



REQUEST FOR APPLICATIONS

Implementing a Systemwide Approach to Produce Prescriptions for Medicaid Beneficiaries

Open Date: November 22nd, 2021

Close Date: December 23rd, 2021 4:00 PM EST



Department of Health Care Finance
441 4th St. NW, Suite 900S
Washington, DC 20001
TEL: (202) 442-5988

LATE APPLICATIONS WILL NOT BE ACCEPTED

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Section I: Funding Opportunity Description

A) Background

The mission of the Government of the District of Columbia's (DC) Department of Health Care Finance (DHCF) is to improve the health outcomes of District residents by providing access to comprehensive, cost effective, and quality healthcare services. As the District's single State Medicaid Agency, DHCF administers the Medicaid program and the State Children's Health Insurance Program (CHIP). DHCF also administers the locally-funded Health Care Alliance Program (Alliance) and the Immigrant Children's Program (ICP). Through these programs, DHCF provides health insurance coverage for children, adults, elderly and persons with disabilities who have low-income. Over 300,000 District residents (more than one-third of all residents) receive health care coverage through DHCF's Medicaid, CHIP, Alliance and Immigrant Children programs.

DHCF has established three strategic priorities to guide the agency's focus over the next five years. One of the strategic priorities is to build a health system that provides 'whole person' care, including social needs that contribute to health (i.e., housing, food security, and other factors). Mounting evidence points to social, economic, and environmental factors as having a profound impact on the improvement of health and the achievement of health equity.

In response, the healthcare system is beginning to address social needs by: 1) fostering collaborations among different provider types; and 2) integrating physical and behavioral health, social services and community supports (e.g., churches, clinics, community organizations, housing and social service supports, educational resources and cultural institutions). Embedding health and social services such as food as medicine programs systemwide is the next step towards sustainably addressing social needs in the District.

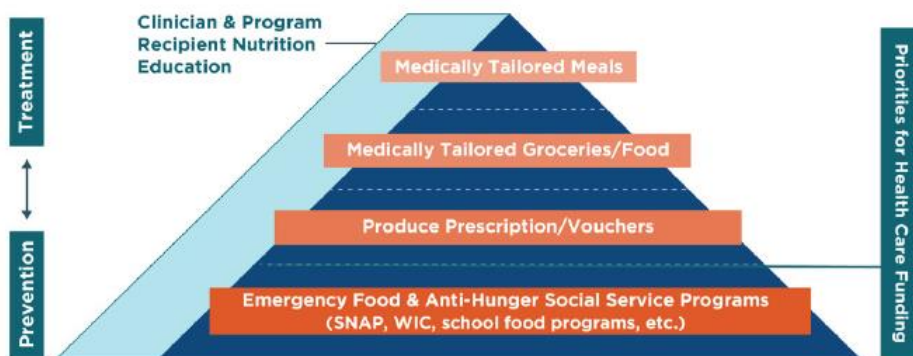
A growing evidence base suggests that comprehensive programs designed to improve environments and conditions in which we live, work, learn and play can have greater impact on health outcomes at the population level than programs utilizing interventions aimed solely at individual behavior change. A cross-continuum approach that leverages community partnerships to address social determinants of health (SDOH) like food insecurity is critical to improving outcomes for people with complex needs, while reducing total cost of care.

Specific to food insecurity the need for systemwide approaches to provide produce prescriptions (Produce Rx) to Medicaid individuals with diet-related chronic conditions was highlighted throughout the COVID-19 pandemic. Produce Rx programs are a type of Food as

Medicine (FAM) intervention aimed at increasing access to nutrient dense foods.¹ More broadly, the FAM paradigm describes a range of interventions to provide nutritious food tailored to the medical needs of individuals at risk for one or more health conditions likely to be affected by diet. Eligible conditions may include diabetes, stroke, heart disease, certain cancers, and HIV.

As illustrated in Figure 1, FAM interventions aligned with the health system may include medically tailored meals, medically tailored grocery bags or food packages, medically tailored groceries available in a hospital or clinical setting, and prescriptions or referrals for produce. Research also suggests that connecting people with complex health conditions to FAM interventions is a cost-effective way to improve health outcomes, decrease utilization of expensive health services, and enhance quality of life for these individuals who are often socially, as well as medically, vulnerable.²

Figure 1: Food as Medicine (FAM) Pyramid



Source: Center for Health Law and Policy Innovation. October 2020.

In an effort to improve access to healthy foods and food security, District agencies have consistently prioritized food access and security in Districtwide strategic plans and documents. DC Health, the District of Columbia’s Health Department, whose mission is to promote and

¹ Center for Health Law and Policy Innovation, *Mainstreaming Produce Prescriptions: A Policy Strategy Report*, Harvard Law School (March 2021) <https://www.chlpi.org/wp-content/uploads/2013/12/Produce-RX-March-2021.pdf?eType=EmailBlastContent&eld=32bcb322-10f7-482b-a517-2f3737cd1497>

² Berkowitz SA, Terranova J, Randall L, Cranston K, Waters DB, Hsu J. Association Between Receipt of a Medically Tailored Meal Program and Health Care Use. *JAMA Intern Med.* 2019;179(6):786–793. doi:10.1001/jamainternmed.2019.0198 (<https://jamanetwork.com/journals/jamainternalmedicine/fullarticle/2730768>)

protect the health, safety and quality of life of residents, visitors and those doing business in the District, has released two publications addressing food access security:

- The DC Healthy People 2020 Framework (<https://dchealth.dc.gov/page/dc-healthy-people-2020>) recommended strategies to improve food security including improved access to affordable, nutritious food through full-service grocery stores, mobile markets, and programs that provide financial assistance and incentives for buying fresh fruits and vegetables.
- The Health Equity Report: District of Columbia 2018 (<https://app.box.com/s/yspij8v81cxqyeb17gj3uifjumb7ufsw>) identified the food environment as a driver of health equity in the district. With 11.1% of the District's population reported as food insecure, a major part of a healthy food environment is affordable healthy food in the neighborhoods where it is needed.

The DC Office of Planning also released the 2020 Comprehensive Plan (<https://plandc.dc.gov>) which addresses a wide variety of interconnected social, environmental, and economic topics and aims to build an inclusive, equitable, resilient city. Major themes in the Plan include a systemic approach to access public resources including health, education, and food.

The District's strategic plans demonstrate that the lack of reliable access to sufficient, nutritious food is a key driver of health outcomes and related costs for District residents. The District has supported a number of evidence-informed interventions to improve food security and food environments in communities experiencing inequities in access to food. This spectrum of services and health interventions recognize and respond to the critical link between nutrition and chronic illness and often uses the aforementioned FAM Pyramid to distinguish food programs such as Produce Rx interventions that have a strong evidence-based and are aligned with the health system.

As a result, growing number of health care payers (i.e., public and private health insurers), providers (i.e., physicians, nurses, dietitians), and health systems (i.e., hospitals, community health centers) are exploring innovative approaches to integrate FAM interventions into care models. In the District, the DC Food as Medicine Coalition has conducted outreach including a roundtable to enumerate specific goals for the District to demonstrate collective impact of FAM interventions and develop a plan to integrate FAM programs into the Medicaid insurance system in the District. Some of these FAM programs have partnered with Medicaid Managed Care Organizations (MCOs) operating in the District while others are supported in part by DC Health. At this juncture, DHCF is seeking to explore Produce Rx as a strategy to scale and integrate these efforts into the Medicaid program systemwide in alignment with the Medicaid program's strategic goal to improve whole-person care.

Efforts to scale and integrate Produce Rx and other FAM programs can also leverage DC Health Information Exchange (DC HIE) infrastructure. The DC HIE actively supports social needs and clinical-community linkages established through the Community Resource Information Exchange (CoRIE) Project. Established in 2020, the CoRIE Project is a partnership of DHCF, CRISP DC, DC Primary Care Association (DCPCA), and the DC Hospital Association (DCHA) to connect health and social service providers through a technical solution within the DC HIE. This flexible approach allows District health care providers, payers, community-based organizations (CBOs), and other care team members - to screen and refer patients with social needs to appropriate resources. The CoRIE Project included the development of an electronic social needs referral (eReferral) tool with closed-loop function allowing providers to make referrals to CBOs, including those focused on addressing food insecurity. A group of early adopters are now able to use the eReferral tool to make referrals to community resources and subsequently track program enrollment and outcomes associated with those referrals through the DC HIE. The DC HIE's regional network and social needs capabilities developed through the CoRIE Project offer additional opportunities to strengthen and scale a Produce Rx program, particularly where social factors may be used to prioritize or target enrolling individuals with higher social risks/needs to advance health equity.

DHCF will award one (1) grant of \$500,000 to enhance and expand an evidence-informed Produce Rx program to Medicaid beneficiaries. The funds are provided by the federal American Rescue Plan Act (ARPA) of 2021. The program, Implementing a Systemwide Approach to Produce Prescriptions for Medicaid Beneficiaries, will give health care providers nutritional tools and access to technology infrastructure to better manage and coordinate care for Medicaid patients diagnosed with a diet-related chronic illness such as diabetes, stroke, heart disease, certain cancers, and HIV. Building on the FAM pyramid, the grant will use digital health resources such as the DC HIE to coordinate services across health care providers, community organizations and government agencies. Overall, the program will support clinical-community linkages by delivering a systemwide person-centered Produce Rx intervention for Medicaid and other public program beneficiaries.

B) Program Description

FAM interventions play an important role in preventing and/or managing many of the diet-related chronic conditions that drive health care costs across the District. Examples include diabetes, stroke, heart disease, certain cancers, HIV, chronic conditions – all of which have a strong dietary component. Applicants will scale a Produce Rx program (a FAM intervention) to meet these needs, designing and delivering a program that supports health care providers' ability to "write" produce prescriptions for Medicaid patients diagnosed with a diet-related chronic illness as one component of a beneficiary's care plan.

Components of a successful Medicaid Produce Rx program will:

1. *Design and deliver Produce Rx services to eligible Medicaid beneficiaries:* Build on FAM model to effectively prescribe and deliver person-centered Produce Rx interventions that serve Medicaid beneficiaries with eligible chronic conditions.
2. *Extend Produce Rx referral network/partnerships:* Expand or enhance the network of Produce Rx partners to connect patients to food access and nutrition programming. Network participants may include health systems, hospitals, community clinics, FQHCs, produce providers (grocery stores, farmers markets, etc.), CBOs and all District Medicaid MCOs.
3. *Strengthen clinical-community linkages using technology:* Leverage communication and digital health technology to facilitate network partnerships. The grantee shall use the DC HIE and its social needs screening and referral components (e.g. CoRIE) to implement Produce Rx program services (e.g. screening, referral, follow-up), as appropriate.
4. *Evaluate program design and impact:* Evaluate provider and beneficiary engagement in the Produce Rx program, as well as the impact on health/program outcomes.
5. *Develop a strategic approach to sustain produce Rx services:* Propose strategic approaches to more fully integrate the Produce Rx program into Medicaid services and programs, including potential alignment with MCO services.

C) Program Benefit

The Produce Rx program will support providers in managing and coordinating care for Medicaid beneficiaries affected by diet-related chronic conditions to address nutritional and other needs that impact accessing healthy foods and improving health. More broadly this program will strengthen and support clinical-community linkages to facilitate systemwide coordination of Produce Rx services for enrollees/participants across health care providers, payers, community organizations and government agencies. In addition, the grant opportunity will assess sustainable approaches to scale Produce Rx in the District in alignment with the strategic objectives of the Medicaid program.

D) Key Dates and Information

RFA release	Monday, November 22nd, 2021
Pre-application meeting	Thursday, December 2 nd 1:00 pm to 2:00 pm Microsoft Teams: https://teams.microsoft.com/dl/launcher

	/launcher.html?url=%2F %23%2F%2Fmeetup-join%2F19%3Ameeting_NjNiZDI1YTItN2VlNC00YzYxLWEzZDUtYjE5MmNlMjNiNjUz%40thread.v2%2F0%3Fcontext%3D%257b%2522Tid%2522%253a%25228fe449f1-8b94-4fb7-9906-6f939da82d73%2522%252c%2522Oid%2522%253a%252262dc600c-e04f-4966-a468-f19883412822%2522%257d%26anon%3Dtrue&type=meetup-join&deeplinkId=bbc2a45a-12c8-4ccf-a990-81cd856f904f&directDI=true&msLaunch=true&enableMobilePage=true&suppressPrompt=true Or call in (audio only) +1 202-594-9550,,388879745# United States, Washington DC Phone Conference ID: 388 879 745#
Deadline to submit written questions to brion.elliott@dc.gov	Thursday, December 9 th , 2021
Answers to questions available at https://dhcf.dc.gov/page/dhcf-grant-opportunities	On or before Thursday, December 16 th , 2021
Application due	Thursday, December 23 rd , 2021 By 4:00 p.m. Eastern
Award announcement (expected)	Tuesday, February 22 nd , 2022
Grant start and end dates	Award date to September 30, 2022, plus 1 option year to September 30, 2023

Section II: Award Information

The total amount of funds available is up to five hundred thousand dollars (\$500,000.00). DHCF will award one (1) grant in the amount of up to \$500,000 with one option year up to \$500,000 in FY23. The initial grant period will be the date of award to September 30, 2022.

Please note, respondents to the RFA will be permitted to sub-grant a portion of the work set forth under this RFA. For the purposes of this award, a sub-grant includes any legally-binding agreement between an awardee and sub-grantee. Please note this is the only opportunity to request sub-grant funding for the services funded under this RFA.

Section III: Eligibility Information

A) Qualified Organization

Applicants must have the authority to enter into an agreement with DHCF and be in compliance with applicable District of Columbia laws and regulations. All applicants must be a registered organization in good standing with the DC Department of Consumer and Regulatory Affairs (DCRA), Corporation Division, the Office of Tax and Revenue (OTR), the Department of Employment Services (DOES), and the Internal Revenue Service (IRS), and demonstrate Clean Hands certification at the time of application. Applicants will be disqualified if any participating organization or any proposed staff have pending investigations, exclusions, suspensions, or debarment from any federal or District health care program or any overpayment from DHCF.

Qualified applicants must have a demonstrated record of:

1. Providing FAM programs to Medicaid beneficiaries;
2. Integrating Produce Rx programs with food retailers to facilitate the use of FAM programs by Medicaid beneficiaries;
3. Using technology within clinical workflows to deliver FAM interventions; and
4. Engaging with the DC HIE, the CoRIE Project, and/or DC PACT to design system level approaches to connect beneficiaries with FAM programs.

As indicated, sub-grants are permitted for qualified organizations. Applicants who propose to sub-grant shall submit sub-grantee plan(s) as part of their response, including signed Letter(s) of Commitment from sub-grantee(s). Sub-grantees that are working to support the grant aims as described in this RFA must also be a registered organization in good standing with DCRA as described in Section III.G of this RFA. Sub-contractors that are simply providing supplies or services are not required to possess a certificate of good standing from DCRA.

B) Administrative Criteria

To be considered for review and funding, applications shall meet all of the administrative criteria listed below. **Failure to meet any one of the following criteria may mean the application is ineligible for further review and award.**

1. The application proposal format conforms to the "Proposal Format and Content" listed in Section IV.C of the RFA.
2. The application is formatted on 8 ½ by 11-inch paper, double-spaced, using 12-point type with a minimum of one-inch margins, with all pages numbered.
3. The Certifications listed in **Attachment A** are signed and dated.
4. The applicant shall submit their proposal electronically. The electronic copy must be submitted in .PDF format and must include RFA number and project name.
5. The application must be submitted no later than 4:00 p.m., Eastern time by the deadline date of December 23rd, 2021 to DHCF c/o brion.elliott@dc.gov.

C) Privacy and Security

Grantee shall ensure all initiatives are built according to current industry standards and best practices regarding system performance, privacy, and system security. This includes ensuring technical policies and procedures are in place for electronic information systems that maintain electronic protected health information to allow access only to those persons or software programs that have been granted access rights as specified in 45 CFR § 164.308(a)(4)[Information Access Management].

In the event the applicant plans to request access to DHCF claims data or other data sources for program monitoring or evaluation, the applicant should address this in their proposal. Applicants should consider the timeline required to complete required data use agreements (DUA) and/or demonstrate compliance with Institutional Review Board (IRB) or Privacy Board reviews, as relevant. Please see DHCF's partnership policy (<https://dhcf.dc.gov/page/partnering-dhcf>) for further information on requesting data from the agency. Applicants should also review the DHCF's sample Data Use Agreement, which is the agency's standard agreement and is not subject to modification.

D) Insurance

Where applicable, the applicant shall provide the name of all of its insurance carriers and the type of insurance provided (e.g., general liability insurance carrier, automobile insurance carrier, workers' compensation insurance carrier, fidelity bond holder).

E) Compliance with Tax Obligations

Prior to execution of a grant agreement as a result of this RFA, a recipient must be in compliance with tax laws and regulations.

1. The Applicant must submit a current completed W-9 form prepared for the U.S. Internal Revenue Service (IRS). DHCF defines "current" to mean that the document was completed within the same calendar year as that of the application date. Fillable W-9 forms can be found on the IRS website: <https://www.irs.gov/pub/irs-pdf/fw9.pdf>.
2. The Applicant shall comply, where applicable, with any District licensing requirements.

F) Federal Assurances

Applicant shall submit a Federal Assurances Certification (see **Attachment C**), signed by the duly authorized officer of the applicant organization, the truth of which is sworn or attested to by the applicant, which states:

Applicant/Grantee hereby assures and certifies compliance with all Federal statutes, regulations, policies, guidelines, and requirements, including 2 CFR Part 200; E.O. 12372 and Uniform Administrative Requirements for Grants and Cooperative Agreements –29 CFR Part 97,

Common Rule that govern the application, acceptance and use of Federal funds for this federally-assisted project.:

In addition, the Applicant/Grantee assures and certifies that:

1. It possesses legal authority to apply for the grant; that a resolution motion or similar action has been duly adopted or passed as an official act of the Applicant/Grantee's governing body, authorizing the filing of the application, including all understandings and assurances contained therein, and directing and authorizing the person identified as the official representative of the Applicant/Grantee to act in connection with the application and to provide such additional information as may be required.
2. It will comply with requirements of the provisions of the Uniform Relocation Assistance and Real Property Acquisitions Policies Act of 1970 (PL 91-646) which provides for fair and equitable treatment of persons displaced as a result of Federal and federally assisted programs.
3. It will comply with provisions of Federal law which limit certain political activities of employees of a State or local unit of government whose principal employment is in connection with an activity financed in whole or in part by Federal grants. (5 USC 1501, *et seq.*).
4. It will comply with the minimum wage and maximum hour's provisions of the Federal Fair Labor Standards Act, if applicable.
5. It will establish safeguards to prohibit employees from using their positions for a purpose that is or gives the appearance of being motivated by a desire for private gain for themselves or others, particularly those with whom they have family, business, or other ties.
6. It will give the Federal grantor agency and the Comptroller General, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the grant.
7. It will comply with all requirements imposed by the Federal grantor agency concerning special requirements of Law, program requirements, and other administrative requirements.
8. It will ensure that the facilities under its ownership, lease or supervision which shall be utilized in the accomplishment of the project are not listed on the Environmental Protection Agency's (EPA) list of Violating Facilities and that it will notify the Federal grantor agency of the receipt of any communication from the Director of the EPA Office of Federal Activities indicating that a facility to be used in the project is under consideration for listing by the EPA.
9. It will comply with the flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973, PL 93-234, 87 Stat. 975, approved December 31, 1976. Section

102(a) requires, on and after March 2, 1975, the purchase of flood insurance in communities where such insurance is available as a condition for the receipt of any Federal financial assistance for construction or acquisition purposes for use in any area that has been identified by the Secretary of the Department of Housing and Urban Development as an area having special flood hazards. The phrase "Federal Financial Assistance" includes any form of loan, grant, guaranty, insurance payment, rebate, subsidy, disaster assistance loan or grant, or any other form of direct or indirect Federal assistance.

10. It will assist the Federal grantor agency in its compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (PL 113-287; 54 USC 306108), Executive Order 11593, and the Archeological and Historical Preservation Act of 1966 (54 USC 312501-312508)) By (a) consulting with the State Historic Preservation Officer on the conduct of investigations, as necessary, to identify properties listed in or eligible for inclusion in the National Register of Historic Places that are subject to adverse effects (see 36 CFR 800.8) by the activity, and notifying the Federal grantor agency of the existence of any such properties, and by (b) complying with all requirements established by the Federal grantor agency to avoid or mitigate adverse effects upon such properties.

11. It will comply with the provisions of 28 CFR applicable to grants and cooperative agreements including Part 18, Administrative Review Procedure; Part 22, Confidentiality of Identifiable Research and Statistical Information; Part 42, Nondiscrimination/Equal Employment Opportunity Policies and Procedures; Part 61, Procedures for Implementing the National Environmental Policy Act; Part 63, Floodplain Management and Wetland Protection Procedures; and Federal laws or regulations applicable to Federal Assistance Programs

12. It will comply, and all its contractors or subgrantees will comply with Title VI of the Civil Rights Act of 1964, as amended; Section 504 of the Rehabilitation Act of 1973, as amended; Subtitle A, Title III of the Americans with Disabilities Act (ADA) (1993); Title IX of the Education Amendments of 1972 and the Age Discrimination Act of 1975.

13. In the event of Federal or State court or Federal or State Administrative agency makes a finding of discrimination after a due process hearing on the grounds of race, color, religion, national origin, sex, or disability against a recipient of funds, the recipient will forward a copy of the finding to the Office for Civil Rights, US. Department of Justice.

14. It will provide an Equal Employment Opportunity Program if required to maintain one, where the application is for \$500,000 or more.

15. It will comply with the provisions of the Coastal Barrier Resources Act (PL 97-348) dated October 18, 1982, (16 USC 3501 et seq.) which prohibits the expenditure of most new Federal funds within the units of the Coastal Barrier Resources System.

16. In addition to the above, the Grantee shall comply with all the applicable District and Federal statutes and regulations as may be amended from time to time including, but not necessarily limited to:

- a. The Health Insurance Portability and Accountability Act of 1996, PL 104-191;
- b. The Hatch Act, 53 Stat. 1147 (5 USC 7321-7326);
- c. The Fair Labor Standards Act, 52 Stat. 1060 (29 USC 201 *et seq.*);
- d. The Clean Air Act (sub-grants over \$100,000) PL 88-206, December 17, 1963, 42 USC Chap. 85 *et seq.*;
- e. The Occupational Safety and Health Act of 1970, PL 91-596, Dec. 29, 1970, 84 Stat.1590 (29 USC 651 *et seq.*);
- f. The Hobbs Act (Anti-Corruption) (see 18 USC § 1951);
- g. Equal Pay Act of 1963, PL 88-38, June 10, 1963, 77 Stat. 56 (29 USC 206(d));
- h. Age Discrimination in Employment Act, PL 90-202, Dec. 15, 1967, 81 Stat. 602 (29 USC 621 *et seq.*);
- i. Immigration Reform and Control Act of 1986, PL 99-603, Nov 6, 1986, 100 Stat. 3359, (8 USC 1101 *et seq.*);
- j. Executive Order 12459 (Debarment, Suspension and Exclusion);
- k. Medical Leave Act of 1993, PL 103-3, Feb. 5, 1993, 107 Stat. 6 (28 USC 2601 *et seq.*);
- l. Lobbying Disclosure Act, PL 104-65, Dec. 19, 1995, 109 Stat. 691 (2 USC 1601 *et seq.*);
- m. Drug Free Workplace Act of 1988, PL 100-690, 102 Stat. 4304 (41 USC 8101 *et seq.*);
- n. Assurance of Nondiscrimination and Equal Opportunity as found in 29 CFR 38.25;
- o. District of Columbia Human Rights Act of 1977, D.C. Official Code § 2-1401.01 *et seq.*; and
- p. District of Columbia Language Access Act of 2004, DC Law 15-167, D.C. Official Code § 2-1931 *et seq.*)

G) Statement of Certification

Applicant shall submit a Statement of Certification (see **Attachment A**), signed by the duly authorized officer of the applicant organization, the truth of which is sworn or attested to by the applicant, which states:

1. That the applicant has provided the individuals, by name, title, address, and phone number who are authorized to negotiate with the Department on behalf of the organization;
2. That the applicant is able to maintain adequate files and records and can and will meet all reporting requirements;
3. That all fiscal records are kept in accordance with Generally Accepted Accounting Principles (GAAP) and account for all funds, tangible assets, revenue, and expenditures whatsoever; that all fiscal records are accurate, complete and current at all times; and that these records will be made available for audit and inspection as required;
4. That all costs incurred under this grant shall be in accordance with 2 CFR 200, "Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards";
5. Whether the applicant, or where applicable, any of its officers, partners, principals, members, associates or key employees, within the last three (3) years prior to the date of the application, has:
 - a. Been indicted or had charges brought against them (if still pending) and/or been convicted of:
 - i. Any crime or offense arising directly or indirectly from the conduct of the applicant's organization, or
 - ii. Any crime or offense involving financial misconduct or fraud; or
 - b. Been the subject of legal proceedings arising directly from the provision of services by the organization.
6. If any response to the disclosures referenced at (5.) is in the affirmative, the applicant shall fully describe such indictments, charges, convictions, or legal proceedings (and the status and disposition thereof) and surrounding circumstances in writing and provide documentation of the circumstances;
7. That the applicant is in compliance with requirements set forth in D.C. Official Code § 1-328.15;
8. That the applicant is current on payment of all federal and District taxes, including Unemployment Insurance taxes and Workers' Compensation premiums. This statement of certification shall be accompanied by a certificate from the District of Columbia Office of Tax and Revenue (OTR) stating that the entity has complied with the filing requirements of District of Columbia tax laws and has paid taxes due to the District of Columbia, or is in compliance with any payment agreement with OTR;
9. That the applicant has the demonstrated administrative and financial capability to provide and manage the proposed services and ensure an adequate administrative, performance, and audit trail;

10. That, if required by the Department, the applicant is able to secure a bond, in an amount not less than the total amount of the funds awarded, against losses of money and other property caused by fraudulent or dishonest act committed by any employee, board member, officer, partner, shareholder, or trainee;
11. That the applicant is not proposed for debarment or presently debarred, suspended, or declared ineligible, as required by Executive Order 12549, "Debarment and Suspension," and implemented by 2 CFR Part 180, for prospective participants in primary covered transactions and is not proposed for debarment or presently debarred as a result of any actions by the District of Columbia Contract Appeals Board, the Office of Contracting and Procurement, or any other District contract regulating agency;
12. That the applicant has the financial resources and technical expertise necessary for the production, construction, equipment and facilities adequate to perform the grant or sub-grant, or the ability to obtain them;
13. That the applicant has the ability to comply with the required or proposed delivery or performance schedule, taking into consideration all existing and reasonably expected commercial and governmental business commitments;
14. That the applicant has a satisfactory record performing similar activities as detailed in the award or, if the grant award is intended to encourage the development and support of organizations without significant previous experience, that the applicant has otherwise established that it has the skills and resources necessary to perform the grant;
15. That the applicant has a satisfactory record of integrity and business ethics;
16. That the applicant has the necessary organization, experience, accounting and operational controls, and technical skills to implement the grant, or the ability to obtain them;
17. That the applicant is in compliance with the applicable District licensing and tax laws and regulations;
18. That the applicant complies with provisions of the Drug-Free Workplace Act;
19. That the applicant meets all other qualifications and eligibility criteria necessary to receive an award under applicable laws and regulations; and
20. That the applicant will, if successful, indemnify, defend and hold harmless the Government of the District of Columbia and its authorized officers, employees, agents and volunteers from any and all claims, actions, losses, damages, and/or liability arising out of this grant or sub-grant from any cause whatsoever, including the acts, errors or omissions of any person and for any costs or expenses incurred by the District on account of any claim therefore, except where such indemnification is prohibited by law.

H) Certificate of Good Standing

Applicant and, if applicable, sub-grantee(s) shall represent that they are duly organized, validly existing, and in good standing under the laws of the jurisdiction they are organized or licensed, and they, their employees, agents, sub-grantees, representatives and members of their workforce are licensed and in good standing with the applicable agency, board, or governing body to perform their obligations. They shall also represent that they, their employees, agents, sub-grantees, representatives, and members of their workforce are in good standing with the District of Columbia, that they, their employees, agents, subcontractors, representatives and members of their workforce will submit a Certificate of Good Standing from the District of Columbia Department of Consumer and Regulatory Affairs, and that they, their employees, agents, sub-grantees, representatives, and members of their workforce have not been debarred from being employed as a Grantee by the federal government, the Government of the District of Columbia, or any government entity.

I) RFA Terms and Conditions

The terms and conditions of this RFA are as follows:

1. Funding for this award is contingent on availability of funds. The RFA does not commit DHCF to make an award;
2. DHCF reserves the right to accept or deny any or all applications if DHCF determines it is in the best interest of District to do so. DHCF shall notify the applicant if it rejects that applicant's proposal. DHCF may suspend or terminate an outstanding RFA pursuant to its own grant making rule(s) or an applicable federal regulation or requirement;
3. DHCF reserves the right to issue addenda and/or amendments subsequent to the issuance of the RFA, or to rescind the RFA;
4. DHCF shall not be liable for any costs incurred in the preparation of applications in response to the RFA. Applicant agrees that all costs incurred in developing the application are the applicant's sole responsibility;
5. DHCF may conduct pre-award on-site visits to verify information submitted in the application and to determine if the applicant's facilities are appropriate for the services intended;
6. DHCF may enter into negotiations with an applicant and adopt a firm funding amount or other revision of the applicant's proposal that may result from negotiations;
7. Any and all data requested by DHCF and provided during the grant term shall be made available in a format as requested and/or approved by DHCF;
8. DHCF shall provide the citations to the statute and implementing regulations that authorize the grant or subgrant, including all applicable federal and District regulations;
9. DHCF shall describe payment provisions identifying how the grantee will be paid for performing under the award; reporting requirements, including programmatic, financial

and any special reports required by DHCF; and compliance conditions that must be met by the grantee.

10. If there are any conflicts between the terms and conditions of the RFA and any applicable federal or local law or regulation, or any ambiguity related thereto, then the provisions of the applicable law or regulation shall control and it shall be the responsibility of the applicant to ensure compliance; and
11. Awardee will be required to participate in any DHCF-sponsored training related to this award.

J) Financial Management and System of Internal Controls

If selected for funding, the applicant must:

1. Establish and maintain effective internal control over the award that provides reasonable assurance that the non-Federal entity is managing the Federal award in compliance with Federal statutes, regulations, and the terms and conditions of the federal award. These internal controls should be in compliance with guidance in the “Standards for Internal Control in the Federal Government” issued by the Comptroller General of the United States and the “Internal Control Integrated Framework” issued by the Committee of Sponsoring Organizations of the Treadway Commission (COSO);
2. Comply with statutes, regulations, and the terms and conditions of the awards;
3. Evaluate and monitor the nonfederal entity’s compliance with statute, regulations and the terms and conditions of the award; and
4. Take prompt action when instances of noncompliance are identified including noncompliance identified in audit findings.

K) Funding Restrictions

Any award associated with this RFA is limited to the availability of funds in Fiscal Year 2022 and 2023 and the authority to appropriate those funds. Spending is restricted to line items in the approved budget to fulfill the requirements of the approved program work plan.

Grant award money cannot be used for the following:

1. Duplication of services immediately available through city, or federal government;
2. Market research, advertising (unless public service related to grant program) or other promotional expenses;
3. Expenses made prior to the approval of a proposal or unreasonable expenditures will not be reimbursed.

Section IV: Application and Submission Information

A) Pre-Application Conference

A pre-application conference is scheduled for Thursday , December 2nd, 2021 from 1:00 p.m. to 2:00 p.m. via Microsoft Teams.

B) Application Delivery

The applicant shall submit their proposal in .PDF format.

The application must be submitted no later than 4:00 p.m., Eastern time by the deadline date of December 23rd, 2021 to DHCF c/o brion.elliott@dc.gov. Applicants will receive an email receipt notification to verify that their application have been received.

Applications submitted after the deadline will not be accepted. Any additions or deletions to an application will not be accepted after the deadline.

C) Application Requirements

The applicant shall prepare a response to this RFA with the following content and in the format described:

- a. Table of Contents
- b. Program Narrative (limited to 20 pages)
- c. Grant, Fiscal, and Financial Management (limited to 3 pages)
- d. Evaluation Plan (limited to 5 pages)
- e. Applicant and Subgrantee(s) Qualifications (limited to 3 pages per organization)
- f. Proposed Budget and Budget Justification
- g. Attachments
 - Attachment A: Signed Statement of Certification
- h. Appendices
 - Appendix 1: Proposed organizational chart
 - Appendix 2: Proposed staff job descriptions
 - Appendix 3: Proposed staff resumes
 - Appendix 4: List of District grants (FY20, FY21, Projected FY22)
 - Appendix 5: District of Columbia Business License
 - Appendix 6: District of Columbia Certificate of Good Standing
 - Appendix 7: List of insurance carriers
 - Appendix 8: Completed W-9 form
 - Appendix 9: Sub-grantee plan(s)
 - Appendix 10: Signed Letter(s) of Commitment from sub-grantee(s) and partner(s)
 - Appendix 11: Program Work Plan

Descriptions of each response element is detailed below:

a. Table of Contents

b. Program Narrative

The narrative section (limited to 20 pages) should describe the applicant’s approach to design, develop and deliver a Produce Rx program that will give Medicaid providers the tools to better manage and coordinate care for Medicaid patients diagnosed with a diet-related chronic illness.

The narrative must include the following:

1. Overview of the proposed Produce Rx program
 - Briefly describe the purpose of the Produce Rx program and how the application aligns with the RFA. It should 1) summarize the overarching problem, 2) the contributing factors to the problem, and 3) how the program will attempt to mitigate the issue by serving Medicaid beneficiaries in the context of the District’s delivery system.
2. Program Need:
 - Describe the specific problem(s) or issue(s) the program will address within the Medicaid target population. Specifically, reflect the extent and type of harm experienced by the households, individual, or business benefitting from the grant funds, per the findings of DC Health's Health Equity Report, particularly Chapter 12 on the District's Food Environment.
 - Identify and describe the population that will be served through this program, including an assessment of current needs and assets in the community for whom the program will be employed.
3. Program Description:
 - Provide a comprehensive framework and description of all aspects of the proposed Produce Rx program, including highlighting how the Produce Rx program will address the overarching problem as well as strengthen a person-centered, systemwide approach.
 - Describe the proposed program in detail, including a description of anticipated expenditures under this award;
 - Articulate the applicant organization’s approach to meeting the program requirements and objectives outlined in the RFA, including a milestones and deliverables chart with due dates;
 - Outline the program’s proposed integration with existing, anticipated, or ongoing DHCF initiatives, such as Medicaid Managed Care, care coordination initiatives such as My Health GPS and the CoRIE project;

- Describe the intended impact of the program, including planned, measurable outcomes.

4. Partnerships:

- Describe any existing and/or proposed partnerships (i.e., health systems, hospitals, community clinics, FQHCs, CBOs, produce providers (grocery stores, farmers markets, etc.) and Medicaid MCOs) or existing partnerships with District Agencies that will assist in the development and implementation of these initiatives, including a description of their qualifications and why they are necessary for the success of the proposed initiatives.
- Describe the applicant's experience establishing partnerships with Medicaid MCOs.

5. Sustainability:

- Describe plans to scale the Produce Rx program to more providers to serve more patients while identifying opportunities and challenges aligning with Medicaid programs and services.
- Describe strategic approaches to sustain the Produce Rx program beyond the performance period of the grant.

c. Grant, Fiscal, and Financial Management

Describe how the applicant organization will provide sound grant and fiscal management for the program (limited to 3 pages), including experience in managing other grant funds. Include a summary of the grant, fiscal, and financial management systems currently in place that will support the initiatives included in this RFA.

d. Evaluation Plan

All grantees are required to conduct ongoing evaluation of program activities. The evaluation plan describes process and outcome measures used to assess program effectiveness. For each activity listed in the program work plan, provide an evaluation question that will be used to measure effectiveness of objectives proposed and anticipated deliverables as well as proposed evaluation instruments or tools, and frequency of data collection. The plan should demonstrate the applicant's experience and capability to coordinate, support planning, and implementation of a comprehensive program evaluation.

DHCF reserves the right to require additional evaluation and reporting measures prior to award of any grant.

e. Applicant and Subgrantee(s) Qualifications

Describe the capacity of the applicant organization and any subgrantees (limited to 3 pages per organization). Please include:

1. Discuss the applicant's history, experience, and/or knowledge related to designing, implementing, and evaluating FAM interventions, particularly Produce Rx programs.
2. The applicant's operational readiness and capabilities to scale a Produce Rx program in the District's Medicaid program or other insurance programs.
3. The applicant's demonstrated record of:
 - a. Providing FAM programs to Medicaid beneficiaries;
 - b. Integrating Produce Rx programs with food retailers to facilitate the use of FAM programs by Medicaid beneficiaries;
 - c. Using technology within clinical workflows to deliver FAM interventions; and
 - d. Engaging with the DC HIE, the CoRIE project, and/or DC PACT to design system level approaches to connect beneficiaries with FAM programs.

f. Program Budget and Budget Justification

The applicant shall provide a line-item budget and budget narrative justification, including any matching funding provided. The budget narrative justification should clearly state how the applicant arrived at the budget figures. An example budget template is provided (see **Attachment B**) but its use is not required. The budget justification must be concise. Do not use the justification to expand the proposed program narrative.

g. Attachments

Fillable PDF versions of the Certifications (**Attachment A**) is available as part of the application packet published with this RFA. All attachments shall be completed and included in the applicant's response.

h. Appendices

The applicant shall provide a proposed organizational chart (Appendix 1), proposed staff job descriptions (Appendix 2), and proposed staff resumes (Appendix 3).

Appendix 4 of the response shall include a list of any grants received in FY20 and FY21 and/or any expected grants to be received in FY22 from the District Government. This list shall state the District Government entity providing the grant, description of the statement of work, the total grant amount, and the timeframe for the grant.

The applicant shall provide their District of Columbia Business License (Appendix 5) and is strongly encouraged to provide their District of Columbia Certificate of Good Standing (Appendix 6). While a District of Columbia Certificate of Good Standing is not required as part of the RFA response, a District of Columbia Certificate of Good Standing must be provided prior to the award of any grant to selected applicant(s). According to the District Department of Consumer and Regulatory Affairs (DCRA), an organization registered in another state or country that seeks to transact business in the District of Columbia must obtain authority by filing an application for foreign registration. DCRA's Corporations Division has an expedited one day filing process for a fee in addition to regular filing fees.

Where applicable, the applicant shall provide a list of all of its insurance carriers and the type of insurance provided (Appendix 7).

The applicant shall provide a current completed W-9 form prepared for the U.S. IRS (Appendix 8). DHCF defines "current" to mean that the document was completed within the same calendar year as that of the application date. Fillable W-9 forms can be found on the IRS website: <https://www.irs.gov/pub/irs-pdf/fw9.pdf>.

Sub-grants are permitted for qualified organizations. Applicants who plan to sub-grant shall submit sub-grantee plan(s) (Appendix 9) and signed Letter(s) of Commitment from sub-grantee(s) and partner(s) (Appendix 10).

The program work plan (Appendix 11) describes key process objectives and goals for successful program implementation. Under each objective, provide a list of the activities that will be used to achieve each of the objectives proposed and anticipated deliverables. The work plan should include a chronological list and description of activities to be performed. Each activity should have an identified responsible staff, target completion dates and projected outcomes. The work plan should include process objectives and measures.

Section V: Application and Review Information

A) Initial Review

Submitted applications will be screened for completeness. The initial review criteria are:

1. Is the applicant an eligible organization?
2. Does the application request not exceed the total amount of funds available as specified in Section II?

3. Was the application received on time and delivered in the format described in Section IV, subsection B?
4. Was the application submitted with all required elements outlined in section IV, subsection C of the RFA document?

Applications that satisfy all the above criteria will move forward to the review committee.

Applications that do not meet any one of the above requirements may be disqualified.

B) Review Criteria

All applications that are complete and meet the eligibility and administrative criteria listed in Section III will be reviewed and scored by a panel of internal or external reviewers. The panel of reviewers are neutral, qualified professionals selected by the DHCF Office of the Director for their expertise in social determinants of health, health equity, program management, and Medicaid.

Each panelist will individually review, score, and rank each applicant’s proposal according to the evaluation criteria listed below.

Scoring Criteria	Points
Criteria 1: Organizational Structure and Operational Readiness <i>(Corresponds to Application Qualifications and Appendices 1-3)</i>	25
The applicant provides: <ul style="list-style-type: none"> • a description of all staff and/or positions to be used to perform the work under the RFA; • resumes of key staff proposed and job descriptions for any key positions proposed; and • an organizational chart showing clear lines of authority and responsibility. The staffing plan shall include the timeframes for commitment of each staff person to this program and a description of how the program staff will be organized and supervised to meet all RFA requirements.	5
The applicant’s proposed staff has demonstrated previous experience with similar work as is being proposed and an expert level of knowledge on related to designing, implementing, and evaluating FAM interventions such as a Produce Rx program in addition to engaging cross-sector partnerships to improve health outcomes and address social needs.	5
The applicant describes the organization’s history, experience, and/or knowledge to scale a Produce Rx program.	5
The applicant demonstrates record of:	10

Scoring Criteria	Points
<ul style="list-style-type: none"> a. Collaborating with a variety of organizations such as Medicaid Managed Care Organizations, clinic partners and food retailers for the successful implementation of these programs. b. Working in the District’s health care system and having an understanding of how to integrate these programs within clinical workflows and food retailer systems. c. Evaluating the impact of FAM programs by integrating various datasets including Medicaid claims data, clinical data, purchase data, among others. 	
<p style="text-align: center;">Criteria 2: Program Implementation and Evaluation <i>(Corresponds to Program Need, Program Description, Evaluation Plan, Appendix 11: Program Work Plan)</i></p>	40
<p>The applicant proposes a comprehensive, innovative, and achievable program that addresses the components outlined in the RFA:</p>	
<ul style="list-style-type: none"> • The applicant uses an evidence informed approach to present problems/issues and the applicant’s proposal directly aims to address or alleviate those problems/issues. Proposal specifically addresses the extent and type of harm experienced by the households, individual, or business benefitting from the grant funds, per the findings of DC Health's Health Equity Report, particularly Chapter 12 on the District's Food Environment. 	5
<ul style="list-style-type: none"> • The applicant proposes a realistic, innovative approach to implement the proposed program. 	10
<ul style="list-style-type: none"> • The applicant presents a realistic program work plan to implement the program and provides a comprehensive and achievable list of milestones and deliverables. 	10
<ul style="list-style-type: none"> • The applicant demonstrates an understanding of ongoing Medicaid initiatives, such as health homes, behavioral health integration, Medicaid reform and efforts like the CoRIE project aiming to address SDOH identified in health care settings. The applicant aligns proposed activities with these initiatives. 	10
<ul style="list-style-type: none"> • The applicant demonstrates their methodology and capacity to collect baseline and ongoing data to report on the projected impact on structural barriers and social determinants, projected reduction in health inequities and improvement in health outcomes, using short-term and intermediate measures proposed in the Program Narrative. 	5
<p style="text-align: center;">Criteria 3: Cross-sector Engagement and Partnerships <i>(Corresponds to Partnerships, Appendices 9 & 10)</i></p>	20
<p>The applicant describes partnerships (i.e., sub-grantees) or existing partnerships with District Agencies that will assist in the development and implementation of these initiatives. The applicant describes partner</p>	10

Scoring Criteria	Points
qualifications and why they are necessary for the success of the proposed initiatives.	
The applicant describes their past experience with establishing partnerships with Medicaid MCOs and other cross-sector entities.	10
Criteria 4: Fiscal Management and Sustainability <i>(Corresponds to Sustainability, Grant, Fiscal, and Financial Management, Program Budget and Budget Justification)</i>	15
The applicant describes the grant, fiscal, and financial management system in place, qualifications of systems management staff, and experience with grant monitoring and reporting functions within the last five (5) years. The applicant describes how the fiscal and financial management system ensures all expenditures are accurately tracked, reported, and reconciled.	5
The applicant presents a reasonable and detailed budget and justification to achieve the objectives of the RFA.	5
The applicant presents a reasonable plan for the long-term financial sustainability of the Produce Rx program.	5
Maximum Number of Points	100

The individual scores of the review panel will be averaged and each application submitted will be classified into one of four categories below based on the averaged score:

Ranking Classification	Point Range
<i>Most Qualified</i>	95 – 100
<i>Very Qualified</i>	80 – 94
<i>Qualified</i>	70 – 79
<i>Minimally Qualified</i>	69 and below

The grantee will be selected from among the applications that score in the “Most Qualified” point range category. If no applications are ranked in the “Most Qualified” category, DHCF may select from the “Very Qualified” and/or “Qualified” categories.

Scoring and the recommendations of the review panel are advisory. The final decision to fund an application rests with the DHCF Office of the Director. If the Office of the Director does not follow the panel’s recommendations, the Director shall provide written justification as required by District regulations.

C) Organizational Capacity and Risk Assessment

If the applicant’s organization is preliminarily selected for this award, the applicant will be contacted by a representative from DHCF and a letter of intent will be issued. At this time, the

applicant will be required to provide specific documents and certifications as well as undergo an organizational capacity and risk assessment. The applicant must comply with this review before a final award offer can be made.

As part of the organizational capacity and risk assessment, the applicant must comply with a financial capacity review and may be required to provide copies of:

- IRS Form 990 or 990EZ covering the last two years preceding the pre-award stage;
- Financial statements covering the six-month period preceding the pre-award stage (whether prepared monthly or quarterly);
- Any audit reports prepared as a result of a visit by a federal agency;
- Approved Federal Indirect Cost Rate agreement (for applicants claiming indirect expenses greater than 10%).

DHCF may require the applicant to provide additional documents or information to facilitate the organizational capacity and risk assessment as outlined in the list below. This list may not be comprehensive and DHCF reserves the right to require additional documents or other information to complete its organizational capacity and risk assessment:

Insurance certificate (or self-insurance letter) for all forms of insurance (except employee benefits) (annual renewal waivers must be submitted);

IRS determination letter for all 501 designated organizations;

Applicant organization's by-laws;

Applicant organization's Board of Directors roster (includes names, addresses, phone number);

Applicant organization's conflict of interest policy;

Certification that the applicant's organization has written Policies and Procedures for accounting, personnel, procurement, travel, and property management

Other documents as required: _____

Do not submit these documents with your application. The applicant will only be required to provide these documents if DHCF issues a letter of intent.

These documents must be submitted by the deadline specified in the letter of intent. Failure to respond to DHCF in a timely manner and/or failure to submit the documents and certifications to DHCF by the deadline may result in the grant offer being rescinded

D) Anticipated Announcement and Award Dates

The anticipated announcement date is February 22, 2022. The anticipated date of award is February 22, 2022. Both successful and unsuccessful applicants will be notified in writing of the selection decision prior to the award date.

Section VI: Award Information

A) Award Notices

DHCF will provide the successful applicant(s) with a Notice of Grant Agreement (NOGA). The NOGA(s) shall be signed and returned to DHCF within 10 business days. Grant proceeds will only be paid after receipt of the signed NOGA.

B) Programmatic, Administrative, and National Policy Requirements

The Grantee will be held to strict milestones and requirements in order to receive the full amount of the grant. This will be based on a DHCF-approved Work Plan, which shall be submitted to DHCF within thirty (30) calendar days after receipt of the award.

C) Reporting

Grantees will be required to submit financial reports (one interim and one final report), monthly programmatic reports and financial requests for reimbursement. The programmatic reports will indicate the status of goals and performance measures, as well as any successes or challenges encountered during the report period. The financial reports will indicate the status of program spending by category and will be submitted along with all receipts, invoices or other documentation of incurred expenses. Reports are due no later than the 10th after the end of the reported month. An interim financial report is due at the midpoint of the performance period.

Grantees will be required to submit a final programmatic report and a final financial report within thirty (30) calendar days after expiration of the grant agreement. The final programmatic report will include a review of the initiative, work conducted by the grantee, and if applicable, sub-grantee(s), status of goals and performance measures, plans for how the initiative will be leveraged in the future, and recommendations to DHCF, if any, based on the grant. The final financial report will include detailed accounting of all grant expenditures over the grant period.

Grant applicants are expected to complete the reports listed above on time and show adequate progress at each reporting interval. Failure to meet these requirements may result in withholding of grant funds and/or termination of the grant due to non-performance or lack of capacity.

D) Payment

Upon award, DHCF shall provide funding to the Grantee(s) according to the terms outlined in the grant agreement which will include a Fund Disbursement Schedule and Terms. All payments associated with this grant will be made through an Automated Clearing House.

Section VII: DC Agency Contacts

For additional information regarding this RFA, please contact Brion Elliott, Health Care Reform & Innovation Administration via email at brion.elliott@dc.gov.

Section VIII: Attachments

Attachments included in the separate PDF available as part of the application packet published with this RFA include:

- A) Certifications
- B) Program Budget and Budget Justification Template
- C) Federal Assurances