

**UNIVERSITY OF NORTH DAKOTA  
School of Medicine & Health Sciences  
Center for Rural Health**

**REQUEST FOR PROPOSAL (RFP)  
for  
The North Dakota  
Medicare Rural Hospital Flexibility (Flex) Program '24**

**RELEASE DATE: November 1, 2023**

**TECHNICAL ASSISTANCE MEETING:  
November 17, 2023, 2:00 pm Central**

**Participants interested in a review of the guidance and Q&A session:**

Zoom link: <https://tinyurl.com/FLEX2024>

Call Number: **1-669-444-9171** Meeting ID: 937 1068 3702 Passcode: **554602**

Unavailable to join the TA call on 11/17/23? No problem! Contact Holly Long to walk through the process, RFP, details, and questions with you individually. Contact info: [holly.long@und.edu](mailto:holly.long@und.edu) or (701) 213-9985.

**APPLICATION DUE DATE: December 8, 2023  
(Applications must be submitted via the online system)  
AWARD NOTIFICATION DATE: December 22, 2023  
AWARD COMPLETION DEADLINE: August 31, 2024**



**Center for Rural Health**  
University of North Dakota  
School of Medicine & Health Sciences

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**PURPOSE**

This Request for Proposal (RFP) is released on behalf of the North Dakota Medicare Rural Hospital Flexibility (Flex) Program. The North Dakota Flex Program is administered by the University of North Dakota Center for Rural Health, School of Medicine & Health Sciences. Its partners include the North Dakota Hospital Association, the North Dakota EMS Association, and Quality Health Associates of North Dakota (North Dakota’s quality improvement organization). The Flex Program’s Steering Committee is comprised of one or more members from each of the partners. The North Dakota Critical Access Hospital (CAH) Subcontract Program is designed to support the goals of the Flex program by supporting rural hospitals in remaining viable to maintain access to care for rural North Dakotans. The funding for this program is supported through the Flex Program. The Flex Program is funded through the Federal Office of Rural Health Policy (FORHP), Department of Health and Human Services.

All North Dakota CAHs are eligible to apply for subcontract funding. **A CAH may submit more than one application; however, may only have one active subcontract for each area of focus. Expenses for proposed activities cannot be incurred prior to award. A separate online application must be submitted for each area of focus (2A.1 – 2A.2).**

**DEFINITIONS**

- Application ..... Response to the RFP
- CAH ..... Critical Access Hospital
- Contractor ..... Hospital receiving subcontract
- Flex ..... Medicare Rural Hospital Flexibility Program
- Flex Steering Committee ..... University of North Dakota, Center for Rural Health  
North Dakota Hospital Association  
North Dakota EMS Association  
Quality Health Associates of North Dakota
- FORHP ..... Federal Office of Rural Health Policy
- Proposal ..... Response to the RFP
- RFP ..... Request for Proposal
- Respondent ..... Hospital responding to RFP, Applicant
- SME ..... Subject Matter Expert
- UND ..... University of North Dakota

## SECTION 1

### SUBCONTRACT PROCESS INFORMATION

1. A subcontract will be provided to award recipients as the award document. See Standard Terms and Conditions.
2. Funded projects are required to provide periodic updates when requested during the grant cycle, relative to the status of their projects, and also submit a final report to the Center for Rural Health (CRH) upon conclusion of the work.
3. CRH will coordinate news release information following subcontract award notification.

### STANDARD TERMS AND CONDITIONS

#### 1.1 UND subcontract requirements:

In order for the University to meet a federal requirement under the Federal Funding Accountability and Transparency Act (FFATA), all entities receiving federal flow-through funding are required to obtain a Unique Entity ID and to be registered on the System for Award Management site prior to submitting a proposal.

Below is a link to the registration site:

1. Must have active registration status with the official U.S. Government System for Award Management (SAM) website: <https://www.sam.gov>
2. Must provide a Unique Entity ID (formally called the DUNS number). This is a 12-character alphanumeric identification of the physical location of your business.

*Please note there is a good chance your organization is already registered with the SAM and has a Unique Entity ID. Please check first with your contracting or business office.*

**SECTION 2**  
**SCOPE OF WORK**

Funding is available to support North Dakota CAHs in identifying potential areas of financial and operational improvement through 1.) CAH Financial/Operational Improvement Area of Choice; and 2.) Community Health Needs Assessment (CHNA) implementation for collaborative population health programming in response to identification of unmet community health and health service needs. Applications for each of these focus areas will be accepted as follows.

<b>Focus Area</b>	<b>Applications Deadline</b>	<b>Project Completion Date</b>
CAH Financial/Operational Improvement Area of Choice	December 8, 2023	August 31, 2024
CHNA Implementation	December 8, 2023	August 31, 2024

**NOTE: Rural Hospital Flexibility funds cannot be used:**

- *For direct patient care, healthcare services, equipment, or supplies*
- *To purchase vehicles or communications equipment*
- *To purchase or acquire real property or to improve existing property*
- *For building and/or physical structural improvements*
- *For hospital personnel time or associated expenses*
- *For t-shirts, hats, prizes, etc.*
- *For the purchase of food*

**2A. Critical Access Hospital (CAH) Subcontract Program**

There are **two** areas that may be addressed through this initiative:

- 1.) CAH Financial/Operational Improvement Area of Choice
- 2.) CHNA Implementation.

The following provides a description and application requirements of each focus area.

**2A.1 CAH Financial/Operational Improvement Area of Choice**

This activity is intended to allow CAHs to self-identify a financial or operational area for improvement and intervention. Suggested interventions include, but are not limited to: chart audit, chargemaster review, chargemaster scrub, 340B external audit, etc. The CAH will select its preferred vendor to complete the intervention. Items to consider when selecting a vendor may include subject matter expertise, timeline for completion, cost, etc. The Flex Program has \$10,000 available for this purpose.

During the application review process, subcontract award decisions will be determined based on need, as outlined by data from the Flex Monitoring Team CAH financial data, CAH Measurement and Performance Assessment System, and other sources.

**Reporting requirements for 2A.1 CAH Financial/Operational Improvement Area of Choice Subcontracts:**

Baseline and 12-month post measure reporting will include, but is not limited to:

- Identified area for improvement
- Identified vendor and intervention
- Vendor recommendations for improvement
- Number of recommendations implemented
- Outcomes resulting from implementation

**APPLICATION COMPONENTS:** All information will be submitted through an online form at <https://ruralhealth.und.edu/projects/flex/funding-programs/cah-subcontract>. ***A full application preview that includes the information required in the online application is included at this website.***

This preview may be printed off and you may prepare your responses ahead of time so you can copy and paste them into the online form when you are ready to submit your application.

A. **CAH CONTACT INFORMATION**

1. Hospital name, county, address, phone, contact person, email

B. **PROJECT DESCRIPTION**

1. Provide a description of your facility's identified financial or operational area for improvement. What type of activity are you proposing (chart audit, chargemaster review, chargemaster scrub, 340B external audit, etc.)? Why should your facility be selected to receive funding?
2. Include the goals, action steps, and specific project deliverables. Make sure they are time sensitive and measurable. Include a timeline with specific dates. All project activities must be completed by **August 31, 2023** If you prefer to upload a workplan you may do that.
3. Provide a description of anticipated project outcomes. What is the intended plan for using the information/resources obtained through this project? Explain the plan for results and follow-through.

C. **BUDGET and BUDGET NARRATIVE**

*Note: A sample budget and narrative can be found on the Flex website at:*

*<https://ruralhealth.und.edu/projects/flex/funding-programs#cah-subcontract>*

1. Upload your line-item budget, be sure to include all expenses (contractual, in-kind, etc.).
2. Budget narrative: Following in the order of your line-item budget, please describe the items listed in detail that will assist the reviewers in understanding the proposed budget. The budget narrative should identify line item expenses and explain how the line items are determined and/or calculated.

D. **PROJECT MANAGEMENT**

1. Name, title, and email of the individual responsible for management and oversight of this project.
2. Name, title, and email of hospital official authorized to enter into contract.

## 2A.2 Community Health Needs Assessment Implementation

The objective is to support new collaborative population health improvement programming and activities that address a significant need identified by the hospital's most recent Community

Health Needs Assessment (CHNA); assess determinants of health based on data review, encourage collaboration between CAHs, local public health units, and other community organizations and stakeholders; and promote community engagement and healthy behaviors. These projects may be written on behalf of a CAH or CAH-owned Rural Health Clinic (RHC). The North Dakota CAH subcontract program anticipates supporting two subcontracts up to \$5,000 for this effort that must be completed by 8/31/24.

**Preference will be given to proposals that actively engage local public health unit(s) or other community organizations and stakeholders.**

**Reporting requirements for 2A.2 Community Health Needs Assessment Implementation Subcontracts:**

12-month post measure reporting will include, but is not limited to:

- Goals and objectives of the project.
- Description and number of activities or programs implemented as a result of CHNA implementation funding for collaborative population health improvement activities.
- Description of interventions the target population received.
- Number of individuals in the target population served by these activities or programs.
- Description of collaborative partnerships developed through the CHNA implementation activity. List all community partners and describe roles of all partners involved in the project.
- Explanation of how the activity or program is measured for effectiveness.

**APPLICATION COMPONENTS:** All information will be submitted through an online form at <https://ruralhealth.und.edu/projects/flex/funding-programs/cah-subcontract>. ***A full application preview that includes the information required in the online application is included at this website.*** This preview may be printed off and you may prepare your responses ahead of time so you can copy and paste them into the online form when you are ready to submit your application. Your line-item budget and budget narrative will be uploaded into the online form.

**A. CAH/RHC CONTACT INFORMATION**

1. Hospital name, county, address, phone, contact person, email

**B. SUMMARY**

1. Provide a brief description of why your facility should be selected to receive subcontract funding.
2. Provide a brief description of anticipated outcomes, overview of intended use of information gathered, plan for results, and follow-through.
3. State the total dollar amount of funding requested (\$5,000 maximum).

**C. BUDGET and BUDGET NARRATIVE**

*Note: A sample budget and narrative can be found on the Flex website at:*

<https://ruralhealth.und.edu/projects/flex/funding-programs/cah-subcontract>

1. Upload your line-item budget, be sure to include all expenses (contractual, in-kind, etc.).
2. Budget narrative: Following in the order of your line-item budget, please describe the items listed in detail that will assist the reviewers in understanding the proposed budget. The budget

narrative should identify line item expenses and explain how the line items are determined and/or calculated.

**D. PROJECT DESCRIPTION**

1. Provide a description of why your facility should be selected to receive Community Health Needs Assessment (CHNA) Implementation funding.
2. Which CHNA-related need(s) are you seeking to address with this funding application?
3. Explain in detail the proposed activity or program, include the goals, action steps, and specific project deliverables. Make sure they are time sensitive and measurable. Include a timeline with specific dates. All project activities must be completed by August 31, 2024. If your project completion date is flexible, please note this. If you prefer to upload a workplan, you may do so.
4. Does this project involve a CAH, RHC, or both?
5. Describe the cohort and collaborative partnerships involved, including information detailing specific project roles and responsibilities of each partner identified.
6. Will hospital/RHC personnel be involved in carrying out the proposed activity or program? If yes, explain which personnel will be involved and what each individual's role will be.
7. Define the anticipated impact the proposed activity or program will have on the community.
8. State the duration of the proposed activity or program. Is it a continuing program or of limited duration?
9. Explain how the activity or program will be measured for effectiveness.

**E. PROJECT MANAGEMENT**

1. Name, title, and email of the individual responsible for management and oversight of this project.
2. Name, title, and email of hospital official authorized to enter into contract.

**SECTION 3**

**RULES FOR APPLICATION**

- 3.1 It is the sole responsibility of the Respondent to be certain that it has received a complete set of the Proposal Documents when preparing to respond. Upon submission of its Application, the Respondent shall be deemed conclusively to have been in possession of a complete set of proposal documents.

**Respondents are expected to examine the entire RFP; including all specifications, requirements, and instructions. Failure to do so will be at the Respondent's risk.**

- 3.2 UND will not be responsible for any costs incurred by Respondents which may result from preparation or submission of application to this RFP.

**3.3 Proposal Application**

Respondents should submit their application through the online system available at: <https://ruralhealth.und.edu/projects/flex/funding-programs/cah-subcontract>.

Please refer to Section 2, Scope of Work, for additional application information. Applications will only be accepted through submission via the online system.



Acceptance or denial of application: The Flex Program reserves the right to accept or deny any or all applications or parts of the application, and to waive informalities.

The timeline for this process is as follows.

**RFP release date:** November 1, 2023  
**Technical assistance:** November 17, 2023 2:00 pm Central  
**Zoom link:** <https://tinyurl.com/FLEX2024>  
**Call Number:** 1 (669) 444-9171  
**Meeting ID:** 937 1068 3702 **Passcode:** 554602  
**Application due date:** December 8, 2023  
**Award notice date:** December 22, 2023  
**Work completion:** August 31, 2024

Focus Area	Applications Accepted Until	Project Completion Date
CAH Financial/Operational Improvement Area of Choice Application link: <a href="https://tinyurl.com/FlexFOI2024">https://tinyurl.com/FlexFOI2024</a>	December 8, 2023	August 31, 2024
CHNA Implementation Application link: <a href="https://tinyurl.com/implementationactivity2024">https://tinyurl.com/implementationactivity2024</a>	December 8, 2023	August 31, 2024

**APPLICATION GUIDELINES**

Instructions: The application form is to be completed by North Dakota CAHs seeking support from the ND CAH Subcontract Program. In completing this application, be as specific as you can in stating your needs, describing your situation, and identifying your actions. For information on the RFP or application, please contact Holly Long at the Center for Rural Health:

Holly Long, Project Coordinator  
 UND Center for Rural Health, School of Medicine and Health Sciences  
 Phone: (701) 213-9985  
 E-mail: [holly.long@und.edu](mailto:holly.long@und.edu)