

Consent Management for HIE Grant Questions and Responses

- 1. Release of funding will impact the timeline of the project kickoff and scheduling of SUD provider site visits. What is the expected timeline for funding to be approved and released?**

As described in Section I.E and Section V.D, DHCF anticipates announcing this award on or around April 30, 2020.

*The funding for this award is a component of the grant award that the Centers for Medicare and Medicaid Services (CMS) made to DHCF in September 2019 in the amount of \$4.6 million for DHCF's proposal "**Supporting Provider Capacity to Deliver High Quality Substance Use Treatment and Recovery Services in the District of Columbia.**" The award that will be made by DHCF to the grantee for the consent management solution reflects a subset of this funding in the amount of \$997,975.*

- 2. If there is a delay in notice of award or funding release, will DHCF provide flexibility in the expectations to have 10 SUD providers sharing data by the end of the grant period? Is there a possibility to decrease the number of providers sharing data or to receive an extension to achieve this requirement?**

Applicants should respond to the RFA as written. Objective 3.1 on page 9 of the RFA describes DHCF's expectation that the grantee shall implement the solution with a minimum of 10 provider entities. The grantee may implement the solution with the same 10 providers that participate in the workflow assessment described in Objective 1.2, page 7 of the RFA.

In the event of an unforeseen delay or circumstance, the grantee may propose a modification to the project plan. DHCF may reevaluate this requirement subsequent to the grant award.

- 3. Does DHCF has specific consent management vendors they wish to be evaluated as potential solutions?**

No, DHCF does not propose specific consent management vendors for evaluation. The grantee is expected to gather technical requirements and stakeholder priorities to inform the selection of a solution for consent management as described in Objective 1 of the RFA. DHCF expects the grantee to utilize the information gathered in Objective 1 to fulfill the requirements of Objective 2, which broadly stated (and more specifically on p. 7-8 of the RFA) are to review, recommend, and select a consent management solution, with DHCF approval.

- 4. Are there a required number of vendors that DHCF expects to be evaluated?**

Per Objective 2 of the RFA, DHCF will require the grantee to review and evaluate "a range of consent management solutions" that are available. It is the expectation of DHCF that the grantee will, based upon this review, have conducted research on more than one vendor and gathered enough information and requirements to recommend a consent management solution that meets stakeholder priorities, key principles of consent management, and features described on pages 8-9 of the RFA.

5. **42 CFR Part II regulations enable patients to use a general designation to share with all my treating providers through a specifically named HIE, but this allowance has been untested when data is being shared across multiple HIEs. The RFA mentions consent shall be integrated through the DC HIE Infrastructure. Could DHCF elaborate on this requirement? Would data expected to be shared across multiple, registered HIEs in the District?**

The DC HIE is a statewide, interoperable system of registered and designated HIEs. Today, this system consists of CRISP and CPC-HIE. It is the expectation of DHCF that the consent management solution be implemented among the HIEs currently registered in the District.

6. **The RFA requires that the grantee work with the DC HIE Policy Board Subcommittees to draft a privacy and security policy related to consent management. Are there previously established subcommittees that the grantee will be expected to work with or will a specific subcommittee be established for this project? Will the grantee be expected to get approval of the subcommittee for the policy?**

DHCF will require the grantee to engage an existing DC HIE Policy Board Subcommittee, such as the Policy Subcommittee, to provide subject matter expertise in the development of a privacy and security policy related to consent management. The DC HIE Policy Board may make recommendations, based on the work of its subcommittees, to DHCF.

7. **The RFA requires that the grantee “ensure that there is clear and accurate understanding among health system stakeholders of 42 CFR Part II requirements.” There is much debate and disparate legal guidance given to “Part II programs, units, individuals”, and the grantee may not be in the position to persuade or alter opinions about how an entity subject to 42 CFR Part II must comply. Is it fair to assume that this requirement is specific to the 42 CFR Part II requirements as they pertain to the consent management system and sharing of information through the HIE as they will be outlined in the privacy and security policy framework?**

Educating health system stakeholders, such as providers and patients, regarding the electronic exchange of information covered by 42 CFR Part 2 is an important trust-building component in the implementation of a consent management solution. The purpose of this consent management project is to allow entities participating in the DC HIE to support the ability to create, manage sign, and revoke 42 CFR Part 2 compliant consent. It is the expectation of DHCF that the grantee will develop clear and concise materials to ensure that such health system stakeholders not only understand the solution and its functionality, but most importantly, understand what information they are consenting to exchange.