Application Detail

Application ID	1054175
Submitted	Dec 18, 2023
Status	Approved
Applicant(s)	Brandon McMillin (bmcmillin@co.humboldt.ca.us)
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Program and cycle	DSA Signatory Grant Application Round 3
	DXF Round 3
Tags	No tags
Forms	Data Sharing Agreement Signatory Grant Application Round 3

Introduction

Data Sharing Agreement Signatory Grants Application

This DSA Signatory Grants Application Template is for the DSA Signatory Grant Program, a component of the Data Exchange Framework (DxF) Grant Program that is launching in 2023. Administered by the California Health and Human Services (CalHHS) Center for Data Insights and Innovation (CDII), the DSA Signatory Grant Program will support Signatories of the DxF Data Sharing Agreement (DSA) by subsidizing investments to meet DSA requirements.

Prospective Applicants are encouraged to review the DSA Signatory Grant Guidance Document, which provides a detailed overview of the program, including an explanation of the two grant options (Qualified Health Information Organization Onboarding Grants and Technical Assistance Grants), details on eligibility and permissible uses of grant funding, an overview of the application process, and information on how awarded grantees will receive funding upon completion of milestones. Prospective Applicants are urged to review the Guidance Document to address questions or understand unfamiliar terms.

This document reflects the questions that Applicants will be expected to complete in the DxF Grant Portal when applying for a QHIO Onboarding Grant or a Technical Assistance Grant. The DxF Grant Portal is hosted by Public Consulting Group (PCG), who serves as the program's third-party administrator, on its GrantsConnect Portal. Questions included in this document may be subject to change.

How to get started:

1. Understand the funding opportunity: Read the DSA Signatory Grant Guidance Document for detailed information on eligibility, funding parameters, and the application process.

2. Get started on the application:

   o For TA Grant Applications: Click here to begin your application in the DxF Grant Portal, hosted by PCG on its GrantsConnect Portal. Contact DSAGrants@pcgus.com with any TA grant application or portal questions.

   o For QHIO Onboarding Grant Applications: Email grantsupport@cahie.org to begin the process as soon as possible.

Applicants experiencing issues with this application portal can contact PCG at **DSAGrants@pcgus.com** or **1-866-698-6525** for support.

How to Determine Your Eligibility and Learn More About the Program

Prior to completing an Application, prospective Applicants are encouraged to review the **DSA Signatory Grant Guidance Document**, which provides a detailed overview of the program, the two grant options (QHIO Onboarding Grants and TA Grants), details on eligibility and permissible uses of grant funding, an overview of the application process, and information on how awarded grantees will receive funding upon completion of milestones. If there are terms or concepts you are unfamiliar with in this Application Template, it is recommended that you search for the term in the DSA Signatory Grant Guidance Document.

Applicant Information

Applicant Information

Which DSA Signatory Grant domain are you applying for? *

1 Technical Assistance (TA) Grant

Applicant Organization Name *

An "Applicant" may be a DSA Signatory applying on its own behalf, or it may be an organization applying on behalf of other Signatories. Refer to the Grant Guidance Document for more information.

County of Humboldt DHHS Public Health

Application Contact Person *

Brandon McMillin

Application Contact Person Title *

Administrative Analyst II

Applicant Telephone Number *

(707) 382-8229

Application Contact Email Address *

bmcmillin@co.humboldt.ca.us

How many signatories are included on this application? *

A "Signatory" is an organization that has signed the DSA. Organizations may sign the DSA directly, or a "parent organization" may sign the DSA on their behalf. In a parent-subordinate situation and for the purpose of this grant program, the Signatory is the subordinate organization.

1

How many instances are included on this application, across all Primary Signatories? *

1

Signatory Characteristics

Signatory Characteristics

If this page is blank please continue to the next page.

Please provide the following information about the characteristics of each Signatory in this application.

Signatory 1 Characteristics

Signatory Organization Name 1 *

County of Humboldt DHHS Public Health

Please select the type of organization which best describes this signatory from the following list. 1 *

County

Entries for these questions must match entries on the DSA. These questions are intended to determine whether this Signatory is eligible for a DSA Signatory Grant. Utilize the DSA Grant Portal to look up the information if necessary to enter it **exactly** as it appears on the DSA.

In a situation where a parent organization signed the DSA on behalf of subordinate organizations, each subordinate organization may be eligible for a DSA Signatory Grant. The individual who signed the DSA as the parent organization must sign the Grant Application, and the following responses should include information about the parent organization and its signed DSA.

Date when Signatory is required to begin exchanging data, in accordance with the DxF. 1 *

Not sure

What is the name of the organization who signed the DSA on behalf of this signatory, exactly as it appears on the DSA? 1 *

County of Humboldt DHHS Public Health

What is the name of the individual who signed the DSA on behalf of this signatory, exactly as it appears on the DSA? 1 *

Sofia Pereira

What is the mailing address provided for this Signatory in the DSA portal? 1 *

529 I Street, Eureka, California 95501

Please confirm your address information.

Street Address: 1 *

529 I Street

City 1 *

Eureka

State: 1 *

CA

Zip: 1 *

95501

What was the date that the DSA was signed on behalf of this signatory? 1 *

Nov 27, 2023

Eligibility Criteria: Current Data Exchange Capacity Signatory 1

Does this Signatory currently have the capability to exchange health and social services information with providers who have signed the DSA, in accordance with the DxF? 1 *

No

Population Served by the Signatory 1

What is the ZIP code where this Signatory provides services? If this Signatory provides services at multiple locations, please enter the ZIP code of the location with the highest volume of patients in the prior 12 months. 1 *

95501

What percentage of individuals served by this Signatory can be attributed to a combination of Medi-Cal, uninsured, or dual-eligible patients, over any 12-month period between January 1, 2021 and the time of this application? 1 *

50% or more

Please provide any additional information on the ways in which this Signatory serves populations that are historically marginalized or underserved, but which may not be represented in the percentage of individuals attributed to a combination of Medi-Cal, uninsured, or dual-eligible patients. 1 *
Up to 100 words

Humboldt County Public Health connects underserved populations to health care and other social supports through programs focusing on sexual health, harm reduction and communicable disease. Our programs provide case management and home visiting services for various populations.

Other Health IT Funding Sources Signatory 1

Below each question is a link, or links, that may help you with your response.

Did this Signatory receive funding from the California Health Information Exchange Onboarding Program (Cal-HOP)? 1 *

No

Click on this link for information on the Cal Hop program:

[California Health Information Exchange Onboarding Program](#)

Has this Signatory or its employed/associated providers ever been eligible for the Medicare or Medicaid Promoting Interoperability Programs (sometimes referred to as the EHR Incentive Program or the Meaningful Use Program)? 1 *

No

Eligibility criteria for eligible providers under this program can be found on this CMS Eligible Professionals Flow Chart.

[eligibility_flow_chart.pdf (cms.gov)](#)

All other information on eligibility criteria for this program can be found on the CMS Promoting Interoperability Programs webpage and the DHCS Medi-Cal Promoting Interoperability Program Website.

Has this Signatory been awarded funding to advance health information technology or data exchange capabilities from any of the following DHCS CalAIM initiatives? Select all that apply. 1 *
Applicants are not required to provide information on funding received from these programs if they are not intended for HIT/HIE uses.

None of these

Click on the below links for information on the California Advancing and Innovating Medi-Cal (CalAIM) funding initiatives:

Providing Access and Transforming Health Initiative (PATH)

Incentive Payment Program (IPP)

Housing and Homelessness Incentive Program (HHIP)

Behavioral Health Quality Improvement Program (BH-QIP)

Electronic Health Record Instance Signatory 1

An Instance represents a single configuration for an electronic record system product -- electronic health record (EHR) or otherwise -- that may exist within and/or across multiple DSA Signatories included in the Application. For example, one EHR instance may be used by five hospitals who signed the DSA that are a part of one Application. Refer to the **Grant Guidance Document** for more information.

 If this Signatory is the only Signatory in this Application using their electronic record system Instance, then select YES for the below question.

If this Signatory is among multiple in this Application using the same Instance, a Primary Signatory will be chosen amongst the Signatories. The Primary Signatory is the Signatory serving the largest number of individuals over a 12-month period in the Instance, either by number of unique individuals served or number of interactions.

Is this Signatory the Primary Signatory using an Electronic Record System Instance? 1 *

Yes

How many instances are associated with this primary signatory? 1 *

1

HIT Characteristics Signatory 1

Is this Signatory using an electronic record system? 1 *

Yes

Does this Electronic Record System (EHR or otherwise) require additional assistance to be configured for real-time exchange of health and social services information (HSSI)? 1 *

Yes

Signatory Characteristics 2

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Signatory Characteristics 3

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Signatory Characteristics 4

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Proposed Activities & Funding Request

Proposed Activities & Funding Request

As explained in the DSA Signatory Grant Guidance Document, Applicants will need to achieve a predetermined Outcome by the end of the grant period in order to receive their full funding award.

TA Proposed Funding Request

Please identify the Outcomes that you intend to achieve with a DSA Signatory Grant. (Select all that Apply.) *
In order to receive the full Grant award, TA Grantees will be required to show that they have achieved at least one of the required Outcomes for this Grant. Please refer to the DSA Signatory Grant Guidance document for additional details.

Outcome 1: Identified and contracted with a technical solution that will help achieve real-time data exchange in accordance with the DxF
Outcome 2: Implemented a technology solution capable of supporting real-time data exchange in accordance with the DxF
Outcome 3: Adjusted, upgraded, or adopted a certified EHR or other Electronic Record System required to enable real-time data exchange in accordance with the DxF
Outcome 4: Created and completed training for new operational and clinical workflows required to complete real-time data exchange in accordance with the DxF

Please describe the key operational and/or technology changes that the grant would fund to contribute towards efforts to meet DSA requirements. Include a description of why these changes/enhancements are needed in order for Signatory(s) to participate in data exchange in accordance with the DxF. Refer to the DSA Signatory Grant Guidance document to ensure that proposed activities are aligned with the Permissible Uses of Funding. *
(Up to 250 words.)

We plan to expand use of existing electronic health record systems to all programs that would be included in the data exchange. This funding will help cover the staff training costs, expansion of licenses, and any technical support needed from the electronic health record systems. Currently only some of our programs are connected to an electronic health record system, including our public health laboratory and some of our nursing programs. We plan to expand to include all of our nursing programs and include our hepatitis C and HIV care coordinator programs (e.g. North Coast Aids Project, Medical Therapy Unit, and California Children's Services). We will coordinate with the health information organization and use this funding to cover costs to connect our programs to the health information exchange. Our staff will need to support fully onboarding to these systems and learning how to connect our programs to the health information exchange and how our processes will need to be properly updated.

Please identify the Resources you plan to procure to achieve the Outcome(s) identified in your Application, and the estimated cost for each resource.

A Resource is defined as something a Grantee would use grant funding to procure and may include a Health Information Technology (IT) vendor, external personnel, internal personnel; or other. The Resources procured with grant funding must adhere to the Permissible Uses of Funding listed in Guidance document. Resources listed here should add up to the total amount of funding requested for this Application.

Please identify the number of resources you plan to use. *

3

Type of Resource	Resource Description	Budget Request
Type of Resource 1 * Health IT vendor	**Resource Description 1 *** 30 words maximum Directly work with health information organization and EHR instances to connect to the health information exchange and ensure DxF compliance	**Budget Request 1 *** $60,000.00 USD
Type of Resource 2 * External Personnel	**Resource Description 2 *** 30 words maximum Hire outside consultant to support transition of programs to EHR instances and HIE	**Budget Request 2 *** $60,000.00 USD
Type of Resource 3 * Other	**Resource Description 3 *** 30 word maximum Cover training to update workflows and connection to HIE	**Budget Request 3 *** $30,000.00 USD

Total funding request: *

$150,000.00 USD

Please describe how the total funding request was determined. Please explain significant factors in the funding request, including whether a Signatory in the Application uses multiple EHR Instances or an Instance is served by a large number of Signatories. *
(Up to 150 words)

We use 3 electronic health record instances (Patagonia, Apollo LIMS, and Persimmony) and we need to expand the programs that use these instances and onboard staff. We will need this funding to ensure we comply with the DxF standards, which will require the hiring of outside consultants and/or funding provided to the health information organization to support that transition.

Plan for Meeting DSA Requirements

PLAN FOR MEETING DSA REQUIREMENTS

Upon completion of the activities included in this Application, do the Signatories included in this Application expect to be able to begin sharing data with health and social service providers who have signed the DSA in accordance with the DxF? *

Yes

Please explain how Signatories included in this Application will use information provided through data exchange to improve services for Californians served by their organization. Provide at least one specific example of an exchanged data element that Signatories intend to integrate into clinical or operational workflows. *
(Up to 200 words.)

Public Health HIV & HCV Care Coordination teams work closely with medical professionals from various clinics/hospitals and CalREDIE to identify new cases, provide counseling, partner services, rapid access to medical care and treatment to prevent further infections. With the data exchange, we will be able to improve care coordination and access to treatment. Data elements that will help to expedite care and treatment include immediate access to most recent tests, confirmatory tests, appointment history and schedules, prescribed medications, and treatment updates.

Describe your approach to sustaining activities, technology, and services funded by the DSA Signatory Grant after the grant funding ends. This should include an explanation of how Signatories will pay for ongoing subscription costs related to any technologies or services adopted through grant funding. *
(Up to 200 words.)

County of Humboldt DHHS Public Health plans to continue supporting our electronic health record instances beyond the expending of TA funding. Our information services staff and compliance and privacy team are involved in these efforts to ensure internal technical expertise to sustain this work. We will also ensure any new staff are onboarding into our EHRs and how to work with our health information exchange, even after the TA funding ends. To ensure financial sustainability, we intend to use funding from CDPH Future of Public Health and other program funding that may support our involvement in the data exchange via subscription costs and services. We are also looking into Medi-Cal billing, where appropriate, which will further our ability to provide services to vulnerable populations.

Attestations and Certifications

Attestations and Certifications

As an authorized representative of the Applicant, the Applicant agrees to the following:

• Applicant attests that all information submitted in this Application is correct to the best of their knowledge and that they have appropriately consulted with relevant Signatory personnel to ensure all information is correct.

• Applicant will respond to requests for additional information or other grant related inquiries from CDII, CAHIE, and/or PCG, as needed throughout the Application and grant management process. The Applicant will acknowledge receipt of such requests within two business days of receipt, and provide requested information within five business days, unless an alternate timeline is approved or determined necessary by CAHIE, PCG, and/or CDII.

• If awarded a grant, Applicant will submit Progress Reports in a manner and on a timeframe specified by PCG and/or CDII. For QHIO Onboarding Grants, this will involve coordinating with the Applicant's selected QHIO on Progress Report submission.

• The Applicant understands that CDII may suspend or terminate a DSA Signatory Grant if the Grantee or their selected QHIO is found to have misused the funds or if Milestone Two is not achieved within two years of the receipt of the grant award.

• The Applicant is required to alert PCG if circumstances prevent them from achieving the Outcome(s) described in the Application. In such cases, entities may be required to return unused funds to CDII contingent upon the circumstances.

Please download, digitally sign, and upload a completed version of the attestation form attached, in addition to completing the information below.

Please download the [Signatory Attestation Form here,](#) have all signatories sign, and upload into the box below.

Signature upload:

See Signatory Attestation Form.pdf

Please provide the name of the individual completing this Application to verify that they have read and understand the above attestation and the requirements of the DSA Signatories Grants program. *

Brandon McMillin

Please provide the name of the individual from each Signatory on this Application to verify that they have read and understand the above attestation and the requirements of the DSA Signatories Grants program. #1 *

Sofia Pereira

If the individual who signed this application differs from the individual who signed the DSA on behalf of the Signatory, please provide an explanation of the reason for this difference. #1
(Up to 100 words)

No answer

Award Amount

Award Amount

$150,000.00 USD