submission platform, Enterprise Grants Management System (EGMS), will require additional entry of budget line items and detail. This entry does not replace the required upload of a budget/justification using the required template.

The following categories and descriptions should be covered in the Budget/Justification:

Budget Narrative: The budget narrative should provide the description of budgetary support for CDHCs, their activities, and necessary infrastructure and strategic investments that are reflective of the estimated number of the target populations to be served during the funded period.

Salary: Include the name of each staff member (or indicate a vacancy), position title, annual salary, and percentage of full-time equivalency dedicated to this project.

Fringe: Provide the fringe benefit rate and list all components that make up the rate. Indicate all positions/staff for which fringe benefits will be charged.

Supplies: Funds can be used to cover the supplies for educational/outreach and or clinical services. Description should include a summary of the individual items and their quantity. Description should also include how the supplies directly support the project.

Equipment: Equipment costs <$5000 will be allowed in the first year of the grant.

Travel: Only local travel related to proposed services will be approved in the grant budget. Narrative justification should provide details on how costs were calculated and how the travel supports the project.

Contractual: Provide the cost and explanation as to the purpose of each contract, how the costs were estimated, and the expected contract deliverables.

*Other Direct Costs***:** Provide information on other direct costs that have not been otherwise described.

Indirect Costs: Indirect costs should not exceed 10% of direct costs.

Letters of Agreement (not counted in page limit)

Applicant should submit all letters of agreement, from other agencies and organizations that will be actively engaged in the proposed project if any (no template provided). At the minimum, the letters of agreement must include the following elements:

- Goal/purpose of the work
- Contact information for both parties;
- Start and end dates of the agreement; and
- Roles/scope of work and terms of the agreement

These are not included in the 20-page limit.

EVALUATION CRITERIA

Indicators have been developed for each review criterion to assist the applicant in presenting pertinent information related to that criterion and to provide the reviewer with a standard for evaluation. The five review criteria are outlined below with specific detail and scoring points. These criteria are the basis upon which the reviewers will evaluate and score the responsiveness of the application. The entire proposal will be considered during objective review.

Criterion 1: Capacity (Corresponds to Sections *Population* and *Organization*) - 20 points
- The extent to which the applicant demonstrates how grant activities align with current organizational mission, activities, and patient profile.
- The extent to which the applicant's organizational infrastructure supports the implementation of the grant activities.
- The extent to which the applicant has data infrastructure sufficient to support grant activities.

Criterion 2: Need (Corresponds to Section *Project Description*) - 20 points
- The extent to which the applicant provides its own data on the specific needs of the population(s) it proposes to serve.
- The extent to which the applicant clearly outlines the need(s) the program will address.

Criterion 3: Methods (Corresponds to Section *Project Description* and Attachment *Work Plan*) - 30 points
- The extent to which the proposed program responds to needs and barriers outlined in the Need section.
- The extent to which the applicant has a clear plan for how the CDHC will be used to facilitate oral health integration in primary care and support service settings.
- The extent to which the proposed timeline, resource allocations, and strategies reasonable, and do they potentiate success of the pilot program.
- The extent to which the project activities align with the grant goals.

Criterion 4: Evaluation (Corresponds to Sections *Project Description* and *Evaluation and* Attachment *Evaluation Plan*) - 20 points
- The extent to which the applicant proposes key outcomes that are aligned with the program goals.
- The extent to which the applicant proposes and justifies competitive targets for the grant's key outcomes.
- The extent to which the applicant specifies the infrastructure in place to support evaluation activities.

Criterion 5: Project Budget and Justification (Corresponds to Attachment *Project Budget and Justification*) – 10 points
- The extent to which the budget aligned with the project description and reflect an emphasis on the delivery of services.

REVIEW AND SCORING OF APPLICATION

Pre-Screening Technical Review

All applications will be reviewed initially for completeness, formatting and eligibility requirements by DC Health personnel prior to being forwarded to the external review panel. Incomplete applications and applications that do not meet the eligibility criteria will not advance to the external review. Applicants will be notified that their applications did not meet eligibility.

External Review Panel

The review panel will be composed of neutral, qualified, professional individuals who have been selected for their unique experiences in human services, public health nutrition, health program planning and evaluation, and social services planning and implementation. The panel will review, score and rank each applicant's proposal based on the criteria outlined in the RFA. Individual panel members are required to provide a summary of strengths and weaknesses found in the application.

Internal Review

DC Health program managers will review the individual and summary recommendations of the external review panel and make recommendations for awards. Program Managers will weigh the results of the review panel against other internal and external factors in making the final funding determinations. Those factors will include minimally a past performance review, risk assessment and eligibility assessment, including a review of assurances and certifications, and business documents submitted by the applicant, as required in the RFA. DC Health will also conduct an excluded parties list search (EPLS) of the organization and executives via the federal System for Award Management (SAM) and conduct a DC Clean Hands review to obtain DC Department of Employment Services and DC Office of Tax and Revenue compliance status.

In this phase of the review process, DC Health reserves the right to request clarifying supplemental information from applicants and request on-site pre-decisional reviews for those applicants being considered for award. Any request for supplemental information or on-site visits is not a commitment by DC Health to fund the applicant.

The internal review panel prepares and submits a formal recommendation of prospective awardees, funding levels and service/activities to the DC Health Director for signature. The DC Health Office of Grants Management is responsible for certifying that all District rules and standards were followed for the RFA process.

APPLICATION PREPARATION & SUBMISSION

Application Package

Only one (1) application per organization will be accepted. The total size of the applicable attachments may not exceed the equivalent of **20 pages** when printed by DC Health.

Application Package

The following attachments **are not** included in the 20-page limit:
- DC Health Application Profile (Appendix A); and
- Table of Contents - Lists major sections of the application with quick reference page indexing. Failure to include an accurate Table of Contents may result in the application not being reviewed fully or completely.
- Assurances Certifications and Disclosures (See Appendix B): *reviewed and accepted via EGMS.* Scan and upload **one copy SIGNED** by the Agency Head or authorized official.
- DC Health Standard Grant Terms and Conditions (*Reviewed and Accepted via EGMS*)
- **Mandatory Certification Documents** (Scan and upload **ONE PDF** file containing all of the following business documents required for submission uploaded into EGMS):
    - i. A current business license, registration, or certificate to transact business in the District of Columbia.
    - ii. 501(c)(3) certification (for non-profit organizations)
    - iii. City Wide Clean Hands Compliance Status Letter (formerly Certificate of Clean

hands). Clean Hands Compliance Status letter must be dated no more than 3 months prior to the due date of application.

    iv. Official list of Board of Directors for the current year and the position that each member holds on letterhead and signed by the authorized executive of the applicant organization; not the CEO.

- Letters of Agreement

The following applicable attachments **are** included in the 20-page limit:
- Project Narrative
- Project Abstract – Attachment 1
- Work Plan – Attachment 2
- Evaluation Plan – Attachment 3
- Staffing Plan – Attachment 4
- Budget/Budget Justification - Attachment 5

Note: Failure to submit ALL of the above attachments, including mandatory certifications, will result in a rejection of the application from the review process. The application will not qualify for review.

UPLOADING THE APPLICATION

All applications submitted EGMS as 4 separate attachments. Documents included in each is below. All of these must be aligned with what has been requested in other sections of the RFA.

Attachment A – *Business Documents*   501 (c) (3) certification, clean hands report, certificate of Good Standing (DCRA), Official signed list of the board of directors on letterhead, Medicaid certifications, current business license

Attachment B – *Proposal* project narrative, project abstract, work plan, staffing plan, budget/budget justification, evaluation plan

Attachment C – *Other* DC Health application profile, table of contents, Assurances Certifications Disclosures (signed), other required documents

Attachment D – *Letters of Agreement*

Application Submission

All District of Columbia Department of Health application submissions must be done electronically via Department of Health's Enterprise Grants Management System (EGMS), DC Health's web-based system for grant-making and grants management. In order to submit an application under this funding opportunity, the applicant organization must register in EGMS and establish an account for the authorized representative.

If the applicant organization has an account already, please ensure that the Primary Account User is authorized to submit an application on behalf of the organization and his/her account is active. Currently, Secondary Account Users **do not** have submission privileges but can work in EGMS to prepare (e.g. upload documents, complete forms) the application.

IMPORTANT: When the Primary Account User is submitting an application, ensure that there are no other transactions on another device being attempted in EGMS under that Primary Account User's credentials. For security purposes, the system will only acknowledge one transaction and one of the transaction attempts may fail, if done simultaneously.

Register in EGMS

DC Health recommends that applicants create an EGMS account, establishing a Primary Account User as the authorized representative **at least two weeks** prior to the application submission deadline. There is no guarantee that the authorized representative would have an approved account if the registration process does not begin at least **two weeks** prior to the deadline. Deadline-day registrations may not be approved by the DC Health Office of Grants Management in time for submission.   To register, complete the following:

IMPORTANT: WEB BROWSER REQUIREMENTS

1. **Check web browser requirements for EGMS –** The DC Health EGMS Portal is supported by the following browser versions:
   - Microsoft ® Internet Explorer ® Version 11
   - Apple ® Safari ® version 8.x on Mac OS X
   - Mozilla ® Firefox ® version 35 & above (Most recent and stable version recommended)
   - Google Chrome ™ version 30 & above (Most recent and stable version recommended)

2. **Access EGMS**: The user must access the login page by entering the following URL in to a web browser: https://dcdoh.force.com/GO__ApplicantLogin2 Click the button REGISTER and following the instructions. You can also refer to the EGMS External User Guide.

3. Determine the agency's Primary User (i.e. authorized to accept terms of agreement, certify and submit documents, request and accept modifications). A Secondary User may also be added by requesting an account. The account must be approved by the Primary Account User.

4. Your EGMS registration will require your legal organization name, your **DUNS # and Tax ID#** in order to complete the registration. Your EGMS registration will also require your SAM (System for Award Management) expiration date to be entered into your agency profile. Please ensure that you have an active SAM registration (www.sam.gov).

5. When your Primary Account User request is submitted in EGMS, the DC Health Office of Grants Management will review the request. If the requester is NOT the identified Executive Director, DC Health Office of Grants Management will make an additional request for the Executive Director to send an email to DC Health to confirm that the requester is the authorized representative for EGMS. When requested, your authorized representative should send to doh.grants@dc.gov the name, title, telephone number and email address of the desired Primary User for the account. **SUBJECT LINE: EGMS PRIMARY USER AGENCYNAME**. Note: The email will help to support the validation of authorized users for EGMS. DC Health official grant records will also be used. Please reply ASAP to any requests from Office of Grants Management to provide additional information, if needed.

6. Once you register, your Primary Account User will get an auto-notice to upload a "DUNS Certification" – this will provide documentation of your organization's DUNS. You can simply upload a scanned copy of the cover page of your SAM Registration.

EGMS User Registration Assistance:

Office of Grants Management at doh.grants@dc.gov assists with all end-user registration if you have a question or need assistance: Primary Points of Contact: LaWanda Pelzer
(202) 442-8983 and Clara McLaughlin (202) 442-9237.   Here are the most common registration

issues:

- Validation of the authorized primary account user
- Wrong DUNS, Tax ID or expired SAM registration
- Web browser

Deadline Is Firm:

Submit your application via EGMS by 6:00pm, on the deadline date of **Monday, July 1, 2019.** Applications will not be accepted after the deadline.

PRE-APPLICATION MEETING

A Pre-Application Meeting will be held on **Thursday, June 6, 2019 from 12:00pm to 1:30 pm at 899 North Capitol Street, NE, 3rd Floor Conference Room #332, Washington, DC 20002.** The meeting will provide an overview of CHA's RFA requirements and address specific issues and concerns about the RFA. No applications shall be accepted by any DC Health personnel at this conference. Do not submit drafts, outlines or summaries for review, comment, or technical assistance.

INTERNET

Applicants who received this RFA via the Internet shall provide the information listed below to the District of Columbia, Department of Health, Office of Grants Monitoring & Program Evaluation by contacting Brenda.Ramsey-Boone@dc.gov. Please be sure to put "**RFA Contact Information**" in the subject box and to include:

- Name of Organization
- Key Contact Mailing Address
- Telephone and Fax Number E-mail Address

This information shall be used to provide updates and/or addenda to the RFA.

PRE-AWARD ASSURANCES & CERTIFICATIONS

DC Health requires all applicants to submit various Certifications, Licenses, and Assurances at the time the application is submitted. Those documents are listed in Section VII.A. DC Health classifies assurances packages as two types: those "required to be submitted along with applications" and those "required to sign grant agreements."

A. **Assurances Required to Submit Applications (Pre-Application Assurances)**
- City Wide Clean Hands Compliance Status Letter (formerly Certificate of Clean Hands). Clean Hands Compliance Status letter must be dated no more than 3 months prior to the due date of application.
- 501 (c) (3) certification, as applicable
- Official List of Board of Directors on letterhead, for current year, signed and dated by the authorized executive of the Board. (cannot be the CEO), as applicable
- All Applicable Medicaid Certifications
- A Current Business license, registration, or certificate to transact business in the relevant jurisdiction

B. **Assurances required for signing grant agreements for funds awarded through this RFA (Post-Award)**
- Certification Regarding Lobbying; Debarment, Suspension and Other Responsibility Matters; and Drug-Free Workplace Requirements
- Comprehensive Automobile Insurance, if applicable for organizations that use company vehicles to administer programs for services.
- Certification of current/active Articles of Incorporation from DCRA.
- Proof of Insurance for: Commercial, General Liability, Professional Liability, Comprehensive Automobile and Worker's Compensation
- Certificate of Occupancy
- Most Recent Audit and Financial Statements

Failure to submit the required assurance package will likely make the application either ineligible for funding consideration [required to submit assurances] or ineligible to sign/execute grant agreements [required to sign grant agreements assurances].

GRANTEE REQUIREMENTS

If the applicant is considered for funding based on the results of the completion and receives a Notice of Intent to Fund and subsequently accepts grants award, the following requirements are in effect:

Grant Terms & Conditions

All grants awarded under this program shall be subject to the DC Health Standard Terms and Condition for all DC Health– issued grants. The Terms and Conditions are located in the Attachments and in the Enterprise Grants Management System, where links to the terms and a sign and accept provision are imbedded.

Grant Uses

The grant awarded under this RFA shall be used exclusively to pay costs associated with the implementation of the grant. Payment requests will be monitored by DC Health to ensure compliance with the approved budget and work plan.

Conditions of Award

As a condition of award, a successful applicant who is issued a Notice of Grant Award (NOGA) will be required to:

1. Revise and resubmit a work plan and budget with justification in accordance with the approved scope of work and assignments prescribed by a DC Health Notice of Intent to Fund and any pre-award negotiations with assigned DC Health project and grants management personnel.

2. Meet Pre-Award requirements, including submission and approval of required assurances and certification documents, documentation of non-disbarment or suspension (current or pending) of eligibility to receive local or federal funds.

3. Adhere to mutually agreed upon terms and conditions of a grant agreement and Notice of Grant Award issued by the Department of Health and accepted by the grantee organization. The grant

agreement shall outline the scope of work, standards, reporting requirements, fund distribution terms and any special provisions required by federal agreements.

4. Utilize Performance Monitoring & Reporting tools developed and/or approved by DC Health.

Indirect Cost

Indirect costs are costs that are not readily identifiable with a particular project or activity but are required for operating the organization and conducting the grant-related activities it performs.
Indirect costs encompass expenditures for operation and maintenance of building and equipment, depreciation, administrative salaries, general telephone services and general travel and supplies. Grant awardees will be allowed to budget for indirect costs of no more than ten percent (10%) of total direct costs.

Insurance

All applicants that receive awards under this RFA must show proof of all insurance coverage required by law prior to receiving funds.

Audits

At any time or times before final payment and three (3) years thereafter, the District may have the applicant's expenditure statements and source documentation audited. Grantees subject to A-133 rules must have available and submit as requested the most recent audit reports, as requested by DC Health personnel.

Nondiscrimination in the Delivery of Services

In accordance with Title VI of the Civil Rights Act of 1964 (Public Law 88-352), as amended, no person shall, on the grounds of race, color, religion, nationality, sex, or political opinion, be denied the benefits of, or be subjected to discrimination under, any program activity receiving funds under this RFA.

Quality Assurance

DC Health will utilize a risk-based management and monitoring assessment to establish a monitoring plan for the grantee. Grantees will submit interim and final reports on progress, successes, and barriers.

Funding is contingent upon the Grantee's compliance with terms of the agreement and progress in meeting milestones and targets outlined in the approved work plan and evaluation plan. All programs shall be monitored and assessed by assigned project and grants

management personnel. The Grantee will receive a performance rating and subject to review at any time during the budget period.

A final performance report shall be completed by the Department of Health and provided and held for record and use by DC Health in making additional funding or future funding available to the applicant. All performance reports are subject to review and oversight by the DC Health Office of Grants Management.

CONTACT INFORMATION:

Grants Management
Brenda Ramsey-Boone
Office of Grants Monitoring & Program Evaluation Community
Health Administration
DC Department of Health
899 North Capitol Street, N.E., 3rd Floor Washington, DC
20002
brenda.ramsey-boone@dc.gov

Program Contact
Urvi Patel, MHA
Public Health Analyst
Health Care Access Bureau
Community Health Administration
District of Columbia Department of Health 899 North
Capitol Street, NE, 3rd Floor Washington, DC 20002
Email: urvi.patel@dc.gov

Template Attachments

The following attachments templates and appendices can be found in the attachments and appendices file.

Attachments
- Attachment 1- Project Abstract. Template is not provided. Please see the description on   Page 16.
- Attachment 2 - Work Plan
- Attachment 3—Evaluation Plan
- Attachment 4 – Budget/Budget Justification

Appendices
- Appendix A- DC Health Application Profile
- Appendix B- Assurance, Certifications & Disclosures