



REQUEST FOR APPLICATIONS

**HIE Connectivity Grant:
Connecting Patients and Providers with
Health Information Exchange**

Open Date: March 29, 2019

Close Date: April 29, 2019, 4:00pm Eastern



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 District of Columbia's Department of Health Care Finance (DHCF) is to improve the health outcomes of District (DC) residents by providing access to comprehensive, cost effective, and quality healthcare services. As the single state Medicaid Agency, administers the Medicaid program and the State Child Health Insurance Program (CHIP). DHCF also administers the locally-funded Immigrant Children's Program and Healthcare Alliance Program (Alliance). Through these programs, DHCF provides health care services to children, adults, elderly and persons with disabilities who have low-income. Over 250,000 District residents (one-third of all residents) receive health care coverage through DHCF's Medicaid, CHIP and Alliance programs. DHCF strives to provide access to health care services in the most appropriate and cost-effective settings possible.

Within DHCF, the Health Care Reform and Innovation Administration (HCRIA) is tasked with developing and implementing innovative care delivery and payment reforms, including the technology platforms required to support them. This includes the management of DC's Medicaid Electronic Health Record Incentive Program (MEIP), which coordinates payments to providers for the adoption and meaningful use (MU) of electronic medical records. Additionally, HCRIA leads DC's health information exchange (HIE) program, which aims to increase the quality, accessibility, equity and value of healthcare in DC by facilitating the secure and timely exchange of usable health-related information.

The goal of health IT is to facilitate a patient-centered approach to care delivery that can improve health outcomes for all District residents. Working closely with local stakeholders, including community leaders serving on the DC Health Information Exchange (HIE) Policy Board, DHCF leads the District's Health IT and HIE policy and infrastructure development efforts to best serve Medicaid beneficiaries and providers.

The District's roadmap for supporting health information exchange infrastructure is contained in the [District of Columbia State Medicaid Health IT Plan](#) (SMHP). **All applicants should read the SMHP carefully and ensure that their responses to this RFA are coordinated with the stated goals of the SMHP.**

[The District's 2018 State Medicaid Health IT Plan](#) (SMHP) is the culmination of a year-long stakeholder engagement effort to better understand the health IT needs of key District stakeholders, such as Medicaid beneficiaries and providers. The SMHP outlines four priority areas where health IT can improve patient and provider experience in the District as shown below.

Each use case is briefly described below:



**Use Case #1:
Transitions of Care
for Individuals**

Health IT will connect health system stakeholders to each other and facilitate communication across care settings, make timely referrals and exchange summary records, and assess available resources through convenient, seamless HIE.



**Use Case #2:
Social Determinants
of Health Data**

Health IT and HIE will bring providers SDOH data to connect them to a broader picture of patient life circumstances and the environmental factors that influence health



**Use Case #3:
Population Health
Management**

Health IT and HIE tools will deliver insight on how community and population health trends apply to individual patients and support action based on that knowledge



**Use Case #4:
Public Health**

Health IT and HIE will connect providers and DC health agencies for more efficient and effective exchange of complete, accurate, high-quality data.

In March 2017 DHCF awarded a competitive grant, the Enhanced HIE Grant, to support the design, development and implementation of several new HIE tools which have helped to unlock health information for providers. The grant term ended on September 30, 2018 and over the course of the grant, new tools were primarily made available to My Health GPS (a Health Homes program) providers, emergency department providers, and Medicaid managed care organizations who provide enhanced care coordination services to District Medicaid beneficiaries. Section 3 of the SMHP includes detailed information about the previous Enhanced HIE Grant and specific services developed and currently deployed in the District.

In October 2018 DHCF released a request for applications for a new five-year *Core HIE Capabilities for Providers* grant that will ensure that Medicaid providers are capable of core HIE functions in the District. Chart 1 describes the core capabilities.

Chart 1 – Overview of Core HIE Capabilities for Providers in the District Columbia

Capability	Capability description
Clinical Patient Lookup	The lookup service will allow a provider to retrieve past medical histories, clinical and administrative information, including claims data, for their panel of patients, which will in turn improve population health outcomes and tackle the access issues that providers in the District currently face.
Electronic Clinical Quality Measures (eCQM) Calculation and Review	The electronic clinical quality measurement (eCQM) tool will allow providers and administrators to view real-time measures based on clinical and administrative data available via HIE. Providers, payers, and administrators will know their real-time metrics as opposed to receiving a quarterly report.
Specialized Registry Submission through EHRs	A specialized registry submission through EHR's facilitates registry reporting will allow providers to see the same information in a consistent and secure way. The specialized registry will allow providers to easily import and view registry data instantly as data becomes available.
Advanced Analytics for Population Health Management	Providers, payers, ACOs and other stakeholders must have access to enhanced population health analytics for their panel of patients to target improvement, assess performance, and prioritize interventions to support participation in value-based care. This capability will create advanced analytics to support care coordination and panel management, based on claims and clinical data.
Simple and Secure Digital Communications Among Providers	A modest method of health information exchange, such as secure e-mail that conforms to national standards, will allow providers to easily guide the transmission of health information to a requesting provider. In this method, sender and recipient identities are validated, messages are encrypted, transmitted, and a notification is sent to both the sender and recipient. Through this secure and simple messaging, meaningful health information is relayed to the intended provider, in a timely manner, allowing for more integrated and coordinated care delivery. Information should be transmitted in standard formats,

	such as C-CDA, and providers should be able to both send and receive summary of care documents in the context of their EHR.
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This HIE Connectivity Grant is intended to both build upon progress made in the previous 2017 Enhanced HIE grant work and ensure coordination with the awardee of the *Core HIE Capabilities for Providers* grant.

While previous grantees, along with their HIE and community partners, count more than 1000 providers participating in a range of HIE services today in the District, there are hundreds more that need access to the right clinical information at the right time.

Providers utilizing HIE services have indicated that access to relevant and real-time health information has value to their practices. Feedback from previous grant work has also indicated that more work is needed to make the tools and information more accessible, functional, and useful for specific use cases, and integrated into EHRs and workflows.

The scope of services funded by this grant supports the District’s efforts to transform our healthcare system by connecting providers and District health agencies to core HIE capabilities and providing them access to a more efficient and effective exchange of complete, accurate, high-quality data.

This grant does not support the design or development of new HIE tools, but instead funds the implementation of existing tools developed under previous grants. The goal of this grant is to financially and technically support EPs and Medicaid non-EPs in achieving Tier 3 connectivity, as described in the next section.

B) Program Description

Under the Health Information Technology for Economic and Clinical Health (HITECH) Act of 2009, approved February 27, 2009, Title XIII of Division A and Title IV of Division B of the American Recovery and Reinvestment Act (ARRA) of 2009 (Pub. L. No. 111-5, §§ 13001-424,123 Stat. 226), DC is eligible to receive Federal financial participation funds for the design, development and installation (DDI) of specific health information technology (HIT) and health information exchange (HIE) Capabilities. DHCF will leverage these funds to build upon existing HIE infrastructure in DC to connect Medicaid providers with essential health-related data. In doing so, DC will move closer to its goal of establishing full District-wide healthcare data interoperability.

The Director of DHCF has authority pursuant to the Department of Health Care Finance Establishment Act of 2007, effective February 27, 2008 (D.C. Law 17-109; D.C. Official Code 7-771.05(4) (2012 Repl.) to make grant funds available to help develop a comprehensive, efficient, and cost-effective health care system for the District's uninsured, underinsured, and low-income residents.

This request for applications (RFA) seeks proposals for a multi-year grant to provide full-service HIE onboarding support, including implementation and training, to District providers who are eligible professionals (EPs) in the Promoting Interoperability program, as well as Medicaid providers with whom EPs refer patients – or could potentially refer - patients.

This grant will support the HIE connectivity of remaining Medicaid in-patient facilities, behavioral health providers (in coordination with the Department of Behavioral Health), small, medium and large clinics, dentists, EMS and home health providers in the District. The grantee shall ensure that financial and technical assistance and training is provided *free of charge* and that nearly all Medicaid providers will be sending and receiving clinical and encounter information via HIE by the end of the grant period.

This grant will be referred to as the “HIE Connectivity Grant”. HIE Connectivity 7 (also known as Onboarding) is often used ambiguously. To clarify the term, DHCF defines “connectivity” as a spectrum of capabilities which includes the following three tiers:

- Tier 1: The ability to view clinical data via HIE, either through a portal or within the context of an EHR;
- Tier 2: Sending encounter information to the HIE; and
- Tier 3: Sending clinical information to the HIE via an EHR connection.

The goal of this grant is to financially and technically support EPs and Medicaid non-EPs in achieving Tier 3 connectivity. This connection will help ensure that health-

related information is available whenever and wherever it is needed, so providers in any care setting or community better understand residents’ life circumstances, prior care, and immediate needs.

Consistent with guidance from The United States Department of Health and Human Services, Centers for Medicare and Medicaid (CMS) states shall carefully consider the extent to which the HIE or other interoperable systems benefit Eligible Medicaid Providers (EP’s), other Medicaid providers, non-Medicaid providers (Non-EP’s), and other payers. Accordingly, DHCF’s overarching goals for the HIE Connectivity grant, driven by DC’s HIE Roadmap and SMHP are listed below:

1. Connect providers and practices who provide care for Medicaid beneficiaries in the District of Columbia (as seen in Chart 2). The grantee selected for the *Core HIE Capabilities for Providers* grant shall work with the onboarding grantee to connect EP’s and Non-EP’s to HIE Capabilities throughout the duration of the grant period.
2. Consistently increase the number of providers that provide care for Medicaid beneficiaries in the District of Columbia who have access to core HIE capabilities, as described in Chart 1, by the end of the grant period.
3. Ensure that health-related information is available whenever and wherever it is needed, so Medicaid providers in any care setting or community better understand residents’ life circumstances, prior care, and immediate needs.

Chart 2 – Medicaid Providers Eligible for HIE Onboarding Services Via This Grant

Medicaid Providers Eligible for HIE Onboarding Services Via This Grant
Medicaid EHR incentive payment (MEIP) participants*
Long-term and Post-Acute Care facilities, including nursing homes*
Prenatal Healthcare Providers (e.g.: OB/GYN, Family Medicine, etc.) *
Inpatient and Outpatient Behavioral Health Providers (in coordination with the Department of Behavioral Health)
Dental providers
Medium and large ambulatory clinics
Pharmacies
Emergency Medical Services
School-Based Health Clinics
Other Non-EPs who help EPs achieve Meaningful Use*

**Year 1 primary targeted providers.*

C) Purpose of RFA

The purpose of this RFA is to solicit applications from qualified organizations that can provide onboarding support and training to District providers who are eligible professionals (EPs) in the Promoting Interoperability program, as well as Medicaid providers to whom EPs may refer patients.

D) Key Dates and Information

RFA release	Friday, March 29, 2019
Pre-application meeting	Wednesday, April 3, 2019 1:00 p.m.-2:00 p.m. Department of Health Care Finance 441 4th St., NW 11 th Floor, Conference Room 1112 Washington, DC 20001
Deadline to submit written questions to Michael.Fraser@dc.gov	Friday, April 5, 2019 By 4:00 p.m. Eastern
Answers to questions available at https://dhcf.dc.gov/page/dhcf-grant-opportunities	Friday, April 12, 2019
Application due	Monday, April 29, 2019 By 4:00 p.m. Eastern
Award announcement (expected)	Spring 2019
Grant start and end dates	Award date to September 30, 2019 with the option to extend up to two (2) option years.

E) Program Benefits

This grant will support EPs and Medicaid non-EPs in exchanging relevant clinical and encounter information via a direct connection between the HIE and their electronic health record instance. This supports the District's overall HIE efforts to bolster the exchange and integration of data to improve health outcomes, control health care costs, and enhance the patient experience of healthcare received throughout DC.

This HIE Connectivity Grant will benefit District residents, providers and health systems by supporting the following District-wide health IT and HIE goals enumerated in the 2018 SMHP:

1. Increase provider adoption of EHRs and HIE services to expand virtual networks of providers in the District who can deliver high-quality care by leveraging technology.
2. Consistently collect and use SDH information to improve transitions of care, support policy and planning, and evaluate efforts to maintain and improve health equity.
3. Ensure high-quality electronic documentation of health-related data.
4. Increase the number of virtual care teams that are electronically connected to support integrated, high-quality care across modalities.
5. Improve the value and efficiency of team-based care by integrating information across care settings (clinical, behavioral, community, public health, and payers).
6. Improve care coordination and transitions of care by improving access to information collected across settings of care.

The envisioned DC HIE network includes a diverse set of participants- senders and receivers of health information- who must work together to support patient-centered care.

Section II: Availability of Funds

DHCF announces the availability of grant funds in Fiscal Year 2019 (FY 19) to one qualified applicant to utilize existing HIE infrastructure to connect Medicaid providers with essential healthcare-related information within the District of Columbia. Each applicant responding to this RFA must demonstrate their capacity to provide onboarding support and training to District providers listed in Chart 2.

The availability of funding for this RFA is contingent upon availability of funds from CMS by the U.S. Department of Health & Human Services (HHS) under the Health Information Technology for Economic and Clinical Health (HITECH) Act of 2009, approved February 27, 2009, Title XIII of Division A and Title IV of Division B of the American Recovery and Reinvestment Act (ARRA) of 2009 (Pub. L. No. 111-5, §§ 13001-424,123 Stat. 226), and any required local matching funds¹.

CMS funding is intended to support EPs in meeting Stage 3 meaningful use (MU) requirements under HITECH regulations and guidance. This grant will support EPs ability to meet the following MU objectives:

1. MU Objective #7 (Health Information Exchange), Measure 1: EPs will be able to send summaries of care to other providers connected through this grant;
2. MU Objective #7 (Health Information Exchange), Measure 2: EPs will be able to receive summaries of care and ingest them into their certified EHRs;
3. MU Objective #7 (Health Information Exchange), Measure 3: EPs will be able to view medications, allergies and current problem lists populated by other Medicaid providers.

Subject to the availability of funds, DHCF may grant two (2) option years to continue onboarding activities. The total amount of funds available is up to one million four hundred thousand dollars and zero cents (\$1,400,000.00) in FY 19. The grant period will be the date of award to September 30, 2019, unless extended by exercising up to two (2) option years. The amounts not to exceed for each option year are listed in the table below and are subject to the availability of funds.

¹ In 2016 CMS clarified its guidance on the use of 90 percent matching funds to allow states to connect EPs to other Medicaid providers. CMS states in its letter to State Medicaid Directors dated February 29, 2016 that "Subject to CMS prior approval, States may thus be able to claim 90 percent HITECH match for expenditures related to connecting Eligible Providers to other Medicaid providers, including behavioral health providers, substance abuse treatment providers, long-term care providers (including nursing facilities), home health providers, pharmacies, laboratories, correctional health providers, emergency medical service providers, public health providers, and other Medicaid providers, including community-based Medicaid providers." (SMD-16-003)

Grant Function	Grant Period	Not to Exceed Amount
Financial and Technical HIE onboarding support and Training	FY 19 (Base Year) Date of Award to September 30, 2019	\$1,400,000
Financial and Technical HIE onboarding support and Training	FY20 (Option Year 1) October 1, 2019- September 30, 2020	\$2,150,000
Financial and Technical HIE onboarding support and Training	FY21 (Option Year 2) October 1, 2020- September 30, 2021	\$1,500,000
Total Funding Ceiling		\$5,050,000

Partnerships among organizations are encouraged and applicants are 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.

Section III: Eligibility Requirements

A) Qualified Organization

Applicants must meet the following eligibility requirements to apply for this grant. **Failure to demonstrate eligibility in the application for a grant award will result in denial of the application and the application will not be reviewed.**

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

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.

B) Privacy and Security

Grantees must meet strict privacy and security requirements before, during and after the award of this grant. The grantee shall ensure best practices regarding system performance, privacy, and system security. This includes ensuring technical policies and procedures are in place for electronic information systems that maintain electronic protected health information to allow access only to those persons or software programs that have been granted access rights as specified in 45 CFR § 164.308(a)(4)[Information Access Management] (See **Attachment D** for Health Insurance Portability and Accountability Act of 1996 (HIPAA) Checklist).

C) Insurance Requirements

The applicant and/or its managing business organization shall demonstrate maintenance of general business liability insurance and cyber liability insurance for the operation of the HIE entity.

D) 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 tax exemption affirmation letter is the IRS's determination letter of non-profit status. If this letter is not available, then the Applicant should provide its most recent IRS Form 990 tax return, if one was submitted. If no return has yet been filed, the organization can submit its application for tax-exempt status. If the group has a supporting organization with an IRS tax-exempt status determination, then that organization's tax exemption affirmation letter should also be submitted.
3. The Applicant shall comply, where applicable, with any District licensing requirements.

E) 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.

F) Certificate of Good Standing

Applicant shall represent that it is a duly organized organization, 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.

G) Auditing Requirement

The Grantee shall submit the results of an annual, single, or program-specific audit as part of their application in accordance with 2 CFR 200 (Uniform Admin Requirements, Cost Principles, and Audit Requirements for Federal Awards). The audit shall be performed by an independent auditor in accordance with generally accepted government auditing standards. The audit shall include funds passed through the Grantor and expended by the Grantee.

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: Program Scope

A) Program Goals

1. Meet or exceed the performance measures (as described in Chart 3) for the primary targeted providers in the District of Columbia in order to support the four use cases listed in the SMHP.
2. Ensure that nearly all Medicaid providers are connected to HIE services by the end of the grant period, and that financial and technical assistance and training is provided. Onboarding assistance must be free-of-charge to all Medicaid providers (payment of any fees charged by EHRs for integration services must be paid for by this grant). Providers will not be expected to possess technical knowledge of HIE or EHRs to onboard under this grant.
3. Ensure that health-related information is readily available whenever it is needed, so that providers in any care setting or community better understand residents' life circumstances, prior care, care plans, and immediate needs.

B) Statement of Objectives

The grantee must, at a minimum, meet the following objectives during the grant period:

- **Objective #1: Ensure District Medicaid EP's and Non-EP's are connected to Core HIE Capabilities and can facilitate the exchange of health-related information.**

1. Develop a strategy for onboarding services

- a. Properly plan for the provisioning of onboarding services, (including outreach, pre-onboarding agreements with providers, creating technical interfaces, training, and post go-live support). The strategy should include realistic estimates of time, effort and resources needed to meet the performance requirements of this grant.
- b. Classify information needed to onboard: Name of entity and/or provider and information about the affiliated organization (including NPI, TIN, # of providers, # of sites that will be connected, entity type).
- c. Specify the order in which the grantee proposes to onboard the providers and the application process to enroll interested providers.
- d. List the types of connections planned, if known, and specify use case for that type of connection.
- e. Indicate a timeline of activities and set benchmarks.

2. Develop an online application portal and communications plan

- a. Develop and implement an online application portal that allows providers to indicate their interest in HIE onboarding activities and provide basic information to the grantee.
- b. Develop and implement a formal and comprehensive communications plan that includes a review of known Medicaid providers, review of target audiences, key messages, communications channels, list of collateral materials to be developed, implementation activities and a detailed implementation plan, including engagement with the HIE Policy Board and relevant committees.

3. Provide onboarding services as described in final work plan.

- a. All costs associated with onboarding shall be borne by the grantee. No costs, including those charged by EHR vendors or HIEs, shall be borne by providers associated with this grant.

4. Manage the provision of onboarding services

- a. The grantee shall manage the provision of onboarding services to ensure all persons involved are providing quality services that meet the needs of the prospective providers to be onboarded under the program.

5. Provide Post-Onboarding Basic Training and Data Optimization Services

- a. Develop and implement a written approach to providing basic training and data optimization efforts for each onboarded practice.
- b. Ensure communication with and offer continued assistance to onboarded providers at regular intervals after onboarding.

• **Objective #2: Regular Reporting on the Status of Grant Activities**

1. Reporting Capabilities

- a. The grantee shall utilize grant funding to implement high-quality performance reporting capabilities to inform District leaders about progress made on connecting providers to an HIE in the District. This will include the number of providers who are engaged in onboarding services and their current statuses.
- b. The grantee shall provide both regular, ongoing onboarding reports and provide “as-needed” reports on these services. Regular services,

deliverables, and reports will be set forth in the Notice of Grant Agreement (NOGA). The determination of what services are “as-needed” will be made as part of negotiating the NOGA with the grantee.

2. Regular Reporting Requirements

- a. Monthly Reports. The grantee shall submit to DHCF a monthly report displaying quantitative and qualitative progress in achieving the goals and objectives of the grant. The content and format of that report should be proposed in the application narrative and is subject to approval by DHCF.
- b. Mid-Year Report. The grantee shall prepare and submit a mid-year report, no later than 90 calendar days before the end of the grant period (no later than July 1, 2019), that describes the grantees successes and challenges with respect to onboarding providers to the HIE entity awarded the Core HIE Capabilities for Providers grant. The report should describe the current state of HIE in the District, efforts taken to onboard EP’s and Non-EP’s, and graphically depict the increase in HIE usage in the district and other variables. The Mid-Year report should also include a high-level plan for the next year’s work should the option year be exercised. The midyear report will include a review of lessons learned and milestones and a description of the successes and challenges of the grant. The report will be used to help DHCF determine if it should exercise the option year period.

- **Objective #3: Coordinate closely with DHCF and partners to ensure implementation is consistent with other projects and that end users can connect and utilize the Core HIE Capabilities.**

1. **Coordination with Related Government-sponsored Health IT activities**

- a. The grantee shall coordinate as necessary with other stakeholders and contractors of DHCF that support similar work, including the awardee for the Core HIE Capabilities for Providers grant and contracted teams who provide technical assistance and outreach services to meaningful users of health IT. To the extent possible, the activities of this grant should be complimentary of other work supported by DHCF and not duplicative or conflicting.

2. Kick-off and Regularly Scheduled Meetings with DHCF

- a. Kick-off meeting. Within 14 days of a final award, the grantee shall plan and lead an in-person kick-off meeting at DHCF offices with the purposes of introducing the full grant team to DHCF staff, review grant requirements, present the project plan as submitted in the application and seek clarification from DHCF to assist with the preparation of the final work plan.
- b. Scheduled Meetings with the Grant Administrator and DHCF Leadership. The grantee shall schedule regular meetings with the Grant Administrator to ensure compliance with grant requirements and bi-weekly meetings with DHCF staff and management.

C) Performance Measurement Plan

The District's Health IT and HIE Evaluation Framework, published in Section 6 of the State Medicaid Health IT Plan, provides an approach to assess progress against the District's strategic health IT and HIE goals. Applicants shall propose in their application a detailed performance measurement plan that will allow DHCF to adequately track progress toward meeting the program goals and objectives.

Applicants must provide an overall evaluation and performance measurement plan for the base year and the two option years that shall, at a minimum, include the measures listed in Charts 3-5 demonstrating a consistent increase in each year. The performance measurement plan shall include how the grantee intends to collect necessary data to report on selected measures, including during the base year when baseline data may not be available.

Data collected must be used for ongoing monitoring of the award to evaluate its effectiveness, and for continuous program improvement. Applicants will be required to submit a more detailed performance measurement plan in the mid-year report once baseline data has been collected for year 1 of the grant.

DHCF will be conducting a provider network analysis to identify District providers and their practice/organizational affiliation; assess EHR and HIE tool adoption and use; understand referral patterns between providers in the District; and quantify the number of Medicaid beneficiaries who are served by District providers and organizations. The grantee is not expected to perform a similar analysis, however the grantee is expected to work

closely with the project team and to report on year-to-year progress on the following measures:

Chart 3 – FY 19 (Base Year) Performance Measures and Goals

Performance Measure	Quarter	Performance Goal
<u>Measure 1</u> : Of the prioritized District provider organizations, how many were contacted for onboarding support?	FY19 Q3	20%
	FY19 Q4	40%
<u>Measure 2</u> : The number of new provider organizations connected to an HIE and receiving data (Tier 1 Connectivity) via this grant and from the date of award?	FY19 Q3	10
	FY19 Q4	25
<u>Measure 3</u> : Of the number of new provider organizations connected to an HIE via this project, how many are sending encounter data (Tier 2 Connectivity)?	FY19 Q3	25%
	FY19 Q4	35%
<u>Measure 4</u> : Of the number of new provider organizations connected to an HIE via this project, how many are sending clinical data (Tier 3 Connectivity)?	FY19 Q3	20%
	FY19 Q4	25%

Chart 4 - Option Year 1 Performance Measures and Goals

Performance Measure	Quarter	Performance Goal
<u>Measure 1</u> : Of the prioritized District provider organizations, how many were contacted for onboarding support?	FY20 Q1	50%
	FY20 Q2	60%
	FY20 Q3	70%
	FY20 Q4	80%
<u>Measure 2</u> : The total number of provider organizations connected to an HIE and receiving data (Tier 1 Connectivity) via this grant and from the date of award?	FY20 Q1	35
	FY20 Q2	45
	FY20 Q3	55
	FY20 Q4	65
<u>Measure 3</u> : Of the total number of provider organizations connected to an HIE via this project, how many are sending encounter data (Tier 2 Connectivity)?	FY20 Q1	45%
	FY20 Q2	55%
	FY20 Q3	60%
	FY20 Q4	65%
<u>Measure 4</u> : Of the total number of provider organizations connected to an HIE via this project, how many are sending clinical data (Tier 3 Connectivity)?	FY20 Q1	30%
	FY20 Q2	40%
	FY20 Q3	45%
	FY20 Q4	50%

Chart 5 - Option Year 2 Performance Measures and Goals

Performance Measure	Quarter	Performance Goal
<u>Measure 1</u> : Of the prioritized District provider organizations, how many were contacted for onboarding support?	FY21 Q1	90%
	FY21 Q2	100%
	FY21 Q3	100%
	FY21 Q4	100%
<u>Measure 2</u> : The total number of provider organizations connected to an HIE and receiving data (Tier 1 Connectivity) via this grant and from the date of award?	FY21 Q1	75
	FY21 Q2	85
	FY21 Q3	95
	FY21 Q4	105
<u>Measure 3</u> : Of the total number of provider organizations connected to an HIE via this project, how many are sending encounter data (Tier 2 Connectivity)?	FY21 Q1	70%
	FY21 Q2	75%
	FY21 Q3	80%
	FY21 Q4	90%
<u>Measure 4</u> : Of the total number of provider organizations connected to an HIE via this project, how many are sending clinical data (Tier 3 Connectivity)?	FY21 Q1	55%
	FY21 Q2	60%
	FY21 Q3	65%
	FY21 Q4	70%

*The grantee will be required to collect baseline data in year 1 of the grant (*for the purposes of the RFA, grantees shall provide an estimate for the base year and the two option years in the project plan*)

Section V: Application and Submission Information

A) Pre-Application Conference

Wednesday, April 3, 2019 from 1:00 to 2:00 p.m. EDT
Department of Health Care Finance
441 4th St. NW, 11th Floor, Conference Room, #1112
Washington, DC 20001

B) Application Delivery

The application must be submitted in person and must be submitted in its 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 no later than 4:00 p.m., Eastern time by the deadline date of April 29, 2019 to DHCF c/o Michael Fraser, 441 4th St. NW, Washington, DC 20001 at the 9th Floor Reception Desk

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.

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. Administrative Criteria:

To be considered for review and funding, applications shall meet all 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.*

- a. The application proposal format conforms to the “Proposal Format and Content” listed in the RFA.
- b. 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.
- c. Narrative shall not exceed 20 pages. *NOTE: Attachments and appendices do not count towards the page limit.*
- d. The Certifications and Assurances listed in Attachments A and D are signed and dated.

- e. The Program Budget and Budget Narrative are developed using generally accepted accounting principles (GAAP).
- f. 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 F). Unsealed and unidentified applications will not be accepted or reviewed.
- g. 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.
- h. The application must be submitted no later than 4:00 p.m., Eastern time by the deadline date of April 29, 2019 to DHCF c/o Michael Fraser, 441 4th St. NW, Washington, DC 20001 at the 9th Floor Reception Desk.

2. Application Contents and Order

- a. Table of Contents
- b. Program Abstract Summary
- c. Program Narrative
- d. Performance Measurement Plan
- e. Grant, Fiscal, and Financial Management
- f. Proposed Project Plan
- g. Applicant Qualifications
- h. Proposed Budget and Budget Justification
- i. 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: Assurances
 - Appendix 10: Certifications
 - Appendix 11: Budget Narrative
 - Appendix 12: Letters of Support (optional)
 - Appendix 13: DHCF Receipt

3. Program Abstract Summary (Maximum 1 page)

The project abstract summary must be a brief-summary of the proposed project including the purpose and outcomes. This summary must not include any confidential information or protected health information. Applicants must have the summary on a separate page titled “Program Abstract Summary”.

4. Program Narrative (Maximum 20 pages)

The narrative section must describe how the applicant plans to meet all requirements and objectives captured in the RFA, particularly in Section IV: Program Scope. The narrative should include how the qualified applicant will build on its existing HIE operations in the District. It must address outcomes and activities to be conducted over the entire project period, including all option years. The narrative must also present a reasonable plan for connecting providers without substantial government grant funding post-grant period.

5. Performance Measurement Plan (Included in the Program Narrative’s 20-page limit)

The performance measurement plan should be developed and submitted as part of the application and be compliant with Section IV.C above.

The applicant shall describe in detail how your organization will provide periodic reports with data to track performance measures for each year and evaluate findings for continuous quality and program improvement throughout the grant period. Performance measures for this grant will underscore the value of increased use of Core HIE capabilities each year. Performance measures will be used by DHCF to review and improve processes so that HIE infrastructure can continue to be useful for providers to improve service at the point of care and can deliver patient-centered care in an efficient manner.

Methods used to evaluate the performance of these measures will shall be consistent with the SMHP’s four priority use cases in which health IT can improve patient and provider experience in the District as shown below:

1. Transitions of Care
2. Social Determinants of Health
3. Population Health Management
4. Public Health

6. Proposed Project Plans (Maximum 5 pages)

The proposed project plan’s narrative shall describe how the applicant will organize, staff, and manage the grant project, by project year. The project plan shall also include proposed start and completion dates associated with the major milestones and deliverables. The project plan will serve as the basis for the final project plan that is due 30 calendar days after award.

7. Grant, Fiscal, and Financial Management (Maximum 5 pages)

Describe how the applicant organization will provide sound grant and fiscal management for the project, 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 connection and onboarding to the CORE HIE Capabilities 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 SOW, the total grant amount, and the timeframe for the grant.

8. Applicant Qualifications (Maximum 5 pages)

Describe the capacity of the applicant organization.

- a. Describe the leadership capacity of your organization. Please include your organization's specific involvement and roles in the District's HIE efforts in the last five (5) years.
- b. Discuss the applicant's history, experience, and/or knowledge related to your organization's mission and compatibility between your organization and the District Government, particularly DHCF. Please include how the program scope will enhance your organization's mission and future plans for HIE in the District. Additionally, please describe why your organization is "best" qualified to provide onboarding support to EP's and Non-EP's.
- c. The applicant's operational readiness and ability to leverage HIE for public health, provide analytics for population health, collect social determinants of health data, and support transitions of care as referenced in the SMHP and the Health IT Roadmap.

9. Program Budget and Narrative Justification

The applicant shall provide a line-item budget and budget narrative justification, including any matching funding provided. The budget should be developed using generally accepted accounting principles (GAAP). 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 FY 19. Spending is restricted to line items in the approved budget in order to fulfill the requirements of the approved project plan.

Section VI: Application and Review Information

A) Application Review Criteria

All applications in response to this RFA will be objectively reviewed and scored against four criteria:

Criteria 1: Program Approach and Performance Measurement (Total of 40 points)

- a. The applicant's program approach is logical and would reasonably lead to the achievement of the stated goals and objectives of this program. **(10 points)**
- b. The applicant describes in detail the programmatic approach they will take to meet all RFA requirements and presents realistic timeframes that account for actual or anticipated challenges including communications with diverse providers. **(10 points)**
- c. The applicant describes in detail how they intend to partner with organizations providing HIE services, including the *Core HIE Capabilities for Providers* grantee, in order to meet the objectives of the grant and not duplicate services. **(15 points)**
- d. The applicant demonstrates how they will solicit, receive, interpret and utilize feedback from District health care stakeholders, including but not limited to the DC HIE Policy Board. **(5 points)**

Criteria 2: Past Performance, Organizational Capacity (Total of 30 points)

- a. The applicant describes the organization's history, relevant experience, and/or knowledge related to health information exchange onboarding, electronic health record integrations, outreach and connectivity to health providers in the District or elsewhere that would support their ability to meet all RFA requirements. **(10 points)**
- b. The applicant provides a staffing plan that clearly outlines staff and sub-grantees being offered to perform the tasks, indicating level of effort as well as duties and responsibilities in relation to the scope of work. The staffing plan shall include the timeframes for commitment of staff and a description of how the applicant's staff and subcontractors will be organized and supervised to meet all RFA requirements; resumes of key staff proposed and job descriptions for any key positions proposed; and an organizational chart, showing clear lines of authority and responsibility. Staff has appropriate experience in the roles they are filling. **(10 points)**
- c. The applicant effectively demonstrates experience and capacity to connect District providers to HIE services, as referenced in the program narrative. **(10 points)**

Criteria 3: Potential for Impact and Alignment with District Health IT and HIE

Priorities (Total of 20 points)

- a. The applicant demonstrates an understanding of ongoing District Health IT and HIE priorities and aligns the proposed HIE Capabilities with the goals outlined in the SMHP, as well as other District strategic planning efforts such as, DC Healthy People 2020, the DC Health System Plan, and the State Health Innovation Plan. **(10 points)**
- b. The applicant describes clear monitoring and evaluation procedures and specific measures and how performance measurement will be incorporated into planning, design, development, and implementation. Applicant demonstrates how they will collect data on the chosen performance measures. **(10 points)**

Criteria 4: Financial Management (Total of 10 points)

- a. The applicant describes the grant and financial management systems in place, qualifications of project management staff, and experience with grant monitoring, and reporting functions within the last five (5) years. **(5 points)**
- b. The applicant describes how the fiscal and financial management system ensures all expenditures will be accurately tracked, reported, and reconciled for the base year and each option year and a description of current streams of income and any plans to diversify or grow in the future. **(5 points)**

B) Review and Selection Process

All applications that are complete and meet the eligibility and administrative criteria listed in Section VI will be reviewed and scored by an advisory panel of reviewers who are neutral, qualified, professionals selected by the DHCF Office of the Director for their unique expertise in grant management, health information technology, health information exchange, privacy and security, evaluation, and Medicaid. The panel will review, score, and rank each qualified applicant's proposal (70 and above) based on the criteria outlined in Section VI of the RFA.

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 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 29, 2019. The anticipated date of award is Spring 2019.

Section VII: 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. Unsuccessful applications will be notified in writing. Grant proceeds will only be paid after receipt of the signed NOGA.

B) Programmatic, Administrative, and National Policy Requirements

The Grantee will be held to strict milestones and requirements in order to receive the full amount of the grant award. Which DHCF will monitor during weekly, monthly, and quarterly meetings and trainings with various stakeholders. This will be based on a DHCF-approved Project Plan submitted with the application. The Grant Administrator shall approve or disapprove the project plan within (30) thirty days after award. All parties shall resolve all outstanding issues no later than sixty (60) calendar days after the Grant Administrators review of the project plan

C) Reporting

#	Report Requirement	Due Date
1	Final Project Plan	30 calendar days after award date, and 30 days after any modification to the grant, including exercising option years
2	Mid-Year Report and Year 2 Project Plan. This shall include a high-level plan for the next year's work should the option year be exercised.	At least 90 days prior to the end of a grant period when an option year is available
3	Monthly Report. This shall include performance measures from the approved Performance Measurement Plan, successes, challenges, operational concerns and areas where feedback or assistance is needed from DHCF	15 th of every month
4	Monthly Financial Report and Invoice. This shall include the status of program spending by category and will be submitted along with all receipts and other documentation of incurred expenses	15 th of each month
5	Results of internal and external audits	As needed

6	Comprehensive Communications Plan, including a review of target audiences, key messages, communications channels, list of collateral materials to be developed, implementation activities and a detailed implementation plan.	60 calendar days after award date
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D) Payment

This is a reimbursable grant and funding will not be transferred to the grantee in advance. Upon award, DHCF shall provide instructions to the grantee on how to electronically invoice DHCF for expenses on a monthly basis and receive prompt payment. All payments associated with this grant will be made through an Automated Clearing House (see **Attachment C**).

Section VIII: DHCF Contact

For additional information regarding the HIE Connectivity RFA, please contact Michael Fraser at healthit@dc.gov.

Section IX: Attachments

A) Certifications

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



Statement of Certification

1. 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)
2. Applicant/Grantee is able to maintain adequate files and records and can and will meet all reporting requirements;
3. 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;
4. All costs incurred under this grant must be in accordance with 2 CFR 200 (UNIFORM ADMIN REQUIREMENTS, COST PRINCIPLES, AND AUDIT REQUIREMENTS FOR FEDERAL AWARDS)
5. Applicant/Grantee states whether it, or where applicable, any of its officers, partners, principles, members, associates or key employees, within the last three (3) years prior to the date of the application, has:
 - a. Been indicted or had charges brought against them (if still pending) and/or been convicted of:
 - i. Any crime or 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 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.

7. Applicant/Grantee is in compliance with D.C. Code § 1-328.15 and has not made a contribution or solicitation for contribution to a covered recipient, as defined in D.C. Code § 1-328.11, during a period of time that would make the recipient ineligible to receive this grant.
8. 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)
9. 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;
10. 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;
11. 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;
12. 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;
13. 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;
14. 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.

15. That the Applicant/Grantee has a satisfactory record of integrity and business ethics;
16. 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;
17. That the Applicant/Grantee is in compliance with the applicable District licensing and tax laws and regulations;
18. That the Applicant/Grantee complies with provisions of the Drug-Free Workplace Act; and
19. That the Applicant/Grantee meets all other qualifications and eligibility criteria necessary to receive an award under applicable laws and regulations.
20. That the Applicant/Grantee agrees to indemnify, defend and hold harmless the Government of the District of Columbia and its authorized officers, employees, agents and volunteers from any and all claims, actions, losses, damages, and/or liability arising out of this grant or sub-grant from any cause whatsoever, including the acts, errors or omissions of any person and for any costs or expenses incurred by the District on account of any claim therefore, except where such indemnification is prohibited by law.

As the duly authorized representative of the Applicant/Grantee, I hereby certify that the Applicant/Grantee will comply with the above certifications.

_____ **Applicant/Grantee**
Name

_____ **City** _____ **State** _____ **Zip Code** _____
Street Address

_____ **RFA Number** _____ **Applicant IRS Number**

Signature: _____ **Date:** _____
Name and Title of Authorized Representative

B) W-9 Form

<p>Form W-9 (Rev. August 2013) Department of the Treasury Internal Revenue Service</p>	<h2 style="margin:0;">Request for Taxpayer Identification Number and Certification</h2>	<p>Give Form to the requester. Do not send to the IRS.</p>					
<p>Print or type See Specific Instructions on page 4</p>	Name (as shown on your income tax return)						
	Business name/disregarded entity name, if different from above						
	<p>Check appropriate box for federal tax classification:</p> <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <input type="checkbox"/> Other (see instructions) ▶ _____		<p>Exemptions (see instructions):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from FATCA reporting code (if any) _____</p>				
	Address (number, street, and apt. or suite no.)	Requestor's name and address (optional)					
	City, state, and ZIP code						
List account number(s) here (optional)							
Part I Taxpayer Identification Number (TIN)							
<p>Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a TIN</i> on page 3.</p>							
		<p>Social security number</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%; text-align: center;">[] [] [] []</td> <td style="width:5%; text-align: center;">-</td> <td style="width:25%; text-align: center;">[] [] [] []</td> <td style="width:5%; text-align: center;">-</td> <td style="width:40%; text-align: center;">[] [] [] [] [] []</td> </tr> </table>	[] [] [] []	-	[] [] [] []	-	[] [] [] [] [] []
[] [] [] []	-	[] [] [] []	-	[] [] [] [] [] []			
<p>Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.</p>		<p>Employer identification number</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%; text-align: center;">[] [] [] []</td> <td style="width:5%; text-align: center;">-</td> <td style="width:75%; text-align: center;">[] [] [] [] [] [] [] [] [] []</td> </tr> </table>	[] [] [] []	-	[] [] [] [] [] [] [] [] [] []		
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Part II Certification							
Under penalties of perjury, I certify that:							
<ol style="list-style-type: none"> The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and I am a U.S. citizen or other U.S. person (defined below), and The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct. 							
<p>Certification instructions. You must check out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.</p>							
<p>Sign Here</p>	Signature of U.S. person ▶	Date ▶					
General Instructions							
<p>Section references are to the Internal Revenue Code unless otherwise noted.</p> <p>Future developments. The IRS has created a page on irs.gov for information about Form W-9, at www.irs.gov/w9. Information about any future developments affecting Form W-9 (such as legislation enacted after we release it) will be posted on that page.</p> <p>Purpose of Form</p> <p>A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, payments made to you in settlement of payment card and third party network transactions, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.</p> <p>Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:</p> <ol style="list-style-type: none"> 1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued), 2. Certify that you are not subject to backup withholding, or 3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the 							
<p>withholding tax on foreign partners' share of effectively connected income, and</p> <ol style="list-style-type: none"> 4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. <p>Note. If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.</p> <p>Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:</p> <ul style="list-style-type: none"> • An individual who is a U.S. citizen or U.S. resident alien, • A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States, • An estate (other than a foreign estate), or • A domestic trust (as defined in Regulations section 301.7701-7). <p>Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases, where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.</p>							

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(a) 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 1-800-775-1213. 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 email. 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.

D) Assurances

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



Federal Assurances

Applicant/Grantee hereby assures and certifies compliance with all Federal statutes, regulations, policies, guidelines and requirements, including OMB 2 CFR Part 200; E.O. 12372 and Uniform Administrative Requirements for Grants and Cooperative Agreements -28 CFR, Part 66, Common Rule that govern the application, acceptance and use of Federal funds for this federally-assisted project.

Also, the Applicant/Grantee assures and certifies that:

1. It possesses legal authority to apply for the grant; that a resolution, motion or similar action has been duly adopted or passed as an official act of The Grantee's governing body, authorizing the filing of the application, including all understandings and assurances contained therein, and directing and authorizing the person identified as the official representative of The Grantee to act in connection with the application and to provide such additional information as may be required.
2. It will comply with requirements of the provisions of the Uniform Relocation Assistance and Real Property Acquisitions Act of 1970 PL 91-646 which provides for fair and equitable treatment of persons displaced as a result of Federal and federally-assisted programs.
3. It will comply with provisions of Federal law which limit certain political activities of employees of a State or local unit of government whose principal employment is in connection with an activity financed in whole or in part by Federal grants. (5 USC 1501, et. seq.).
4. It will comply with the minimum wage and maximum hour's provisions of the Federal Fair Labor Standards Act if applicable.
5. It will establish safeguards to prohibit employees from using their positions for a purpose that is or gives the appearance of being motivated by a desire for private gain for themselves or others, particularly those with whom they have family, business, or other ties.
6. It will give the sponsoring agency of the Comptroller General, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the grant.
7. It will comply with all requirements imposed by the Federal-sponsoring agency concerning special requirements of Law, program requirements, and other administrative requirements.

8. It will insure that the facilities under its ownership, lease or supervision which shall be utilized in the accomplishment of the project are not listed on the Environmental Protection Agency's (EPA) list of Violating Facilities and that it will notify the Federal grantor agency of the receipt of any communication

from the Director of the EPA Office of Federal Activities indicating that a facility to be used in the project is under consideration for listing by the EPA.

9. It will comply with the flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973, Public Law 93-234, 87 Stat. 975, approved December 31, 1976. Section 102(a) requires, on and after March 2, 1975, the purchase of flood insurance in communities where such insurance is available as a condition for the receipt of any Federal financial assistance for construction or acquisition purposes for use in any area that has been identified by the Secretary of the Department of Housing and Urban Development as an area having special flood hazards. The phrase "Federal Financial Assistance" includes any form of loan, grant, guaranty, insurance payment, rebate, subsidy, disaster assistance loan or grant, or any other form of direct or indirect Federal assistance.
10. It will assist the Federal grantor agency in its compliance with Section 106 of the National Historic Preservation Act of 1966 as amended (16 USC 470), Executive Order 11593, and the Archeological and Historical Preservation Act of 1966 (16 USC 569a-1 et. seq.) By (a) consulting with the State Historic Preservation Officer on the conduct of investigations, as necessary, to identify properties listed in or eligible for inclusion in the National Register of Historic Places that are subject to adverse effects (see 36 CFR Part 800.8) by the activity, and notifying the Federal grantor agency of the existence of any such properties, and by (b) complying with all requirements established by the Federal grantor agency to avoid or mitigate adverse effects upon such properties.
11. It will comply with the provisions of 28 CFR applicable to grants and cooperative agreements including Part 18, Administrative Review Procedure; Part 22, Confidentiality of Identifiable Research and Statistical Information; Part 42, Nondiscrimination/Equal Employment Opportunity Policies and Procedures; Part 61, Procedures for Implementing the National Environmental Policy Act; Part 63, Floodplain Management and Wetland Protection Procedures; and Federal laws or regulations applicable to Federal Assistance Programs.
12. It will comply, and all its contractors will comply with; Title VI of the Civil Rights Act of 1964, as amended; Section 504 of the Rehabilitation Act of 1973, as amended; Subtitle A, Title III of the Americans with Disabilities Act (ADA) (1990); Title IX of the Education Amendments of 1972 and the Age Discrimination Act of 1975.
13. In the event a Federal or State court or Federal or State administrative agency makes a finding of discrimination after a due process hearing on the grounds of race, color, religion, national origin, sex, or disability against a recipient of funds, the recipient will forward a copy of the finding to the Office for Civil Rights, U.S. Department of Justice.
14. It will provide an Equal Employment Opportunity Program if required to maintain one, where the application is for \$500,000 or more.
15. It will comply with the provisions of the Coastal Barrier resources Act (P.L. 97-348) dated October 19, 1982, (16 USC 3501 et. seq) which prohibits the expenditure of most new Federal funds within the units of the Coastal Barrier Resources System.
16. In addition to the above, the Grantee shall comply with all the applicable District and Federal statutes and regulations as may be amended from time to time including, but not necessarily limited to:
 - a) The Health Insurance Portability and Accountability Act of 1996, Public Law 104-191
 - b) The Hatch Act, Chap. 314, 24 Stat. 440 (7 U.S.C. 361a et seq.)
 - c) The Fair Labor Standards Act, Chap. 676, 52 Stat. 1060 (29 U.S.C. 201 et seq.)

E) HIPAA Security Checklist

HIPAA Security Checklist



HIPAA SECURITY RULE REFERENCE	SAFEGUARD <i>(R) = Required; (A) = Addressable</i>	STATUS <i>(Complete, N/A, etc.)</i>
<i>Administrative Safeguards</i>		
164.308(a)(1)(i)	Security Management Process: Implement policies and procedures to prevent, detect, contain, and correct security violations.	
164.308(a)(1)(ii)(A)	Has a Risk Analysis been completed IAW NIST Guidelines? (R)	
164.308(a)(1)(ii)(B)	Has the Risk Management process been completed IAW NIST Guidelines? (R)	
164.308(a)(1)(ii)(C)	Do you have formal sanctions against employees who fail to comply with security policies and procedures? (R)	
164.308(a)(1)(ii)(D)	Have you implemented procedures to regularly review records of IS activity such as audit logs, access reports, and security incident tracking? (R)	
164.308(a)(2)	Assigned Security Responsibility: Identify the security official who is responsible for the development and implementation of the policies and procedures required by this subpart for the entity.	
164.308(a)(3)(i)	Workforce Security: Implement policies and procedures to ensure that all members of its workforce have appropriate access to EPHI, as provided under paragraph (a)(4) of this section, and to prevent those workforce members who do not have access under paragraph (a)(4) of this section from obtaining access to electronic protected health information (EPHI).	
164.308(a)(3)(ii)(A)	Have you implemented procedures for the authorization and/or supervision of employees who work with EPHI or in locations where it might be accessed? (A)	
164.308(a)(3)(ii)(B)	Have you implemented procedures to determine that the Access of an employee to EPHI is appropriate? (A)	

164.308(a)(3)(ii)(C)	Have you implemented procedures for terminating access to EPHI when an employee leaves your organization or as required by paragraph (a)(3)(ii)(B) of this section? (A)	
164.308(a)(4)(i)	Information Access Management: Implement policies and procedures for authorizing access to EPHI that are consistent with the applicable requirements of subpart E of this part.	
164.308(a)(4)(ii)(A)	If you are a clearinghouse that is part of a larger organization, have you implemented policies and procedures to protect EPHI from the larger organization? (A)	
164.308(a)(4)(ii)(B)	Have you implemented policies and procedures for granting access to EPHI, for example, through access to a workstation, transaction, program, or process? (A)	
164.308(a)(4)(ii)(C)	Have you implemented policies and procedures that are based upon your access authorization policies, established, document, review, and modify a user's right of access to a workstation, transaction, program, or process? (A)	
164.308(a)(5)(i)	Security Awareness and Training: Implement a security awareness and training program for all members of its workforce (including management).	
164.308(a)(5)(ii)(A)	Do you provide periodic information security reminders? (A)	
164.308(a)(5)(ii)(B)	Do you have policies and procedures for guarding against, detecting, and reporting malicious software? (A)	
164.308(a)(5)(ii)(C)	Do you have procedures for monitoring login attempts and reporting discrepancies? (A)	
164.308(a)(5)(ii)(D)	Do you have procedures for creating, changing, and safeguarding passwords? (A)	
164.308(a)(6)(i)	Security Incident Procedures: Implement policies and procedures to address security incidents.	
164.308(a)(6)(ii)	Do you have procedures to identify and respond to suspected or known security incidents; mitigate to the extent practicable, harmful effects of known security incidents; and document incidents and their outcomes? (R)	
164.308(a)(7)(i)	Contingency Plan: Establish (and implement as needed) policies and procedures for responding to an emergency or other occurrence (for example, fire, vandalism, system failure, and natural disaster) that damages systems that contain EPHI.	
164.308(a)(7)(ii)(A)	Have you established and implemented procedures to create and maintain retrievable exact copies of	

	EPHI? (R)	
164.308(a)(7)(ii)(B)	Have you established (and implemented as needed) procedures to restore any loss of EPHI data that is stored electronically? (R)	
164.308(a)(7)(ii)(C)	Have you established (and implemented as needed) procedures to enable continuation of critical business processes and for protection of EPHI while operating in the emergency mode? (R)	
164.308(a)(7)(ii)(D)	Have you implemented procedures for periodic testing and revision of contingency plans? (A)	
164.308(a)(7)(ii)(E)	Have you assessed the relative criticality of specific applications and data in support of other contingency plan components? (A)	
164.308(a)(8)	Have you established a plan for periodic technical and non-technical evaluation, based initially upon the standards implemented under this rule and subsequently, in response to environmental or operational changes affecting the security of EPHI that establishes the extent to which an entity's security policies and procedures meet the requirements of this subpart? (R)	
164.308(b)(1)	Business Associate Contracts and Other Arrangements: A covered entity, in accordance with Sec. 164.306, may permit a business associate to create, receive, maintain, or transmit EPHI on the covered entity's behalf only if the covered entity obtains satisfactory assurances, in accordance with Sec. 164.314(a) that the business associate appropriately safeguard the information.	
164.308(b)(4)	Have you established written contracts or other arrangements with your trading partners that documents satisfactory assurances required by paragraph (b)(1) of this section that meets the applicable requirements of Sec. 164.314(a)? (R)	
Physical Safeguards		
164.310(a)(1)	Facility Access Controls: Implement policies and procedures to limit physical access to its electronic information systems and the facility or facilities in which they are housed, while ensuring that properly authorized access is allowed.	
164.310(a)(2)(i)	Have you established (and implemented as needed) procedures that allow facility access in support of restoration of lost data under the disaster recovery plan and emergency mode operations plan in the event of an emergency? (A)	
164.310(a)(2)(ii)	Have you implemented policies and procedures to safeguard the facility and the equipment therein	

	from unauthorized physical access, tampering, and theft? (A)	
164.310(a)(2)(iii)	Have you implemented procedures to control and validate a person's access to facilities based on their role or function, including visitor control, and control of access to software programs for testing and revision? (A)	
164.310(a)(2)(iv)	Have you implemented policies and procedures to document repairs and modifications to the physical components of a facility, which are related to security (for example, hardware, walls, doors, and locks)? (A)	
164.310(b)	Have you implemented policies and procedures that specify the proper functions to be performed, the manner in which those functions are to be performed, and the physical attributes of the surroundings of a specific workstation or class of workstation that can access EPHI? (R)	
164.310(c)	Have you implemented physical safeguards for all workstations that access EPHI to restrict access to authorized users? (R)	
164.310(d)(1)	Device and Media Controls: Implement policies and procedures that govern the receipt and removal of hardware and electronic media that contain EPHI into and out of a facility, and the movement of these items within the facility.	
164.310(d)(2)(i)	Have you implemented policies and procedures to address final disposition of EPHI, and/or hardware or electronic media on which it is stored? (R)	
164.310(d)(2)(ii)	Have you implemented procedures for removal of EPHI from electronic media before the media are available for reuse? (R)	
164.310(d)(2)(iii)	Do you maintain a record of the movements of hardware and electronic media and the person responsible for its movement? (A)	
164.310(d)(2)(iv)	Do you create a retrievable, exact copy of EPHI, when needed, before movement of equipment? (A)	
<i>Technical Safeguards</i>		
164.312(a)(1)	Access Controls: Implement technical policies and procedures for electronic information systems that maintain EPHI to allow access only to those persons or software programs that have been granted access rights as specified in Sec. 164.308(a)(4).	
164.312(a)(2)(i)	Have you assigned a unique name and/or number for identifying and tracking user identity? (R)	
164.312(a)(2)(ii)	Have you established (and implemented as needed) procedures for obtaining necessary EPHI during an emergency? (R)	

164.312(a)(2)(iii)	Have you implemented procedures that terminate an electronic session after a predetermined time of inactivity? (A)	
164.312(a)(2)(iv)	Have you implemented a mechanism to encrypt and decrypt EPHI? (A)	
164.312(b)	Have you implemented Audit Controls, hardware, software, and/or procedural mechanisms that record and examine activity in information systems that contain or use EPHI? (R)	
164.312(c)(1)	Integrity: Implement policies and procedures to protect EPHI from improper alteration or destruction.	
164.312(c)(2)	Have you implemented electronic mechanisms to corroborate that EPHI has not been altered or destroyed in an unauthorized manner? (A)	
164.312(d)	Have you implemented Person or Entity Authentication procedures to verify that a person or entity seeking access EPHI is the one claimed? (R)	
164.312(e)(1)	Transmission Security: Implement technical security measures to guard against unauthorized access to EPHI that is being transmitted over an electronic communications network.	
164.312(e)(2)(i)	Have you implemented security measures to ensure that electronically transmitted EPHI is not improperly modified without detection until disposed of? (A)	
164.312(e)(2)(ii)	Have you implemented a mechanism to encrypt EPHI whenever deemed appropriate? (A)	

F) DHCF RFA Receipt

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



Application Receipt

RFA Title: HIE Connectivity RFA

**** 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: _____

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