



CONTRACT FUNDING OPPORTUNITY

Opioid Treatment Program
Service Continuity Project II

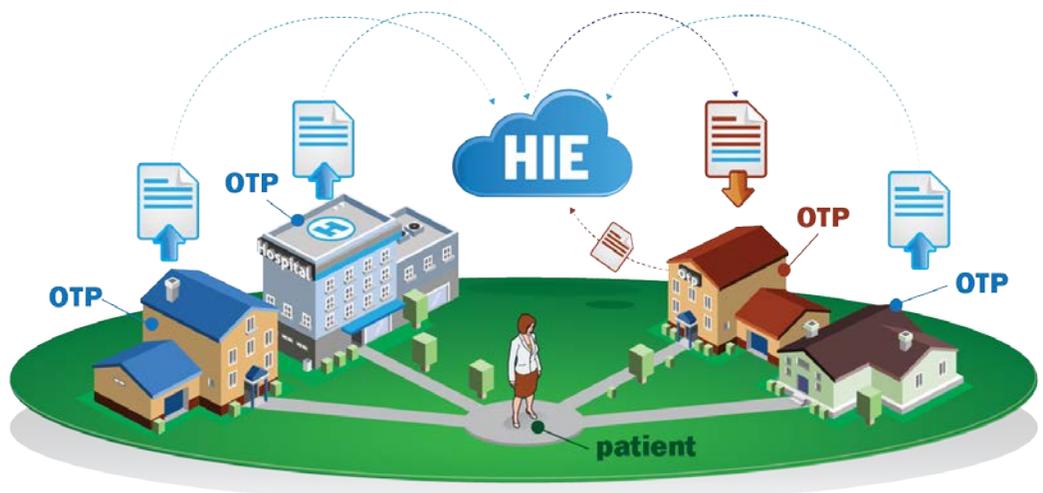


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Contract Funding Opportunity

Opioid Treatment Program Service Continuity Project II

I. Funding Opportunity

A. Background

The Substance Abuse and Mental Health Services Administration (SAMHSA) has identified as a priority the need to address privacy and confidentiality concerns that have the potential to limit the inclusion of behavioral health data in health information exchange (HIE) efforts. [In *Leading Change 2.0: Advancing the Behavioral Health of the Nation 2015-2018*](#), SAMHSA outlines the following goals:

- Promoting the development of technologies and standards to enable interoperable exchange of behavioral health data while supporting privacy, security, and confidentiality
- Promoting the adoption of electronic health records (EHRs) and other health information technology (HIT) tools with behavioral health functionality by health care providers, patients, consumers, states, and tribes to improve prevention, treatment, and recovery for behavioral health conditions
- Enhancing capacity for the secure collection and use of data in EHRs and other technologies by continuing to develop behavioral health national data standards, which support quality improvement and effective outcome tracking
- Promoting the broad dissemination of technologies for improving behavioral health care, prevention, and wellness

In the past, during an emergency or other disruption of normal service, some patients being treated for opioid dependence were unable to obtain their medications from another opioid treatment program (OTP). To address this issue, SAMHSA seeks to promote the use of HIEs to facilitate the exchange of dosing and associated patient demographic information between OTPs during a service interruption or a temporary patient relocation. Through this Service Continuity Project (SCP), OTP patients will be able to share a subset of their medical information with other OTPs, while maintaining the confidentiality of their sensitive health data.

Disruptions in services can hinder recovery and affect health outcomes for patients; safeguards are critical to ensure continuity of care and to alleviate risk for patients and medical professionals. This project will support the exchange of protected health information (PHI) among HIEs and OTPs providing patients with greater peace of mind when the unexpected occurs. Disruptions in service can include man-made or natural disasters, unanticipated problems (e.g. a water main break), and anticipated issues (e.g. program closures for trainings). Patients need treatment continuity during vacations and business trips, and need to know how to continue treatment if their travel plans change.

SAMHSA collaborates with the Office of the National Coordinator for Health Information Technology (ONC) on its Data Segmentation for Privacy (DS4P) initiative. Through this initiative, federal and community stakeholders developed internationally accepted standards and guidelines for enabling data segmentation and management of patient consent preferences. SAMHSA has used these standards to develop open-source HIT solutions which assist in consent management and data segmentation. These standards incorporate compliance with federal and state privacy and confidentiality laws, including 42 CFR Part 2 and the Health Insurance Portability and Accountability Act (HIPAA).

Data segmentation allows patients to control how their health information is shared among health providers. Data segmentation is used when creating health information consents to protect a persons' privacy and confidentiality. Patient consent allows patients to specify what information is shared from one provider to another provider for the purpose of health treatment.

When data segmentation is in place, a patient's record is parsed into several categories, allowing providers to view and/or send only the subset of protected health information (PHI) that is necessary, versus allowing access to the entire patient record. By leveraging data segmentation, the patient is able to share their data in a way that is compliant with patient preferences and the current legal framework.

The Office of the Chief Privacy Officer (OCPO) sponsors the DS4P Initiative. It has made important progress towards improving the ability of sensitive health information, especially substance abuse patient records, to flow properly so that patients receive the care they need without fear of stigma. More information about DS4P and data segmentation can be found at <http://www.healthit.gov/providers-professionals/ds4p-initiative> and <http://wiki.siframework.org/Data+Segmentation+for+Privacy+Homepage>.



The graphic above illustrates that by using the guidelines of DS4P, Sally is able to log into a web-based electronic consent system and decide what medical information her provider can share with an out-of-state provider. By doing so, Sally can travel out of state to visit her mother who is ill without interrupting her methadone treatment.

B. Purpose

OTP SCP II is an activity of the SAMHSA Health Information Technology (HIT) Team. FEi Systems is a Maryland-based contractor providing support to SAMHSA for this project (see Section E: Role of FEi). The OTP SCP II focuses specifically on sharing limited opioid treatment data through HIEs to promote patient service continuity. The primary objective of the OTP SCP II is to facilitate patients' ability to share medication dosing information in cases of care disruption in a manner that is compliant with the 42 CFR Part 2 regulations pertaining to substance abuse through an HIE organization. The OTP SCP II will use an EHR and/or a medication management system (MMS) to allow patients to share their dosing information with other providers when needed. The project will incorporate the DS4P standards referenced above.

In 2015, SAMHSA funded OTP SCP I. The selected project team consisted of the Michiana Health Information Network (MHIN) in Indiana, the Bronx Lebanon and VIP Services OTPs in New York City, Cerner, and Netsmart. During the project performance period the team developed a health IT solution that allowed patients to access an online patient portal where they could give consent for their home OTP to share dosing information and patient data with a second OTP. Likewise, the second OTP could provide the home OTP with updated patient data based on the care they provided. The project demonstrated that patient-controlled health information exchange between OTPs (facilitated by an HIE) was possible, and could leverage DS4P standards and comply with confidentiality laws. That project was successful and is now completed. Resources from last year's project, (i.e. an implementation toolkit and a project evaluation report) will be made available to this year's awardee for reference. To learn more about the OTP SCP I, click [here](#) (SAMHSA Behavioral Health IT Webinar – 'Opioid Treatment Programs Service Continuity Pilot')

The purpose of the 2016 OTP SCP II is about building on the success of last year's efforts by continuing to increase technical capacity throughout the country.

C. Goal and Objectives

The goal of the OTP SCP II is to leverage the existing health information exchange infrastructure to support the exchange of opioid health and dosing information between OTPs in a manner that adheres to federal, state and local privacy requirements. The objectives of the OTP SCP II are to:

- Select an HIE to support the exchange of health information among OTPs in compliance with federal and state confidentiality regulations, including 42 CFR Part 2, as well as compliance with any other state or local laws and regulations
- Involve existing EHR and/or MMS vendors to build upon current infrastructure
- Test the secure exchange of segmented medication dosing information between four or more OTPs through an HIE
- Collect findings from the OTP SCP II to inform other HIEs and behavioral health providers about the project implementation and its impact

D. Project Scope

The OTP SCP II will be implemented using an exchange of patient dosage data and associated consents between programs. Consent management software and other integrated software and workflow redesigns will be implemented to exchange patient health information in a manner compliant with 42 CFR Part 2 and other federal and state laws. The OTP SCP II awardee will be required to:

- Integrate the means of exchanging patient demographic and dosage information using HL7 standards and consent management software through existing EHR and/or MMS systems
- Develop or utilize a data segmentation methodology to allow patients to select which data elements are going to be included within the electronic consent
- Execute tests of exchange of HL7 OTP document standards between the OTPs and the HIE with test records
- Develop training and education materials for OTPs staff and patients
- Redesign current process workflows to electronically capture patient consent
- Solution is expected to be 'production ready' by the conclusion of the project timeframe
- Field testing of the solution with real patients is required to confirm that the patient consent workflow is executable, and that the patient-targeted materials are informative and appropriate

Note: Applicants are encouraged to work with and leverage their State Opioid Treatment Authority (SOTA) as applicable in their state

What is HL7? High-Level 7 or HL7 refers to a set of international standards for the transfer of clinical and administrative data between hospital information systems. These standards focus on the application layer, which is called layer 7 in the Open Systems Interconnection (OSI) model. The HL7 standards are produced by [Health Level Seven International](#), an international standards organization, and are adopted by other standards-issuing bodies.

E. Role of FEi

As prime contractor, FEi Systems will issue a subcontract to the awardee under the SAMHSA BHITS contract. FEi will manage and monitor the subcontract with the awardee and monitor the scope of work, provide payment based on milestones and deliverables, and ensure compliance with all relevant federal government regulations.

FEi will provide technical assistance to both SAMHSA and the awardee. FEi Systems will provide technical assistance to awardees to help them achieve their goals described in their statement of work. This can include technical assistance related to software development, consent management software, business redesign, and clinical workflow analysis.

As described in Section II—Business Expectations of Awardee, FEi will collaborate with the awardee to help them to complete their activities, including participating in a kick-off meeting, developing a work plan that identifies deliverables and milestones, developing training and technical assistance materials, and designing internal self-assessment measures.

FEi will lead an assessment of the project to capture lessons learned. FEi will provide support to awardees to develop and disseminate outcomes, lessons learned, and improvement suggestions.

II. Business Expectations of Awardee

The OTP SCP II awardee team must be capable and/or willing to complete the following activities with the assistance of SAMHSA's contractor, FEi, and meet all referenced deadlines:

- Participate in a virtual kick-off meeting (or face-to-face if awardee is local to the DC/Maryland area, as no federal funding is available for travel). This meeting will be scheduled by FEi Systems

- Begin implementation of the OTP SCP II within two (2) weeks of award date
- Form a project implementation workgroup. Attendance and participation by 80 percent of the workgroup during monthly conference calls/webinars is required. Core team members should include:
 - a. An HIE director and/or a designee with decision authority over HIE operations
 - b. The state opioid treatment authority and a representative from the office of the state HIT coordinator
- Within 30 calendar days of the initial kick-off meeting, work with the SAMHSA/FEi Systems team to develop and submit a work plan that clearly identifies deliverables and milestones for implementing the workflow between multiple EHRs and/or MMSs, four (4) or more OTP provider sites, and the HIE
- Create a workflow redesign workgroup to support the OTP SCP II implementation, with representatives offering expertise in the following areas:
 - a. Management — executive management representation from key participating organizations
 - b. Privacy and security — including legal and public policy resources
 - c. Implementation and integration of EHRs and HIEs with clinical operations
 - d. Technology — hardware and software engineers, web developers, network engineers, business analysts, trainers, and quality assurance professionals
 - e. Patient Advocacy — expertise in patient user experiences, patient navigation, and patient needs
- Develop processes and related training and educational materials that address patient concerns related to sharing health information
- Develop processes to control the re-disclosure of protected patient data as required by federal and state regulations, including 42 CFR Part 2, and local privacy policies
- Participate in and contribute to the SAMHSA/FEi team’s assessment of OTP SCP II implementation and its impact in order to capture lessons learned for other HIEs and behavioral health providers. The OTP SCP II awardee will be expected to disseminate outcomes, successes, difficulties, and suggestions for process improvements upon request. These may be disseminated nationally through articles, meetings and seminars, and postings to the SAMHSA website
- Awardees must design and implement an internal self-assessment to measure whether goals, objectives, and outcomes are achieved, and whether adjustments need to be made to the project work plan.
- Awardees will be required to submit monthly reports to the SAMHSA/FEi team on progress achieved, barriers encountered, and efforts made to overcome barriers
- Awardees will be required to cooperate with SAMHSA-sponsored evaluation of OTP SCP II self-assessments

Note: While organizations that were involved in last year’s project (OTP SCP I) are eligible to participate in this year’s project, selection priority will be given to organizations that were not involved in last year’s project in order to further increase technical capacity throughout the country

A. Technical Expectations of Awardee

The OTP SCP II awardee must be capable and/or willing to complete, with the assistance of FEi, the following activities and meet all referenced deadlines:

- Provide an infrastructure that uses standard application program interface (API) technologies for software integration purposes

- Provide an infrastructure that supports the XDS.b repository model for storing patient data for exchange
- Use an architecture infrastructure that is capable of exchanging (i.e. sending and receiving) Continuity of Care Documents (CCD)
- Participate in finalizing the definitions of sensitive data value sets from standard medical terminologies like ICD-10, SNOMED-CT, LOINC and RxNorm
- Provide a common network for OTPs to share when interfacing with the HIE
- Use an Integrating the Healthcare Enterprise(IHE) standard HIE interface
- Integrate third-party solutions with HIE, EHR, and/or MMS infrastructures to support interoperable health record use in accordance with federal and all other applicable privacy laws:
 - a. Demonstrate use of policies and processes for patient consent workflow(s)
 - b. Utilize consent form(s) with meaningful data segmentation choices
 - c. Integrate HIE workflows to allow the transfer of data between OTP programs and demonstrate how an electronic consent process can manage the sharing of dosing and other necessary data, based on patient selected privacy preferences.
- Develop policies and procedures/workflows for capturing patient consent and complying with the obligations associated with exchanging health information that are subject to federal and all other applicable privacy and confidentiality laws:
 - a. Include behavioral health consumers in policy development
 - b. Develop educational materials for provider organizations to support implementation of the new policies and workflows
- Demonstrate data segmentation benefits with the exchange of standard continuity of care (C-CDA) documents through a consent management system between behavioral health providers and OTPs
- Demonstrate data exchanges that conform to relevant ANSI standards (e.g. DS4P Implementation Guide, HL7 Standards)
- Demonstrate that each of the OTP sites can serve as an alternate dosing site when the other site(s) are unavailable through the use of the HIE
- The OTP SCP II will focus on enabling the sharing of Personal Health Information (PHI) that is subject to the substance abuse confidentiality regulations (e.g., 42 CFR Part 2) among four or more OTPs. The OTP SCP II will give patients options for sharing parts of their health record while withholding other information that the patient does not need to share in order to support temporary guest dosing. This will be implemented using an HIE as the common mechanism of data access between providers. The solution will be implemented as an integrated service to manage patient consent and privacy preferences and enforce patient privacy policies. Specifically, HIEs must be able to demonstrate:
 - The integration of the behavioral health (BH) provider EHR and/or MMS with the HIE
 - The integration of an EHR and/or MMS and HIE with consent management in compliance with 42 CFR Part II
 - An EHR and/or MMS application interface (if not already in place)
 - A workflow that integrates four or more OTPs into the HIE
 - The automated sending of dosing information to the HIE
 - That each of the OTPs is able to successfully accept a query response from the HIE
 - The capability of connecting multiple separate (unique) systems that are not currently interoperable. Use of EHRs is not a requirement for project applicants (e.g., OTPs may use medication management systems (MMS) capable of communication with a HIE). The systems can be from the same vendor, however, it must be involve *at least four (4)* OTP provider sites
 - The ability to provide access to dosing information when a facility becomes unavailable

- The provision of a solution that has a method to audit all OTP related consents submitted by patients

III. Eligibility

This is a limited competitive application.

- Potential primary applicants can include, but are not limited to, HIE organizations, state/county/local health agencies and OTPs
- The application must include participation of four (4) or more OTPs. These organizations must have an existing need to exchange patient dosing information to support the continuity of care during times of emergency or other service disruption
- The HIE program and the OTPs do not have to currently have EHRs or MMSs that can produce and exchange a structured Consolidated Clinical Document Architecture (C-CDA) document. However, that functionality will need to be demonstrated by the conclusion of the project
- HIEs must be capable of connecting with multiple EHRs and/or MMSs
- OTPs and the HIE must be willing to offer data segmentation options and to accept segmented (partial) records

IV. Award Information

A. Award

Financial assistance is available to the HIE, the participating OTPs, and/or their HIE/EHR/MMS IT vendors to support the integration of an HIE and EHR/MMR systems, and to support project testing for the project period—**March 1, 2016, through September 17, 2016.**

B. Award Criteria

Award of the OTP SCP II will be guided by an evaluation of four key areas: the applicant’s plan, the applicant’s budget, the fit and readiness of the applicant to successfully carry out the OTP SCP II, as well as the applicant’s leadership and commitment. The table below illustrates the percentages associated with each set of criteria.

Award Criteria and Points	
Criteria	Percentage (maximum)
Applicant’s Plan	30%
Applicant’s Budget	25%
Fit and Readiness of Applicant	25%
Leadership and Commitment	20%

1. Required Application Components

1. Contact Information Page
2. Completion of the Eligibility Checklist
3. A description of your plan to assure the infrastructure is in place to support the development of exchange dosing data. (Not to exceed two pages)
4. Completion of all questions in Application Section D
5. Budget and Budget Narrative outlining how resources will be allocated to meet deliverables identified in your submitted application, as well as any goals defined within the plan.
6. Attestation as to the accuracy of the Application by the appropriate authority for the HIE and participating provider organizations
7. Letters of Organizational Support and Commitment from all (4 or more) participating OTPs and participating vendors. Letters of support should describe the organization's willingness to support the OTP SCP II by exchanging patient data between OTPs, including managing patient consent.
 - I. **Required** letters of support:
 - a. The participating OTPs
 - b. Participating HIE, EHR, and MMS vendors
 - II. **Optional** letters of support:
 - a. State mental health authority
 - b. State substance abuse authority
 - c. State HIT coordinator
8. Other Attachments supporting the application

2. Application Submission Requirements

1. Applications should be submitted as a Microsoft Word document in 12 point type, with 1-inch margins
2. Applications are not to exceed 30 pages, double-spaced 1-inch margins (not including the budget and attachments). Letters of commitment and attestations are considered attachments and will not count toward the 30 pages
3. The application response shall have the following sections and follow the order outlined below. All sections must be completed
 - I. Introduction
 - II. Technical Qualifications Summary
 - III. Application submission
 - IV. Financial Information
 - V. Letters of Support

3. Application Deadline

1. The application must be received by 5:00 p.m. Eastern Time on Monday, February 15, 2016.
2. Applications must be submitted electronically to OTPdemon@feisystems.com.

4. Questions Regarding the Application

1. All technical and business questions regarding the application should be submitted in writing to LCDR Dina Passman, SAMHSA Public Health Advisor, at OTPdemo@feisystems.com. Answers to questions from individual applicants will be made available to all applicants through a weekly FAQ email sent to all interested applicants. If you would like to receive these email updates, please send a request to OTPdemo@feisystems.com
2. Informational webinars were conducted on December 9 and December 15, 2015. SAMHSA recorded the webinars and has posted them to the following locations:
 - Webinar Session 1 — December 9, 2015
<https://attendee.gotowebinar.com/recording/6219506641000962049>
 - Webinar Session 2 — December 15, 2015
<https://attendee.gotowebinar.com/recording/871376530422018818>
3. The Webinar presentation slides and project FAQs have been posted to:
<http://www.samhsa.gov/health-information-technology/behavioral-health-information-technology-standards-bhits>
4. Answers to questions asked during and after the webinars are accessible via a weekly FAQ email sent to all interested applicants who have sent an email updates request to OTPdemo@feisystems.com

5. Funding Mechanism

Funding will be provided through the issue of a subcontract under the SAMHSA BHITS Contract (Contract No. HHSN316201200139W; Task Order No. HHSS270201400001W; Prime contractor: FEI Systems.)

A single subcontract will be issued for a specific scope of work, and payment will be based on milestones and deliverables described in the awardees' work plan. Awardees can develop their own subcontracts with their vendors and contractors upon approval of the FEI Systems Contract Manager and SAMHSA Contracting Officer. The applicant's budget proposal should identify any additional subcontract(s) they anticipate needing to support the OTP SCP II implementation.

The selected project team will be awarded an as-yet-to-be determined amount (funded through 9/17/16) to reimburse costs incurred by the HIE (or organization with similar capabilities) awardee and participating OTPs. All work must be completed by September 17, 2016.

Under the terms of the BHITS contract, funding is not permitted for non-local travel. Applicants will be required to follow Circular OMB A-133 as it applies to their organization(s) and/or state.

V. Application

A. Applicant Contact Information:

HIE Information:

Primary Applicant? [] Yes [] No

HIE Organization Name _____

Primary Contact Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email: _____

Other: _____

Opioid Treatment Program Provider (1):

Primary Applicant? [] Yes [] No

OTP Organization Name: _____

Primary Contact Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email: _____

Other: _____

Opioid Treatment Program Provider (2):

Primary Applicant? [] Yes [] No

OTP Organization Name: _____

Primary Contact Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email: _____

Other: _____

Opioid Treatment Program Provider (3):

Primary Applicant? [] Yes [] No

OTP Organization Name: _____

Primary Contact Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email: _____

Other: _____

Opioid Treatment Program Provider (4):

Primary Applicant? [] Yes [] No

OTP Organization Name: _____

Primary Contact Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email: _____

Other: _____

Note: if there are more than four OTPs on the applicant's team, please insert additional pages as needed

B. Eligibility Checklist

As it pertains to your application, please check the appropriate boxes for each line below:

Yes	No	Qualification
		The primary applicant is an HIE organization, a State/County/local public health agency, and/or OTP
		The application includes participation of at least four (4) OTPs, which are subject to 42 CFR Part 2 (See: http://www.samhsa.gov/about-us/who-we-are/laws/confidentiality-regulations-faqs) (See: http://www.ecfr.gov/cgi-bin/text-idx?rgn=div5;node=42%3A1.0.1.1.2) (See: http://www.samhsa.gov/sites/default/files/faqs-applying-confidentiality-regulations-to-hie.pdf),
		The participating OTPs have an <i>existing</i> need to exchange patient health information to support continuity of care
		As of the time of application, the HIE program and the OTPs already have EHRs or MMSs that can produce and exchange a structured C-CDA document
		As of the time of application, the HIE program and the OTPs do not have EHRs or MMSs that can produce and exchange a structured C-CDA document, however they plan to have this capability by September 2016.
		The HIE is capable of connecting with multiple EHRs and/or MMSs
		The OTPs have the capacity to connect to the HIE with which it is applying
		The OTPs and the HIE are willing to offer data segmentation options and to accept segmented (partial) records

C. Executive Summary of Work Plan

Please provide a summary description of your plan, outlining your strategy to implement an infrastructure to exchange medication dosing information and an operational methodology to integrate your infrastructure with a health information exchange prior to September 1, 2016.

D. Environment and Readiness

Please answer the following questions as completely as possible. Responses will be evaluated based on how well they meet the goals of the project. Please limit the total number of pages to 30, however, there is no limit to any one answer. This limit does not apply to the budget or attachments.

1. Current efforts to integrate OTP data into the HIE:

- a. Describe the current barriers that you are experiencing or that you have overcome in your state to promote the electronic exchange of health information between OTP programs. Please identify and explain any state and/or local privacy and confidentiality laws that will influence the implementation of sharing dosing patient data. Provide specific detail regarding the current need for the applicant OTPs to share information.
- b. Policies and procedures for integrating consent management into the HIE and provider organization workflow:

- i. Describe any policies, protocols, and standards that are currently established to exchange behavioral health data, and identify those that need to be established in order to facilitate implementation of sharing dosing patient data, in compliance with applicable federal and state privacy and confidentiality regulations.
- ii. Provide an overview of the process that will be used to develop and implement new policies and protocols that will be required to support the workflows for health information exchange through the HIE. Please include a description of the stakeholders that will be involved in the process.
- iii. Provide an overview of the educational materials that the organization plans to develop to educate patients about consent and privacy options and to support the roll-out of new processes, policies and procedures to provider staff. Describe how your proposed solution includes a patient component, e.g. they review the educational materials which have been developed or the organization conducts field testing of the solution.

2. Technical Implementation:

Please describe your comprehensive approach to implementing a patient consent and privacy authorization system (such as Consent2Share) and how you will demonstrate that the system will support exchange of dosing information no later than September 1, 2016. Include:

- a. Description of your current HIE infrastructure including:
 - i. HIE software used
 - ii. Software vendors and contractors
 - iii. Standards and architecture used for information exchange
 - iv. Describe your HIE's architecture and standards for document storage for patient consent and patient medical documents
 - v. Describe how patient identity is managed for your HIE. Include information on the technology and standards used for the HIE's master patient index (MPI)
 - vi. Describe how provider identity is managed for your HIE. Include information on the technology and standards use for the HIE's provider index.
 - vii. Indicate if your HIE currently provides, or has plans to implement, a patient portal
 - viii. Describe your HIE model, e.g. a 'pass-thru' or 'store and forward' model
- b. Description of how OTP data and demographics will be integrated into your system and how information will flow through the system when integrated. The plan should cover:
 - i. Integration of the behavioral health provider EHR and/or MMS with the HIE
 - ii. Document storage for 42 CFR Part 2 patient consent/privacy policy documents
 - iii. Document storage for patient dosing information
 - iv. Integration points for third-party solutions
 - v. Implementation of a web-based consent management user interface
- c. Describe the governance process and communication plan covering how your HIE will coordinate efforts with the OTP organizations as well as EHR and HIE vendors and contractors. Please include any meetings you plan to have. (Note: Contract funding cannot be used for non-local travel.)
- d. Description of the OTP organization's EHR technical capabilities including:
 - i. EHR and/or MMS software used
 - ii. EHR and/or MMS software vendors and contractors
 - iii. Indicate if the OTP provider's EHR is currently connected to the HIE

- iv. Indicate if the OTP provider's EHR system provides a patient portal
- v. Include a copy of the organization's information security plan and/or privacy policy
- vi. If your EHR is not currently producing a C-CDA document, please include implementing the C-CDA document format in your work plan and budget. If your EHR currently produces a C-CDA, include a sample C-CDA that includes the sections of the C-CDA that will be shared.

E. Budget and Use of Funding Opportunity

Please attach a detailed budget and corresponding detailed budget narrative indicating how the funds will be utilized to support OTP dosing information exchange. Applicants are encouraged to self-fund a portion of their proposed solution (i.e. it's not optimal if the sole source for project funding is SAMHSA). Please provide specific details around how additional funding will be obtained. The following table may be used by applicants to develop a customized template to communicate budget information.

	HIE Costs	OTP Costs	Software Vendor Costs	Consultants Cost
Management Participation				
Program Governance and Project Management				
Legal Services				
Local Travel				
Participation in Conference Calls and Webinars				
Develop Project Plan				
Definition of Sensitive Data Value Sets				
Requirements Planning and Workflow Definitions				
Changes to Client Consent Form				
Technical Analysis, Planning and Architecture Design				
OTP EHR connection to HIE				
Integration of Consent Management Solution with HIE Infrastructure				
Integration of Consent Management Solution with OTP EHR and/or MMS				
Integration of HIE Infrastructure with OTP EHR and/or MMS				
Testing and Quality Assurance				
Project Evaluation				
Communication of Lessons Learned to the HIE and BH/OTP Communities				

Note: Applicants will be required to follow circular OMB A-133 as it applies to their organization(s) and/or state.

F. Attestation

HIE Organization Primary Applicant? [] Yes [] No

I, _____, _____
(Name) (Position or Title)

attest that the information in this application is true and accurate and reflects the desires of my organization

(Organization Name)

to develop or expand the infrastructure necessary to allow for the exchange of medication dosing information between HIE and OTP Provider organizations.

Signature

Date

Participating Opioid Treatment Programs Provider Organization (1) Primary Applicant? [] Yes [] No

I, _____, _____
(Name) (Position or Title)

attest that the information in this application is true and accurate and reflects the desires of my organization

(Organization Name)

to develop or expand the infrastructure necessary to allow for the exchange of medication dosing information between OTPs.

Signature

Date

Participating Opioid Treatment Programs Provider Organization (2) Primary Applicant [] Yes [] No

I, _____, _____
(Name) (Position or Title)

attest that the information in this application is true and accurate and reflects the desires of my organization

(Organization Name)

to develop or expand the infrastructure necessary to allow for the exchange of medication dosing information between OTPs.

Signature

Date

Participating Opioid Treatment Programs Provider Organization (3) Primary Applicant [] Yes [] No

I, _____, _____
(Name) (Position or Title)

attest that the information in this application is true and accurate and reflects the desires of my organization

(Organization Name)

to develop or expand the infrastructure necessary to allow for the exchange of medication dosing information between OTPs.

Signature

Date

Participating Opioid Treatment Programs Provider Organization (4) Primary Applicant [] Yes [] No

I, _____, _____
(Name) (Position or Title)

attest that the information in this application is true and accurate and reflects the desires of my organization

(Organization Name)

to develop or expand the infrastructure necessary to allow for the exchange of medication dosing information between OTPs.

Signature

Date

Note: if there are more than four OTPs on the applicant's team, please insert additional pages as needed

G. Attachments

Please attach all required Letters of Support and Commitment. Please attach any other letter of commitment and any other supporting material that you feel will be helpful in our better understanding how you will meet the goals of the OTP SCP II. Please limit the page number of attachments to 25.

H. Worksheet – Standards Supported by the HIE Infrastructure

Please check the boxes for standards and protocols which your HIE infrastructure employs or supports.

Standard or Protocol	Currently Using	Not Using But Architecture Supports	Architecture Cannot Support
XDS.b			
XDR			
XDM			
PIX			
PDQ			
XUA			
SAML			
XACML			
WS-Security			
Direct Protocol Specifications			

I. Appendix

Awardee agrees to comply with the CIOSP3 Contract FAR Clauses_BHITS Task Order Clauses (Appendix A) as applicable.

Note: It is requested that the organization designated as the ‘primary applicant’ submit a simple memo of understanding which confirms that they have reviewed the contents of Appendix A and agree to comply with these clauses, as applicable.