REQUEST FOR APPLICATIONS

Community Resource Information Exchange (CoRIE) Technical Solution Development Grant

Open Date: July 19, 2019

Close Date: August 19, 2019

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 Department of Health Care Finance (DHCF) is to improve the health outcomes of District (DC) residents by providing access to comprehensive, cost effective, and quality healthcare services. As the single State Medicaid Agency, DHCF administers the Medicaid program and the State Child Health Insurance Program (CHIP). DHCF also administers the locally-funded Healthcare Alliance Program (Alliance). Through these programs, DHCF provides health care services to children, adults, elderly and persons with disabilities who have low-income. Over 250,000 District residents (more than one-third of all residents) receive health care coverage through DHCF's Medicaid, CHIP, Alliance and Immigrant Children programs. DHCF strives to provide access to health care services in the most appropriate and cost-effective settings possible.

Understanding a patient's housing status, food accessibility, income security, and other social determinants of health (SDOH) is critical as health care providers aim to improve patient outcomes and reduce healthcare costs and unnecessary utilization. Providers in the District have articulated the need to incorporate and exchange SDOH data within their existing electronic health records (EHR) systems. There is an opportunity to build on previous public and privately funded Health Information Exchange (HIE) infrastructure to efficiently and effectively capture and exchange SDOH information via HIE in order to deliver whole person care and better address physical health, behavioral health and social needs.

DHCF has engaged providers in several venues to determine an approach to implementing best practices for uniform capture, exchange, and use of SDOH information to better manage District Medicaid beneficiaries' health and well-being. Since 2016, DHCF has participated in a local coalition of health and social service organizations called DC PACT (Positive Accountable Community Transformation). DC PACT has engaged providers and residents to gain feedback on SDOH data definitions and elements; approaches to standardized screening; and appropriate workflows to capture this data. In 2018, the coalition's efforts coalesced, and stakeholders are now in the early stages of agreement about an approach to collecting and using SDOH data to support care, as well as an approach to technical validation, and adoption of these tools. Integrating SDOH capture and exchange into existing health information technology (IT) systems, such electronic health records (EHRs) as well as referral and portal technologies, will increase the value of HIE to deliver person-centered care and will also help Eligible Professionals meet CMS Meaningful Use requirements.

In April 2017, DHCF with support from the National Academy for State Health Policy, hosted more than 80 representatives from health care and social service entities, government agencies, and academics at a Measuring, Assessing and Planning the Use of Social Determinants

of Health Data in the District (MAP) Summit. The focus of the summit, which included experts representing national, regional, and local perspectives on SDOH, was twofold: to determine where District stakeholders shared current and planned uses of SDOH data and to identify tools and methodologies used to collect and capture the data.

Participants discussed opportunities and challenges related to collecting and using SDOH data. Key takeaways from the summit include standardizing SDOH data collection and exchanging the data through the District HIE in order to support patient's overall health at the point of care. MAP Summit participants also discussed a need to not only screen for SDOH but to address the patient's social needs and have a mechanism to electronically refer them to social service providers.

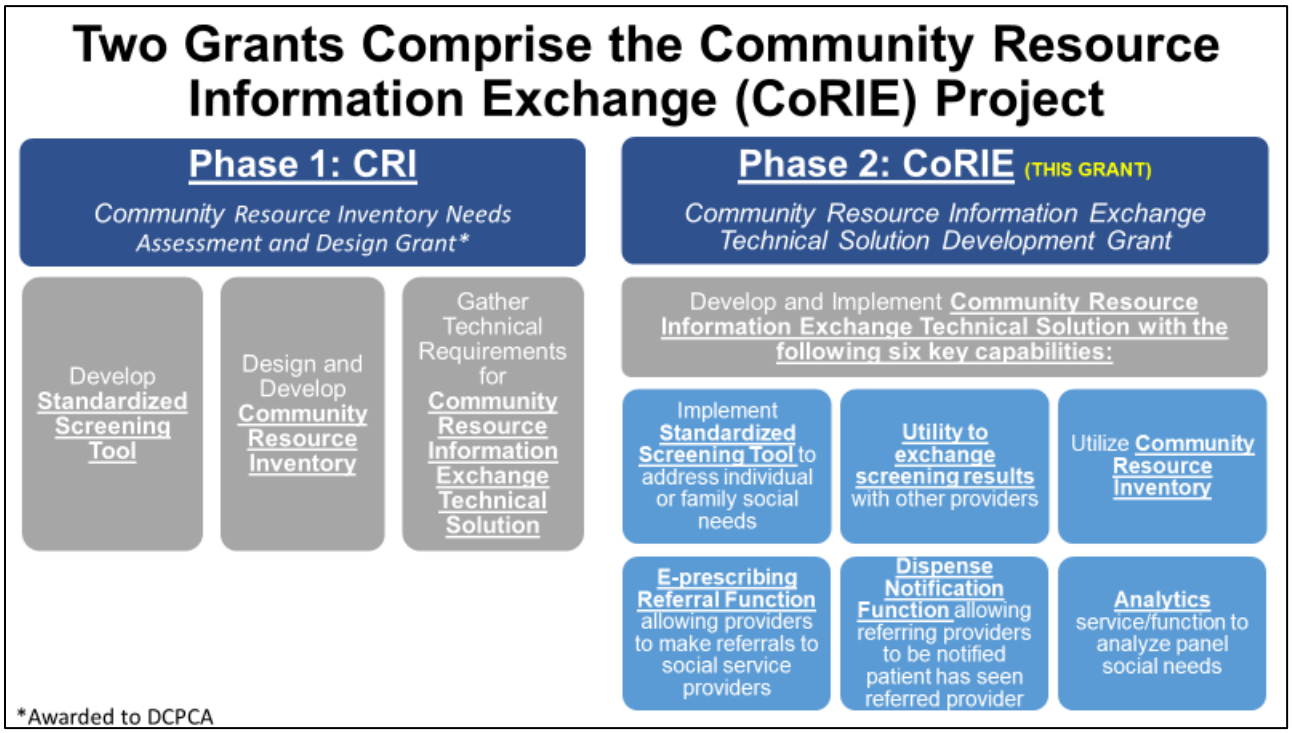
In response to the MAP Summit findings and feedback from stakeholders during the development of the District's 2018 State Medicaid Health IT Plan (SMHP), SDOH data emerged as an information gap. The desire to understand SDOH data challenges affecting providers and assess the role that health IT could play in addressing those challenges was a priority for stakeholders. In response, SDOH was listed among the four use cases selected to guide the design, development, and implementation of health IT and HIE in the District. This use case specifically addresses the collection and exchange of SDOH data and informs the design, development and implementation of the Community Resource Information Exchange (CoRIE) Project.

HIE infrastructure and usage has also grown significantly in the District in the last two years. Under a new five-year grant recently awarded to CRISP DC, every willing Medicaid provider will have access to core HIE capabilities, including a patient lookup feature, secure messaging among providers, and access to panel-level analytics. These features are populated by encounter and clinical information from a growing number of connected practices across the District.

Throughout these activities DHCF has articulated key HIT and HIE objectives around SDOH, including ensuring consistent collection of SDOH information to improve transitions of care; providing support for policy and planning; and evaluating efforts to maintain and improve health equity for Medicaid beneficiaries.

Most recently, the DC Council, the District's legislative body, authorized DHCF to award a grant that would fund the development of a community resource inventory. The grant, named the Community Resource Inventory Needs Assessment and Design (CRI) grant, illustrates the deep support within the District to understand and address SDOH. This grant is Phase I in the CoRIE Project that will be used to plan and design the CoRIE technical solution and focuses on developing an accepted screening tool and local community resource inventory.

Funding under this RFA #DHCF-2019-CORIE is Phase II in the CoRIE Project and will develop and implement the technical solution to host/integrate a bi-directional community resource inventory that is accessible to health and social support organizations, and District government agencies via HIE. Building upon prior work, the CoRIE technical solution should allow participating entities to accomplish a set of tasks critical to support person-centered care for Medicaid beneficiaries: screen for care and social service needs; refer beneficiaries to social services; monitor, track and file follow-ups after referrals; and analyze population-level data.



The CRI grant was awarded to the DC Primary Care Association in April 2019. It is anticipated that this CoRIE Technical Solution Development grantee will leverage the initial phase's design of the requirements for the CoRIE technical solution.

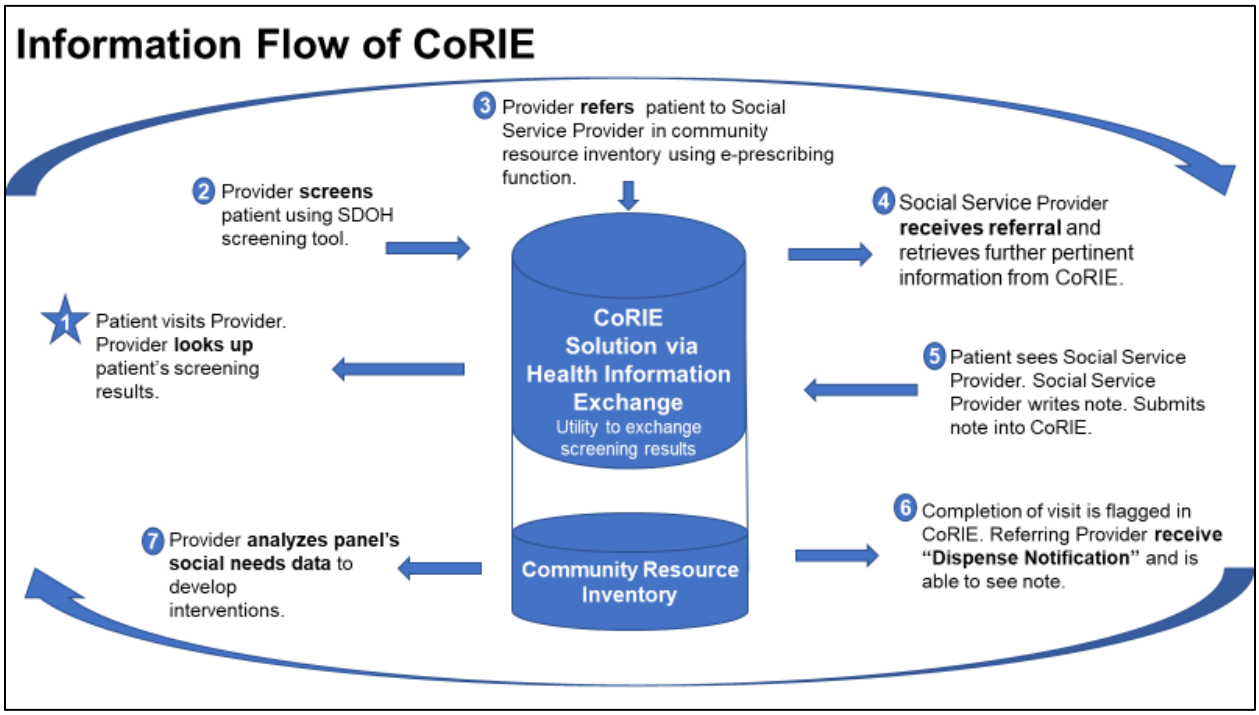
B) Purpose of RFA

The purpose of this RFA is to solicit applications from non-profit organizations currently operating an active HIE in DC to lead the development and implementation of the CoRIE technical solution. The CoRIE grantee shall host/integrate a bi-directional technical solution that leverages the community resource inventory to screen and refer District residents for social needs. This solution shall incorporate stakeholder priorities and technical requirements gathered under CoRIE Phase I.

The CoRIE technical solution will implement six key capabilities. To the extent feasible, these capabilities shall be implemented in an integrated user workflow to promote user adoption (i.e., via single sign-on/in-context access in certified EHRs):

1. A standardized SDOH **screening tool** to assess individual or family social needs: Utilizing a set of actionable, parsimonious and validated measures, the tool will enable individual-level screening based on underlying business rules that define and prompt screening at an appropriate frequency. The screenings will be developed under the Phase 1 grant to DCPCA.
2. A **utility to exchange screening results** with other providers via existing HIE tools and governance protocols. Results of SDOH screenings will be displayed in a format to enable providers to review up-to-date SDOH information that can support care coordination.
3. Utilizing **the local community resource inventory,** identify social service providers appropriate for referral based on screening results.
4. CoRIE Scripts: **an 'e-prescribing' referral function** to social services providers.
5. CoRIE **"Dispense" Notification**: Feedback loop where referring providers will be notified when the patient has seen the referred provider and will be able to share care plan notes and other pertinent patient information. The care plan and information will be accessible in the HIE/ EHRs context.
6. **Analytics**: A service or function to display population or panel data on screenings, social needs, and referrals, so that providers and administrators can set and monitor progress against improvement targets, and prioritize interventions to meet both health and social needs.

The following illustration shows a high-level information flow for CoRIE based from the perspective of each type of end user.



C) Program Description

Under the Health Information Technology for Economic and Clinical Health (HITECH) Act of 2009, approved February 27, 2009, Title XIII of Division A and Title IV of Division B of the American Recovery and Reinvestment Act (ARRA) of 2009 (Pub. L. No. 111-5, §§ 13001-424,123 Stat. 226), DC is eligible to receive Federal financial participation funds for the design, development and implementation (DDI) of specific health information technology (HIT) and HIE Capabilities. DHCF will leverage these funds to build upon existing HIE infrastructure in the District to connect Medicaid providers with essential health-related data. In doing so, DC will move closer to its goal of establishing full District-wide healthcare data interoperability.

The Director of DHCF has authority pursuant to the Department of Health Care Finance Establishment Act of 2007, effective February 27, 2008 (D.C. Law 17-109; D.C. Official Code 7-771.05(4) (2012 Repl.) to make grant funds available to help develop a comprehensive, efficient, and cost-effective health care system for the District's uninsured, underinsured, and low-income residents.

This RFA seeks applicants for a multi-year (FY19-21) grant to develop and implement CoRIE, a technical solution that facilitates use of a community resource inventory to screen, refer, and track access to health and social support services. This solution must facilitate bi-directional exchange and must interoperate with HIE. The CoRIE technical solution should allow

participating entities to accomplish a set of tasks critical to support person-centered care for Medicaid beneficiaries: screen for care and social service needs; refer beneficiaries to social services; monitor, track and file follow-ups after referrals; and analyze population-level data.

The grantee will ensure that the solution is designed to optimize user experience based on extensive input from the provider and social service community. The overall goal is to ensure the CoRIE technical solution is consistent with – or can be adapted to – local workflows and is minimally disruptive to current care practice. Finally, the grantee shall provide tailored technical assistance and training so that system users understand and can integrate CoRIE into local workflows and successfully implement the system to facilitate transitions of care and improve outcomes during the grant period.

A successful applicant must demonstrate the ability to achieve the following objectives of the program:

Objective #1: Engage Community Stakeholders within the District of Columbia to Ensure Community Involvement throughout Design, Development and Implementation of CoRIE Technical Solution

- The grantee shall identify and design a plan of engagement with key stakeholders. At a minimum, this shall include engagement with DHCF, other District agencies, and CRI grantee (DCPCA).
- The grantee shall develop and execute a plan to ensure that identified stakeholders regularly provide input about how best to meet the objectives of the grant.
- The grantee shall collaborate with the CRI grantee to finalize business requirements of the technical solution of community resource inventory via HIE. At a minimum, the grantee shall engage and a collaborate with the CRI grantee in the following:
    - The grantee shall participate in any remaining stakeholder engagement activities facilitated by the CRI grantee.
    - The grantee shall provide response memos to each of the CRI grantee's decision and policy memos that summarize stakeholder perspectives on the key design requirements and implementation issues to inform the development of the technical solution.

Objective #2: Design, Develop and Implement a Technical Solution to Facilitate Screening and Exchange SDOH Screening and eReferral Information Among Users Via HIE Infrastructure

DHCF recognizes that portions of the proposed solution may rely on subgrantees or other vendors to fully implement. It may be more efficient to integrate a third-party solution into the HIE workflow to meet part of the objective below. Please see Section I.D: Subgrantees of this

RFA for more information on subgrants. While technical requirements for the CoRIE technical solution are not final, stakeholders have expressed a need for the following features within the six key capabilities.

1. Implement a standardized SDOH **screening tool** to assess individual or family social needs regarding behavioral health, trauma, developmental health; housing, food security, etc.: Utilizing a set of actionable, parsimonious and validated measures, the tool will enable individual-level screening based on underlying business rules that define and prompt screening at an appropriate frequency. The tool will be developed under the CRI grant to DCPCA.
    - Have the flexibility to allow for updates to be made to the SDOH screening tool without special effort (i.e., ensure administrative customization capabilities are part of sub-grantee vendor agreements when appropriate).
    - Have the ability to:
        - Make specific SDOH screening questions mandatory.
        - Track user, date, and time of assessment.
        - Transfer/integrate data to registered and designated HIE entities and services.
        - Incorporate and pre-populate data fields using other government data assets as they may be available and appropriate to the grantee and solution (e.g., Temporary Assistance to Needy Families (TANF), Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), Supplemental Nutrition Assistance Program (SNAP), Homeless Management Information System (HMIS)).
        - Send notifications/flag a patient record to users when a beneficiary has been screened or is overdue to be re-screened for certain SDOH information.
2. A **utility to exchange screening results** with other providers via existing HIE tools and governance protocols. Results of SDOH screenings will be displayed in a format to enable providers to review up-to-date SDOH information that can support care coordination and identify needs and potential community resources.
3. Utilizing **the local community resource inventory,** identify social service providers appropriate for referral based on screening results. Ensure that the following features are enabled via CoRIE:
    - Publicly accessible – resource directory will have a public view where a public website can be queried for a listing of resources in a specific geographic area.
    - Continuous quality control – grantee outlines a clear plan of action for maintaining timeliness and accuracy of the database, including at minimum a sweep for accuracy consistent with the Alliance of Information and Referral

Systems (AIRS) standards. Organizations should be able to update their credentials, description of services offered, and capacity measures. Ideally, the solution will facilitate inventory updates via API access or a direct system logon to automate the following:

- Resource categorization – resources can be grouped and queried by categories (such as food access, housing, etc.) and sorted by ward and zip code at a minimum.
- Result prioritization – resources that meet social needs results should be prioritized based on needs identified by the beneficiary's SDOH screening, proximity, and other criteria prioritized by stakeholders.
- Feedback – the resources directory should allow users with the proper permissions to add feedback about a specific resource, including indications of quality of services, whether the resource is still open, their capacity, notes on experience, and other fields as defined by DHCF.

4. CoRIE Scripts: **an 'e-prescribing' referral function** to social services providers. The solution will support sending referrals electronically from an EHR or via HIE. Participating organizations will be notified of any referrals with appropriate care plan notes and will have the ability to log into the system and view incoming referrals.
5. CoRIE **"Dispense" Notification**: Feedback loop where referring providers will be notified when the patient has seen the referred provider and will be able to share care plan notes and other pertinent patient information. The care plan and information will be accessible in the HIE/ EHRs context. The solution will also support sending reminders to the beneficiary and care team, including referred resource organization of the pending referral.
6. **Analytics**: A service or function to display population or panel data on screenings, social needs, and referrals, so that providers and administrators can set and monitor progress against improvement targets and prioritize interventions to meet both health and social needs. Features should include:
    - Ability to track and report on case worker referrals, workload, and rates of referrals to social support services
    - Integration of point level data from each completed SDOH screens into the electronic Clinical Quality Measures (eCQM) tool to stratify provider measure calculations by social needs.
    - Site productivity reports measuring the number of beneficiaries screened and referred at each provider location.

The grantee shall develop a timeline and goals for phased districtwide rollout within the second year of the grant.

Objective #3: Implement Standards-based, Flexible Technical and Governance Solutions to Enable SDOH Data Integration and Exchange via HIE

- The grantee shall provide a technical solution that will be flexible and standards-based, where applicable, (e.g. HL7, CCD-A, FHIR, EDI 837, DIRECT, USCDI, etc.). The CoRIE technical solution must allow for varied interface methods and integration across the District systems to support bi-directional information exchange in as many ways as possible. Technical capabilities to facilitate integration and data exchange should include:
    - APIs based on federal standards to allow integration with diverse clinical systems and facilitate patients' access to their own information.
    - The ability for administrators to *define role-based access controls* and auditing that assigns users to roles and responsibilities in order to protect data based on governance and consent rules.
    - The ability to be implemented in integrated workflow for the user to promote user adoption. When feasible, implementation of the CoRIE technical solution could be via:
        - Single sign-on/in-context access in certified EHRs; and
        - Social service providers' technology/data storage tools (e.g., Salesforce/databases) that may be present in communities.
    - Technologies that ensure the solution is compliant with all federal, state, and DHCF privacy and security requirements, including HIPAA.
- The grantee will develop a process and work with each agency data steward to agree on terms and conditions of use, consent process, as well as the means of data transfer or exchange as appropriate and available. Examples of government datasets that may be appropriate to link to include Fire/EMS Department medical data, HMIS and District Access System (an integrated eligibility system for Medicaid, SNAP, TANF, WIC, and other programs).
- The grantee shall submit to DHCF a written policy and governance strategy that addresses how the CoRIE technical solution will enable bi-directional exchange of SDOH information and integrates those capabilities within EHR systems, including:
    - Open data standards for data storage, authentication, etc.
    - Policies to guide best practices for managing participant notice and or consent
    - A determination regarding specific datasets containing SDOH data that may be integrated into HIE tools.

Objective #4: On-board District Social Service Providers to the platform to facilitate the exchange of SDOH information

- The grantee shall develop and update a strategy to recruit, onboard and credential social service providers in the District to the CoRIE technical solution in option year 1 and 2.
- The grantee shall work in collaboration with the HIE Connectivity Grantee to ensure both Medicaid providers and social service providers are properly on-boarded (including outreach, pre-onboarding agreements, creating technical interfaces, training, and post go-live support) of CoRIE technical solution.
- The grantee shall develop and implement a written approach to provide technical assistance, on-boarding services and data optimization efforts for each onboarded entities.

D) Subgrantees

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 subgrantee.

Applicants who propose to sub-grant shall submit subgrantee plan(s) as part of their response, including signed Letter(s) of Commitment from subgrantee(s). Subgrantees 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. Subcontractors that are simply providing supplies or services do not necessarily have to possess a certificate of good standing from DCRA.

As Phase 1 of the initiative, which includes the finalization of technical requirements for Phase 2, is not complete, an applicant may also propose future sub-grant(s) or vendor(s) that are determined after the award of the grant. In this case, applications must include a detailed description of what a subgrantee will deliver in the context of the broader proposed solution. In addition, the application must detail what process the awardee proposes to use to solicit and select a subgrantee and the timeline under which that will occur. Subgrants are subject to approval by DHCF.

E) Program Benefits

The impacts of unmet health-related social needs, such as homelessness, inconsistent access to food, and exposure to violence on health and health care utilization are well-established. Growing evidence indicates that addressing these and other needs can help mitigate their damaging health effects. SDOH screening and strategies to integrate social needs into care and clinical workflow is not yet standard clinical practice. Integrating SDOH data collection and exchange into existing health IT systems, such as referral technologies (rather than introducing new technology) will

increase the value of HIE to deliver person-centered care and improve care coordination in the District.

F) Performance Measurement Plan

Applicants must provide an overall evaluation and performance measurement plan for the base year and the four option years. The CoRIE technical solution evaluation shall, at a minimum, include the measures listed in table below. The performance measurement plan shall include the grantee's approach to data collection and analysis needed to report on selected measures. The plan shall include an approach to reporting during the base year when baseline data may not be available and shall demonstrate improvement over time.

Key quantitative performance measures that will be used to track progress in developing and implementing the HIE capabilities include, but not limited to:

Domain	Measure
Screening	The cumulative number and percentage of high-volume Medicaid providers (providers submitting more than 100 Medicaid claims per year) who screened using the SDOH screening tool
	The cumulative number of high-volume Medicaid providers (providers submitting more than 100 Medicaid claims per year) who have access to the SDOH screening
	The cumulative number and percentage of Medicaid beneficiaries who have been screened using the SDOH screening tool
Referral	The number of "e-referrals" to social service providers
	The "dispense" rate of social services (i.e. e-prescriptions) filled by Medicaid beneficiaries
Community Resource Inventory	The cumulative number of uses of the community resource inventory
Training	The cumulative number of Medicaid providers who have been trained to use the CoRIE technical solution
On-Boarding	The number of social service providers who execute a participation agreement with HIE entity
	The cumulative number of social service providers who are actively share information via the CoRIE technical solution
	The cumulative number and percentage of District Medicaid providers who use the CoRIE technical solution

G) Key Dates and Information

RFA release	Thursday, July 18, 2019

Pre-application meeting	Tuesday July 23, 2019 2:00 to 3:00 p.m. 441 4th St., NW 10th Floor, Main Street Room 1028 Washington, DC 20001
Deadline to submit written questions to dashawn.groves@dc.gov	Friday, July 26, 2019
Answers to questions available at https://dhcf.dc.gov/page/dhcf-grant-opportunities	On Tuesday, July 30, 2019
Application due	Monday, August 19, 2019 by 4:00 p.m. Eastern
Award announcement (expected)	Thursday, September 19 2019
Grant start and end dates	Award date to September 30, 2019 plus option years.

Section II: Availability of Funding

DHCF announces the availability of grant funds in Fiscal Year 2019 (FY 19) to one qualified applicant to design, develop, and implement a technical solution that leverages an accepted screening tool and a non-proprietary, bi-directional community resource inventory via HIE.

The availability of funding for this RFA is contingent upon availability of funds from CMS by the U.S. Department of Health & Human Services (HHS) under the Health Information Technology for Economic and Clinical Health (HITECH) Act of 2009, approved February 27, 2009, Title XIII of Division A and Title IV of Division B of the American Recovery and Reinvestment Act (ARRA) of 2009 (Pub. L. No. 111-5, §§ 13001-424,123 Stat. 226), and any required local matching funds[1].

CMS funding is intended to support EPs in meeting Stage 3 meaningful use (MU) requirements under HITECH regulations and guidance. This Community Resource Inventory and Exchange grant will support EPs meet the following MU objectives and measures:

- MU Objective #6 (Coordination of Care through Patient Engagement), Measure 3: Patient generated health data or data from a non-clinical setting will be incorporated into certified EHRs.

[1] In 2016 CMS clarified its guidance on the use of 90 percent matching funds to allow states to connect EPs to other Medicaid providers. CMS states in its letter to State Medicaid Directors dated February 29, 2016 that "Subject to CMS prior approval, States may thus be able to claim 90 percent HITECH match for expenditures related to connecting Eligible Providers to other Medicaid providers, including behavioral health providers, substance abuse treatment providers, long-term care providers (including nursing facilities), home health providers, pharmacies, laboratories, correctional health providers, emergency medical service providers, public health providers, and other Medicaid providers, including community-based Medicaid providers." (SMD-16-003)

- MU Objective #7 (Health Information Exchange), Measure 1: EPs will be able to send summaries of care to other providers pertinent to addressing the patient's social need.
- MU Objective #7 (Health Information Exchange), Measure 2: EPs will be able to receive summaries of care and ingest them into their certified EHRs

Subject to the availability of funds, DHCF may grant two (2) option years to continue onboarding activities. The total amount of funds available is up to one million dollars and zero cents ($1,000,000.00) in FY 19. The grant period will be the date of award to September 30, 2019, unless extended by exercising up to two (2) option years. The amounts not to exceed for each option year are listed in the table below and are subject to the availability of funds.

HIE Project	Fiscal Year	Funding Amount
Community Resource Inventory Technical Platform	2019	$1,000,000
	2020	$2,000,000
	2021	$2,000,000

Section III: Eligibility Information

A) Qualified Organization

Applicants must meet the following eligibility requirements to apply for this grant. **Failure to demonstrate eligibility for award of this grant in the application will result in denial of the application and the application will not be evaluated.**

1. Be organized under the District of Columbia Non-Profit Corporation Act (D.C. Official Code, sec. 29-501 et *seq*) or organized as a Non-Profit organization in the jurisdiction where the entity is incorporated.
2. Have the authority to enter into an agreement with DHCF and be in compliance with applicable District of Columbia laws and regulations.
3. 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, by both DCRA and OTR, at the time of application.
4. Be a HIE entity; defined as a unit that creates or maintains an infrastructure that provides organizational and technical capabilities in an interoperable system to enable the secure, electronic exchange of health-related information among participating organizations not under common ownership.
5. Be a HIE entity operating in the District to facilitate patient care for District residents through the secure electronic exchange of health-related information among approved, qualifying partners according to nationally recognized standards. To demonstrate compliance with the requirement an applicant must be identified as a HIE entity in the

SMHP or submit proof of HIE activities and contractual relationships. Applicants identified in the 2018 SMHP as an HIE entity should cite the SMHP and provide a brief description of HIE services currently offered in the District in their application. Applicants not identified in the SMHP must provide in their application legally-binding supportive documentation that their HIE entity:

a. Is operational in the District as of January 1, 2016;
b. Facilitates patient care for District residents by creating or maintaining an infrastructure that provides organizational and technical capabilities in an interoperable system to enable the secure, electronic exchange of health-related information among participating organizations not under common ownership; and
c. Connects to existing HIE entities identified in the SMHP.

B) Privacy and Security

Grantees must meet privacy and security requirements before, during and after the award of this grant. The grantee shall ensure all Capabilities are implemented 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 (PHI) 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] (See **Attachment E** for Health Insurance Portability and Accountability Act of 1996 (HIPAA) Checklist).

Specifically, the Grantee shall adhere to the requirements below and demonstrate compliance at quarterly privacy and security meetings with the Office of the DHCF Privacy Officer and other DHCF staff:

- Ensure any and all PHI is only exchanged via point-to-point transmission;
- Establish protocols and/or have systems in place to prevent secondary use of data, unless it is related to approved population-based activities such as those related to improving health or healthcare costs, case management, and/or care coordination, among others;
- Develop and implement protocols, methodologies, and a monitoring approach designed to discover any unusual findings or unauthorized access, which can be identified with an audit of the user access logs. User access logs must be immutable or support non-repudiation (i.e., information in logs cannot be altered by anyone regardless of access privilege);
- Take affirmative and preventive action to protect a patient's PHI including sensitive health information from a breach or non-HIPAA violation;

- Comply, at minimum, with the most recent Level 2 requirements set forth by the National Institute of Standards and Technology (NIST) in the April 2006 Special Publication 800-63 (Version 1.0.2);
- Adopt and implement, where applicable, an authentication process that requires two-factor authentication with two characters that include a username and password, along with an additional security precaution, which may include a security question or a device registration;
- Assign a unique name and/or number for identifying and tracking user identity;
- Ensure all data stored to authenticate an authorized user is encrypted to the level set by industry best practices;
- Implement electronic procedures that terminate an electronic session after a predetermined time of inactivity generally not to exceed fifteen (15) minutes;
- Implement a mechanism to encrypt and decrypt electronic PHI;
- Implement hardware, software, and/or procedural mechanisms that record and examine activity in information systems that contain or use electronic PHI;
- Implement policies and procedures to protect electronic PHI from improper alteration or destruction;
- Establish policies and procedures for the appropriate notification and remediation activities, consistent with the Health Information Technology for Economic and Clinical Health Act (HITECH) Act of 2009, in the event of a data breach involving ePHI;
- Report to DHCF the results of any outside privacy or security audits that the HIE entity engages in regularly or on an ad hoc basis; and
- Implement a written plan to ensure that the HIE entity's enrolled participating organizations conduct their own audit or review the HIE access logs relating to the participating organization within ten (10) days of receipt from the HIE entity.

C) 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 printed on 8 ½ by 11-inch paper, double-spaced, double-sided, using 12-point type with a minimum of one inch margins, with all pages numbered.
3. The Certifications listed in **Attachments A** are signed and dated.
4. Application must be submitted in a sealed envelope. Sealed envelopes must be clearly identified by the organization name, RFA number, and project name using the DHCF

Receipt (see **Attachment D**). **Unsealed and unidentified applications will not be accepted**.

5. The applicant shall submit five (5) hard-copies of their proposal and one (1) electronic copy submitted on a flash drive or CD. Of the five (5) hard copies, one (1) copy must be stamped "original." The electronic copy must be submitted in .PDF format.
6. The application must be submitted no later than 4:00 p.m., Eastern time by the deadline date of August 19, 2019 to DHCF c/o DaShawn Groves, 441 4th St. NW, Suite 900 South Washington, DC 20001 at the 9th Floor Reception Desk.

D) Insurance

The applicant and/or its managing business organization shall demonstrate maintenance of general business liability insurance and cyber liability insurance for the operation of the HIE entity.

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 tax exemption affirmation letter is the IRS's determination letter of non-profit status. If this letter is not available, then the Applicant should provide its most recent IRS Form 990 tax return, if one was submitted. If no return has yet been filed, the organization can submit its application for tax-exempt status. If the group has a supporting organization with an IRS tax-exempt status determination, then that organization's tax exemption affirmation letter should also be submitted.
3. The Applicant shall comply, where applicable, with any District licensing requirements.

F) 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 the Office of Management and Budget with 2 CFR 200, "Uniform Requirements, Cost Principles, and Audit Requirements for Federal Awards"
5. Whether the applicant, or where applicable, any of its officers, partners, principles, 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 (E.) 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 § 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.

G) Certificate of Good Standing

Applicant 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 de-barred from being employed as a Grantee by the federal government, the Government of the District of Columbia, or any government entity.

H) 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. 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
9. Awardee will be required to participate in any DHCF-sponsored training related to this award.

Section IV: Application and Submission Information

A) Pre-Application Conference

A pre-application conference is scheduled for July 23, 2019 from 2:00 to 3:30 p.m. at the Department of Health Care Finance (441 4th St. NW, 10th Floor, Main Street Conference Room, #1028, Washington, DC 20001).

B) Application Delivery

The applicant shall submit five (5) hard-copies of their proposal and one (1) electronic copy submitted on a flash drive or CD. Of the five (5) hard copies, one (1) copy must be stamped "original." The electronic copy must be submitted in PDF format.

The application must be submitted no later than 4:00 p.m., Eastern Time by the deadline date of August 19, 2019 to DHCF c/o DaShawn Groves, 441 4th St. NW, Suite 900 South Washington, DC 20001 at the 9th Floor Reception Desk. Two (2) copies of the DHCF RFA receipt (see **Attachment D**), with applicant information completed, should be stapled to the outside of the submission envelope.

Applications must be submitted in person and must be submitted in their entirety, including any supplemental documents as indicated in Section IV.C. Applicants will not be allowed to assemble application material on the premises of DHCF. All applicants will be provided with a hard copy receipt.

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
c. Grant, Fiscal, and Financial Management
d. Program Reporting
e. Applicant Qualifications
f. Proposed Budget and Budget Justification
g. Attachments
    - Attachment A: Signed Statement of Certification
    - Attachment B: Completed Automated Clearing House form
    - Attachment E: HIPAA Checklist
h. Appendices
    - Appendix 1: Proposed organizational chart
    - Appendix 2: Proposed staff job descriptions
    - Appendix 3: Proposed staff resumes
    - Appendix 4: List of District grants (FY17, FY18, FY19)
    - Appendix 5: District of Columbia Business License
    - Appendix 6: District of Columbia Certificate of Good Standing
    - Appendix 7: Completed W-9 form
    - Appendix 8: Subgrantee plan(s)
    - Appendix 9: Signed Letter(s) of Commitment from subgrantee(s)

Descriptions of each response element is detailed below:

a. Table of Contents

b. Program Narrative (limited to 15 pages)

The narrative section should describe the applicant's approach to design, develop, and implement the CoRIE technical solution to facilitate use of a community resource inventory to screen, refer, and track access to health and social support services. This service must facilitate bi-directional exchange and must interoperate with the HIE. Specifically, the narrative must:

1. Articulate the applicant's approach to delivering the six key CoRIE technical solution capabilities and the grant's objectives outlined in the RFA, including a milestones and deliverables chart with due dates;
2. Describe ways the qualified applicant will integrate the CoRIE technical solution with existing HIE operations in the District. It must address outcomes and activities to be conducted over the entire project period, including all option years, and describe an approach to collaborate with the CRI grantee to finalize business requirements of the technical solution of community resource inventory via HIE;
3. Describe any existing or proposed partnerships (i.e., sub-grantees) or existing partnerships with District Agencies that will assist in the development and implementation of these initiatives, including their qualifications and why they are necessary for the success of the proposed initiatives; and
4. Describe the anticipated sustainability of the CoRIE technical solution beyond the period of grant performance.

c. Grant, Fiscal, and Financial Management (limited to 3 pages)

Describe how the applicant organization will provide sound grant and fiscal management for the project. Experience managing other grant funds, particularly from the District of Columbia, should be described. Include a summary of the grant, fiscal, and financial management systems currently in place that will support the initiatives included in this RFA.

d. Program Reporting

Propose progress and outcomes measures to be reported throughout the period of performance, including required measures specified in **Section I, Part F**.

A methodology and capacity to collect baseline and ongoing data to report on proposed measures must be described including details on the extent to which the approach incorporates District initiatives and priorities. Specify what other measures will be

reported and what will be reported at the end of the grant. DHCF reserves the right to require additional reporting prior to award of any grant.

e. Applicant Qualifications

Describe the capacity of the applicant organization (limited to 5 pages):

1. Describe the leadership capacity of your organization. Please include your organization's specific involvement and roles in the District's HIE efforts in the last five (5) years.
2. Discuss the applicant's history, experience, and/or knowledge related to your organization's mission and compatibility between your organization and the District Government, particularly DHCF. Please describe how the objectives of this RFA are compatible or will enhance your organization's mission and service goals in the District of Columbia. Additionally, please describe why your organization is "best" qualified to design and implement the CoRIE technical solution.
3. The applicant's operational readiness and ability to leverage HIE for the collection and exchange social determinants of health data referenced in the SMHP and the Health IT Roadmap.

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 C**) but its use is not required.

g. Attachments

Fillable PDF versions of the Certifications (**Attachment A**), Automated Clearing House form (**Attachment B**), HIPAA Security Checklist (**Attachment E**) are 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 FY17 and FY18 and/or any expected grants to be received in FY19 from the District Government. This list shall state the District Government entity providing the grant, description of the SOW, 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.

The applicant shall also provide a current completed W-9 form prepared for the U.S. IRS (Appendix 7). 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 subgrantee plan(s) (Appendix 8) and signed Letter(s) of Commitment from subgrantee(s) (Appendix 9).

D) Funding Restrictions

Any award associated with this RFA is limited to the availability of the District local appropriation for Fiscal Year 2019. Spending is restricted to line items in the approved budget in order to fulfill the requirements of the approved project plan.

Section V: Application and Review Information

A) Criteria

All applicants for this RFA will be objectively reviewed and scored against 100 criteria:

Criteria 1: Organizational Structure and Project Leadership (Total of 15 points)

a. The applicant provides a staffing plan that outlines staff and sub-grantee's level of effort as well as duties and responsibilities in relation to the scope of work. ***(5 points)***. The staffing plan should include the following:
    i. A description of all staff and/or positions to be used to perform the work under the RFA;
    ii. Resumes of proposed key staff, and job descriptions for any key positions;

iii. An organizational chart, including any potential sub-grantees, showing clear lines of authority and responsibility;
iv. Level of commitment (FTE) of each staff person for the duration of the grant, including option years; and
v. The applicant provides a clear discussion of how the organizational structure supports the objectives under this RFA.

b. The applicant's proposed staff has demonstrated experience with similar work as is being proposed. The applicant demonstrates that the proposed staff for the project has an expert level of knowledge of overall project management and technology implementation, and subject matter expertise in social determinants of health, health information exchange, healthcare workflow assessment, user experience and system design, and resource inventories. **(*10 points*)**

Criteria 2: Process, Plans, Operational Readiness, and Capacity (Total of 65 points)

a. The applicant describes how the HIE entity's organizational capacity and capability will be able to implement the CoRIE technical solution's six key capabilities listed below in an integrated workflow to promote user adoption (i.e., via single sign-on/in-context access in certified EHRs):
   1. A standardized SDOH screening tool to assess individual or family social needs. ***(5 points)***
   2. A utility to exchange screening results with other providers via existing HIE tools and governance protocols. Results of SDOH screenings will be displayed in a format to enable providers to review up-to-date SDOH information that can support care coordination. ***(5 points)***
   3. Utilize the local community resource inventory, identify social service providers appropriate for referral based on screening results. ***(5 points)***
   4. CoRIE Scripts: an 'e-prescribing' referral function to social services providers. ***(5 points)***
   5. CoRIE "Dispense" Notification: Feedback loop where referring providers will be notified when the patient has seen the referred provider and will be able to share care plan notes and other pertinent patient information. The care plan and information will be accessible in the HIE/ EHRs context. ***(5 points)***
   6. Analytics: A service or function to display population or panel data on screenings, social needs, and referrals so that providers and administrators can set and monitor progress against improvement targets, and prioritize interventions to meet both health and social needs. ***(5 points)***

   Applicants should address project administration, governance, organizational management, and program management for each capability. The applicant must

address outcomes and activities to be conducted over the entire project period, including all option years.

b. The applicant describes their approach to engage stakeholders including collaborating with the CRI grantee to ensure that user and other stakeholder feedback lead to organizational and product improvement. ***(10 points)***
c. The applicant describes their proposed approach to implementing flexible, standards-based technical and governance solutions to enable SDOH data integration and exchange via HIE. ***(10 points)***
d. The applicant describes their approach to onboard District social service providers to facilitate the exchange of SDOH information via HIE and addresses how they plan to overcome perceived barriers. ***(10 points)***
e. The applicant describes any existing or proposed partnerships (i.e., sub-grantees) or existing partnerships with District Agencies that will assist in the development and implementation of the CoRIE technical solution's six key capabilities, including their qualifications and why they are necessary for the success of the proposed initiatives. ***(5 points)***

Criteria 3: Potential for Proposed Activities to Advance District Health, Health IT and HIE Priorities (Total of 5 points)

a. The applicant demonstrates an understanding of ongoing District Health IT and HIE priorities and aligns the proposed grant objectives with the goals outlined in the SMHP, as well as other District strategic planning efforts such as, DC Healthy People 2020, the DC Health System Plan, and the State Health Innovation Plan. ***(5 points)***

Criteria 4: Fiscal Management and Sustainability (Total of 15 points)

a. 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 will be accurately tracked, reported, and reconciled for the base year and each option year. ***(5 points)***
b. The applicant presents a reasonable and detailed budget and justification to achieve the objectives of the RFA. ***(5 points)***
   The applicant presents a reasonable plan for the long-term financial sustainability of the integration of the community resource inventory and the

collection and exchange of SDOH data without substantial government grant funding post-grant period. ***(5 points)***

B) Review and Selection Process

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 who are neutral, qualified, professionals selected by the DHCF Office of the Director for their unique expertise in social determinants of health, health IT, HIE, and Medicaid. The panel will review, score, and rank each applicant's proposal based on the criteria outlined in the RFA. Scoring and the recommendations of the review panel are advisory.

Applications will be scored according to the evaluation criteria listed above. The results of the evaluation for each application submitted will be classified into one of four categories below:

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

The individual scores of the review panel will be averaged and assigned a classification equivalent to the point range of the averaged scores. 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.

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, they shall provide written justification as required by District regulations.

C) Anticipated Announcement and Award Dates

The anticipated announcement date is September 19, 2019. The anticipated date of award is September 19, 2019.

Section VI: Award Information

A) Award Notices

DHCF will provide the successful applicants with a Notice of Grant Award (NOGA). The NOGA shall be signed and returned to DHCF within 10 business days. Unsuccessful applications will be

notified in writing. Grant proceeds will only be paid after receipt of the signed NOGA and release.

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 will be submitted to DHCF 30-days after award.

C) Reporting

Grantees will be required to submit 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.

Grantees will be required to submit a final programmatic report within 30 days of the end of the period of performance or end of the grant. The final report will include a review of the initiative, work conducted by the grantee (and subgrantees), 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.

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 (see **Attachment B**).

Section VII: DC Agency Contacts

For additional information regarding this RFA, please contact DaShawn Groves, Health Care Reform & Innovation Administration via email at dashawn.groves@dc.gov or by phone at (202) 442-8956.

Section VIII: Attachments

Fillable PDF versions of all the attachments are available as part of the application packet published with this RFA. All attachments shall be completed and included in the applicant's response.

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

A) Certifications
B) Automated Clearing House Form
C) Program Budget and Budget Justification Template
D) DHCF RFA Receipt
E) HIPAA Checklist