



HEALTH REFORM SUPPORT

**REQUEST FOR GRANT APPLICATIONS (RFA):
“DEVELOPING RECOMMENDATIONS TO REFINE THE LONG-
STAY PATIENT PAYMENT MECHANISMS TREATED UNDER
FOUR SELECTED PMG PACKAGES”**

RFA #204

A USAID/UKRAINE FUNDED PROJECT

February, 2024

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Table of contents

I. SUMMARY	4
1.1. USAID Health Reform Support (HRS) Project.....	4
1.2. USAID HRS Request for Applications (RFA) Summary.....	4
2. INSTRUCTIONS FOR APPLICANTS	6
2.1. General	6
2.2. RFA Contact Information.....	6
2.3. Questions and Clarifications.....	6
2.4. Applications Due Date and Time	6
2.5. Application Delivery Address.....	7
2.6. Type of Award	7
2.7. Submission Requirements	7
2.8. Eligibility	7
2.9. Application Conditions Precedent.....	8
2.10. Late Applications	8
2.11. Modification/Withdrawal of Applications.....	9
2.12. Disposition of Applications.....	9
3. STATEMENT OF WORK	10
3.1. Background and Specific Challenges to Be Addressed by this Grant.....	10
3.2. Grant Objective.....	11
3.3. Indicators.....	11
3.4. Specific Statement of Work.....	12
3.5. Deliverables and Activities.....	14
3.6. General Milestones and Associated Timelines.....	16
3.7. Key Personnel	19
3.8. Grant Project Expected Results	19
4. TECHNICAL APPLICATION CONTENTS	21
5. BUDGET CONTENTS	23
6. SELECTION	24
7. REFERENCES, TERMS & CONDITIONS	25
7.1. References (choose from the list below as applicable).....	25
7.2. Terms and Conditions	25

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USAID Health Reform Support

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I. SUMMARY

I.1. USAID Health Reform Support (HRS) Project

The purpose of USAID's Health Reform Support Project (HRS Project) is to support a transparent, accountable, and effective healthcare system that is capable of meeting the health needs of the Ukrainian people. Advancing health sector reforms, enhancing transparency, and tackling corruption will reduce out-of-pocket payments and improve access and availability of high-quality, evidence-based healthcare services for Ukrainians. Elimination of corruption is a cross-cutting theme across all objectives to be achieved by this activity, which include:

1. Improve health sector governance.
2. Support the transformation of the healthcare financing model.
3. Strengthen the health workforce.
4. Enhance transparency, accountability and responsiveness of the health care system.
5. Improve service delivery system at all levels.

I.2. USAID HRS Request for Applications (RFA) Summary

Scope of Work: This solicitation requests applications from eligible USAID Health Reform Support Project partners to develop recommendations to refine the payment mechanisms for long-stay patients treated under four selected packages of the state-funded Program of Medical Guarantees (PMG), including civilians with war-related traumas.

Applications should include a technical approach, with corresponding activities that will be undertaken to achieve the goals of the activities described in the detailed scope of work (SOW) specified in Section 3 of the RFA.

Period of Performance: The period of performance for the grants is approximately seven (7) months, from March 01, 2024 to September 30, 2024. The application work plan and budget should reflect the period of performance.

Proposal Selection: All applications will be reviewed to check for eligibility and completeness of the submission. All eligible and complete applications will be reviewed by a Technical Evaluation Committee against the review criteria described in Section 6 Selection.

The minimum score to be considered for grant funding is 70 points out of the total 100 points. Applicants not selected for award will be notified by the project in writing.

Funding Range: Subject to the availability of funds, USAID Health Reform Support intends to award **one (1) grant up to UAH 8 800 000**. Funding for this Grant will be subject to donor approval and availability of funds. Funding will be disbursed to the grantees in Ukrainian local currency (UAH).

Submission Deadlines: All applications must be submitted no later than 23:59 Ukraine local time (UTC + 02:00) on **March 3, 2024**. Questions should be received by close of business (COB) Ukraine local time **February 23, 2024**, and responses to questions will be provided by **February 27, 2024**.

An informational webinar will be held on **February 20, 2024, at 16:00 local time** to clarify grant procedures and grant objectives. Registration can be requested via e-mail at grant@hrs.net.ua by **11:00 Ukraine local time, February 20, 2024.**

This RFA contains the Grant Application Form and Guidelines with the following attachments:

Attachment 1: Technical Proposal

Annex A. Grant Activity Implementation Plan

Annex B. PROJECT IMPLEMENTATION TEAM (CVs)

Annex C. Information of Previous Assistance Awards/Contracts

Attachment 2: Budget and Budget Notes

Annex D. Supporting Data for Cost Estimates

Attachment 3: Information about Applicant

Attachment 4: Certifications and Assurances from Applicant

Annex E. Documents Demonstrating Applicant's Eligibility and Capabilities

Annex F. Environmental Self-Assessment Form

Annex G. Survey on Ensuring Equal Opportunities to Applicants (optional, upon Applicant's Request)

2. INSTRUCTIONS FOR APPLICANTS

2.1. General

- Entities invited to submit an application are under no obligation to do so.
- Applicants will not be reimbursed by USAID Health Reform Support Project for any costs incurred in connection with the preparation and submission of their applications.
- Applicants may submit only one application under RFA# 204.
- For the purposes of interpretation of these instructions to applicants, the periods named herein shall be consecutive calendar days.
- USAID Health Reform Support Project reserves the right to conduct discussions once a successful application is identified, or to make an award without conducting discussions based solely on the written applications if it decides it is in its best interest to do so.
- USAID Health Reform Support Project reserves the right not to make any award.
- These instructions to applicants will not form part of the offer or grant award. They are intended solely to aid applicants in the preparation of their applications.

2.2. RFA Contact Information

USAID Health Reform Support Project Office

Attention: Olena Korduban

Email: grant@hrs.net.ua

Address: 52A, B. Khmelnytskogo Str., 5th floor, 01030 Kyiv, Ukraine

2.3. Questions and Clarifications

- **Method:** Only written questions and requests for clarification will receive a response. Send questions about this RFA by email to the RFA Contact noted above.
- **Date for receipt:** All questions and requests for clarification must be received by close of business (COB) on February 23, 2024 to the email address noted above. Only questions received by this date will receive a response.
- **Responses:** By February 27, 2024, we anticipate providing responses to the requests for clarifications. All responses will be emailed to all applicants and published via Grants Portal (<https://usaid-hrs.fluxx.io>)
- An informational workshop (webinar) will be held on **February 20, 2024 at 16:00 local time** to clarify grant procedures and grant objectives. Registration can be requested via e-mail at grant@hrs.net.ua by **11:00 local time, February 20, 2024**.

2.4. Application Due Date and Time

Closing Date: March 3, 2024.

Closing Time: 23:59 Ukraine local time (UTC + 02:00)

2.5. Application Delivery Address

The proposal package should be submitted through the Deloitte Grants Portal (<https://dgrants.fluxx.io>).

First time applicants will be required to register for an account and, upon approval, will receive an email notification with the necessary log-in credentials to access the portal.

The portal details submission instructions for completing a web-based application form and contains all required document and budget attachments to be included with the application.

All electronic file names should include the organization's name and the title of the document. Applicants should retain copies for their records, as all applications and attachments received will not be returned.

2.6. Type of Award

The USAID Health Reform Support Project anticipates the award of one **(1) Fixed Amount Award** in response to this RFA # 204 with the ceiling amount of up to UAH 8 800 000.

2.7. Submission Requirements

- **Language:** The application and all associated correspondence must be in English. Any award document resulting from this request will be in English.
- **Currency:** The cost must be presented in UAH.
- **Method:** Electronic copy.
- **Marking:** USAID Health Reform Support Project, RFA # 204.
- **Authorized Signer:** Application must be signed by a person duly authorized to submit an application on behalf of the applicant and to bind the applicant to the application.
- **Authorized Personnel.** Provide name, title, email, and telephone number of the person or persons in the entity who are authorized to discuss and accept a grant, if awarded.

2.8. Eligibility

To be eligible to apply a potential Applicant:

- Should be non-U.S. non-governmental organizations, for profit or nonprofit, registered in Ukraine (e.g. NGOs, Professional Associations, Research/ Educational Institutions, Commercial Organizations);
- Shouldn't not appear on the "List of Parties Excluded from Federal Procurement and Non-Procurement Programs";
- Shouldn't be individual, political party, any governmental entity (or organization) or official whether at national or municipal level;
- Shouldn't be affiliated with HRS or any of its directors, officers or employees;
- Organizations whose objectives are not consistent with the broad objectives of the HRS are also ineligible.

Additional eligibility criteria:

- The organization must have demonstrated experience in technical areas relevant to the scope of work, in particular analysis of the DRG system in Ukraine, top-down and bottom-up costing of medical services provided by specialized HCFs.
- The organization must be registered in Ukraine.
- The organization must currently be implementing activities in the geographic area or technical area for which it is applying.
- The organization has the minimum absorptive capacity and demonstrates the potential to acquire the sufficient capacity to manage programs sustainably.
- The organization has a functional financial system.
- The organization's other relationships, associations, activities, and interests do not create a conflict of interest that could prevent full impartiality in the implementation of the grant activities.
- In accordance with 2 CFR 25, recipients of grant awards, foreign or domestic, of \$25,000 or more are required to obtain a Unique Entity Identifier Number and register themselves through the SAM.gov website.

2.9. Application Conditions Precedent

All applications must be submitted in the specified format (see Section 4 Technical Application Contents). Any application submitted in any other format will not be considered. The applicant must also include all other supporting documentation (board resolution, articles of incorporation, etc.) as may be necessary to clearly demonstrate that it meets the following conditions precedent to application selection:

- That the applicant organization has the managerial commitment, as evidenced by written board of directors, resolutions, strategic plans (overall long-range plan for applicant's organization) or other documentation, indicating that it is, or will be, implementing the objectives referred above;
- That the applicant organization has no advances from USAID or a USAID contractor which have been outstanding and unliquidated for longer than 90 days, and that the applicant organization has no grant completion report required under a grant from USAID or a USAID contractor which is more than 30 days past due;
- That at the time of application there exists no condition within the applicant organization or with respect to the applicant organization's management which renders the organization ineligible for a grant directly or indirectly funded by USAID.

2.10. Late Applications

Applicants are wholly responsible for ensuring that their applications are received in accordance with the instructions stated herein. A late application will not be eligible for consideration and will be rejected without selection, even if it was late as a result of circumstances beyond the applicant's control. A late application will be considered only if the sole cause of it becoming late was attributable to USAID Health Reform Support, Deloitte, its employees or agents.

2.11. Modification/Withdrawal of Applications

Any applicant has the right to withdraw, modify or correct its offer after such time as it has been delivered to USAID Health Reform Support provided that the request is made before the offer closing date.

2.12. Disposition of Applications

Applications submitted in response to this RFA will not be returned.

3. STATEMENT OF WORK

3.1. Background and Specific Challenges to Be Addressed by this Grant

The National Health Service of Ukraine (NHSU) has been reimbursing most specialized healthcare facilities (HCFs) of Ukraine since 2020 for the provision of packages of medical services under the state-funded Program of Medical Guarantees (PMG). Currently, different payment mechanisms are in use for different packages, which include case-based payment, diagnosis-related groups (DRGs) based payment, and global rate payment covering other services. For instance, NHSU purchases hospital-based care using case-based tariffs for priority PMG packages such as treatment of acute myocardial infarction (MI) (two tariffs) and treatment of acute cerebral stroke (three tariffs). NHSU also uses 372 DRGs to pay HCFs for a case of hospital-based care under two PMG packages: inpatient care for adults and children without surgery (179 DRG codes as of PMG 2023) and surgeries for adults and children in inpatient settings (193 codes as of PMG 2023).

In PY5, HRS identified the following major effects of the ongoing war on the operation of the sampled specialized HCF:

1. **Initial decrease in the ratio of planned surgeries** – this occurred especially in the first six months of the war due to population movements, disruptions, and regulatory restrictions. The ratio has since returned to pre-war levels, and even increased in the western regions.
2. **Increase in the proportion of urgent surgeries and complicated cases** – this is driven by increases in the number of acute pathology and advanced cases. They may derive from complications of healthcare access in areas with hostilities, movement restrictions and insecurity, as well as changes to healthcare demand timing, with some patients delaying accessing surgical care with initial telemedicine usage and remote medical consultation.
3. **Increase in long hospital stay cases linked to surgeries addressing war-related injuries** – war-wounded patients often require a longer average length of stay (LOS), and their injuries also have more severe complications, delaying their post-surgical recovery.

Most respondents from HCFs suggested that the issue of patients with longer inpatient stay should be considered to urgently improve reimbursement mechanisms. With the backdrop of war-induced challenges in overall health financing and HCFs operations, the specific driver of the increase in average LOS for patients with war-related traumas must be addressed. The other cause of long LOS might be associated with the treatment of complex cases of myocardial infarction and acute stroke.

HRS aims to analyze the proportions of long-stay patients (LSPs), their average clinical characteristics, actual cost of care, the average cost per case and total monthly unreimbursed cost for HCFs related to LSPs, etc. This analysis will inform recommended refinement of the payment mechanisms for LSPs treated under the following PMG packages of medical services:

- Inpatient care for adults and children without surgery
- Surgeries for adults and children in inpatient settings

- Treatment of acute myocardial infarction
- Treatment of acute cerebral stroke

3.2. Grant Objective

This Grant will be provided under the USAID Health -Reform Support Project, Objective 2: Support for Transformation of the Health Care Financing Model.

This Grant aims to conduct a mixed-methods study to better understand the challenges HCFs face due to the increasing proportion of LSPs, and the ongoing impact of the war, on caseload and case complexity. The study will be conducted through data collection at a sample of specialized HCFs.

The overarching research and policy objectives of the study are the following:

1. Improve NHSU and other stakeholders' understanding of the prevalence of LSPs in HCFs and the additional service delivery costs posed by such patients.
2. Improve NHSU and other stakeholders' understanding of the gap between the PMG package reimbursements for LSPs and the average actual costs for such patients.
3. Recommend specific adjustments to PMG payment mechanisms for the four PMG packages listed below to reduce the the gap between the PMG package reimbursements for LSPs and the average actual costs for such patients, improving the reimbursement system and HCF sustainability without significantly increasing NHSU expenditures.
4. Recommend adjustments in HCF electronic medical records (EMRs) systems to improve the accounting of LSPs and related diagnoses.

To meet the above-mentioned policy objectives, the study will answer the following specific questions:

- What are the proportions of LSPs in the number of admissions as well as bed days among those admitted in HCFs under four PMG packages:
 - “Treatment of acute myocardial infarction”;
 - “Treatment of acute cerebral stroke”;
 - “Inpatient care for adults and children without surgery”;
 - “Surgeries for adults and children in inpatient settings”?
- What are the clinical characteristics of patients with long-stay durations, including civilians with war-related traumas treated under PMG packages “Inpatient care for adults and children without surgery” and “Surgeries for adults and children in inpatient settings”?
- What DRG codes or case-based tariffs are associated with long stay?
- What is the average actual cost of care for LSPs for the entire period of hospitalization, with patients grouped by PMG packages?
- What is the average per case and total monthly unreimbursed cost for HCFs related to LSPs based on the actual costs of care vs. the PMG payments?
- What are the recommendations to refine the payment mechanism for LSPs treated within the four PMG packages mentioned above?

3.3. Indicators

This Grant is intended to contribute to achieving the following results:

- One new healthcare financing mechanism for four PMG packages developed with HRS support;

- If adopted, this new healthcare financing mechanism will improve the allocation of the limited financial resources within the PMG, facilitate resource planning, and contribute to a better quality of medical data;
- Two PMG packages “Treatment of acute myocardial infarction” and “Treatment of acute cerebral stroke” are costed with HRS support;
- Understanding the actual costs incurred by HCFs will facilitate resource planning and tariff setting by NHSU for the above-mentioned PMG packages.

3.4. Specific Statement of Work

Under this Scope of Work (Grant), the Grantee shall perform, but will not be limited to, the tasks specified under the following categories and submit the outlined deliverables:

- 1. Develop a work plan for grant implementation**
 - 1.1. Develop and agree with HRS on the work plan for grant implementation with a detailed timeline, responsible team members, and expected deliverables.
 - 1.2. Apply for and obtain institutional review board (IRB) approval or exemption, if needed.
- 2. Develop a data collection plan and describe approaches to data analysis, propose a sample of the specialized HCFs**
 - 2.1. Develop a data collection plan with ‘live’ updates weekly.
 - 2.2. In cooperation with HRS develop approaches to data collection and analysis.
 - 2.3. Propose the sample of 50 specialized HCFs contracted for four above-mentioned PMG packages for data collection and obtain approve from HRS.
- 3. Develop and pilot research instruments for data collection**
 - 3.1 Develop instruments for data collection:
 - 3.1.1 data request forms for a sample of **50 specialized HCFs**;
 - 3.1.2 questionnaires for discharged patients – **up to 150 patients** to be interviewed;
 - 3.1.3 guides for the focus group discussions (FGDs) with medical workers from the sampled specialized HCFs – **7 FGDs with 7-8 participants each**;
 - 3.1.4 guides for in-depth interviews (IDIs) with general directors and/or their deputies of the sampled specialized HCFs – **50 IDIs** in total.
 - 3.2 Pilot data collection instruments, produce a pilot report, and develop recommendations on research instruments updates if needed.
 - 3.3 Amend and update the data collection instruments and approaches as needed.
- 4. Conduct quantitative and qualitative data collection, verify collected quantitative and qualitative data, and produce the report(s) on qualitative data collection and analysis**
 - 4.1. Collect quantitative data for 2022 and 2023.
 - 4.2. Collect qualitative data in 2024 via IDIs, FGDs, and patient survey to provide insights on current situation and previous years where possible.
 - 4.3. Conduct verification of the collected quantitative data and finalize the data sets.
 - 4.4. Analyze qualitative data and summarize the participants insights on the resource intensity of the LSP treatment depending on the patient’s condition (diagnoses), most common reasons for long-stay, coding of the long-stay cases, pathways to rehabilitation, levels of LSPs’ self-reported payments during hospitalization by defined categories, among other potential variables.

4.5. Produce report(s) on qualitative data collection and analysis and share questionnaires and transcripts of the IDIs and FGDs.

5. Conduct quantitative data analysis:

5.1. Work closely with HRS staff to analyze collected quantitative data and share the results in MS Excel with HRS. The analysis should include but not be limited to:

- Under research and policy objective 1:
 - Identifying a subset of LSPs based on the LOS exceeding 21 days;
 - Calculation of LSPs prevalence in HCFs and LSP shares by HCF department in the total number of patients and bed days, by type of HCF, and by oblast
 - Analysis of the patient diagnoses or DRG codes, comorbidities, delivered interventions where possible, LOS;
- Under research and policy objective 2:
 - Analysis of HCFs expenditure, including top-down allocations to HCF departments and main cost centers, disaggregating to the level of major diagnoses;
 - Estimation of the average cost per treated case by the above-mentioned PMG packages, and additional cost associated with LSPs by HCF departments,
 - Analysis of the total case payments under PMG as well as from other sources of HCF funding;
 - Estimation of the unreimbursed cost for LSPs in each HCF department by estimating the gap between the PMG package reimbursements for LSPs and the average actual costs;
- Under research and policy objective 3:
 - Comparison of resource use intensity per patient within HCF departments for patients without long-stay and LSPs;
 - Estimation of the adjustment factor for LSP for each PMG package, if applicable
- Under research and policy objective 4:
 - Analysis of the LSPs' clinical characteristics, including diagnoses, procedures where possible, movement in the HCF to recommend updates to the EMRs to improve tracking and reporting of the LSPs;
 - Analysis on how to identify in EMRs the patients who are hospitalized for more than 21 days across their movement in the HCF and how to track the diagnoses of the patient.
- Other analysis as requested.

6. Develop a final report with study results and recommendations, and presentation slides with key results, findings, and recommendations

6.1. Based on the analysis of quantitative and qualitative data, work closely with HRS staff to develop recommendations on:

- Refinement of payment mechanisms for LSPs treated under four above-mentioned PMG packages to cover the gap between actual cost and PMG payments for the case that will allow improvement of the reimbursement system and HCF sustainability without significantly increasing NHSU expenditures;
- Adjustments to EMRs to improve tracking and reporting LSPs at the HCF level;
- Approaches to define long-stay for some diagnoses depending on data availability;
- How to analyze the LOS at the HCF level.

- Other recommendations as requested.
- 6.2. In coordination with HRS produce a final report according to the agreed structure, including (but not limited to):
- Approaches to sampling and data collection, limitations;
 - Approaches to data analysis;
 - Key takeaways from IDIs, FGDs, patients survey;
 - Results of data analysis and estimation of average cost per long-stay case by four PMG packages, etc.;
 - Key recommendations as per above.
- 6.3. Prepare quality check report.
- 6.4. Provide PowerPoint presentation with key results, findings, and recommendations.
- 6.5. Provide other materials as requested by the HRS team (analytical materials, technical documents, etc.).

7. Produce the report on the Grant execution.

3.5. Deliverables and Activities

The Grantee shall use his/her experience, knowledge of national and international best practices, and additional understanding gleaned from the background and objectives specified in sections A and B above to accomplish the following deliverables by the end of this Grant:

1. Under Activity 1 **“Develop a work plan for grant implementation”** the Grantee shall deliver the work plan for grant implementation with a detailed timeline, responsible team members, and expected deliverables (MS Word).
2. Under Activity 2 **“Develop a data collection plan and describe approaches to data analysis, propose a sample of the specialized HCFs”** the Grantee shall deliver:
 - 2.1. Data collection plan (MS Excel).
 - 2.2. Note on approaches to data collection and analysis (MS Word).
 - 2.3. Sample of HCFs contracted by NHSU for four PMG packages listed above (MS Excel).
3. Under Activity 3 **“Develop and pilot research instruments for data collection”** the Grantee shall deliver:
 - 3.1. Instruments for qualitative and quantitative data collection (MS Word).
 - 3.2. Report on piloting the research instruments (MS Word).
 - 3.3. Finalized data collection instruments and approaches after piloting (MS Word).
5. 4. Under Activity 4 **“Conduct quantitative and qualitative data collection, verify collected quantitative and qualitative data, and produce the report(s) on qualitative data collection and analysis”** the Grantee shall deliver:

4.1. Verified activity and financial datasets (MS Excel), questionnaires (MS Word), transcripts of the IDIs (MS Word), and FGDs (MS Word).

4.2. Report(s) on qualitative data collection and analysis (MS Word), including insights on the resource intensity of the LSP treatment depending on the patient's condition (diagnoses), most common reasons for long-stay, coding of the long-stay cases, pathways to rehabilitation, levels of LSPs' self-reported payments during hospitalization by defined categories among other potential variables.

5. Under Activity 5 **“Conduct quantitative data analysis”** the Grantee shall deliver a file with data analysis (MS Excel). The file should include:

- Under research and policy objective 1:
 - Identified subset of LSPs based on the LOS exceeding 21 days;
 - Calculation of LSPs prevalence in HCFs and LSP shares by HCF department in the total number of patients and bed days, by type of HCF, and by oblast
 - Analysis of the patient diagnoses or DRG codes, comorbidities, delivered interventions where possible, LOS;
- Under research and policy objective 2:
 - Analysis of HCFs expenditure, including top-down allocations to HCF departments and main cost centers, disaggregating to the level of major diagnoses;
 - Estimation of the average cost per treated case by the above-mentioned PMG packages, and additional cost associated with LSPs by HCF departments,
 - Analysis of the total case payments under PMG as well as from other sources of HCF funding;
 - Estimation of the unreimbursed cost for LSPs in each HCF department by estimating the gap between the PMG package reimbursements for LSPs and the average actual costs;
- Under research and policy objective 3:
 - Comparison of resource use intensity per patient within HCF departments for patients without long-stay and LSPs;
 - Estimation of the adjustment factor for LSP for each PMG package, if applicable
- Under research and policy objective 4:
 - Analysis of the LSPs' clinical characteristics, including diagnoses, procedures where possible, movement in the HCF to recommend updates to the EMRs to improve tracking and reporting of the LSPs;
 - Analysis on how to identify in EMRs the patients who are hospitalized for more than 21 days across their movement in the HCF and how to track the diagnoses of the patient.
- Other analysis as requested.

6. Under Activity 6 **“Develop a final report with study results and presentation slides with key results, findings, and recommendations”** the Grantee shall deliver:

6.1. Final Report (MS Word) according to the approved structure, including among others the recommendations on the following:

- Refinement of payment mechanisms for LSPs treated under four above-mentioned PMG packages to cover the gap between actual cost and PMG payments for the case

that will allow improvement of the reimbursement system and HCF sustainability without significantly increasing NHSU expenditures;

- Adjustments to EMRs to improve tracking and reporting LSPs at the HCF level;
- Approaches to define long-stay for some diagnoses depending on data availability;
- How to analyze the LOS at the HCF level.
- Other recommendations as requested.

6.2. Presentation of the key study results, findings, and recommendations (MS PowerPoint).

6.3. Other materials as requested by the HRS team (analytical materials, technical documents, tables, analyses, etc.).

3.6. General Milestones and Associated Timelines

For this type of Grant, fund disbursement is made based on verification of milestone completion. Grant activities will be monitored and evaluated against these milestones.

Milestone Number and Name	Grant Activity	Milestone Verification	Activity Expected Completion Date	Milestone Expected Completion Date
1. Develop work plan for grant implementation	1.1 Develop work plan for grant implementation	Approved work plan	March 15, 2024	March 15, 2024
2. Develop a data collection plan and describe approaches to data analysis, construct a sample of the specialized HCFs	2.1 Develop a data collection plan with 'live' weekly updates.	Approved data collection plan	March 15, 2024	March 29, 2024
	2.2 Develop a data collection and analysis approach.	Approved note of data collection and analysis	March 22, 2024	
	2.3 Propose a sample of 50 specialized HCFs for data collection.	Approved sample of the specialized HCFs	March 29, 2024	
3. Develop and pilot research instruments for data collection	3.1 Develop research instruments for data collection: <ul style="list-style-type: none"> 1) data request forms for 50 sampled specialized HCFs; 2) questionnaires for discharged patients – up to 150 patients to be interviewed; 3) guides for the FGDs with medical workers from the sampled specialized HCFs – 7 FGDs with 7-8 participants each; 	Approved instruments for data collection ready for piloting, including a questionnaire for discharged patients, guides for the IDIs and FGDs	March 8, 2024	April 15, 2024

Milestone Number and Name	Grant Activity	Milestone Verification	Activity Expected Completion Date	Milestone Expected Completion Date
	4) guides for IDIs with general directors and/or their deputies of the sampled specialized HCFs – 50 IDIs in total.			
	3.2 Pilot research instruments, produce a report, and recommend research instruments updates if needed.	Approved report on piloting of the data collection instruments	March 29, 2024	
	3.3 Participate in the progress update meeting with stakeholders		TBD	
	3.4 Amend and update the research instruments and data collection approaches as needed.	Approved changes to the data collection instruments	April 8, 2024	
4. Conduct quantitative and qualitative data collection, verify collected quantitative and qualitative data, and produce the report(s) on qualitative data collection and analysis	4.1 Collect quantitative data for 2022 and 2023 and qualitative data in 2024 via IDIs, FGDs, and patient survey to provide insights on current situation and previous years where possible.	Approved verified datasets	May 10, 2024	June 14, 2024
	4.2 Conduct verification of the collected quantitative data and finalize the datasets.		May 27, 2024	
	4.3 Produce report(s) on qualitative data collection and analysis and share questionnaires and transcripts of the IDIs and FGDs. The reports should include insights on the resource intensity of the LSP treatment depending on the patient's condition (diagnoses), most common reasons for long-stay, coding of the long-stay cases, pathways to rehabilitation, levels of LSPs' self-reported payments during hospitalization by defined categories among other potential variables.	Approved technical report on data collection	June 14, 2024	

Milestone Number and Name	Grant Activity	Milestone Verification	Activity Expected Completion Date	Milestone Expected Completion Date
	4.4 Participate in the progress update meeting with stakeholders		TBD	
5. Conduct quantitative data analysis	5.1 Analyse collected quantitative data and share the MS Excel file with HRS. The file should include analyses described in section 3.4 Specific Scope of work.	Approved files with data analysis (MS Excel)	July 1, 2024	July 1, 2024
6. Develop a final report with study results and presentation slides with key results, findings, and recommendations. Participate in the meeting with stakeholders	<p>6.1. Based on the analysis of quantitative and qualitative data develop recommendations on:</p> <ul style="list-style-type: none"> • Refinement of payment mechanisms for LSPs treated under four above-mentioned PMG packages to cover the gap between actual cost and PMG payments for the case that will allow improving the reimbursement system and HCF sustainability without significantly increasing NHSU expenditures; • Adjustments to EMRs to improve tracking and reporting LSPs at the HCF level; • Approaches to define long-stay for some diagnoses depending on data availability; • How to analyze the LOS at the HCF level. • Other recommendations as requested. 		July 26, 2024	August 15, 2024
	6.2. Produce a final report, including:	Approved final report	July 26, 2024	

Milestone Number and Name	Grant Activity	Milestone Verification	Activity Expected Completion Date	Milestone Expected Completion Date
	<ul style="list-style-type: none"> • Approaches to sampling and data collection, limitations; • Approaches to data analysis; • Key takeaways from IDIs, FGDs, patients survey; • Results of data analysis and estimation of average cost per long-stay case by four PMG packages, etc; • Key recommendations as per above. 			
	6.3 Provide other materials as requested by the HRS team (analytical materials, technical documents, etc.).		July 26, 2024	
	6.4 Develop PowerPoint slides with key results and recommendations	Approved presentation slides (MS PowerPoint) with key results and recommendations	July 26, 2024	
	6.5 Participate in the meeting with stakeholders and discussion of the main results		TBD	
7. Produce the report on the Grant execution	7.1 Develop the Grant Execution Report and share any other reports upon HRS request	Approved by Grant manager report of Grant Execution	September 30, 2024	September 30, 2024

3.7. Key Personnel

Key personnel must have relevant education and experience (reflected in CVs). Grantee must provide the workload information for all key personnel. The key personnel shall not be changed throughout the project execution without agreeing it with HRS team.

3.8. Expected Outcomes

Short-term outcome indicators:

- One new healthcare financing mechanism for four PMG packages developed with HRS support

- Four PMG packages costed/updated by the grantee and implemented by the NHSU in future PMG iterations (2025) to ensure effective spending of financial resources.

The proposed study will estimate the average number and share of LSPs in total hospitalization by HCF type, the difference in the average cost per treated LSP case, and the PMG payments made, disaggregated by PMG packages, to estimate the unreimbursed HCF costs. Based on this, the study will recommend adjustments to the current PMG payment mechanisms. The study will equip the NHSU with evidence-based analysis and will help facilitate a dialogue with the specialized HCFs on mechanisms to manage LSPs and the impact they have on the providers' long-term sustainability.

Long-term outcome indicators:

If the NHSU adopts and implements the recommendations made by the Grantee and HRS., the specialized HCFs will be more fairly reimbursed for the services provided to LSPs. As a result, the HCF incentives to charge fees OOP will be reduced, and the financial sustainability of specialized HCFs in the wartime will be improved.

In addition, based on the data on the number, share, and composition of diagnoses of LSPs under PMG packages as well as insights from the FGDs and IDIs, the Ukrainian health system will form a better perspective on the issue of long hospital stays and the impact of the war on this issue. This improved understanding will contribute to discussions on how to better allocate resources to the specialized care sector as the war continues.

4. TECHNICAL APPLICATION CONTENTS

All complete applications received by the deadline will be reviewed for responsiveness to the specifications outlined in the guidelines. USAID Health Reform Support may reject applications that are:

- Incomplete;
- Do not respond to the scope of work in the solicitation;
- Do not comply with the format requirements; or
- Are submitted after the deadline.

The application in response to this solicitation should be organized as follows:

A. Cover Page

Include all of the following information:

- Name, address, phone/fax number, and email of the organization
- Title of proposed project
- Name of contact person
- Duration of project
- Date submitted

B. Applicant Data (see Grant Application Form and Guidelines)

C. Technical Proposal (9 pages maximum)

Sections of Attachment I Technical Proposal of the Grant Application Form and Guidelines should use the headings italicized below in the following order:

- **GOALS, OBJECTIVES, AND GEOGRAPHIC FOCUS OF GRANT ACTIVITY** *[maximum 2 page]*

- Provide an explanation why the current payment mechanism for inpatient services needs revision for LSPs and what the challenges are associated with DRG-based financing.
- Provide descriptions for each of the listed in the Grant proposal objectives, highlighting the main implementation stages and associated risks.

- **EXPECTED RESULTS AND TECHNICAL STRATEGIES INCLUDING COORDINATION AND COLLABORATION** *[maximum 3 pages]*

- Outline approaches to data collection and data analysis, as well as potential risks, including delays, and strategies to mitigate these risks.
- The organization must demonstrate its ability to effectively implement grant objectives (e.g., it is already working in that area or has strong relationships and can quickly expand to that area).
- Describe how you will collaborate and coordinate grant activities with other stakeholders, including cooperation with public specialized HCFs, and explain the data collection approach (including a backup option in case of war-caused disruptions) and approaches to data analysis.

- IMPLEMENTATION AND MANAGEMENT PLANS/ ACTIVITIES [maximum 3 pages]

- Provide a detailed grant implementation plan (see the template in Annex A - GRANT ACTIVITY IMPLEMENTATION PLAN).
- Based on a developed implementation plan, provide the list of grant activity milestones using the table from Section 3.5. For Fixed Amount Awards, the budget is aligned to specific milestones, and fund disbursement is made based on verification of milestone completion (see Section 5 for more details). Grant activities will be monitored and evaluated against these milestones.
- The implementation plan must deliver the milestones and ensure the requirements of its expected time of completion.
- Indicate the number of staff you are planning to launch to the activity's implementation.
- Describe how you will coordinate and monitor the implementation plan.
- Describe how the project will be managed within the Grant.
- Indicate whether you have experience in cooperation with international organizations and specialized HCFs.

- ORGANIZATIONAL CAPACITY [maximum 1 page]

- Describe the team that will implement the Grant, indicating their positions, roles and contact details as Annex B. Provide CVs for core/implementation team (as an ANNEX B – PROJECT IMPLEMENTATION TEAM).
- Indicate contacts who will liaise with the HRS Project.
- Provide additional information about your organization's experience in the implementation of socioeconomic studies, specifically the cost of medical services provided by specialized HCFs, and an analysis of DRG-based payments and HCFs costs per DRG.
- Provide information about the past performance of your organization as an ANNEX C - INFORMATION ON PREVIOUS ASSISTANCE AWARDS OR CONTRACT

Annexes (number of pages not limited)

ANNEX A – GRANT ACTIVITY IMPLEMENTATION PLAN

ANNEX B – IMPLEMENTATION TEAM & CVs of PROJECT MANAGER and KEY PERSONNEL
AND/OR FACULTY (max 3 pages)

ANNEX C - INFORMATION ON PREVIOUS ASSISTANCE AWARDS OR CONTRACTS

5. BUDGET CONTENTS

5.1. BUDGET AND PAYMENT TERMS

The approximate budget for the Grantee amounts to 8 800 000 UAH. The budget should be produced by milestones. The budget items, associated payment terms, and dates according to the proposed milestones list will be finally defined based on the applicant's proposal and fixed in the grant award document.

5.2. COST SHARE

Cost sharing is not a requirement for RFA #204.

Sub-awards will not be allowed under the Grants Program.

5.3. BUDGET CONTENT

The Applicant must:

- Include a detailed and realistic budget using the Excel template provided (see Attachment 2: Budget and Budget Notes). The budgets must be prepared in local currency (UAH) and should be based on activities described in the Attachment 1: Technical Proposal. Budget should not include costs that cannot be directly attributed to the activities proposed.
- Include detailed budget notes/clarification of calculation for each budget line item by milestones following the format of the template provided (see Attachment 2: Budget and Budget Notes). Supporting documentation to support cost data will be required prior to award of grants. However, these documents will not be required at the time of application submission.
- **Grant award funds can't be used for:**
 - Construction works
 - Major/small repairs
 - Other items not related to the grant implementation

All applicants must have the financial and administrative systems to adequately account for the grant funds as detailed in the extensive attachments and referenced U.S. Government websites.

5.4. TAXES

No taxes, fees, charges, tariffs, duties or levies will be paid under any Grants awarded from this RFA.

6. SELECTION

USAID Health Reform Support intends to award grants resulting from this solicitation to the responsible Grantees whose Application conforms to the solicitation and represents best value solutions after selection in accordance with the criteria/factors listed here.

The review criteria below are presented by major category so that Applicants will know which areas require emphasis in the preparation of Applications.

Application Selection Criteria	Points
1. Project Goal, Project Objectives, and Geographic Focus	10
2. Technical Strategies, including Coordination and Collaboration	20
3. Implementation and Management Plans	25
4. Organizational Capacity	25
5. Budget, Budget Notes and Cost Reasonableness	20
Total points	100

Technical Proposal

USAID Health Reform Support Project will evaluate each technical approach quantitatively based upon the review criteria set forth above. A technical proposal can be categorized as unacceptable when it is incomplete, does not respond to the scope, does not comply with the format requirements or is submitted after the deadline.

Budget

The proposed budget will be analyzed as part of the application selection process. Applicants should note that Budgets must be sufficiently detailed to demonstrate reasonableness and completeness, and that applications including budget information determined to be unreasonable, incomplete, or based on a methodology that is not adequately supported may be judged unacceptable.

- 1) **Reasonableness.** USAID Health Reform Support Project will make a determination of reasonableness based on USAID HRS's experience for similar items or services, what is available in the marketplace, and/or other competitive offers.
- 2) **Completeness.** A detailed line item budget, budget notes, assumptions, and schedules that clearly explain how the estimated amounts were derived must adequately support the applicant's budget. USAID Health Reform Support may request additional supporting information to the extent necessary to determine whether the costs are fair and reasonable.

7. REFERENCES, TERMS & CONDITIONS

7.1. References (choose from the list below as applicable)

- The U.S. Government regulations that govern this Grant as found at the following websites:
<http://www.usaid.gov/sites/default/files/documents/1868/303.pdf>
<https://www.acquisition.gov/far/html/FARTOCP31.html>
https://www.ecfr.gov/cgi-bin/text-idx?tpl=/ecfrbrowse/Title02/2cfr200_main_02.tpl
- Required provisions for Simplified and Standard Grants to Non-U.S. Non-Governmental Organizations: <http://www.usaid.gov/ads/policy/300/303mab>.
- Required Standard Provisions for U.S. Non-governmental organizations: <http://www.usaid.gov/ads/policy/300/303maa>
- Required Provisions for a Fixed Amount Awards to Non-Governmental Organizations:
 - (1) Mandatory Provisions from: <https://www.usaid.gov/ads/policy/300/303mat>.
 - (2) Include ONLY the applicable "Required, As Applicable" provisions from: <https://www.usaid.gov/ads/policy/300/303mat>.

7.2. Terms and Conditions

- Issuing this RFA is not a guarantee that a grant will be awarded.
- Deloitte reserves the right to issue a grant based on the initial selection of offers without discussion.
- Deloitte may choose to award a grant for part of the activities in the RFA.
- Deloitte may choose to award a grant to more than one recipient for specific parts of the activities in the RFA.
- Deloitte may request from short-listed grant applicants a second or third round of either oral presentations or written responses to a more specific and detailed scope of work that is based on a general scope of work in the original RFA.
- Deloitte has the right to rescind an RFA, or rescind an award prior to the signing of a grant award/contract due to any unforeseen changes in the direction of Deloitte's client (the U.S. Government), be it funding or programmatic.
- Deloitte reserves the right to waive any deviations by organizations from the requirements of this solicitation that in Deloitte's opinion are considered not to be material defects requiring rejection or disqualification, or where such a waiver will promote increased competition.

Grant Agreement

A grant agreement will include the approved project description, approved budget, payment terms, reporting requirements and relevant provisions. Once executed, it is a legally binding agreement between Deloitte (on behalf of the USAID Health Reform Support) and the recipient organization. Once the grant

agreement is signed, it cannot be modified without prior written approval from Deloitte (on behalf of the USAID Health Reform Support).

Grant Disbursement and Financial Management

Recipients of grant funds will need to open a separate bank account before any funds are transferred from Deloitte. The grants will be disbursed in local currency and transferred only through bank transactions.

Reporting

The grant agreement will detail the reporting requirements. Recipients must be willing to adhere to the reporting schedule and requirements for both programming activities and financial monitoring.

Monitoring

USAID Health Reform Support staff will monitor programmatic performance. Deloitte and USAID reserve the right to review finances, expenditures and any relevant documents at any time during the project period and for three years after the completion of the project and closeout. All original receipts must be kept for three years after the formal closeout has been completed.

Late Submissions, Modifications and Withdrawals of Applications

At the discretion of Deloitte, any application received after the exact date and time specified for the receipt may not be considered unless it is received before award is made and it was determined by Deloitte that the late receipt was due solely to mishandling by Deloitte after receipt at its offices.

Applications may be withdrawn by written notice via email received at any time before award. Applications may be withdrawn in person by a vendor or his authorized representative, if the representative's identity is made known and the representative signs a receipt for the application before award.

False Statements in Offer

Vendors must provide full, accurate and complete information as required by this solicitation and its attachments.

Certification of Independent Price Determination

(a) The offeror certifies that--

(1) The prices in this offer have been arrived at independently, without, for the purpose of restricting competition, any consultation, communication, or agreement with any other offeror, including but not limited to subsidiaries or other entities in which offeror has any ownership or other interests, or any competitor relating to (i) those prices, (ii) the intention to submit an offer, or (iii) the methods or factors used to calculate the prices offered;

(2) The prices in this offer have not been and will not be knowingly disclosed by the offeror, directly or indirectly, to any other offeror, including but not limited to subsidiaries or other entities in which offeror has any ownership or other interests, or any competitor before bid opening (in the case of a sealed bid solicitation) or grant award /contract (in the case of a negotiated or competitive solicitation) unless otherwise required by law; and

(3) No attempt has been made or will be made by the offeror to induce any other concern or individual to submit or not to submit an offer for the purpose of restricting competition or influencing the competitive environment.

(b) Each signature on the offer is considered to be a certification by the signatory that the signatory--

(1) Is the person in the offeror's organization responsible for determining the prices being offered in this bid or application, and that the signatory has not participated and will not participate in any action contrary to subparagraphs (a)(1) through (a)(3) above; or

(2) (i) Has been authorized, in writing, to act as agent for the principals of the offeror in certifying that those principals have not participated and will not participate in any action contrary to subparagraphs (a)(1) through (a)(3) above; (ii) As an authorized agent, does certify that the principals of the offeror have not participated, and will not participate, in any action contrary to subparagraphs (a)(1) through (a)(3) above; and (iii) As an agent, has not personally participated, and will not participate, in any action contrary to subparagraphs (a)(1) through (a)(3) above.

(c) Offeror understands and agrees that --

(1) violation of this certification will result in immediate disqualification from this solicitation without recourse and may result in disqualification from future solicitations; and

(2) discovery of any violation after award to the offeror will result in the termination of the award for default.

Standard Provisions

Deloitte is required to respect the provisions of the United States Foreign Assistance Act and other United States laws and regulations. The USAID Health Reform Support Grant Program will be administered according to Deloitte's policies and procedures as well as USAID's regulations for Non-U.S. Governmental Recipients or USAID's regulations for U.S. Non-Governmental Recipients. These include:

1. Implementing Partner Notices (IPN) registration

Applicant acknowledges the requirement to register with the IPN portal if awarded a grant resulting from this solicitation and receive universal bilateral amendments to this award and general notices via the IPN portal. The IPN Portal is located at <https://sites.google.com/site/usaidipnforassistance/Detailed> steps are given under the article M9 of the Mandatory Standard Provisions for Fixed Amount Awards to Non-Governmental Organizations from ADS 303mat, which is annexed to this RFA.

2. Indirect rates

Indirect rates such as fringe, overhead, and general and administrative (G&A) that have not been approved by a U.S. Government agency in a NICRA (Negotiated Indirect Cost Rate Agreement) may not be charged to this award. All costs charged to the project shall be directly related to the project's implementation.

3. Activities that will not be considered for funding

In keeping with the conditions above, programs that fall within the following categories or indicate they might participate in any one of the following shall be automatically disqualified:

- Activities related to the promotion of specific political parties.
- Construction.

- Distribution of emergency/humanitarian assistance or funds.
- Religious events or activities that promote a particular faith.
- For-profit business activities that benefit a small select group, rather than providing increased opportunities to the larger community.
- Unrelated operational expenses.

4. Prohibited Goods and Services

Under no circumstances shall the Recipient procure any of the following under this award, as these items are excluded by the Foreign Assistance Act and other legislation which govern USAID funding. Programs which are found to transact in any of these shall be disqualified:

- Military equipment;
- Surveillance equipment;
- Commodities and services for support of police or other law enforcement activities;
- Abortion equipment and services;
- Luxury goods and gambling equipment; and
- Weather modification equipment.

5. Restricted Goods

The following costs are restricted by USAID and require prior approval from Deloitte and USAID:

- Agricultural commodities;
- Motor vehicles;
- Pharmaceuticals;
- Pesticides;
- Fertilizer;
- Used equipment; and
- U.S. Government-owned excess property.

6. Certifications for Non-US Non-Governmental Recipients

The following Standard Grant & Subcontractor Certifications are required by Deloitte and USAID:

- Assurance of Compliance with Laws and Regulations Governing nondiscrimination in Federally Assisted Programs (This assurance applies to Non-U.S. Governmental Organizations, if any part of the program will be undertaken in the U.S.);
- Certification Regarding Lobbying (22 CFR 227);

- Prohibition on Assistance to Drug Traffickers for Covered Countries and Individuals (ADS 206, Prohibition of Assistance to Drug Traffickers);
- Certification Regarding Terrorist Financing;
- Certification of Recipient;
- Compliance with Anticorruption Laws.
- A completed copy of Representation by Organization Regarding a Delinquent Tax Liability or a Felony Criminal Conviction; and
- Certification Regarding Trafficking in Persons.