



May 16, 2019

Dear Potential Applicant:

You are invited to submit an application to the Pennsylvania Department of Health in accordance with the enclosed Request for Applications (RFA) #67-89.

A pre-application conference will be held on June 10, 2019 at 8:30 am in 7th Floor East, Conference Room A, Health and Welfare Building, 625 Forster Street, Harrisburg, PA 17120-0701. Since facilities are limited, it is requested that you limit your representation to two individuals. Applicant attendance is optional.

All questions regarding this RFA must be directed in writing to Danielle Rhodes, Public Health Program Administrator, Bureau of Family Health, Pennsylvania Department of Health, Health and Welfare Building, 625 Forster Street, Harrisburg, Pennsylvania 17120-0701, or by e-mail at danielrhode@pa.gov, no later than Monday, June 3, 2019. All questions must include the specific section of the RFA about which the potential applicant is questioning. Answers to all questions will be posted at www.emarketplace.state.pa.us. Click on 'Solicitations' and search for the above RFA number.


Please submit one original and 10 complete copies of your application, (Part 2 of this RFA) in a sealed package to the address below. Your application must arrive in the designated room at the following address no later than 2:30 p.m. on Wednesday, June 26, 2019.

RFA #67-89
Director, Division of Public Health Procurement
Bureau of Procurement and Contract Management
Shared Services for Health and Human Services
Room 824, Health and Welfare Building
625 Forster Street
Harrisburg, Pennsylvania 17120-0701

LATE APPLICATIONS WILL NOT BE ACCEPTED REGARDLESS OF THE REASON.

Please write "APPLICATION ENCLOSED RFA #67-89" in large block letters on the envelope or overnight/priority mail label.

We expect that the evaluation of applications and the selection of grantees will be completed within eight weeks of the submission due date.

Sincerely,

Lori Diehl
Director
Division of Public Health Procurement

Enclosure

Request for Application

Community to Home
RFA Number
67-89

Date of Issuance
May 16, 2019

Issuing Office: Pennsylvania Department of Health
Bureau of Procurement and Contract Management
Shared Services for Health and Human Services
Division of Public Health Procurement
Room 824, Health and Welfare Building
625 Forster Street
Harrisburg, Pennsylvania 17120-0701

RFA Project Officer: Danielle Rhodes
Pennsylvania Department of Health
Bureau of Family Health
Division of Community Systems Development and
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Community to Home

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Application Forms and Attachments

- I. Mailing Label
- II. Cover page
- III. Certifications
- IV. Work Statement
- V. Budget Template is downloadable and is attached for completion of the budget request.
- VI. Form W-9 and Instructions

Any Grant resulting from this RFA will include certain standard terms and conditions, which will either be attached as paper appendices or incorporated by reference and may be found at <http://www.health.pa.gov/vendors>. These terms and conditions are listed below:

- Payment Provisions (Rev. 5/12)
- Program Specific Provisions
- Standard General Terms and Conditions (Rev. 2/15)
- Audit Requirements (Rev. 7/13)
- Commonwealth Travel and Subsistence Rates (Rev. 4/12)
- Federal Lobbying Certification and Disclosure (Rev. 12/05)
- Pro-Children Act of 1994 (Rev. 12/05)
- Maternal and Child Health Block Grant Provisions (Rev. 12/05)

PART ONE

Community to Home General Information

A. Information for Applicants

The Pennsylvania Department of Health (Department) is responsible for administering the Title V Maternal and Child Health Services Block Grant for Pennsylvania (MCHSBG). The MCHSBG program was established as part of the 1935 Social Security Act, and is administered at the Federal level by the Health Resources and Services Administration (HRSA). The mission of the MCHSBG is to improve the health and well-being of the nation's mothers, infants, children and youth, including children and youth with special health care needs (CYSHCN) and their families.

In the 2017 MCHSBG guidance for Grantees, HRSA defines 15 National Performance Measures (NPM), which address key Maternal Child Health (MCH) priority areas within five population domains. These domains are: Women/Maternal Health, Perinatal/Infant Health, Child Health, Children with Special Health Care Needs (CSHCN), and Adolescent Health. A sixth domain addresses Cross-cutting and Systems Building, but there are currently no NPMs included in that domain. The Department is required to focus programming on a minimum of five NPMs, at least one for each population domain. For those priorities without a related NPM, the Department will track programming progress with a State Performance Measure. In addition, HRSA has increased emphasis on measuring performance and incorporating evidence-based strategies and measures into program planning. The Department is responsible for creating a State Action Plan to demonstrate the logical relationships between the chosen priorities, performance measures and programming strategies.

Every five years the Department conducts a comprehensive Needs and Capacity Assessment to gauge the strengths and needs of the state's MCH population and related services. As a result of the 2015 Needs and Capacity Assessment, the Department identified nine priorities on which to focus for the next five years:

1. MCH populations reside in a safe and healthy living environment;
2. Appropriate health and health related services, screening and information are available to the MCH populations;
3. MCH populations are able to obtain, process and understand basic health information needed to make health decisions;
4. Protective factors are established for adolescents and young adults prior to and during critical life stages;
5. Families are equipped with the education and resources they need to initiate and continue breastfeeding their infants;
6. Adolescents and women of child-bearing age have access to and participate in preconception and inter-conception health care and support;
7. Safe sleep practices are consistently implemented for all infants;
8. Title V staff and Grantees identify, collect and use relevant data to inform decision-making and evaluate population and programmatic needs; and
9. Women receiving prenatal care or home visiting are screened for behavioral health and referred for assessment if warranted.

The work of this RFA will be a strategy within the CSHCN domain; it will address the following priority: Appropriate health and health related services, screenings and information are available to the MCH populations; and address the following objective: Annually increase the number of CYSHCN served by Community to Home. The overall goal of the program is to improve the health of CYSHCN through care coordination and education encouraging self-sufficiency.

Community to Home will improve the health of CYSHCN by assisting them, along with their families, to get the services and support required to thrive in the community and develop to their full potential. Through this RFA, the Department is interested in funding a home visiting model for in-home care coordination provided by a community health worker (CHW). Community to Home will assist CYSHCN and their families to navigate systems and identify resources in order to receive services while empowering them to become strong advocates and self-reliant. In-home services will deliver care-coordination, information and referrals to necessary services to connect CYSHCN and their families to the skills needed to succeed in living with their special health care needs. Through these strategies, the Department's aim is to improve the physical, mental and behavioral health of CYSHCN.

The target population to be served will be CYSHCN who reside in a rural household with an income equal to or less than 300% of the Federal poverty level. Six rural regions have been identified by the Department (see Attachment A). The Grantee shall serve CYSHCN in one or more of these regions who are newly diagnosed or new to the area with a focus on minority populations as a priority.

CYSHCN “have or are at increased risk for chronic physical, developmental, behavioral or emotional conditions and who also require health and related services of a type or amount beyond that required by children generally.”¹ Nearly 20% of U.S. children under 18 years of age have a special health care need and one in five U.S. families have a child with a special health care need.² CYSHCN and their families often require services from multiple systems – health care, public health, education, mental health and social services.

The Data Resource Center for Child & Adolescent Health used data from the 2011/12 National Survey of Children's Health to measure who has a medical home, quality health care, school success, positive home environment and neighborhood safety and support. According to the survey, CYSHCN have more difficulty getting referrals than non-CYSHCN. They are less likely to receive adequate health insurance and care coordination when needed. CYSHCN meet the Data Resource Center for Child & Adolescent Health's quality health care index of having a medical home, adequate insurance and at least one preventive medical visit in the prior 12 months less often than their non-CYSHCN counterparts.³

1 (Explore the Data: Data by Survey and Topic, n.d.)McPherson, M. A. (1998). A new definition of children with special health care needs. *Pediatrics*, 102(1), 137-140.

2 *Children with Special Health Care Needs*. (2016, December). Retrieved from Health Resources & Services Administration: <https://mchb.hrsa.gov/maternal-child-health-topics/children-and-youth-special-health-needs>

3 *Who Are Children with Special Health Care Needs?* (2012). Retrieved from Data Resource Center for Child & Adolescent Health: <http://childhealthdata.org/>

CYSHCN residing in rural areas in Pennsylvania experience similar unmet needs as those in non-rural areas. However, addressing unmet needs in rural areas becomes a greater challenge due to barriers including lack of transportation and lack of available health care providers, including primary care as well as specialists.

The challenges faced by healthcare providers in rural areas differ from urban areas. Not only do rural providers treat a greater proportion of high-need patients, but they generally have fewer resources available to meet those needs. There has been a sharp decline of medical professionals choosing family medicine and newly graduated professionals often seek employment in urban areas. Rural areas struggle to attract and retain physicians due to dwindling patient volumes, reimbursement cuts and severe debt resulting from a high proportion of low-income, under- or uninsured patients.⁴ These factors have caused a sizable portion of rural Pennsylvania to have a shortage in primary care providers. In addition, rural areas are experiencing a shortage of dentists and psychiatrists.⁵ The severity of many health problems in rural areas can be attributed to insufficient healthcare resources, difficulties in accessing health care and provider shortages.⁶

According to the 2012-2015 Behavioral Risk Factor Surveillance Survey, rural residents from racial and ethnic minority populations were more likely than their non-Hispanic white counterparts to have poor/fair self-rated health, to be obese, to go without health care because of financial concerns, and to lack consistent health care.

Data from the U.S. Census Bureau indicate that rural Pennsylvania is becoming more racially and ethnically diverse, as the number of rural minorities increased 62 percent from 2000 to 2010. In 2010, minorities comprised eight percent of the rural Pennsylvania population, compared to five percent in 2000. The data also shows a sizeable gap in income, poverty rates and unemployment rates between rural minorities and rural white/non-Hispanics. For example, the 2010 unemployment rate was 14 percent among rural adult minorities and nine percent among rural white/non-Hispanics.

The Center for Rural Pennsylvania's definitions for county and school district will be used when identifying rural populations. A county or school district is rural when the number of persons per square mile within the county or school district is less than 284. Counties and school districts that have 284 persons or more per square mile are considered urban. Rural areas will be identified by county first, and school district second.

To address the CSHCN domain's priority, the Department has chosen to use a CHW care coordination model to address the needs of CYSHCN.

Research on evidence-based CHW programs has identified that CHWs providing chronic disease care services may improve health-related outcomes. The Institute of Medicine suggests that CHWs be used to prevent and control chronic diseases.

4 (2017). *Improving Healthcare Value in Rural America*. Washington DC: Altarum: Healthcare Value Hub.

5 (2016 Update). *Pennsylvania State Health Assessment*. Harrisburg: Pennsylvania Department of Health, Bureau of Health Planning, Division of Plan Development.

6 (2012). *Pennsylvania Health Disparities Report*. Harrisburg: Pennsylvania Department of Health.

CHW interventions using chronic disease care services improved health-related outcomes, including access to and use of care, disease understanding and self-management, chronic disease-related health, and social outcomes in a wide variety of urban, rural, clinical, community, emergency department and regional settings. These outcomes were documented for many groups experiencing health disparities, including low-income, uninsured, African American, Asian, Filipino, Bangladeshi, Vietnamese and Hispanic populations. Evidence suggested that this component could broaden a CHW's intervention reach because adding these services could help reduce both chronic disease and health inequities.⁷

Care management is defined by a set of consumer-centered, goal-oriented, culturally relevant and logical steps to assure that a consumer receives needed services in a supportive, effective, efficient, timely and cost-effective manner. Care management emphasizes prevention, continuity and coordination of care, which advocates for, and links consumers to, services as necessary across providers and settings.

Community to Home will use CHWs in a care manager role; at least one full time equivalent CHW position for each of the six rural regions identified by the Department, and at least 1/3 full time equivalent CHW Supervisor position for each of the six rural regions identified by the Department to provide home visiting services to CYSHCN birth through 21 years old and their families. Referrals can be received by resources including families, counselors, schools, and the Department's Special Kids Network Helpline. An initial eligibility assessment shall be conducted by the CHW supervisor prior to assigning a CHW care manager to a family. Consumers must meet the following eligibility requirements with priority given to minority populations:

1. Resides in a rural area of Pennsylvania;
2. Newly diagnosed with a physical, developmental, behavioral or emotional health disorder or newly residing in a rural region of Pennsylvania identified by the Department; and
3. Household income equal to or lesser than 300% of the Federal poverty level.

Home visiting services are intended to be short-term, less than six months, with follow-up as necessary. Community to Home will use an evidence-based CHW Care Coordination model.^{8,9}

Qualifications for CHW Supervisor include, but are not limited to:

1. Bachelor's Degree; or an Associate's Degree and four years' relevant experience; if no degree, seven years' relevant experience;
2. Minimum five years' experience working specifically with CYSHCN in a community setting;
3. Knowledge of resources for CYSHCN residing in Pennsylvania;
4. Demonstrated ability to access resources for CYSHCN residing in Pennsylvania;

7 (2014). *Policy Evidence Assessment Report: Community Health Worker Policy Components*. National Center for Chronic Disease Prevention and Health Promotion.

8 Wilger, S. (2012). *Community Health Worker Model for Care Coordination - A Promising Practice for Frontier Communities*. National Center for Frontier Communities in consultation with the Frontier and Rural Expert Panel.

9 (2015). *Addressing Chronic Disease through Community Health Workers: A Policy and Systems-Level Approach*. Atlanta: National Center for Chronic Disease Prevention and Health Promotion.

5. Over the age of 18; and,
6. Possess a valid Pennsylvania driver's license.

Qualifications for CHW care managers include, but are not limited to:

1. Bachelor's Degree; or an Associate's Degree and two years' relevant experience; if no degree, five years' relevant experience;
2. At least three years' experience working specifically with CYSHCN in a community setting;
3. Resides within the assigned coverage area;
4. Knowledge of resources for CYSHCN residing in Pennsylvania;
5. Demonstrates the ability to access resources for CYSHCN residing in Pennsylvania;
6. Over the age of 18; and
7. Possess a valid Pennsylvania driver's license.

Through this RFA process, the Department is soliciting Community Health Worker applications for Community to Home from Pennsylvania institutions and organizations. The Department is interested in funding Community Health Worker in-home care coordination applications addressing improved physical, mental and behavioral health for CYSHCN and improved self-reliance for CYSHCN and their families in order to more successfully overcome obstacles CYSHCN and their families face daily. The anticipated Grant Agreement term is 10/01/2019 to 06/30/2022 subject to the availability of funding.

At the Department's discretion and by letter notice, the Department may renew this Grant Agreement for the following term: one two-year term, or two one-year terms.

1. In the event of a renewal, the Department may choose to renew the Grant Agreement as follows:
 - a) At the Grant Agreement's original terms or conditions; or
 - b) To increase or decrease the Grant amount or salaries, hourly wages or fringe benefits to reflect cost increases so long as that increase does not exceed 5% of the original amount or rates. Nothing in this subparagraph is intended to permit an alteration in the scope of work of the original agreement in the renewal; or
 - c) To include the increase or decrease in work or change to amount, salaries, wages, or fringe benefits included in an amendment to the original Grant Agreement, including SAFs, Funding Reduction Change Orders, Budget Revisions, or formal Amendments. The increase or decrease of work shall be limited to deliverables established in the amendment. Nothing in this paragraph shall be read to permit the scope of work of the Grant Agreement to be changed.
2. The Department is not obligated to increase the amount of the Grant award.
3. Any renewal terms are subject to the other provisions of this Grant Agreement, and the

availability of funds.

Applications are welcomed from any organization that can provide the required services in one or more of the six regions. Applicants may submit applications for more than one region; however, an applicant must submit separate applications for each region for which it wishes to be considered. Additional information about how to apply, relevant and specific restrictions, and stated preferences regarding applicants are noted and outlined in Section B. Applicants are encouraged to be innovative and creative in their approach.

This RFA provides interested institutions, organizations and persons with information to prepare and submit applications to the Department. Questions about this RFA can be directed to Danielle Rhodes, Public Health Program Administrator, Bureau of Family Health, Division of Community Systems Development and Outreach, Pennsylvania Department of Health, 7th Floor East, Health and Welfare Building, 625 Forster Street, Harrisburg, Pennsylvania 17120-0701 or by e-mail address at danierhode@pa.gov, no later than June 3, 2019. Answers to all questions will be posted at www.emarketplace.state.pa.us. Each applicant shall be responsible to monitor the website for new or revised RFA information. The Department shall not be bound by any information that is not either contained within the RFA or formally issued as an addendum by the Department.

In order to do business with the Commonwealth of Pennsylvania providers are required to enroll in the SAP system. Applicants may enroll at www.vendorregistration.state.pa.us/ or by calling toll free at 1-877-435-7363 or locally at 717-346-2676.

B. Application Procedures

1. General

- a) Applications must be received by the Department by the time and date stated in the cover letter. If, due to inclement weather, natural disaster, or any other cause, the Commonwealth office location to which applications are to be returned is closed on the application response date, the deadline for submission will be automatically extended until the next Commonwealth business day on which the office is open, unless the Department otherwise notifies Applicants. The hour for submission of applications shall remain the same. The Department will reject, unopened, any late applications.
- b) If it becomes necessary to revise any part of the application guidelines, an amendment will be posted on the DGS website.
- c) The decision of the Department with regard to selection of applicants is final. The Department reserves the right to reject any and all applications received as a result of this request and to negotiate separately with competing applicants.
- d) Awarded applicants shall not be permitted to issue news releases pertaining to this project prior to official written notification of award by the Department review committee. Any subsequent publication or media release issued by the Grantee throughout the life of the Grant using funding from this Grant must acknowledge the Department as the granting agency, and be approved in writing by the Department.

2. Evaluation of Applications

All applications meeting stated requirements in this RFA and received by the designated date and time, will be reviewed by a committee of qualified personnel selected by the Department. The Review Committee will recommend applications that most closely meet the evaluation criteria developed by the Department. If the Review Committee needs additional clarification of an application, Division of Community Systems Development and Outreach (CSDO)/Community to Home staff and staff from the Division of Public Health Procurement will schedule an oral presentation and/or assign a due date for the submission of a written clarification.

The Review Committee will evaluate applications based on the evaluation criteria described below. Provide detailed, but concise responses to each of the evaluation categories in the required work statement.

- a) **Applicant's Qualifications:** This refers to the applicant's prior experience providing services to CYSHCN and their families and their ability to commit appropriate personnel for the size and scope of the proposed activities. The applicant shall describe the organization's prior experience providing services to CYSHCN and their families and the degree to which those services were provided in Pennsylvania. The applicant shall describe the organization's capacity to provide care management through the use of CHWs at no cost to families in rural Pennsylvania. The applicant shall demonstrate how the organization's background, experience, and structure will support the implementation of the activities described in the RFA. The applicant shall include a description of any qualifications that makes the organization uniquely qualified to meet the qualifications of this RFA. The applicant shall describe the experience and educational qualifications of personnel available to address the components of Community to Home.
- b) **Statement of the Problem:** This refers to the applicant's ability to articulate their understanding of the agency's needs that generated the RFA, Community to Home objectives, the population that the RFA addresses, and the nature and scope of the work involved. The applicant shall demonstrate a clear and comprehensive understanding of the myriad of issues CYSHCN and their families encounter when attempting to obtain information and services throughout the lifespan of the child. The applicant shall demonstrate a clear and comprehensive understanding of how Community to Home can provide CYSHCN and their families with care management, information and resources, and support in a rural environment. The applicant shall demonstrate an understanding how economic issues effect the health of minority CYSHCN in a rural environment. The applicant shall demonstrate an understanding as an organization of the need to provide services that are culturally and linguistically appropriate.
- c) **Soundness of Approach:** This refers to the applicant's approach to providing services, whether it is responsive to all requirements of the RFA, and if it meets the project's objectives. The applicant shall clearly state and demonstrate that the services provided are

culturally, linguistically and cognitively appropriate for the population being served. The applicant shall describe significant life events and challenges throughout the lifespan for children diagnosed with special health care needs and their families beginning with a diagnosis in the hospital occurring shortly after birth. The applicant shall describe how the population to be served will be identified and determined eligible for services. The applicant shall describe the process for determining the maximum number of active clients a CHW is expected to maintain on a daily caseload and how a caseload exceeding that number is rectified. The applicant shall describe the types of training needed to prepare CHWs to effectively function in their role. The applicant shall describe the process for the initial in-home assessment of needs and the development of an individualized care plan. The applicant shall describe how it will connect families to appropriate resources and services to meet the individual needs of the CYSHCN. Youth with special health care needs who are of transition age of 14 years old and older are a sub-population of CYSHCN and face many challenges. The applicant shall describe the challenges students with special health care needs encounter when transitioning out of school and the resources needed to facilitate positive outcomes. The applicant shall describe the creation and execution of an exit plan. The applicant shall describe the process for follow-up with CYSHCN and their families.

- d) **Feasibility and Timeliness:** This refers to the applicant's ability to clearly describe a plan that is feasible for accomplishing the program deliverables, including who is responsible for specific tasks, and how many people will be served. The applicant shall include a timeline for start-up and implementation of activities. The applicant shall describe potential barriers to implementation of the project and solutions to address these barriers.
- e) **Budget:** This refers to the applicant's ability to provide services stated in the RFA within the confines of the proposed budget allocation. The budget template provided by the Department must be used. The applicant shall demonstrate how the budget is reasonable for the work proposed. The applicant shall demonstrate how the budget represents an effective use of funds.

3. Awards

Grants will be administered through the Department. The Department will award up to six Grants, for a maximum award of \$150,000 per region for the first year followed by a maximum of \$150,000 per region per year for the next two years, subject to the availability of funds. Applicants may submit applications for more than one region; however, an applicant must submit separate applications for each region for which it wishes to be considered.

All applicants will receive official written notification of the status of their application from the Department. Unsuccessful applicants may request a debriefing. This request must be in writing and must be received by CSDO within 30 calendar days of the written official notification of the status of the application. CSDO will determine the time and place for the debriefing. The debriefing will be conducted individually by CSDO staff. Comparison of

applications will not be provided. Applicants will not be given any information regarding the evaluation other than the position of their application in relation to all other applications and the strengths and weaknesses in their individual application.

4. Deliverables

- a) The selected applicant(s) shall complete all deliverables in a person- and family-centered manner that is culturally and linguistically appropriate and is outcomes-based to ensure care management of CYSHCN and their families throughout the Commonwealth of Pennsylvania.
- b) The awarded applicant(s) shall participate in client satisfaction data collection and reporting activities as established by the Department, including collecting and reporting feedback from the awarded applicant and the awarded applicant's clients to improve the services for Pennsylvania's maternal, infant, child and adolescent population.
- c) The selected applicant(s) shall provide CHWs with broad knowledge of evidence-based or informed home visiting strategies to conduct in-home care management for families throughout rural Pennsylvania.
- d) The selected applicant(s) shall provide CHWs with broad knowledge of issues and resources for CYSHCN and their families throughout rural Pennsylvania.
- e) The selected applicant(s) shall provide services with an understanding of HRSA's CSHCN population domain, the state's MCH Title V Block Grant State Priorities and the Evidence-Based or-Informed Strategy Measures.
- f) The selected applicant(s) shall oversee an individual with broad knowledge of issues and resources for CYSHCN and their families to function in the role of CHW Supervisor and be responsible for the following tasks:
 - 1. Respond to referrals within two business days of receipt of faxed or emailed referrals. The CHW Supervisor shall determine if the client should be referred to a CHW care manager based on an initial assessment of client's needs.
 - 2. When receiving referrals, the CHW Supervisor shall coordinate with the appropriate CHW care manager to contact the client within two business days to schedule a home visit.
 - 3. Participate in a minimum of one in-person meeting or conference call per month with the Community to Home Program Administrator to monitor the progress of the project.
 - 4. Monitor the work of CHW care managers through on-site visits, direct feedback from community residents and documentation provided by CHW care managers.
- g) The selected applicant(s) shall ensure that CHW care managers perform the following tasks:

1. The CHW care manager shall provide evidence-based or informed home visiting by utilizing the CHW care coordination model.
2. The CHW care manager receiving referrals shall contact the client within two business days to schedule a home visit.
3. The CHW supervisor shall conduct an eligibility assessment with priority given to minority populations. Eligibility requirements shall include:
 - a. Consumer residing in a rural area of Pennsylvania;
 - b. Consumer newly diagnosed with a physical, developmental, behavioral or emotional health disorder or newly residing in a rural region of Pennsylvania identified by the Department; and
 - c. Household income equal to or lesser than 300% of the Federal poverty level.
4. The CHW care manager shall complete an assessment of needs using an assessment tool approved by the Department. The assessment tool shall be completed during the initial home visit to determine services required to improve the health of CYSHCN. The assessment will be the basis of an individual's care management plan. The assessment tool should include, but not be limited to:
 - a. Primary Care Provider and necessary specialists;
 - b. Medical condition(s) or behavioral concern(s);
 - c. Allergies;
 - d. Medication(s);
 - e. Medical procedure(s);
 - f. Special dietary needs;
 - g. Required equipment or supplies;
 - h. Specialized training or instructional needs;
 - i. Community support involvement;
 - j. Living environment (safe, functional);
 - k. Functionality (walking, bathing, eating, cooking, housework, managing finances);
 - l. Financial status;
 - m. Support Systems;
 - n. Access to services (transportation concerns); and
 - o. Educational background.
5. The CHW care manager shall use the assessment tool to help CYSHCN and their families develop an individualized care management plan that leads to better physical, mental and behavioral health. The care management plan shall be documented on a form approved by the Department. The care management plan shall identify needs and means to address them as well as strategies to assist the family in becoming self-sufficient. The CHW care manager shall create short/long-term care management goals, specific actionable objectives, and measurable quality outcomes. The care management plan shall be culturally appropriate and consistent with the abilities and desires of CYSHCN. The CHW care manager shall periodically evaluate the plan to accurately address the needs of CYSHCN and their families. The care management plan shall include, but not be limited to:
 - a. Development of goals to address identified needs;

- b. Number of visits needed to complete goals;
- c. Development of strategies and necessary steps that will be taken to address identified needs;
- d. Continuity of care plan; and
- e. Exit plan to include tracking goals and outcomes.

The CHW care manager shall assist CYSHCN and their families to execute linkages and monitor the provision of needed services identified in the plan. Making referrals, coordinating care, promoting communication, ensuring continuity of care and conducting follow-up are services likely to be identified. Care management activities shall be conducted telephonically, electronically or face-to-face, depending on the individual's identified needs.

- 6. The CHW care manager shall assist in navigation of the health care system, assist with coordination of health, human and social services organizations, and provide information on health and community resources.
- 7. The CHW care manager shall collaborate with primary care physicians on services provided to CYSHCN and their families with authorization from the family or caregiver. The CHW care manager shall encourage families to share the care management plan with their primary care physicians. The CHW care manager shall help connect CYSHCN and their families to primary care physicians when a primary care physician is needed.
- 8. The CHW care manager shall be responsible for being knowledgeable about and providing information on resources and services that will support CYSHCN and their families to learn skills they need to succeed in living with their special health care needs. Information about and referrals to appropriate resources may include, but not be limited to:
 - a. Fiscal management;
 - b. Health management;
 - c. Accessing public transportation;
 - d. Promoting self-advocacy;
 - e. Utilizing community services;
 - f. Social skills;
 - g. Employment preparation;
 - h. Community living skills; and
 - i. Transition.
- 9. The CHW care manager shall engage CYSHCN and their families to develop a continuity of care plan as a part of the care management plan. The continuity of care plan shall be designed to assist the CYSHCN and their families with future planning allowing for them to act independently. The continuity of care plan shall include, but not be limited to:
 - a. Preferred ongoing health care provider (General Practitioner, Private Psychiatrist);
 - b. Community resources likely to be required;
 - c. Other people/supports likely to be involved; and
 - d. Follow-up with CHW care manager.

The continuity of care plan shall also include transition plans for youth 14 years of age or older preparing to transition to adult health care, independent living, post-secondary education, and employment.

10. The CHW care manager shall be responsible for developing an exit plan during the initial visit as a part of the care management plan. The exit plan will track goal completion and identify the need to continue home visiting services beyond the original assessment. The exit plan is reviewed when the care management plan is reviewed. The exit plan shall include, but not be limited to:
 - a. Rate of goal completion;
 - b. Rate of objectives met;
 - c. Rate of outcomes completed; and
 - d. Formula to determine program success.
 11. The CHW care manager shall be responsible for promoting and encouraging CYSHCN and their families toward independence through empowering them to become strong advocates and self-reliant.
 12. The CHW care manager shall be responsible for making efforts to provide all necessary tasks and services within six months of first coming in contact with the family. If services continue past six months, the CHW care manager will be responsible for documenting why services could not be completed within six months and why services will need to continue with the CYSHCN and their family.
 13. The CHW care manager shall be responsible to follow-up with the CYSHCN and their family six months after completion of the program. The Grantee shall be responsible to create a follow-up questionnaire which will allow for the ability to identify the current structure and independence of the CYSHCN and their family. The follow-up questionnaire shall be reviewed and approved by the Department prior to use.
- h) The selected applicant(s) shall oversee up to six rural regions identified by the Department and shall ensure that at least one full time equivalent CHW position is maintained in each of the rural regions and at least 1/3 full time equivalent CHW Supervisor position is maintained for the project by performing the following tasks:
1. In conjunction with the Department, provide ongoing training and operational meetings for the CHW staff throughout the period of the Grant Agreement at locations determined by the Department. Supervisor(s) and CHW(s) shall attend a minimum of two, two-day training and operational meetings, either identified by or organized and conducted by the selected applicant(s) or at the request of the Department in each 12 month period of the Grant Agreement. Expenses for the two-day meetings shall include facility rental, if applicable, lodging, mileage and meals.
 2. Allocate sufficient funds to ensure that each CHW staff can successfully meet the requirements of the position.
 3. Allocate funds for CHW staff to participate in professional development activities not to exceed \$600 per CHW staff per budget year.
 4. Purchase and maintain all equipment necessary for the CHW staff to successfully meet the requirements of their positions. The equipment shall meet Department

specifications and shall be ready for use within 30 calendar days of the start date of the Grant Agreement.

5. Reporting Requirements

- a) The awarded applicant(s) shall submit quarterly reports of activities of each of the CHW care managers within 15 calendar days of the end of each quarter, in a format specified by the Department. The reports shall include information from all CHW care managers who received referrals as part of Community to Home.
- b) The awarded applicant(s) shall submit a final report of activities of the program within 30 calendar days of the end of each year in the Grant Agreement, in a format specified by the Department.
- c) The awarded applicant(s) shall respond to additional requests for reports or data, as determined by the Department.
- d) The awarded applicant(s) shall request written approval from the Department prior to any changes in personnel hired through this Grant Agreement.
- e) The awarded applicant(s) shall collect and report client satisfaction data measuring the quality of customer relationships and services, including feedback from the awarded applicant and the awarded applicant's clients, to the Department on annual basis, in a format to be provided by the Department. Data will be collected using forms, surveys, focus groups or other methods provided by the Department.

C. Application Instructions and Required Format

1. Application Instructions

The following is a list of requirements.

- a) The applicant must submit one original and 10 complete copies of the application (Part Two of this RFA).
- b) The application, including copies, must be in a sealed package.
- c) If Applicant is to apply for more than one region, each application must be submitted in a separate sealed package.
- d) The application must be received by mail or in person at Division of Public Health Procurement by the date and time specified in the cover letter. Applicants mailing applications should allow sufficient mail delivery time to ensure timely receipt. **(Late applications will be rejected, regardless of the reason).**

- e) The application must be submitted using the format described in subsection 2, below – Application Format.
- f) The Certifications Form must be completed and signed by an official authorized to bind the organization to the application.
- g) A one-page Project Abstract shall be submitted with the application and shall include a description of the applicant's relevant experience as well as demonstrate an understanding of the project and why the specified target population is at increased risk for physical, mental and behavioral health concerns.
- h) The work statement narrative including a one-page Project Abstract must not exceed **15** pages. Letters of commitment, MOUs, MOAs, resumes or curriculum vitae and other attachments to support the work statement narrative are not included in the 15-page limit.

Applicants are strongly encouraged to be brief and clear in the presentation of ideas.

2. Application Format

Applicants must follow the format as described below to complete Part Two of this RFA. Applications must be typewritten on 8 ½" by 11" paper, single-spaced, with a font size no smaller than 10 point and margins of at least ½ inch. Applications should include all the elements described in this section. Applicants should anticipate that if they fail to apply containing all of the specified elements, it might negatively affect the review of their application.

- a) **Cover Page** – Complete the form.
- b) **Certifications Form** – The Certifications Form must be completed and signed by an official authorized to bind the organization to the application.
- c) **Project Abstract** – The Project Abstract shall be no longer than one page and shall be used to briefly describe why the specified target population is at increased risk for physical, mental and behavioral health concerns.
- d) **Work Statement** – Provide a narrative description of the proposed methodology addressing the following topics:

A) Statement of the Problem: Applicants shall briefly describe the nature and scope of the problem that the program will address, and clearly specify the target population. Applicants shall demonstrate an understanding of health disparities amongst this population. Applicants shall describe any research or evaluation studies that relate to the problem and contribute to the applicants' understanding of its causes and potential

solutions.

B) Goals and Objectives: Applicants shall describe the program's intent to change, reduce or eliminate the problem noted in the previous section and outline the project's goals. In this section, applicants shall explain how the program will accomplish its goals. Objectives must be specific, quantifiable statements of the project's desired results, be clearly linked to the problem in the proceeding section, and be measurable.

C) Performance Measures: Applications shall describe how the applicant will collect and report all required information. Additionally, applications shall also describe what the program will accomplish, the outcomes and how the program will evaluate success. Applicants shall describe strategies to evaluate individual and program performance to include performance improvement techniques. Applicants shall also address how they will measure client satisfaction and utilize the data to continuously improve services. Lastly, applicants shall explain how they will determine whether their program is adhering to the selected evidence-based/evidence-informed model(s) by evaluating model fidelity throughout program implementation.

D) Program Design and Implementation: Applicants shall detail how the project will operate throughout the Grant cycle and describe the strategies they will use to achieve the goals and objectives identified in Section C, Subsection 2.d.B. Applicants shall provide a detailed description of tasks and activities that they will undertake during the planning period before implementing program activities. Applicants shall describe what evidence-based practice/strategy will be used and why this practice/strategy was selected. Applicants shall describe the details regarding any leveraged resources (cash or in-kind) from local sources used to support the project. Applicants shall include a description of plans for sustainability beyond the Grant period.

E) Logic Model: The application shall include a logic model that graphically illustrates how the performance measures are related to the project's problems, goals, objectives, and design.

F) Timeline: The application shall include a timeline for development and implementation of the proposed program. The timeline should describe major tasks associated with the goals and objectives of this project, assign responsibility for each, and plot completion of each task by month or quarter for the duration of the award.

G) Capabilities and Competencies: The applicant shall include a description of the characteristics and qualifications of the organization(s) that will be implementing the program and delivering services. The applicant shall describe the applicant's qualifications relating to the requirements described herein, and include a description of the applicant's organizational capacity to serve the target population. The applicant shall address the applicant's history working with CYSHCN and their families.

Additionally, include the following in the narrative:

- 1) Explain the program's organizational structure and operations.
- 2) History of implementing in-home care coordination programs, including CHW services, and outcomes.
- 3) Demonstrated ability to implement evidence-based practices, including outcomes.
- 4) Demonstrated ability to work successfully in racially/ethnically diverse settings to include settings where English is the second language or to collaborate with agencies with such experience.
- 5) Demonstrated ability to work successfully with CYSHCN and their families within rural areas.
- 6) Demonstrated ability to work collaboratively with public funding sources, such as county, state or Federal governments.
- 7) Description of the roles and responsibilities of project staff, including details about qualifications and language capacity as appropriate. Staffing patterns should be connected to the project design described in prior sections. Applicants will be evaluated on whether sufficient personnel are available to carry out the deliverables. If applicable, applicants shall list any potential partners, subcontractors, grantees, consultants or any other individuals who will be working on tasks related to this RFA.

See the Work Statement Definitions below for more information.

Program model: The framework and organizing structure under which CHW care coordination is delivered to CYSHCN.

Program setting: This most often refers to the location or mode of service delivery. Examples include community-based, home-based or school-based.

Evidence-based practice: A framework for designing and delivering services in which research-derived information is blended with other forms of "evidence," such as practitioner experience and client perspectives, to arrive at optimal solutions for clients and produce the most impactful outcomes.

Research: Scientific investigations of program outcomes, as well as the moderators and mediators of those outcomes. CHW research can be qualitative (such as analyzing participant reflections on the CHW experience) or quantitative (such as analyzing care

coordination data and results).

- e) **Budget** – Use the downloadable format to present the budget request. Instructions regarding completion of the budget can be found in the last worksheet of the downloadable excel budget file. The anticipated Grant Agreement term is Oct. 1, 2019 to June 30, 2022. The overall 33-month budget for the application shall not exceed \$450,000 per region. The budget needs to contain an Overall Summary in addition to a Summary with Budget Details for each year.

Overall Summary: Oct. 1, 2019 to June 30, 2022, up to \$450,000

Year 1 Summary: Oct. 1, 2019 to June 30, 2020, up to \$150,000

Year 2 Summary: July 1, 2020 to June 30, 2021, up to \$150,000

Year 3 Summary: July 1, 2021 to June 30, 2022, up to \$150,000

- f) **Attachments** – Include letters of support, letters of commitment, Memorandums of Understanding, resumes or curriculum vitae, and other attachments to support the work statement narrative.

3. Budget Definitions

See the Budget Definitions section below for more information.

Personnel: This budget category shall identify each position by job title, hourly rate, and the number of hours per year allocated to the project. Fringe benefits are to be shown as a separate line item by percentage and shall include a detailed listing of the benefits being covered.

Consultant Services: This budget category shall identify the services to be provided by each consultant including hourly rate and number of hours to be utilized under this Grant.

Subcontract Services: This budget category shall identify the services to be provided by each subcontractor under this Grant.

Patient Services: This budget category shall reflect funding dedicated for patient services.

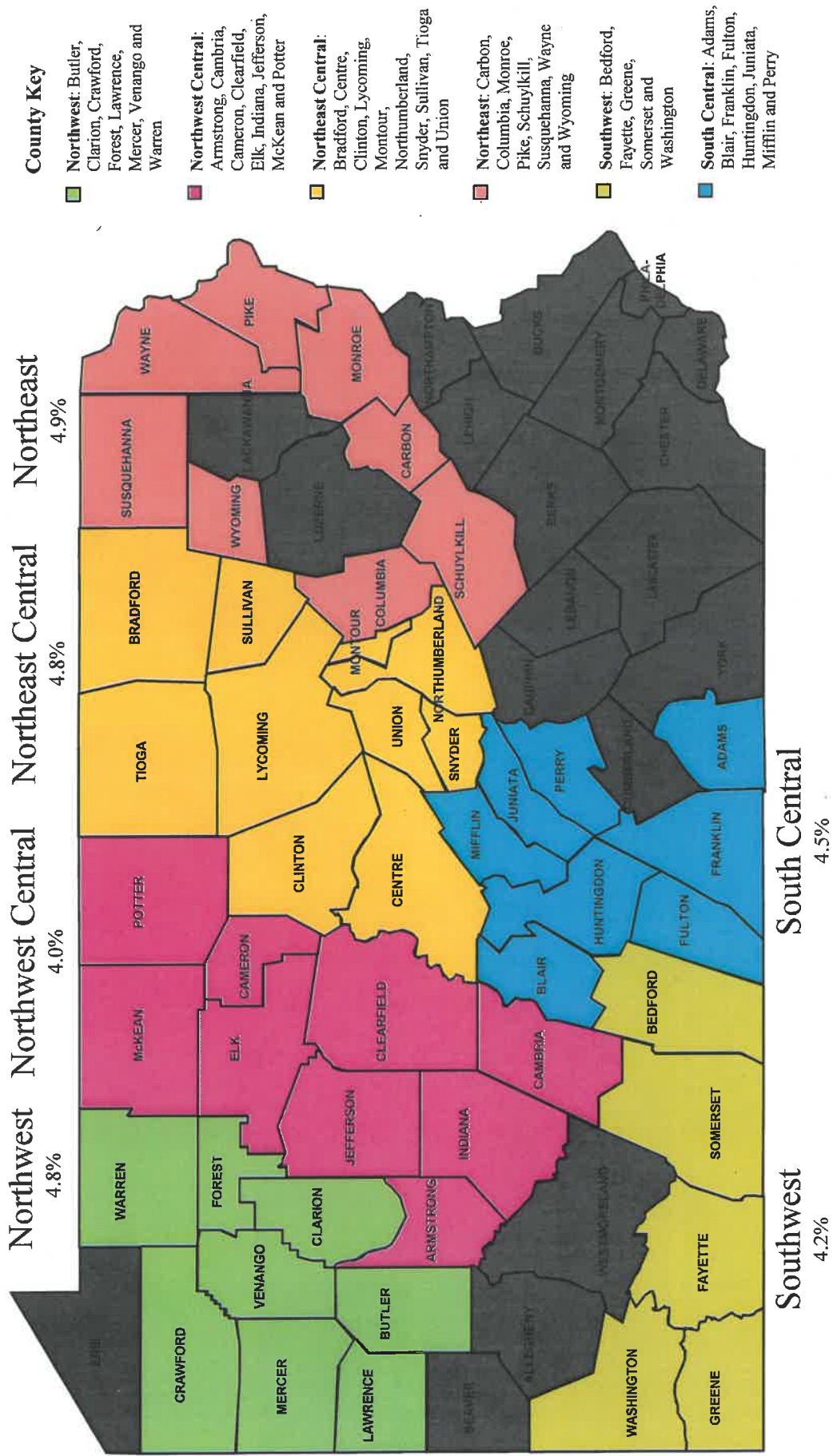
Equipment: This budget category shall reflect the actual or projected cost of any equipment \$5,000 or greater. Justification for the purchase of any equipment must be included.

Supplies: This budget category shall reflect expected costs for general office supplies including personal computers and facsimile machines valued at less than \$5,000, needed to support this project.

Travel: This budget category shall include anticipated expenditures for travel including mileage, hotels and meals.

Other: This budget category shall be used for anticipated expenditures that do not fit into any of the other budget categories such as telephone, printing, postage, and indirect costs (overhead, general, and administrative). Indirect rates cannot exceed the provider's Federally approved indirect cost rate schedule. In the description area under OTHER COSTS include the percent the rate reflects, identify the budget categories to which the rate was applied, and list the specific items that the indirect is paying for.

Community to Home Regions



PART TWO

Pennsylvania Department of Health
Bureau of Family Health
Division of Community Systems Development &
Outreach

Community to Home

Request for Applications (RFA) #67-89



Mailing Label:

THIS LABEL MAY BE USED FOR MAILING THE APPLICATION. THIS LABEL MAY BE CUT OUT AND FIRMLY AFFIXED TO THE APPLICATION PACKAGE, OR COPY THIS EXACT FORMAT FOR THE MAILING LABEL.

FROM:

APPLICATION ENCLOSED RFA#67-89

BID

TO: PA DEPARTMENT OF HEALTH
DIRECTOR, DIVISION OF PUBLIC HEALTH PROCUREMENT
BUREAU OF PROCUREMENT AND CONTRACT MANAGEMENT
SHARED SERVICES FOR HEALTH AND HUMAN SERVICES
ROOM 824, HEALTH AND WELFARE BUILDING
625 FORSTER STREET
HARRISBURG, PA 17120-0701

COVER PAGE
Insert Title of Application
RFA #67-89

Applicant Name: _____
(Organization or Institution)

Type of Legal Entity _____
(Corporation, Partnership, Professional Corporation, Sole Proprietorship, etc.)

Federal I.D.#: _____ **Grant Amount: \$** _____

SAP Vendor #: _____

Address: _____

City _____ **County** _____ **State** _____ **Zip Code** _____

Application Contact Person: _____

Title: _____

Telephone No.: _____ **Fax:** _____ **E-mail:** _____

Title of Project: _____

Service Region: _____

CERTIFICATIONS

1. Certification Regarding Debarment and Suspension

- a. The Contractor certifies, in writing, for itself and all its subcontractors required to be disclosed or approved by the Commonwealth, that as of the date of its execution of this Bid/Contract, that neither the Contractor, nor any such subcontractors, are under suspension or debarment by the Commonwealth or any governmental entity, instrumentality, or authority and, if the Contractor cannot so certify, then it agrees to submit, along with its Bid/Contract, a written explanation of why such certification cannot be made.
- b. The Contractor also certifies, in writing, that as of the date of its execution of this Bid/Contract it has no tax liabilities or other Commonwealth obligations, or has filed a timely administrative or judicial appeal if such liabilities or obligations exist, or is subject to a duly approved deferred payment plan if such liabilities exist.
- c. The Contractor's obligations pursuant to these provisions are ongoing from and after the effective date of the Contract through the termination date thereof. Accordingly, the Contractor shall have an obligation to inform the Commonwealth if, at any time during the term of the Contract, it becomes delinquent in the payment of taxes, or other Commonwealth obligations, or if it or, to the best knowledge of the Contractor, any of its subcontractors are suspended or debarred by the Commonwealth, the Federal government, or any other state or governmental entity. Such notification shall be made within 15 days of the date of suspension or debarment.
- d. The failure of the Contractor to notify the Commonwealth of its suspension or debarment by the Commonwealth, any other state, or the Federal government shall constitute an event of default of the Contract with the Commonwealth.
- e. The Contractor agrees to reimburse the Commonwealth for the reasonable costs of investigation incurred by the Office of State Inspector General for investigations of the Contractor's compliance with the terms of this or any other Agreement between the Contractor and the Commonwealth that results in the suspension or debarment of the Contractor. Such costs shall include, but shall not be limited to, salaries of investigators, including overtime; travel and lodging expenses; and expert witness and documentary fees. The Contractor shall not be responsible for investigative costs for investigations that do not result in the Contractor's suspension or debarment.
- f. The Contractor may obtain a current list of suspended and debarred Commonwealth Contractors by either searching the Internet at <http://www.dgs.state.pa.us/> or contacting the:

Department of General Services
Office of Chief Counsel
603 North Office Building
Harrisburg, PA 17125
Telephone No: (717) 783-6472
FAX No: (717) 787-9138

IF THE CONTRACTOR INTENDS TO USE ANY SUBCONTRACTORS, LIST THEIR NAMES(S), ADDRESS(ES), AND FEDERAL IDENTIFICATION OR SOCIAL SECURITY NUMBER(S) IN THE SPACE BELOW.

2. Certification Regarding Application/Proposal/Bid Validity

This application/proposal/bid shall be valid for a period of 60 days following the time and date designated for bid opening of applications/proposals/bids received in response to this Request for Application/Request for Proposal/Invitation for Bid #67-89.

BY SIGNING BELOW, THE APPLICANT, BY ITS AUTHORIZED SIGNATORY, IS BINDING ITSELF TO THE ABOVE TWO CERTIFICATIONS.

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL	TITLE
APPLICANT ORGANIZATION	ADDRESS OF ORGANIZATION
DATE SUBMITTED	CONTRACTOR'S FEDERAL I.D. OR S.S. NUMBER

Work Statement

See Part One, General Information; Section C, Application Instructions and Required Format; Subsection 2d Work Statement for completion instructions.

Budget Template

See Part One, General Information; Section C, Application Instructions and Required Format; Subsection 2e Budget for completion instructions.

Appendix C

OVERALL BUDGET SUMMARY

(Insert Vendor Name)

(Insert SAP #)

October 1, 2019 through June 30, 2022

CATEGORIES	Original Budget	Amendment (If Applicable)	Total Budget
I. PERSONNEL SERVICES	-	-	-
II. CONSULTANT SERVICES	-	-	-
III. SUBCONTRACT SERVICES	-	-	-
IV. PATIENT SERVICES	-	-	-
V. EQUIPMENT	-	-	-
VI. SUPPLIES	-	-	-
VII. TRAVEL	-	-	-
VIII. OTHER COSTS	-	-	-
TOTAL	-	-	-

**Appendix C
BUDGET SUMMARY**

(Insert Vendor Name)

(Insert SAP #)

October 1, 2019 through June 30, 2020

CATEGORIES	Original Budget	Amendment Type & Number	Total Budget
I. PERSONNEL SERVICES	-	-	-
II. CONSULTANT SERVICES	-	-	-
III. SUBCONTRACT SERVICES	-	-	-
IV. PATIENT SERVICES	-	-	-
V. EQUIPMENT	-	-	-
VI. SUPPLIES	-	-	-
VII. TRAVEL	-	-	-
VIII. OTHER COSTS	-	-	-
TOTAL	-	-	-

Appendix C

(Insert Vendor Name)

(Insert SAP #)

October 1, 2019 through June 30, 2020

Categories	Original Budget	Amendment Type & Number	Total Budget
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II. CONSULTANT SERVICES

Consultants	Hourly Rate	Number of Hours			
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Total			-	-	-

III. SUBCONTRACT SERVICES

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					-
Total			-	-	-

Appendix C
 (Insert Vendor Name)
 (Insert SAP #)
 October 1, 2019 through June 30, 2020

Categories	Original Budget	Amendment Type & Number	Total Budget
IV. PATIENT SERVICES			
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			-
Total	-	-	-

V. EQUIPMENT			
	<u>Quantity</u>	<u>Unit Cost</u>	
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Total			-

VI. SUPPLIES			
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Total			-

Appendix C

(Insert Vendor Name)

(Insert SAP #)

October 1, 2019 through June 30, 2020

Categories	Original Budget	Amendment Type & Number	Total Budget
VII. TRAVEL			
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Total	-	-	-

VIII. OTHER COSTS			
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Total	-	-	-

TOTAL	-	-	-
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**Appendix C
BUDGET SUMMARY**

(Insert Vendor Name)

(Insert SAP #)

July 1, 2020 through June 30, 2021

CATEGORIES	Original Budget	Amendment Type & Number	Total Budget
I. PERSONNEL SERVICES	-	-	-
II. CONSULTANT SERVICES	-	-	-
III. SUBCONTRACT SERVICES	-	-	-
IV. PATIENT SERVICES	-	-	-
V. EQUIPMENT	-	-	-
VI. SUPPLIES	-	-	-
VII. TRAVEL	-	-	-
VIII. OTHER COSTS	-	-	-
TOTAL	-	-	-

Appendix C

(Insert Vendor Name)

(Insert SAP #)

July 1, 2020 through June 30, 2021

Categories	Original Budget	Amendment Type & Number	Total Budget
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II. CONSULTANT SERVICES

Consultants	Hourly Rate	Number of Hours			
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		Total	-	-	-

III. SUBCONTRACT SERVICES

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		Total	-

Appendix C
 (Insert Vendor Name)
 (Insert SAP #)
 July 1, 2020 through June 30, 2021

Categories	Original Budget	Amendment Type & Number	Total Budget
IV. PATIENT SERVICES			
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Total	-	-	-

V. EQUIPMENT			
	<u>Quantity</u>	<u>Unit Cost</u>	
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Total			-

VI. SUPPLIES			
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Total			-

Appendix C

(Insert Vendor Name)

(Insert SAP #)

July 1, 2020 through June 30, 2021

Categories	Original Budget	Amendment Type & Number	Total Budget
VII. TRAVEL			-
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Total	-	-	-

VIII. OTHER COSTS

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Total	-	-	-

TOTAL	-	-	-
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**Appendix C
BUDGET SUMMARY**

(Insert Vendor Name)

(Insert SAP #)

July 1, 2021 through June 30, 2022

CATEGORIES	Original Budget	Amendment Type & Number	Total Budget
I. PERSONNEL SERVICES	-	-	-
II. CONSULTANT SERVICES	-	-	-
III. SUBCONTRACT SERVICES	-	-	-
IV. PATIENT SERVICES	-	-	-
V. EQUIPMENT	-	-	-
VI. SUPPLIES	-	-	-
VII. TRAVEL	-	-	-
VIII. OTHER COSTS	-	-	-
TOTAL	-	-	-

Appendix C
 (Insert Vendor Name)
 (Insert SAP #)
 July 1, 2021 through June 30, 2022

Categories			Original Budget	Amendment Type & Number	Total Budget
B. Fringe Benefits					
	Salary	Rate			
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	Specify the benefits included in this rate:				
			Sub-Total	-	-
			Total	-	-

Appendix C
 (Insert Vendor Name)
 (Insert SAP #)
 July 1, 2021 through June 30, 2022

Categories	Original Budget	Amendment Type & Number	Total Budget
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II. CONSULTANT SERVICES

Consultants	Hourly	Number			
	Rate	of Hours			
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III. SUBCONTRACT SERVICES

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Total			-

Appendix C

(Insert Vendor Name)

(Insert SAP #)

July 1, 2021 through June 30, 2022

Categories	Original Budget	Amendment Type & Number	Total Budget
IV. PATIENT SERVICES			
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Total	-	-	-

V. EQUIPMENT

	<u>Quantity</u>	<u>Unit Cost</u>		
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			Total	-

VI. SUPPLIES

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			Total	-

Appendix C
 (Insert Vendor Name)
 (Insert SAP #)
 July 1, 2021 through June 30, 2022

Categories	Original Budget	Amendment Type & Number	Total Budget
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VII. TRAVEL			
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			-
Total	-	-	-

VIII. OTHER COSTS			
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Total	-	-	-

TOTAL	-	-	-
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W-9 Form

Provide a copy of the completed Internal Revenue Service form W-9. The W-9 form and instructions for completing the form are available at the website <http://www.irs.gov>.

RFA # 67-89

PAYMENT PROVISIONS

The Department agrees to pay the Contractor for services rendered pursuant to this Contract as follows:

- A. Subject to the availability of state and Federal funds and the other terms and conditions of this Contract, the Department will reimburse Contractor in accordance with Appendix C, and any subsequent amendments thereto, for the costs incurred in providing the services described in this Contract.
- B. This Contract may span several state fiscal periods; therefore, the Department is obligated to pay no more than the dollar amounts for each state fiscal year (SFY), for the periods of time indicated on the Budget, Appendix C. This shall not prohibit the Department from exercising its discretion to move funds unspent at the end of the SFY from one SFY to another to pay for services provided with separate written Department approval and in accordance with this Contract.
- C. Payment to the Contractor shall be made in accordance with the Budget set forth in Appendix C, and any subsequent amendments thereto, as follows:
 - 1. The Department shall have the right to disapprove any expenditure made by the Contractor that is not in accordance with the terms of this Contract and adjust any payment to the Contractor accordingly.
 - 2. Payments will be made monthly upon submission of an itemized invoice for services rendered pursuant to this Contract using the invoice format in Attachment 1 to this Appendix.
 - 3. An original invoice shall be sent by the Contractor directly to the address as listed in Attachment 1 to this Appendix. Documentation supporting that expenditures were made in accordance with the Contract Budget shall be sent by the Contractor to the Department's Project Officer.
 - 4. The Contractor has the option to reallocate funds between and within budget categories (Budget Revision), subject to the following criteria:
 - a. General Conditions for Budget Revisions
 - i. *Budget Revisions At or Exceeding 20%.*
 - A. The Contractor shall not reallocate funds between budget categories in an amount at or exceeding 20% of the total amount of the Contract per budget year as set forth in Appendix C Budget, and any subsequent amendments thereto, without prior written approval of the Department's Project Officer.
 - B. The Contractor shall request prior written approval from the Department's Project Officer when the cumulative total of all prior Budget revisions in the budget year is 20% or greater of the total amount of the Contract per budget year.
 - C. Reallocations at or exceeding 20% of the total amount of the Contract per budget year may not occur more than once per budget year unless the Department's Project Officer finds that there is good cause for approving one additional request. The Project Officer's determination of good cause shall be final.
 - ii. *Budget Revisions Under 20%.* The Contractor shall notify the Department's Project Officer of any Budget Revision under 20% of the total amount of the Contract per budget year in writing, but need not request Department approval, except as provided for in Paragraph 4(a)(i)(B) above.
 - iii. The Contractor shall obtain written approval from the Department's Project Officer prior to reallocating funding into a previously unfunded budget category or prior to eliminating all funding from an existing budget category, regardless of the percentage amount.

- iv. The Contractor shall provide the Department's Project Officer with notice or make a request for approval prior to the submission of the next invoice based on these changes.
 - v. At no time can Administrative/Indirect cost rates be increased via a Budget Revision.
- b. Budget Revisions Relating to Personnel
- i. Any change to funds in the Personnel Category requires the approval of the Department's Project Officer, and any such change at 20% or over as set forth in Paragraph 4(a) shall be counted as one Budget Revision under that paragraph.
 - ii. The Contractor may not reallocate funds to, or move funds within, the Personnel Services Category of the Budget (Appendix C), and any subsequent amendments thereto, to increase staff personnel or fringe benefit line items unless one of the following circumstances apply:
 - A. The Contractor is subject to a collective bargaining agreement or other union agreement and, during the term of this Contract, salaries, hourly wages, or fringe benefits under this Contract are increased because of a renegotiation of that collective bargaining agreement or other union agreement. The Contractor shall submit to the Department's Project Officer written documentation of the new collective bargaining or other union agreement, which necessitates such reallocation.
 - B. The Contractor is unable to fill a position that is vacant or becomes vacant at or after the effective date of this Contract. The Contractor shall submit to the Department's Project Officer written justification for the request to increase rates and reallocation of funds in connection with filling such a position in sufficient detail for the Department to evaluate the impact of that reallocation on the performance of the work of the Contract, as well as the Contractor's inability to fill the position at the existing rates. Justification may include, for example, documentation of salaries for the same or similar positions in the same geographic area. No increase relating to a position may exceed 10% of the original rate.
 - C. The Contractor is unable to perform the work of the Contract with the existing positions, titles or classifications of staff. The Contractor may add or change a position, title or classification in order to perform work that is already required. The Contractor shall submit to the Department's Project Officer for his or her approval written justification for the request to increase rates and reallocation of funds in connection with changing or adding a position, title or classification, in sufficient detail for the Department to evaluate the impact of that reallocation on the performance of the work of the contract, as well as the Contractor's inability to fill current position. Justification may include, for example, documentation of salaries for the same or similar positions in the same geographic area. No increase relating to an addition or change may exceed 10% of the rate for the original position.
 - iii. The Department's determination regarding the validity of any justification is final.
 - iv. All increases are subject to the availability of funds awarded under this Contract. The Commonwealth is not obligated to increase the amount of award.
 - v. This paragraph is not intended to restrict any employee from receiving an increase in salary based on the employer's fee schedule for the job classification.
5. Unless otherwise specified elsewhere in this Contract, the following shall apply. Contractor shall submit monthly invoices within 30 days from the last day of the month within which the work is performed. The final invoice shall be submitted within 45 days of the Contract's termination date. The Department will neither honor nor be liable for invoices not submitted in compliance with the time requirements in this paragraph unless the Department agrees to an extension of these requirements in writing. The Contractor shall be reimbursed only for services acceptable to the Department.

6. The Department, at its option, may withhold the last 20 percent of reimbursement due under this Contract, until the Project Officer has determined that all work and services required under this Contract have been performed or delivered in a manner acceptable to the Department.
7. The Commonwealth will make payments through the Automated Clearing House (ACH) Network. The Pennsylvania Electronic Payment Program (PEPP) establishes the Automated Clearing House Network as the preferred method of payment in lieu of issuing checks. The PEPP enrollment form may be obtained at: www.vendorregistration.state.pa.us/cvmu/paper/Forms/ACH-EFTenrollmentform.pdf and can be completed online, as applicable.
 - a. Within 10 days of award of the Contract or Purchase Order, the Contractor must submit or must have submitted its ACH information within its user profile in the Commonwealth's procurement system (SRM). At the time of submitting ACH information, the Contractor will also be able to enroll to receive remittances via electronic addenda. Within 10 days of award of the Grant Agreement, the Contractor must submit or must have already submitted its ACH information and electronic addenda information, if desired, to the Commonwealth's Payable Service Center, Vendor Data Management Unit at 717-214-0140 (FAX) or by mail to the Office of Comptroller Operations, Bureau of Payable Services, Payable Service Center, Vendor Data Management Unit, 555 Walnut Street – 9th Floor, Harrisburg, PA 17101.
 - b. The Contractor must submit a unique invoice number with each invoice submitted. The unique invoice number will be listed on the Commonwealth of Pennsylvania's ACH remittance advice to enable the Contractor to properly apply the state agency's payment to the invoice submitted.
 - c. It is the responsibility of the Contractor to ensure that the ACH information contained in SRM (for Contracts or Purchase Orders) or in the Commonwealth's Central Vendor Master File (for Grant Agreements) is accurate and complete. Failure to maintain accurate and complete information may result in delays in payments.
 - d. In the event this language conflicts with language contained elsewhere in this agreement, the language contained herein shall control.

PROGRAM SPECIFIC PROVISIONS**I. GENERAL REQUIREMENTS.**

The Bureau of Family Health is committed to the mitigation and elimination of health disparities in Pennsylvania's maternal, infant, child and adolescent population. Healthy People 2020 defines a health disparity as "a particular type of health difference that is closely linked with social, economic or environmental disadvantage. Health disparities adversely affect groups of people who have systematically experienced greater obstacles to health based on their racial or ethnic group; religion; socioeconomic status; gender; age; mental health; cognitive, sensory or physical disability; sexual orientation or gender identity; geographic location or other characteristics historically linked to discrimination or exclusion."

II. NONDISCRIMINATION/SEXUAL HARASSMENT CLAUSE.

The following language replaces Paragraph 35 of the Standard General Terms and Conditions (Rev. 2/15) in its entirety:

The Grantee agrees:

- A. In the hiring of any employee(s) for the manufacture of supplies, performance of work, or any other activity required under the Grant Agreement or any subgrant Agreement, Contract, or subcontract, the Grantee, a subgrantee, a Contractor, a subcontractor, or any person acting on behalf of the Grantee shall not discriminate by reason of race, gender, creed, color, sexual orientation, gender identity or expression, or in violation of the *Pennsylvania Human Relations Act* (PHRA) and applicable Federal laws, against any citizen of this Commonwealth who is qualified and available to perform the work to which the employment relates.
- B. The Grantee, any subgrantee, Contractor or any subcontractor or any person on their behalf shall not in any manner discriminate by reason of race, gender, creed, color, sexual orientation, gender identity or expression, or in violation of the PHRA and applicable Federal laws, against or intimidate any of its employees.
- C. Neither the Grantee nor any subgrantee nor any Contractor nor any subcontractor nor any person on their behalf shall in any manner discriminate by reason of race, gender, creed, color, sexual orientation, gender identity or expression, or in violation of the PHRA and applicable Federal laws, in the provision of services under the Grant Agreement, subgrant Agreement, Contract or subcontract.
- D. Neither the Grantee nor any subgrantee nor any Contractor nor any subcontractor nor any person on their behalf shall in any manner discriminate against employees by reason of participation in or decision to refrain from participating in labor activities protected under the *Public Employee Relations Act*, *Pennsylvania Labor Relations Act* or *National Labor Relations Act*, as applicable and to the extent determined by entities charged with such Acts' enforcement, and shall comply with any provision of law establishing organizations as employees' exclusive representatives.
- E. The Grantee, any subgrantee, Contractor or any subcontractor shall establish and maintain a written nondiscrimination and sexual harassment policy and shall inform their employees in writing of the policy. The policy must contain a provision that sexual harassment will not be tolerated and employees who practice it will be disciplined. Posting this Nondiscrimination/Sexual Harassment Clause conspicuously in easily-accessible and well-lighted places customarily frequented by employees and at or near where the Grant services are performed shall satisfy this requirement for employees with an established work site.
- F. The Grantee, any subgrantee, Contractor or any subcontractor shall not discriminate by reason of race, gender, creed, color, sexual orientation, gender identity or expression, or in violation of the PHRA and applicable Federal laws, against any

subgrantee, Contractor, subcontractor or supplier who is qualified to perform the work to which the Grant relates.

- G. The Grantee and each subgrantee, Contractor and subcontractor represents that it is presently in compliance with and will maintain compliance with all applicable Federal, state, and local laws and regulations relating to nondiscrimination and sexual harassment. The Grantee and each subgrantee, Contractor and subcontractor further represents that it has filed a Standard Form 100 Employer Information Report ("EEO-1") with the U.S. Equal Employment Opportunity Commission ("EEOC") and shall file an annual EEO-1 report with the EEOC as required for employers' subject to *Title VII* of the *Civil Rights Act of 1964*, as amended, that have 100 or more employees and employers that have Federal government Contracts of first-tier subcontracts and have 50 or more employees. The Grantee, any subgrantee, any Contractor or any subcontractor shall, upon request and within the time periods requested by the Commonwealth, furnish all necessary employment documents and records, including EEO-1 reports, and permit access to their books, records, and accounts by the granting agency and the Bureau of Diversity, Inclusion and Small Business Opportunities for purpose of ascertaining compliance with the provisions of this Nondiscrimination/Sexual Harassment Clause.
- H. The Grantee, any subgrantee, Contractor or any subcontractor shall include the provisions of this Nondiscrimination/Sexual Harassment Clause in every subgrant Agreement, Contract or subcontract so that those provisions applicable to subgrantees, Contractors or subcontractors will be binding upon each subgrantee, Contractor or subcontractor.
- I. The Grantor's and each subgrantee's, Contractor's and subcontractor's obligations pursuant to these provisions are ongoing from and after the effective date of the Grant Agreement through the termination date thereof. Accordingly, the Grantee and each subgrantee, Contractor and subcontractor shall have an obligation to inform the Commonwealth if, at any time during the term of the Grant Agreement, it becomes aware of any actions or occurrences that would result in violation of these provisions.
- J. The Commonwealth may cancel or terminate the Grant Agreement and all money due or to become due under the Grant Agreement may be forfeited for a violation of the terms and conditions of this Nondiscrimination/Sexual Harassment Clause. In addition, the granting agency may proceed with debarment or suspension and may place the Grantee, subgrantee, Contractor, or subcontractor in the Contractor Responsibility File.

III. ADDITIONAL PROVISIONS RELATING TO NONDISCRIMINATION/SEXUAL HARASSMENT.

The following language replaces Paragraph 36 of the Standard General Terms and Conditions (Rev. 2/15) in its entirety:

The Grantee agrees:

- A. In the hiring of any employee(s) for the manufacture of supplies, performance of work, or any other activity required under the Contract or any subcontract, the Contractor, each subcontractor, or any person acting on behalf of the Contractor or subcontractor shall not discriminate by reason of religion, age, handicap or national origin, against any citizen of this Commonwealth who is qualified and available to perform the work to which the employment relates.
- B. Neither the Contractor nor any subcontractor or any person on their behalf shall in any manner discriminate against or intimidate any of its employees on account of religion, age, handicap or national origin.
- C. The Grantee, any subgrantee, Contractor or any subcontractor shall not discriminate by reason of religion, age, handicap or national origin against any subgrantee, contractor, subcontractor or supplier who is qualified to perform the work to which the contracts relates.

- D. The Contractor and any subcontractors shall ensure that any services or benefits available to the public or other third parties by way of this Contract shall not be denied or restricted for such persons due to race, creed, color, religion, gender, sexual orientation, gender identity or expression, age, handicap, or national origin (national origin protections include persons who are limited English proficient) consistent with the provisions of Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, Title II of the Americans with Disabilities Act, The Age Discrimination Act of 1975, applicable provisions of the Omnibus Reconciliation Act of 1981 and Pennsylvania Management Directive 215.16.
- E. The Contractor and each subcontractor shall furnish all necessary employment documents and records to and permit access to its books, records, and accounts by the contracting officer and the Department of General Services' Bureau of Diversity, Inclusion and Small Business Opportunities for purposes of investigation to ascertain compliance with the provisions of this Additional Provisions relating to Nondiscrimination/Sexual Harassment Clause. If the Contractor or any subcontractor does not possess documents or records reflecting the necessary information requested, it shall furnish such information on reporting forms supplied by the contracting officer or the Bureau of Diversity, Inclusion and Small Business Opportunities.
- F. The Commonwealth may cancel or terminate the Grant Agreement and all money due or to become due under the Grant Agreement may be forfeited for a violation of the terms and conditions of this Section II, Additional Provisions Relating To Nondiscrimination/Sexual Harassment Clause. In addition, the granting agency may proceed with debarment or suspension and may place the Grantee, subgrantee, Contractor, or subcontractor in the Contractor Responsibility File.

III. MINIMUM PERSONAL COMPUTER HARDWARE, SOFTWARE, AND PERIPHERALS REQUIREMENTS (REV. 1/19)

In accordance with the Department's Bureau of Informatics and Information Technology standards:

- A. The Contractor shall adhere to the minimum specifications for all personal Computer purchases or leases made with funds involved with this Contract. The Department's standards are specifically addressed in paragraph D below.
- B. If the Contractor has an exclusive vendor, obtained through a competitive bidding process, from whom all office equipment and related items are purchased, the Contractor shall utilize said vendor. If such exclusive vendor is not used by the Contractor, then three competitive price estimates shall be procured and documented by the Contractor before the personal computer hardware and software shall be purchased. A letter stating which of the above methods is used to satisfy this requirement shall be forwarded to the program staff at the Department within 30 days of the aforementioned purchase. This section supersedes Paragraph 37A of the incorporated document entitled, "Standard General Terms and Conditions" (Grant Agreement) or Paragraph 24A of the incorporated document entitled, "Additional Contract Terms and Conditions" (Contract Agreement).
- C. The Contractor shall be responsible for returning any personal computer hardware, software, and peripherals to the Department within 120 days of the Contract's termination. Should the parties agree to extend the Contract term, or enter into a new Contract, either of which shall only be evidenced by further written agreement, the Contractor may be allowed to continue to maintain possession of said equipment at the Department's discretion.
- D. The parties agree that during the Contract term, the minimum computer configurations shall be in accordance with the current Commonwealth minimum personal computer configurations in effect at the time of the computer purchase to

ensure compatibility with the Commonwealth network. The minimum personal computer configurations are as follows:

Intel Core i7-7700 Processor (8M Cache, up to 4.20 GHz)
8 Gigabytes (GB) of RAM
256 Gigabytes (GB) Solid State Drive
23" FP Monitor
Intel Gigabit LAN 10/100/1000 Network Interface Card (NIC)
USB Windows keyboard
USB Optical mouse
Sound bar
Windows 10
64-bit Operating System

- E. Contractor shall use Industry Best Practices to secure and protect personal computer systems including but not limited to the use of virus protection, firewall, spyware and intrusion detection software and keep such software up to date with current recommended updates.
- F. Contractor shall keep all Personal Computer Operating Systems and third (3rd) Party Personal Computer Software patched with manufacturer recommended critical security patches.
- G. Contractor shall use Industry Best Practices to backup, secure and protect all data collected on personal computer systems on behalf of the Commonwealth. Contractor shall ensure that for all confidential or protected data that the Commonwealth requirements for encryption of data are met. Refer to Commonwealth Information Technology Policies Bulletins for Security at:

<https://itcentral.pa.gov/Pages/IT-Policies.aspx>
- H. Personal Computers under this Contract that connect with Commonwealth Information Technology systems or that may during their lifecycles connect with those systems must comply with applicable standards published by the Commonwealth in their Information Technology Bulletins (IFBs) which can be found at the following location:

<https://itcentral.pa.gov/Pages/IT-Policies.aspx>

If there is a need to deviate from these standards/policies, Contractor seeking a waiver must contact the Project Officer.