



October 10, 2023

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) #67-163.

A pre-application conference will be held via Microsoft Teams on November 7, 2023 from 10am to 12pm EST. Potential applicants can join via Microsoft Teams by clicking on this link https://teams.microsoft.com/l/meetup-join/19%3ameeting_NWE2NWQ2NDUtM2M3Yy00ZjgzLTk2NGUtZTgxYjdIYTRkMWMx%40thread.v2/0?context=%7b%22Id%22%3a%22418e2841-0128-4dd5-9b6c-47fc5a9a1bde%22%2c%22Oid%22%3a%22d11147de-62ad-408a-b9f6-18b858618c48%22%7d or by phone at 1 267-332-8737. The conference ID is 255 951 009 838 Passcode: oM5pG8. If attending by phone, any content shown on Teams call screen will not be visible. Applicant attendance is optional.

All questions regarding this RFA must be directed by e-mail to adeiderick@pa.gov, no later than 12:00 p.m. on October 24, 2023. All questions must include the specific section of the RFA about which the potential applicant is requesting clarification. 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 application, (Part 2 of this RFA) by email to RA-DHHEALTH_DEPT_DOC@pa.gov. The Department cannot accept secure or encrypted emails. Any submission via secure or encrypted email will be immediately discarded. Applications must be received no later than 1:30 p.m. on December 12, 2023. Applications can be submitted as soon as they are ready for submission; to prevent late submissions, applicants are encouraged to not wait until this closing date and time. The timestamp on the received application email in the RA-DHHEALTH_DEPT_DOC@pa.gov inbox is the final and only timekeeper to determine if the application was received by the deadline.

LATE APPLICATIONS WILL NOT BE ACCEPTED REGARDLESS OF THE REASON.

Please type "APPLICATION ENCLOSED RFA #67-163 as the subject line of your e-mail submission.

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

Sincerely,

Office of Procurement
For Agency Head

Enclosure

Request for Application
Pre-Enrollment Assistance Program

RFA Number
67-163

Date of Issuance
October 10, 2023

Issuing Office: Pennsylvania Department of Health
Office of Procurement
Email: RA-DHHEALTH_DEPT_DOC@pa.gov

RFA Project Officer: Amy Deiderick
Pennsylvania Department of Health
Bureau of Family Health
Division of Community Systems Development
and Outreach
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RFA 67-163 Pre-Enrollment Assistance Program

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Application Forms and Attachments

- I. Cover Page
- II. BOP-2201 Worker Protection and Investment Certification Form
- III. Work Statement
- IV. Budget Template is downloadable and is attached for completion of the budget request

Any Grant Agreement 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 not negotiable and are listed below:

- Payment Provisions (Rev. 9/21)
- Standard General Terms and Conditions (Rev. 2/21)
- Audit Requirements (Rev. 8/18) Commonwealth Travel and Subsistence Rates (Rev. 8/18)
- Federal Lobbying Certification and Disclosure (Rev. 12/05)
- Minimum Personal Computer Hardware, Software, and Peripherals Requirements (Rev. 1/19)
- Pro-Children Act of 1994 (Rev. 12/05)
- HIPAA Business Associate Agreement and its Attachment 1 (Rev. 5/13)

PART ONE

Pre-Enrollment Assistance Program

General Information

A. Information for Applicants

The Pennsylvania Department of Health (Department) administers the Head Injury Program (HIP); which is funded by the Emergency Medical Services Act of 1985. The HIP funds rehabilitation services for Pennsylvania residents over the age of 21 who have sustained a traumatic brain injury (TBI).

TBI (cranio-cerebral head trauma) is an occurrence of injury to the head (arising from blunt or penetrating trauma or from acceleration-deceleration forces) that is associated with any of these symptoms or signs attributed to the injury: decreased level of consciousness, amnesia, other neurologic or neuropsychologic abnormalities, skull fracture, diagnosed intracranial lesions, or death.¹

Information collected and provided by the Centers for Disease Control and Prevention (CDC) in 2013 shows that 2.8 million people sustained a TBI in the United States.² In 2021, 69,000 died; and in 2019, 223,000 are hospitalized. These numbers represent more than 611 TBI-related hospitalizations and 190 TBI-related deaths per day.³ The number of people with TBI who are not seen in an emergency department or who receive no care is unknown. In 2022, falls, motor vehicle-traffic crashes and assaults are the leading causes of moderate and severe TBI.⁴ Males are about two times more likely to be hospitalized and three times more likely to die than females who sustain a TBI.³ Direct medical costs and indirect costs (such as lost productivity) of TBI totaled an estimated \$ 76.5 billion in the United States in 2010. CDC has identified that at least 5.3 million people currently have a long-term or lifelong need for help to perform activities of daily living as a result of a TBI.⁵

Following a TBI, individuals may experience a wide range of physical, cognitive and psychological challenges. Many of these challenges can be addressed with rehabilitation through the HIP. In order to receive funding from the HIP, an application process must occur. Completion of the application for the HIP is a difficult task for many individuals due to the cognitive challenges that may arise following a TBI. A person with TBI may be unable to focus, pay attention, or attend to more than one thing at a time. This may result in restlessness and being easily distracted, difficulty finishing a project, struggling with or working on more than one task at a time, and trouble understanding and following directions.

1. Thurman DJ, Snieszek JE, Johnson D, et al., Guidelines for Surveillance of Central Nervous System Injury. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention, US Department of Health and Human Services, 1995.

2. Taylor CA, Bell JM, Breiding MJ, Xu L. Traumatic Brain Injury–Related Emergency Department Visits, Hospitalizations, and Deaths — United States, 2007 and 2013. MMWR Surveillance Summaries 2017;66(No. SS-9):1–16. DOI: <http://dx.doi.org/10.15585/mmwr.ss6609a1>

3. Centers for Disease Control and Prevention. National Center for Health Statistics: Mortality Data on CDC WONDER. Accessed April 2023, <https://wonder.cdc.gov/mcd.html>.

4. Centers for Disease Control and Prevention, National Center for Injury Prevention and Control.

5. Thurman D, Alverson C, Dunn K, Guerrero J, Snieszek J. Traumatic brain injury in the United States: a public health perspective. J Head Trauma Rehabil 1999;14(6):602-615.

The Pre-enrollment Assistance Program is a service that assists individuals with TBI and their family members in applying for brain injury services through the HIP and provides information regarding other brain injury services offered in the Commonwealth of Pennsylvania. The program utilizes Pre-enrollment Assistance Coordinators, who are case managers, social workers or other related health care professionals with specific experience working with individuals with TBI and are aware of the challenges they face. A Pre-enrollment Assistance Coordinator will be assigned to each HIP applicant. Coordinators will be located throughout the Commonwealth and must be able to assist individuals with accessing other brain injury resources as needed within their geographic location. The Coordinator will assist the individual in the home or community with completing the application process needed to become enrolled in the HIP. Additionally, Coordinators will assist applicants with initiating access to their medical records for the assessment portion of the HIP application.

The Pre-enrollment Assistance Coordinators work closely with the HIP Administrator at the Department to track the status of the applications. Due to the assistance received through the Pre-enrollment Assistance Program, rates for application completion for the HIP have steadily increased which results in more individuals receiving access to funds available for essential brain injury rehabilitation.

Through this RFA process, the Department is soliciting applications to provide case management services through the Pre-Enrollment Assistance Program from Pennsylvania non-profit institutions and organizations. The Department is interested in funding one application addressing a statewide effort to provide case management services focused on assistance in applying for rehabilitation service through the HIP and providing information on other resources available through the Commonwealth of Pennsylvania to individuals with a TBI. The overall goal of this funding is to promote a statewide effort to increase eligibility for and access to services provided through the HIP. The anticipated Grant Agreement term is July 1, 2024, to June 30, 2027, subject to the availability of funding. If the anticipated effective date is changed by the Department for the resulting Grant Agreement, the term is expected to remain a total of 36 months, subject to the availability of funding.

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

1. In the event of a renewal, the Department may choose to renew the Grant Agreement under one of the following sets of terms:
 - a) If no renewal options were previously exercised, pursuant to the terms and conditions of the final year of the original Grant Agreement; or
 - b) If a renewal option has been exercised, pursuant to the terms and conditions of the final year of the previous renewal; or
 - c) Pursuant to the terms and conditions of the original Grant Agreement as amended, including Subsequently Available Funds (SAFs), Decrease in Funding (DIF), Funding Reduction Change Orders (FRCOs), Budget Revisions, or formal Amendments; or

- d) At a maximum percentage of 10% under one of the following conditions:
 - (i) If no renewal options were previously exercised, to increase the Grant amount to reflect cost changes based on the final budget year of the original Grant; or
 - (ii) If a renewal option has been exercised, pursuant to the terms and conditions of the final year of the previous renewal; or
 - (iii) To include any increase in work documented in a previous Amendment to the original Grant Agreement, including any SAFs, DIFs, FRCOs, Budget Revisions, or formal Amendments. The increase in work shall be limited to deliverables established in the Grant Agreement as previously amended; or
- e) To decrease the Grant amount, provided there is no change to the scope of work being performed.

2. Notwithstanding Paragraph (1)(d) above, line-items within the budget categories of Supplies/Equipment, Travel, and Other may be eliminated or the line-item amounts decreased provided there is no alteration to the scope of work.
3. The percentage listed in Paragraph (1)(d) above, represents the maximum allowable increase per budget category and in the total Grant amount.
4. Nothing in this section is intended to permit an alteration in the scope of work of the original Grant Agreement.
5. The Department is not obligated to increase the amount of the Grant award.
6. The percentage increase set forth in Paragraph (1)(d) above, shall apply over the entire renewal term, even if the renewal term exceeds one year.
7. All renewal terms are subject to the other provisions of the resulting Grant Agreement, and the availability of funds.

Applications are welcomed from Pennsylvania-based non-profit institutions and organizations with expertise in brain injury. 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 and eligible parties with information to prepare and submit applications to the Department. Questions about this RFA can be directed to the contact listed on the potential applicant letter (which is the first page of this RFA) by the date and time listed therein. All questions must include the specific section of the RFA about which the potential applicant is requesting clarification. Answers to all questions will be posted under the RFA Solicitation 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 by selecting “Non-Procurement” at: <https://www.budget.pa.gov/Services/ForVendors/Pages/Vendor-Registration.aspx> or by calling toll free at 1-877-435-7363. The PDF and MP4 embedded links next to “Non-Procurement” provide guidance on enrolling.

B. Application Procedures

1. General

- a) Applications must be received by the Department by the time and date stated in the cover letter. The Department will reject any late applications. The decision of the Department with regard to timeliness of submission is final.
- b) If it becomes necessary to revise any part of the application guidelines, an amendment will be posted under the RFA Solicitation at www.emarketplace.state.pa.us.
- c) The decision of the Department with regard to selection of applicants is final. The Department reserves the right, in its sole and complete discretion, to reject any and all applications received as a result of this request and to negotiate separately with competing applicants.
- d) The Department is not liable for any costs the applicant incurs in preparation and submission of its application, in participating in the RFA process or in anticipation of award of the resulting Grant Agreement(s).
- e) The Department reserves the right to cancel the RFA at any time up until the full execution of the resulting Grant Agreement(s).
- f) Awarded applicants and non-selected 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 Agreement 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 determines that additional clarification of an application is needed, Division of Community Systems Development and Outreach, Head Injury Program staff and staff from the Office of Procurement will schedule an oral presentation, either in person or via a conference call, or assign a due date for the submission of a written clarification, or both.

Evaluation criteria used by the Review Committee, include:

1. Statement of the Problem
2. Soundness of Approach
3. Feasibility and Timelines
4. Evaluative Measures
5. Applicant Qualifications
6. Budget

3. Awards

Grants will be administered through the Department.

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 the Division of Community Systems Development and Outreach within 30 calendar days of the written official notification of the status of the application. The Division of Community Systems Development and Outreach will determine the time and place for the debriefing. If the debriefing is held via Microsoft Teams, a link, phone number, and conference ID number will be provided. The debriefing will be conducted individually by Division of Community Systems and Outreach 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 awarded applicant shall provide pre-enrollment assistance to a minimum of 350 HIP applicants each year of the Grant Agreement with a maximum of 20 hours of service per HIP applicant. Staff shall be retained across the Commonwealth and possess a valid driver's license so that HIP applicants from any area of the state can be conveniently visited in their home, or at an accessible location that is mutually agreed upon by the Grantee and the applicant.
- b) The Department's HIP Administrator will refer applicants to the Grantee. The Grantee may also receive referrals directly from other sources, including but not limited to, rehabilitation facilities, acute care hospitals, schools, and families. Referrals received by other sources shall be forwarded to the HIP Administrator by the Grantee. The Grantee shall not provide case management services to these referrals until the Grantee is contacted by the HIP Administrator.
- c) The awarded applicant shall complete the following after receiving a referral from the HIP:
 - i. Assign a Coordinator based on geographic location and proximity to the referral.
 - ii. Contact HIP applicants by phone or letter to offer assistance with the completion of the HIP application within 10 calendar days from the referral date. The Grantee shall send a written request to the HIP Administrator if additional time is needed to

contact the HIP applicant.

- iii. If after three attempts to contact the HIP applicant, authorized representative, or family member, at different times of the day, on different days the Grantee is unable to contact the HIP applicant, authorized representative, or family member, the Grantee shall send a letter to the HIP applicant which lists the Grantee's toll-free number in the event the HIP applicant is interested in receiving pre-enrollment assistance services. If the HIP applicant, authorized representative, or family member does not respond to the letter, and it is 90 calendar days after the initial HIP application was sent, the Grantee shall contact the Department which will send the HIP applicant a final removal letter. The HIP applicant shall be listed as "unable to reach" for reporting purposes.
- iv. Conduct meetings with the HIP applicant, authorized representative, or family members, at a mutually agreeable location by the Grantee and applicant.
- v. Perform an assessment of the alternative financial resources available to the HIP applicant.
- vi. Provide information about the HIP to the HIP applicant, authorized representative, or family members.
- vii. Assist the HIP applicant, authorized representative, or family members in determining the appropriate resources and programs to meet the HIP applicant's rehabilitation needs.
- viii. Provide information, referral, and contact information for the Community Health Choices Waiver for TBI services, the Omnibus Budget Reconciliation Act Waiver, the Independence Waiver, the Office of Vocational Rehabilitation, and other home and community-based services.
- ix. Assist the HIP applicant, authorized representative, or family member in initiating the process of accessing the HIP applicant's medical records for purposes of a HIP assessment or for other program assessments or services.
- x. Assist the HIP applicant, authorized representative, or family member in contacting their physician to request a completed HIP physician statement and follow-up with the physician to ensure the HIP applicant receives the physician statement.
- xi. Assist the HIP applicant, authorized representative, or family members in the completion of the HIP application and its attachments. Tailor the process of completing the application to accommodate for any difficulty the applicant may have complying with the requirements due to their disability. Modify or simplify HIP application questions if needed, to help access the information requested. As permitted by the applicant or authorized representative, check with family

members after interviewing the HIP applicant to verify the history and assist in developing the most comprehensive set of records to complete the HIP application.

- xii. Assist the HIP applicant or their authorized representative in identifying and choosing a HIP rehabilitation provider in their geographic area for assessment and services.
- xiii. Require Coordinators to communicate with the HIP Administrator on an ongoing basis to verify the status of the HIP application of each HIP applicant referred.
- xiv. Require Coordinators to be able to access the Department's client database to make updates regarding client application status.
- xv. Meet with the HIP Administrator monthly via phone to verify the status of the HIP application of each applicant referred.
- xvi. Maintain confidentiality of HIP applicant information as required by the Health Insurance Portability and Accountability Act (HIPAA) and the Health Information Technology for Economic and Clinical Health Act (HITECH). In the event of HIPAA or HITECH violations, the Department has the right to terminate the Grant Agreement.
- xvii. Perform other related activities as requested in writing by the HIP Administrator.

- d) The awarded applicant shall provide translation services to HIP applicants when applicable.
- e) The awarded applicant shall employ or subcontract adequate staff to perform the pre-enrollment assistance services listed in Section B.4. to a minimum of 350 individuals each state fiscal year of the Grant Agreement.
- f) The awarded applicant shall appoint a primary contact person and a primary fiscal contact person.
- g) The awarded applicant shall obtain the Department's prior written approval before using any subcontractor.
- h) The awarded applicant shall require case managers, social workers, or related health care professionals have a minimum of three years of experience in TBI case management, counseling, or information and service referral; are over the age of 18; and possess a valid Pennsylvania driver's license.
- i) The awarded applicant shall complete the following education and advocacy activities:
 - i. Provide in-service TBI educational training for the Grantee's staff and subcontract staff on an annual basis and when a new coordinator is hired.

- ii. Provide in-service training on HIPAA and HITECH for the Grantee's staff and subcontract staff on annual basis and when a new coordinator is hired.
- iii. Provide in-service training on delivering culturally and linguistically appropriate services for the Grantee's staff and subcontract staff on an annual basis and when a new coordinator is hired.
- iv. Complete training provided by the Department on the client database used for tracking applications.
- v. Provide information on self-advocacy to empower HIP applicants.
- vi. Provide information to HIP applicants on how to connect with Pennsylvania Protection and Advocacy.

j) The awarded applicant shall participate in client satisfaction data collection and reporting activities as established by the Department, including collecting and reporting feedback from the awarded applicants and the awarded applicant's clients to improve the services for the Pennsylvania's maternal, infant child and adolescent populations.

5. Reporting Requirements

- a) The awarded applicant(s) shall submit to the Department within 30 calendar days after the end of the mid-term a written quarterly report including obstacles, activities and HIP clients served. Any changes to the scope or methodology of the pre-enrollment assistance coordination activities during the term of the Grant Agreement must be approved in writing by the Department.
- b) The awarded applicant(s) shall submit to the Department within 30 calendar days after the end of the mid-term a written mid-term report including obstacles, activities and HIP clients served .
- c) The awarded applicant(s) shall submit to the Department an annual written report within 45 calendar days after the end date of the state fiscal year. The annual report shall summarize pre-enrollment coordination activities through the Grant year and include results of client satisfaction surveys.
- d) The awarded applicant shall submit to the Department a final report within 30 calendar days after the end date of the Grant Agreement. The final report shall summarize pre-enrollment coordination activities throughout the Grant cycle.
- b) The awarded applicant shall request written approval in writing from the Department prior to any changes in key personnel.
- c) The awarded applicant shall collect and report client satisfaction data measuring the quality of customer relationships and services, including feedback from the awarded

applicant's clients to the Department on an annual basis, in a format to be approved by the Department. Data will be collected using forms, surveys, focus groups or other methods approved 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 application (Part Two of this RFA), by email to RA-DHHEALTH_DEPT_DOC@pa.gov. The Department cannot accept secure or encrypted emails. Any submission via secure or encrypted email will be immediately discarded.
- b) The application must be received by the date and time specified in the cover letter. Applicants should consider that technical difficulties could arise and allow sufficient time to ensure timely email receipt. **(Late applications will be rejected, regardless of the reason). The application can be submitted as soon as it is ready for submission; to prevent late submissions, applicants are encouraged to not wait until the closing date and time in the cover letter.**
- c) Please note there is a 10MB size limitation per email. If the application exceeds 10MB, zip the file to reduce the size or submit multiple emails so the entire application is able to be received.
- d) The application must be submitted using the format described in subsection 2, below – Application Format.
- e) The Cover Page must be completed and signed by an official authorized to bind the applicant/organization to the application.
- f) The Worker Protection and Investment Certification Form (BOP-2201) must be completed and signed by an official authorized to execute the certification on behalf of the applicant, and certify that the applicant is compliant with applicable Pennsylvania state labor and workplace safety laws.

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, with a font size no smaller than 10 point and margins of at least ½ inch.

- a) **Cover Page** – Complete the form. This form must be signed by an official authorized to bind the applicant/organization to the application.
- b) **Worker Protection and Investment Certification Form (BOP-2201)** – BOP-2201 must be completed and signed by an official authorized to execute the certification on behalf of the applicant, and must certify that the applicant is compliant with applicable

Pennsylvania state labor and workplace safety laws.

- c) **Work Statement** – The work statement narrative must not exceed 20 pages. Provide a narrative description of the proposed methodology addressing the following topics:
 - 1) **Statement of the Problem:** This topic refers to the applicant's ability to articulate their understanding of the needs of the agency that generated the RFA, the Project's objectives, the population that the RFA addresses, and the nature and scope of the work involved. The applicant shall demonstrate an understanding of the needs of individuals with TBI. The applicant shall demonstrate an understanding of the need to provide HIP applicants and their families' education, resources and information. The applicant shall demonstrate an understanding of the need to assist individuals and families with the HIP application process.
 - 2) **Soundness of Approach:** This topic refers to the applicant's technical approach to providing services, if it is responsive to all requirements of the RFA, and if it meets the Project's objectives. The applicant shall clearly state objectives and demonstrate that the services provided are culturally, linguistically, and cognitively appropriate for the population being served. The applicant shall demonstrate the ability to provide services to a minimum of 350 HIP applicants each year with TBI throughout Pennsylvania. The applicant shall demonstrate the ability to accept referrals from the HIP. The applicant shall demonstrate the ability to complete the proper steps when receiving a referral, such as assigning a coordinator, contacting the HIP applicant within 10 calendar days, assisting the HIP applicant with the HIP application, and maintaining confidentiality. The applicant shall demonstrate the ability to provide translation services to HIP applicants when applicable. The applicant shall demonstrate the ability to complete education and advocacy activities. The applicant shall demonstrate the ability to provide training to staff on the delivery of culturally and linguistically appropriate services. The applicant shall demonstrate their knowledge regarding the HIP.
 - 3) **Feasibility and Timeliness:** This topic refers to the applicant's ability to articulate a clear plan for what will be accomplished, including a step-by-step plan with timelines for accomplishing the specific deliverables. The applicant shall indicate that the objectives will be met within the proposed timeframe. The applicant shall clearly describe a feasible plan for implementing a method to provide services to HIP applicants.
 - 4) **Evaluative Measures:** This topic refers to the applicant's ability to articulate a clear plan for monitoring and evaluating the program. The applicant shall include a plan to provide pre-enrollment services to individuals throughout the state of Pennsylvania as well as, track the status of the application process and outcomes for the individuals referred. The applicant shall develop and administer client satisfaction surveys and track results.
 - 5) **Applicant Qualifications:** This topic refers to the qualifications of the applicant.

The applicant shall demonstrate experience working with individuals with TBI as well as, experience in case management. The applicant shall demonstrate that they have at least three years of experience working with individuals with brain injury. Qualifications of personnel will be measured by experience and education, with a specific reference to experience providing services relevant to that described in the RFA. The applicant shall provide resumes of the personnel who will be assigned to completing tasks related to this RFA. The applicant shall demonstrate that they have sufficient personnel available to carry out the proposed activities. The applicant shall demonstrate that their case managers, social workers, or related health care professionals have a minimum of three years of experience in TBI case management, counseling, or information and service referral; are over the age of 18; and possess a valid Pennsylvania driver's license.

- 6) **Budget:** The budget template provided by the Department must be used and the budget should be reasonable for the work proposed. The budget must demonstrate that the applicant has dedicated funds for patient services.

- d) **Budget Detail and Budget Narrative** – Use the downloadable format to present your 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 July 1, 2024 to June 30, 2027. The overall 36-month budget for the application shall not exceed \$375,000. The budget must contain an Overall Summary in addition to a Summary with Budget Details for each year.

Overall Summary	July 1, 2024 to June 30, 2027	\$375,000
Year 1 Summary	July 1, 2024 to June 30, 2025	\$125,000
Year 2 Summary	July 1, 2025 to June 30, 2026	\$125,000
Year 3 Summary	July 1, 2026 to June 30, 2027	\$125,000

Applicants shall include a narrative which justifies the need to allocate funds for items in the spreadsheet of the itemized budget and demonstrates how they will maximize cost effectiveness of Grant expenditures. Applicants shall also explain how all costs are calculated, how they are relevant to the completion of the proposed project, and how they correspond to the information and figures provided in the Budget Detail Summary.

See the Budget Definitions section below for more information.

3. Definitions

a) **Budget Definitions:**

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 Agreement.

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

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. Purchase of equipment is not a priority of the Department.

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 % that the rate reflects, identify the budget categories to which the rate was applied, and list the specific items that the indirect is paying for.

PART TWO

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

Pre-Enrollment Assistance Program

Request for Applications (RFA) #67-163



COVER PAGE
RFA #167-63

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:** _____

Applications/proposals/bids received shall remain valid, unless deemed unresponsive, until such time that final award(s) is or are made.

BY SIGNING BELOW, THE APPLICANT, BY ITS AUTHORIZED SIGNATORY, IS BINDING ITSELF TO THE APPLICATION AND REPRESENTING THAT ALL THE INFORMATION SUBMITTED IS TRUE AND CORRECT TO THEIR BEST KNOWLEDGE, INFORMATION AND BELIEF.

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL	TITLE
	DATE



WORKER PROTECTION AND INVESTMENT CERTIFICATION FORM

A. Pursuant to Executive Order 2021-06, *Worker Protection and Investment* (October 21, 2021), the Commonwealth is responsible for ensuring that every worker in Pennsylvania has a safe and healthy work environment and the protections afforded them through labor laws. To that end, contractors and grantees of the Commonwealth must certify that they are in compliance with Pennsylvania's Unemployment Compensation Law, Workers' Compensation Law, and all applicable Pennsylvania state labor and workforce safety laws including, but not limited to:

1. Construction Workplace Misclassification Act
2. Employment of Minors Child Labor Act
3. Minimum Wage Act
4. Prevailing Wage Act
5. Equal Pay Law
6. Employer to Pay Employment Medical Examination Fee Act
7. Seasonal Farm Labor Act
8. Wage Payment and Collection Law
9. Industrial Homework Law
10. Construction Industry Employee Verification Act
11. Act 102: Prohibition on Excessive Overtime in Healthcare
12. Apprenticeship and Training Act
13. Inspection of Employment Records Law

B. Pennsylvania law establishes penalties for providing false certifications, including contract termination; and three-year ineligibility to bid on contracts under 62 Pa. C.S. § 531 (Debarment or suspension).

CERTIFICATION

I, the official named below, certify I am duly authorized to execute this certification on behalf of the contractor/grantee identified below, and certify that the contractor/grantee identified below is compliant with applicable Pennsylvania state labor and workplace safety laws, including, but not limited to, those listed in Paragraph A, above. I understand that I must report any change in the contractor/grantee's compliance status to the Purchasing Agency immediately. I further confirm and understand that this Certification is subject to the provisions and penalties of 18 Pa. C.S. § 4904 (Unsworn falsification to authorities).

<i>Signature</i>	<i>Date</i>
<i>Name (Printed)</i>	
<i>Title of Certifying Official (Printed)</i>	
<i>Contractor/Grantee Name (Printed)</i>	

Work Statement

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

The following language is required to be included in the Work Statement:

Pursuant to Executive Order 2021-06, Worker Protection and Investment (October 21, 2021), the Commonwealth is responsible for ensuring that every Pennsylvania worker has a safe and healthy work environment and the protections afforded them through labor laws. To that end, Contractors and Grantees of the Commonwealth must certify that they are in compliance with all applicable Pennsylvania state labor and workforce safety laws. Such certification shall be made through the Worker Protection and Investment Certification Form (BOP-2201) and submitted with the application.

Budget Template

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

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 the 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 listed in Attachment 1 to this Appendix unless otherwise directed in writing by the Project Officer. Documentation supporting that expenditures were made in accordance with the Contract Budget shall be sent by the Contractor to the Department's Project Officer. The Department's Project Officer may request any additional information he or she deems necessary to determine whether the expenditures in question were appropriately made. The adequacy and sufficiency of supporting documentation is solely within the discretion of the 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 the line items in that category 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 line item amounts 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. Justification may include, for example, documentation of salaries for the same or similar positions in the same geographic area.
 - 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 reallocate 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.
- iii. The number of positions accounted for by any one line item may not be decreased, or consolidated into one position, without prior written approval of the Department.
- 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 from the Contractor based on the Contractor's fee schedule for the job classification.

5. Unless otherwise specified elsewhere in this Contract, the following shall apply. The 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). Within 10 days of award of the Contract or Purchase Order, the Contractor must submit or must have already submitted its ACH information within its user profile in the Commonwealth's procurement system (SRM). Within 10 days of the Grant award, the Grantee must submit or must have already established its ACH information in the Commonwealth's Master Database. The Grantee will also be able to enroll to receive remittance information via electronic addenda and email (e-Remittance). ACH and e-Remittance information is available at <https://www.budget.pa.gov/Services/ForVendors/Pages/Direct-Deposit-and-e-Remittance.aspx>.
 - a. 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 (for Contracts or Purchase Orders) or to the invoice or program (for Grant Agreements).
 - b. 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 Master Database (for Grant Agreements) is accurate and complete. Failure to maintain accurate and complete information may result in delays in payments.
 - c. In the event this language conflicts with language contained elsewhere in this agreement, the language contained herein shall control.

D. The Department's determination regarding the validity of any justification or of any request for approval under this Appendix B (Payment Provisions) is final.