



March 21, 2024

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) #67-186.

A pre-application conference will be held via Microsoft Teams on **April 11, 2024** from **11:00AM–1:00 PM** ET. Potential applicants can join via Microsoft Teams by clicking on this link: <https://www.microsoft.com/en-us/microsoft-teams/join-a-meeting> and entering the following: The meeting ID is **237 860 089 999**, and meeting Passcode is **QgnMzU**; or by phone at **1-267-332-8737, 453632726#**. 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 danierhode@pa.gov, no later than 12:00 p.m. ET on **April 4, 2024**. 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.

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. ET on **April 25, 2024**. 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.

Type "APPLICATION ENCLOSED RFA #67-186" 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,

Rebekah
Gregorowicz

Digitally signed by
Rebekah Gregorowicz
Date: 2024.03.21
10:36:26 -04'00'

Office of Procurement
For Agency Head

Enclosure

Request for Application

Community to Home

RFA Number
67-186

Date of Issuance
March 21, 2024

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

RFA Project Officer: Danielle Rhodes
Pennsylvania Department of Health
Bureau of Family Health
Division of Community Systems, Development
and Outreach
Email: danierhode@pa.gov

Community to Home

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Application Forms and Attachments

- I. Cover Page
- II. BOP-2201 Worker Protection and Investment Certification Form
- III. Work Statement
- IV. Attachment A
- V. 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. 10/23) and Attachment A (Rev. 10/23)
- 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)
- 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.

Every five years the Department conducts a comprehensive needs and capacity assessment to gauge the strengths and needs of the state's Maternal and Child Health (MCH) population and related services. As a result of the most recent needs and capacity assessment, the Department identified seven priorities on which to focus on in 2021 through 2025, including: improve mental health, behavioral health and developmental outcomes for children and youth with and without special health care needs, and reduce rates of child mortality and injury, especially where there is inequity.

In 2021, HRSA defined six population domains: Women/Maternal Health, Perinatal/Infant Health, Child Health, Children with Special Health Care Needs (CSHCN), Adolescent Health, and Cross-Cutting and Systems Building. In order to impact the identified domains, the Department has chosen five National Performance Measures (NPMs) and six State Performance Measures (SPMs) that shall be reported on annually. As a result, the Department has created a State Action Plan that demonstrates the logical relationships between the chosen priorities, performance measures, and programming strategies that shall address identified needs of those included in the acknowledged domains.

The work of this RFA shall be a strategy within the CSHCN domain; it shall address the following priority: Improve the percent of children and youth with special health care needs who receive care in a well-functioning system; and address the following objectives: Annually increase the percentage of CYSHCN families who feel like they are partners in decision making; and annually increase the number of youth with completed transition plans. The overall goal of the program is to improve the health of CYSHCN through care coordination and education encouraging self-sufficiency.

Community to Home shall 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 shall 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 shall 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 shall 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). This RFA solicits applications to serve four of the six identified regions. The four regions to be served are Northeast Central, Northwest Central, Northwest and Southwest. The awarded applicant shall serve CYSHCN in all four of these service regions who are newly diagnosed, at risk of a diagnosis, or new to the area with a focus on underrepresented minority populations as a priority. HRSA defines underrepresented minorities as individuals from a racial or ethnic group considered inadequately represented relative to the representation of that racial or ethnic group in the general population. Generally, people from these racial and ethnic backgrounds underrepresented include American Indian or Alaska Native, Black or African American, Native Hawaiian or Other Pacific Islander, or Hispanic (all races).

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 About 14 million U.S. children under 18 years old, or 19 percent, have a special health care need and 25 percent of homes have one or more children with a special healthcare need. CYSHCN are more likely to live in poverty, be non-Hispanic Black, and have public insurance than non-CYSHCN². CYSHCN and their families often require services from multiple systems – health care, public health, education, mental health and social services.

Data from the 2020-2021 National Survey of Children’s Health measures 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. Data shows that less than half (42%) received care in a medical home³.

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

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 (2022,June). Children with Special Health Care Needs. Retrieved from Health Resources & Services Administration: <https://mchb.hrsa.gov/maternal-child-health-topics/children-and-youth-special-health-needs>

3 (2020) Data Resource Center for Child & Adolescent Health: <http://childhealthdata.org/>

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 data from the 2012-2015 Behavioral Risk Factor Surveillance Survey⁷, 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 rise in the number of minority children residing in nonmetropolitan America is significant. The 2020 Census showed that nearly one-third of all rural children (32.5%) come from racial or ethnic minority populations, compared to 28.1% in 2010.⁸

The National Center for Education Statistics shows that rural areas have historically had low, albeit slowly growing, shares of English Language Learners. Schools that have not previously offered specialized language courses or translated educational materials to non-English speaking parents may now face new service demands without the staff or physical infrastructure to respond effectively. The challenges are often substantial in lagging rural areas, where local school districts face eroding tax bases and the resources necessary to meet the educational needs of the community are limited.

The Center for Rural Pennsylvania's definitions for county and school district shall be used when identifying rural populations. A county or school district is rural when the number of persons per

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

5 (March, 2022). *The State of Our Health: A Statewide Health Assessment of Pennsylvania*. Harrisburg: Pennsylvania Department of Health, Office of Operational Excellence

6 (January 2019). *The State of Health Equity in Pennsylvania*. Harrisburg: Pennsylvania Department of Health, Office of Health Equity.

7 (2017) Racial/Ethnic Health Disparities Among Rural Adults — United States, 2012–2015
<https://www.cdc.gov/mmwr/volumes/66/ss/ss6623a1.htm>

8 (2022) Growing Racial Diversity in Rural America: Results from the 2020 Census.
<https://carsey.unh.edu/publication/growing-racial-diversity-in-rural-america>

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 shall 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.

A CHW is a trusted individual who contributes to improved health outcomes in the community. CHWs serve the communities in which they reside or communities with which they may share ethnicity, language, socioeconomic status, or life experiences. A CHW proactively builds individual and community capacity by increasing health knowledge and self-sufficiency through a range of activities such as outreach, community education, informal counseling, social support and advocacy; serves as a liaison between communities and health care agencies; provides guidance and social assistance to community residents; enhances community residents' ability to effectively communicate with healthcare providers; provides culturally and linguistically appropriate health education; advocates for individual and community health; provides referral and follow-up services or otherwise coordinates care; and identifies and helps enroll eligible individuals in federal, state, and local private or nonprofit health and human services programs.⁹

A CHW is often trained in various domains which may include: Community Health Concepts; Advocacy and Capacity Building; Care Coordination; Health Literacy and Education; Safety and Self-Care; Cultural Competency; Communication and Interpersonal Skills; and Ethical Responsibilities and Professionalism.

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.¹⁰

In order to reduce health inequities, care management activities should be prioritized for

9 (2023) *Pennsylvania Certification Board*. Certified Community Health Worker. <https://www.pacertboard.org/cchw>

10 (2014). *Policy Evidence Assessment Report: Community Health Worker Policy Components*. National Center for Chronic Disease Prevention and Health Promotion.

underrepresented minority CYSHCN. 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 shall use CHWs in a care manager role; at least one full time equivalent CHW position for each of the four rural regions identified by the Department for this RFA for a total of no less than four CHWs, and at least 1/3 full time equivalent CHW Supervisor position for each of the four rural regions, for a total of no less than 1 and 1/3 full time equivalent CHW Supervisors, 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.

Home visiting services are intended to be short-term, less than six months, with follow-up as necessary. Community to Home shall use an evidence-based CHW Care Coordination model.^{11,12}

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

1. Bachelor's Degree; or an Associate 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;
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 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 or resides within a county adjacent to the coverage area and has experience providing services to CYSHCN in the assigned

11 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.

12 (2015). *Addressing Chronic Disease through Community Health Workers: A Policy and Systems-Level Approach*. Atlanta: National Center for Chronic Disease Prevention and Health Promotion.

- 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 applications for the Community to Home program from Pennsylvania institutions and organizations. The Department is interested in funding an application, through one Grant Agreement, addressing Community Health Worker in-home care coordination for four service regions, Northeast Central, Northwest Central, Northwest, and Southwest. The overall goal of this funding is to promote improved physical, mental and behavioral health for CYSHCN and improved self-reliance for CYSHCN and their families in order to successfully overcome obstacles CYSHCN and their families face daily. 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. The Department expects to award one Grant Agreement.

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 organizations or institutions that can provide the services in all four service regions: Northeast Central, Northwest Central, Northwest and Southwest. Applicants must submit one application that includes services in all four regions. 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.
- e) The Department reserves the right to cancel the RFA at any time up until the full execution of the resulting Grant Agreement.
- f) Awarded applicant 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 the application 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 /Community to Home staff and staff from the Office of Public Health Procurement will schedule an oral presentation or via conference call, or assign a due date for the submission of a written clarification, or both.

Evaluation criteria used by the Review Committee, include:

- A. **Applicant's Qualifications**
- B. **Statement of the Problem**
- C. **Soundness of Approach**
- D. **Feasibility and Timeliness**
- E. **Budget Detail and Budget Narrative**

3. Awards

The Grant will be administered through the Department. The Department will award one Grant, for a maximum award of \$600,000 to serve four Community to Home regions, Northeast Central, Northwest Central, Northwest, and Southwest, for the first year followed by a maximum of \$600,000 per year for the next two years, subject to the availability of funds. Funding of \$150,000 shall be allocated per region, per year and funds cannot be shifted between regions. .

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 Development 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 complete all deliverables in a person- and family-centered manner that is culturally and linguistically appropriate and is outcomes-based to provide care management of CYSHCN and their families throughout the Commonwealth of Pennsylvania.
- b) 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 applicant and the awarded applicant's clients to improve the services for Pennsylvania's maternal, infant, child and adolescent population.
- c) The awarded applicant 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 awarded applicant shall provide CHWs with broad knowledge of issues and resources for CYSHCN and their families throughout rural Pennsylvania.
- e) The awarded applicant 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 awarded applicant shall create a timeline which shall include, at a minimum, when CHW care managers and CHW Supervisors shall be hired; when the CHW Supervisors and CHW care managers shall be trained; and when implementation of the evidence-based, informed home visiting to conduct in-home care management shall be administered. This timeline shall include the creation or development and approval of eligibility determination forms, assessment tool, care management plan, transition plan, exit plan and customer satisfaction surveys.
- g) The awarded applicant shall oversee individuals with broad knowledge of issues and resources for CYSHCN and their families to function in the role of CHW Supervisors and be responsible for the following tasks:
 - 1. Respond to referrals within two business days of receipt of faxed or emailed referrals.
 - 2. The CHW Supervisors shall conduct an eligibility assessment with priority given to minority populations. Eligibility requirements shall include:
 - a. Consumer is age 21 or younger;
 - b. Consumer residing in a rural area of Pennsylvania;
 - c. Consumer meets one of the following criteria:
 - i. Is newly diagnosed with a physical, developmental, behavioral or emotional health disorder
 - ii. Is at-risk of being diagnosed with a physical, developmental, behavioral or emotional health disorder
 - iii. Has been previously diagnosed with a special health care need but has never received prior services or supports
 - iv. Is newly residing in a rural area of Pennsylvania and is previously diagnosed with a special health care need; and
 - d. Household income equal to or lesser than 300% of the Federal poverty level.
 - 3. The CHW Supervisors shall determine if the client should be referred to a CHW care manager based on an initial eligibility assessment and assessment of client's needs.
 - 4. When receiving referrals, the CHW Supervisors shall coordinate with the appropriate CHW care manager in the appropriate region to contact the client within two business days to schedule a home visit.

5. 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.
 6. Monitor the work of CHW care managers through on-site visits, direct feedback from community residents and documentation provided by CHW care managers.
- h) The awarded applicant shall require CHW care managers to perform the following tasks:
1. The CHW care manager shall provide evidence-based 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 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.
 4. 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 shall be taken to address identified needs;
 - d. Continuity of care plan; and
 - e. Exit plan includes tracking goals and outcomes.
5. 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 shall 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 shall 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 schedule and complete home visits to meet with family in-person at least monthly. If in-person home visits are not possible, efforts to meet with family virtually or via phone may be used as alternatives.
 13. The CHW care manager shall be responsible for making efforts to provide all necessary tasks and services within six months of first encountering the family. If services continue past six months, the CHW care manager shall be responsible for documenting why services could not be completed within six months and why services need to continue with the CYSHCN and their family.
 14. The CHW care manager shall be responsible to follow-up with the CYSHCN and their family six months after completion of the program. The awarded applicant shall be responsible to create a follow-up questionnaire which allows for the ability to identify the current status and independence of the CYSHCN and their family. The follow-up questionnaire shall be reviewed and approved by the Department prior to use.
- i) The awarded applicant shall manage four rural regions identified by the Department, Northeast Central, Northwest Central, Northwest, and Southwest, and shall require that at least one full time equivalent CHW care manager position is maintained in each of the four rural regions for no less than four CHW care managers to be hired and at least 1/3 full time equivalent CHW Supervisor position per region, or no less than 1 and 1/3

CHW Supervisor positions to be hired and 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 CHWs shall attend a minimum of two, two-day training and operational meetings, either identified by or organized and conducted by the selected applicant 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 for each CHW staff to 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.
- j) 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."
1. The awarded applicant shall develop a plan to identify, address and eliminate health disparities in the populations served by Title V. The plan shall be developed within the first year of the Grant or no later than by the end of the calendar year in which the Grant was amended. The plan shall be reviewed and updated annually.
 2. The awarded applicant shall align their work plan with the goals and strategies of the National Stakeholder Strategy for Achieving Health Equity.
 3. The awarded applicant shall participate in local, regional and statewide efforts and initiatives to mitigate or eliminate health disparities as requested by the Bureau. Participation may be in person, via telephone or via webinar and may include presentations.
 4. The awarded applicant shall include in all required reports to the Bureau a brief summary of work plan activities conducted during required reporting periods.

- k) In compliance with Pennsylvania's Employment First Act, Act 2018-36, the applicant shall describe how the expectation that the client shall work as an adult within the client's level of functioning and abilities shall be promoted in all plans, goals, and services. The description shall include, but is not limited to, demonstrating how the applicant shall assist the client, client's family, and client's support system in identifying and linking to job readiness and employment services and supports.
- l) The applicant shall describe a sustainability plan which demonstrates the identification and procurement of alternate resources and the development and implementation of policies and procedures necessary to continue the services and deliverables identified in this document following the proposed termination date.

5. Reporting Requirements

- a) The awarded applicant shall submit to the Department quarterly reports of activities of each of the CHW care managers within 30 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 shall submit to the Department an annual report of all activities, including progress and challenges, of each of the CHW care managers within 30 calendar days of the end of the fiscal year, 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.
- c) The awarded applicant shall submit a to the Department final report of activities of the program within 30 calendar days of the end of the Grant Agreement, in a format specified by the Department.
- d) The awarded applicant shall respond to additional requests for reports or data, as determined by the Department.
- e) The awarded applicant shall request written approval from the Department prior to any changes in personnel hired through this Grant Agreement.
- f) The awarded applicant 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 shall 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 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.
- h) 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.
- i) The work statement narrative including a one-page Project Abstract must not exceed 20 pages. Letters of commitment, MOUs, MOAs, resumes or curriculum vitae and other attachments to support the work statement narrative are not included in the 20-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, 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:
 - i. **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 prior experience in delivering evidence-based home visiting, care coordination services 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.
 - ii. **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 describe and demonstrate an understanding of the myriad of issues CYSHCN and their families encounter when attempting to obtain information and services throughout the lifespan of the child, especially those that are significant when residing in rural Pennsylvania. 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 need and demonstrate an understanding of the importance of providing CYSHCN and their families with care management, information and resources, and support in a rural environment. The applicant shall demonstrate an understanding of socio-economic issues and how they impact and determine health. The applicant shall demonstrate an understanding of the status of the racial and ethnic diversity of the region and the health outcomes for CYSHCN in these populations.

- iii. **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 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 their ability to provide evidence-based home visiting by utilizing the CHW care coordination model. The applicant shall describe the process for the initial in-home assessment of needs and the development of an individualized care management plan. The applicant shall describe the development of a continuity of care plan as part of the care management plan. The applicant shall describe how it will connect families to appropriate resources and services to meet the individual needs of the CYSHCN. The applicant shall describe how they are able to promote and encourage CYSHCN and their families towards independence through empowering them to become strong advocates and self-reliant. The applicant shall describe the creation and execution of an exit plan. The applicant shall describe the efforts to provide services within six months of first coming into contact with the family. The applicant shall describe the process for follow-up with CYSHCN and their families.
- iv. **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.

- d) **Budget Detail and Budget Narrative** – 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 July 1, 2024, through June 30, 2027. The overall 36-month budget for the application shall not exceed \$1,800,000. Funding of \$150,000 shall be allocated per region, per year and funds cannot be shifted between regions. 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	\$1,800,000
Year 1 Summary	July 1, 2024 to June 30, 2025	\$600,000 (\$150,000 per region)
Year 2 Summary	July 1, 2025 to June 30, 2026	\$600,000 (\$150,000 per region)
Year 3 Summary	_ July 1, 2026 to June 30, 2027	\$600,000 (\$150,000 per region)

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.

Applicants shall demonstrate their 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. The applicant shall demonstrate the ability to allocate available funding in each service region without exceeding \$150,000 per region.

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 is not applicable and must not be utilized.

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

Community to Home

Request for Applications (RFA) #67-186



COVER PAGE
RFA #67-186

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 2d Work Statement for completion instructions.

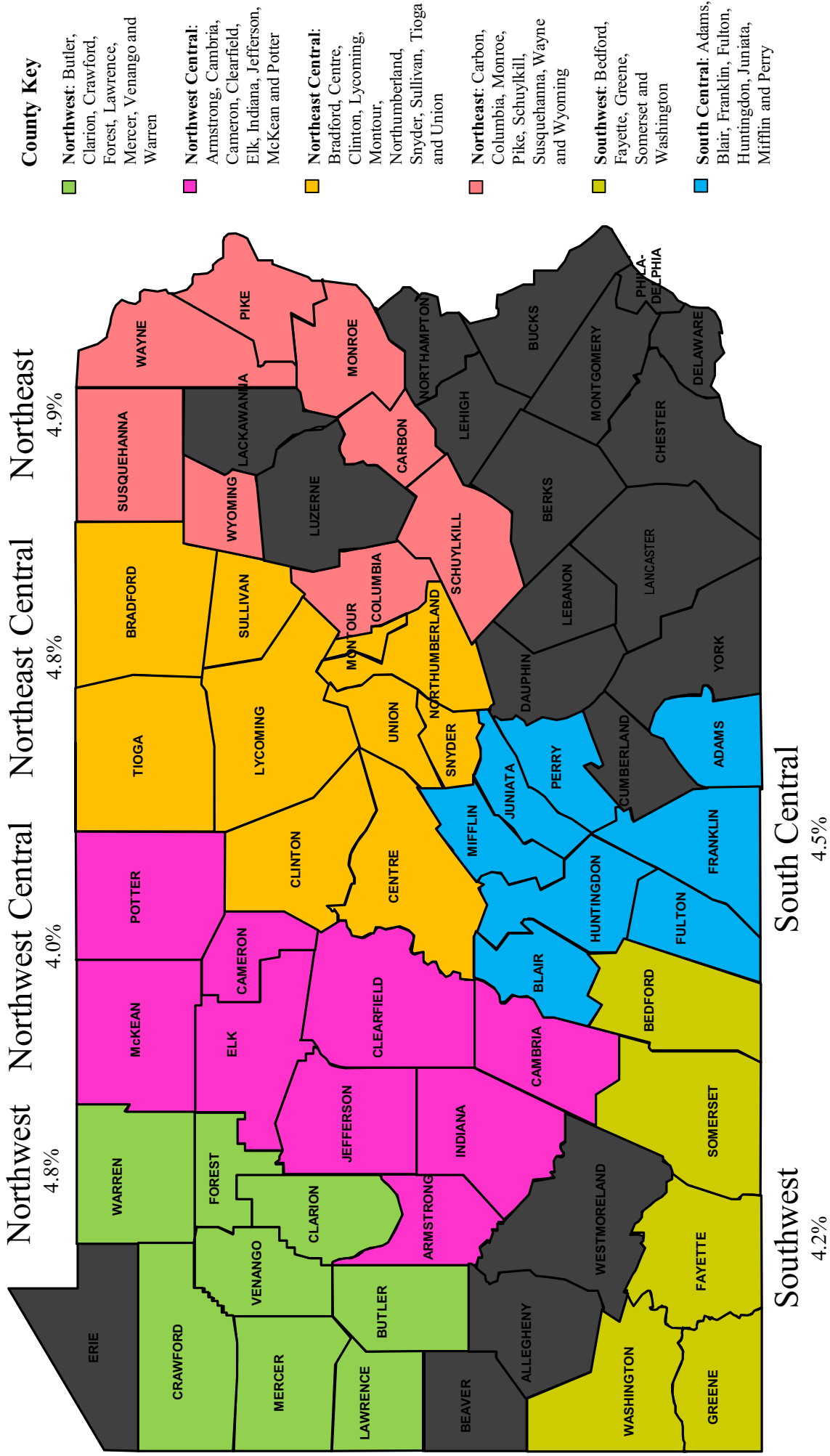
The following language is required to be included in the Work Statement:

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.

Community to Home Regions



PAYMENT PROVISIONS

The Department agrees to pay the Grantee for services rendered pursuant to this Agreement as follows:

- A. Subject to the availability of state and Federal funds and the other terms and conditions of this Agreement, the Department will reimburse the Grantee in accordance with Appendix C, and any subsequent amendments thereto, for the costs incurred in providing the services described in this Agreement.
- B. This Agreement 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 Agreement.
- C. Payment to the Grantee 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 Grantee that is not in accordance with the terms of this Agreement and adjust any payment to the Grantee accordingly.
 - 2. Payments will be made monthly upon submission of an itemized invoice for services rendered pursuant to this Agreement using the invoice format in Attachment 1 to this Appendix.
 - 3. An original invoice shall be sent by the Grantee directly to the email 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 Appendix C Budget shall be sent by the Grantee to the Department's Project Officer. The Department's Project Officer may request any additional information deemed 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 Grantee 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 Grantee shall not reallocate funds between budget categories in an amount at or exceeding 20% of the total amount of the Agreement 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 Grantee 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 Agreement per budget year.
 - C. Reallocations at or exceeding 20% of the total amount of the Agreement 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 Grantee shall notify the Department's Project Officer of any Budget Revision under 20% of the total amount of the Agreement per budget year in writing, but need not request Department approval, except as provided for in Paragraph 4(a)(i)(B) above.
 - iii. The Grantee 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 Grantee 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 Grantee 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 Grantee is subject to a collective bargaining agreement or other union agreement and, during the term of this Agreement, salaries, hourly wages, or fringe benefits under this Agreement are increased because of a renegotiation of that collective bargaining agreement or other union agreement. The Grantee 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 Grantee is unable to fill a position that is vacant or becomes vacant at or after the effective date of this Agreement. The Grantee 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 Agreement, as well as the Grantee'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 Grantee is unable to perform the work of the Agreement with the existing positions, titles or classifications of staff. The Grantee may add or change a position, title or classification in order to perform work that is already required. The Grantee 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 Agreement, as well as the Grantee'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 Agreement. 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 Grantee based on the Grantee's fee schedule for the job classification.
5. Unless otherwise specified elsewhere in this Agreement, the following shall apply. The Grantee 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 Agreement'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 Grantee 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 Agreement, until the Project Officer has determined that all work and services required under this Agreement have been performed or delivered in a manner acceptable to the Department.
7. The Commonwealth shall make payments to the Grantee through the Automated Clearing House (ACH). Within 10 days of the grant award, the Grantee must submit or must have submitted its ACH information within its user profile in the Commonwealth's Master Database. The Grantee may enroll to receive remittance information via electronic addenda and email (e-Remittance). ACH and e-Remittance information is available at the following:

<https://www.budget.pa.gov/Services/ForVendors/Pages/Direct-Deposit-and-e-Remittance.aspx>.

- a. The Grantee must submit a unique invoice number with each invoice submitted. The Commonwealth shall list the Grantee's unique invoice number on its ACH remittance advice to enable the Grantee to properly apply the state agency's payment to the respective invoice or program.
- b. The Grantee shall ensure that the ACH information contained in the Commonwealth's Master Database 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.