

Description of the Closed Loop Referral System (CLRS)

Through its Closed Loop Referral System (CLRS), New Hampshire's Department of Health and Human Services (NHDHHS) has contracted with Unite Us (CLRS Vendor) to help refer individuals to service providers. When using the CLRS, all referrals are made online via the CLRS Vendor's secure technology platform.

The CLRS is NHDHHS's secure system and is available for individuals to locate services and allows participating providers to review and access an individual's referral information. Information is provided before the individual's appointment, which helps avoid delays and improves necessary care. The individual's information needed to complete a referral are sent, received, and will be stored for future needs on the CLRS. Consent from the individual is required to use, share, and store information on the CLRS.

Agreements required before information is entered into the CLRS

Before any individual information is entered into the CLRS, the individual will need to read and sign an individual consent.

In addition to the consent(s) that your provider may require to provide you services, there are two additional consents for the CLRS:

Consent 1: In writing, the individual consents to allow the CLRS to use, share, and store their information.

This individual consent will explain:

- that the CLRS secures all information that it stores and maintains through required security and privacy policies and standards, authorized user training, user roles, privileges, and access controls associated with the network participating provider(s) and through End User Agreements. This restricts viewing or use of an individual's identifiable and sensitive information as permitted by consent and as required by law.
- that referrals for services or care can be made without using the CLRS. If an individual's consent is not given for information to be shared and stored on the CLRS, no referrals can be made using the CLRS.
- that if an individual chooses to not use the CLRS for referrals, the individual's provider can make referrals through other means, such as telephone or fax. This can result in delays in care.
- that using the CLRS is designed to shorten the time between making a referral and the individual receiving the requested service and to ensure more direct communication between the Network Provider and the referral service.
- that for referrals that include sensitive information, (e.g. substance misuse, mental health, SAMHSA GPRA application, or reproductive healthcare, sensitive medical issues or testing, such as certain infectious diseases) only the sending and receiving providers of the referral will have permission to access the individual's sensitive information related to that referral.
- the type of agreements that the CLRS Vendor has with NHDHHS, Network Providers, and End Users who receive an individual's information.
- that the CLRS Vendor also has limited business-related needs subject to federal privacy and security requirements related to the stored individual information.
- that the CLRS Vendor stores individual information received during the referral process in a client file. Federal laws, such as HIPAA, may require medical information to be stored for several years once entered into the CLRS.
- that the CLRS Vendor, as a trusted partner, complies with electronic information security standards and regulations required by law for personally identifiable information (PII), protected health information (PHI), substance use disorder information (SUD), financial and insurance information and other information shared by individuals and providers using the CLRS.
- that the individual may choose data selections such as "Choose not to share", "Choose not to disclose", "Unknown", or similar response to any optional questions, as applicable when giving information to be used in a referral.
- that an individual can work with any of their referring provider(s) to limit the amount of information that is shared on the CLRS. The amount of information needed for a referral can vary by referral type, but must

include First Name, Last Name, Date of Birth, and any specific referral requirements established by the participating network provider.

- that only those providers to whom the individual has consented will be permitted to create or access the individual's CLRS profile file that includes personal information, demographic information, and any information required to successfully make or receive a referral.

Consent 2: Before the information described below can be shared, written consent (in electronic or hard-copy format) is required by the State of New Hampshire RSA 126-A:4, VI (e). In writing, the individual consents to have their information entered into the CLRS shared with NHDHHS. This individual consent will explain:

- that the individual allows NHDHHS to access information shared and stored on the CLRS.
- that NHDHHS will use individual information to administer the services received and paid for by NHDHHS through the CLRS.
- that NHDHHS will use the individual information to manage data and meet reporting requirements for federally or state funded services.
- that NHDHHS uses de-identified information for data analysis to make decisions about where additional services may need to be added throughout the state.

An individual's information can be shared with NHDHHS without the required consent in these circumstances:

- The individual has received services from a Provider/Program paid for by NHDHHS.
- The individual has received services paid for by NHDHHS in the past twelve months.

Only the information regarding these paid services, including the individual's Client Profile, may be shared with NHDHHS without consent.

Provider Network Participant Agreements and Provider Profiles

Each provider making or receiving referrals using the CLRS must sign a "Network Participant" or "Provider" Agreement. This agreement outlines the responsibilities of the Network Participating Provider. It indicates that the Network Participating Provider must:

- Review this document with individuals seeking to use the CLRS for care.
- Use available functionality within the CLRS that apply to services they provide for assistance requests and referrals and will obtain all necessary individual consent(s) and/or authorization(s) as required by HIPAA and 42 CFR Part 2.
- Maintain an up to date "Provider Profile" that lists eligibility information for the programs and services the provider offers, if they are actively receiving referrals, and specific referral information required for a specific service.
- Input and share only the minimum amount of personally identifiable information (PII) and protected health information (PHI) required for assistance requests or referral for services.
- Have policies and procedures in place regarding privacy, information security, and confidentiality and that any of their users who are granted access to the platform must comply with those policies and procedures identified.
- Ensure that any of their users who are granted access to the platform all have completed all initial and annual training requirements of the CLRS as defined by NH DHHS, including confidentiality/security training.
- Ensure that any of their users' access is terminated or updated if their employment is terminated or their roles have changed.
- Inform individuals that the CLRS Vendor (Unite Us) and NHDHHS follow information security and privacy standards for sharing and storing information as required by law and have processes to mitigate the harm from an information or data breach. Examples of such standards are included but are not limited to those in the following laws, HIPAA, 42 CFR Part 2 for protection of substance use disorder records, and NH RSA 359-C for financial information.
- Inform individual that they may opt out of answering intake questions for the NHCLRS for an assistance request or referral for services made, unless the answer is required by the recipient of the assistance request or referral and is considered minimum PII or PHI necessary, in which case notify the individual that the opting

out may result in denial of the request.

- Inform the individual that they have the right to have assistance requests or referrals made through other means (telephone or fax) if they choose not to sign the CLRS Vendor (Unite Us) consent, but that this may delay treatment or care.
- Offer a consent form for all confidential information needed for assistance requests and referrals to be shared and stored on the Unite Us Platform.
- Offer a consent form to allow confidential information for assistance requests and referrals to be shared and stored at NHDHHS.
- Inform the individual that if: 1. A provider or service is paid for by NHDHHS or 2. the individual has received services from a provider funded by NHDHHS in the past 12 months, NHDHHS will receive the individual's information without their specific consent as permitted by law.
- Inform the individual that a Network Participating Provider who has received the individual's information with a valid consent, may re-disclose that information as allowed by law.
- Inform the individual that no provider will share their PII or PHI without their written consent. Each new assistance request or referral instance will require an updated consent(s).
- Review with the individual how consent to share their PHI or PII on the CLRS can be revoked.
- That further information regarding the CLRS Vendor's (Unite Us) privacy notice is available at <https://uniteus.com/privacy-policy/>.
- That further information regarding NH DHHS privacy practices and patient rights is available in the NH DHHS Notice of Privacy Practices and is available at <https://www.dhhs.nh.gov/doing-business-dhhs/legal-services/hipaaprivacy-officer>.
- Ensure that a Business Associate Agreement or Qualified Service Organization Agreement (QSOA) is signed, as applicable, by any entity working with the PHI or Part 2 information on behalf of the Network Provider.
- Ensure that each provider and provider staff who will view individual confidential health or personal information using the CLRS has signed an end user agreement.
- Inform the individual that the decision not to sign a consent/authorization will not impact any services the individual receives or will receive from NH DHHS or any Network Participating Provider and that consents are voluntary, but if the individual refuses to sign this consent their information will not be available on the CLRS and will not be accessible to any provider through the CLRS.

CLRS Consent Revocation

Individuals who choose to utilize the CLRS for their care at this time, can in the future revoke their consent that allowed the CLRS to use, share, and store their information from that point forward.

If after consent has been made, and an individual no longer wants their information shared on the CLRS through the CLRS Vendor (Unite Us), they can revoke their consent by email at consent@uniteus.com or ask any of their providers who participate on the CLRS to submit the request on their behalf. A sample email is available at <https://www.dhhs.nh.gov/nh-care-connections>. The CLRS vendor then submits a support ticket to update the Client's consent status to "Declined". The revocation will occur within seven (7) days and will result in, to the extent allowed under federal or state law, the deletion of information relative to the client's referrals for services in the CLRS.

An individual who revokes an authorization or consent to utilize the CLRS can still have referrals made on their behalf for services or care. These referrals and associated information would be communicated through other manual methods, such as by telephone or fax and not by the CLRS. This can result in delays in care.

NHDHHS Data Sharing Consent Revocation

Individuals who choose to utilize the CLRS for their care at this time, can in the future revoke their consent that allowed the NHDHHS to use, share, and store their information from that point forward.

If after consent has been made, and an individual no longer wants their information shared from the CLRS with NHDHHS, through the CLRS Vendor (Unite Us), they can revoke their consent by email at consent@uniteus.com or ask any of their providers who participate on the CLRS to submit the request on their behalf. A sample email is available at

<https://www.dhhs.nh.gov/nh-care-connections>. The CLRS vendor then submits a support ticket to update the Client's consent status to "Declined". The revocation will occur within seven (7) days and will result in, to the extent allowed under federal or state law, the deletion of information relative to the client's referrals for services in the CLRS.

An individual who revokes an authorization or consent to utilize the CLRS can still have referrals made on their behalf for services or care. These referrals and associated information would be communicated through other manual methods, such as by telephone or fax and not by the CLRS. This can result in delays in care.

Provider and Client Access to Records on the CLRS

The CLRS manages and stores consents, individual demographic and referral information. The CLRS also maintains network provider profiles, information, and end user rules defining how access or permissions to view individual sensitive and medical information are granted for administration of services, care coordination, and case management functions of the CLRS and the Network Provider. These rules are designed to ensure individual information is protected with a high level of confidentiality, privacy, and security while allowing providers necessary information to make or accept a referral and begin care of or provide services to the individual.

Uses and Disclosures by the CLRS Vendor (Unite Us)

The individual consent to use the CLRS allows the minimum needed information about the individual to be shared to network participating providers for them to provide services the individual is in need of. There is more information about Unite Us and its Privacy Policy outlining its practices available at: <https://uniteus.com/privacy-policy/> and <https://uniteus.com/privacy/>.

Uses and Disclosures by NHDHHS

The individual consent to use the CLRS allows information shared to be stored on the CLRS in a confidential and secure manner. This can allow information to be shared with the individual's current care team, providers/facilities involved in future care of the individual, and NHDHHS.

NHDHHS may use this data to:

- ensure the programs it funds are properly administered.
- identify gaps in care.
- identify resource shortage areas by region and across the statewide system of care.
- identify program/service shortage areas by region and across the statewide system of care.
- create reports/data visualizations to inform public policy, legislation, and/or program funding needs.
- case management.
- assist in care coordination of the state system of care.

Some information stored in the CLRS could be retained for regulatory needs. This could require that individual information be retained for a period of time after the service has been provided.

Consent to Participate in the NH Department of Health and Human Services (DHHS) Closed Loop Referral System (CLRS) through the Unite Us Network

By consenting, you agree to share information with a Network of health and social service partners powered by Unite Us software. This Network is made up of entities and individuals who are directly involved in your care or payment of care. Your personal information may be shared securely on the Network in accordance with privacy laws to connect you with services.

This consent covers all information shared by you or by anyone that has the right to share information on your behalf and is relevant to the recipient’s involvement in your care or payment for your care. You can always limit the information you provide on the Network by requesting to have it removed.

To understand how your information may be used and kept safe on the Network, please see uniteus.com/privacy.

If you no longer want your information shared on the Network, you can email consent@uniteus.com or ask any Network partner.

Client:	Personal Representative or Guardian <i>(only if applicable)</i>
Name: _____	Name: _____
Signature: _____	Signature: _____
Date: _____	Date: _____
	Relationship to Client: _____

Consent to allow NH DHHS to have access to personally identifiable information and private health information (including additional authorization for information that falls under 42 CFR Part 2)

Per NH Senate Bill (SB) 423 (2022), the State of New Hampshire requires a specific, separate consent, in hard copy or electronically, to allow the New Hampshire Department of Health and Human Services (DHHS) to have access to an individual's personally identifiable information and private health information that relates to referrals for services. To accommodate these consent requirements, NHDHHS's CLRS Vendor (Unite Us) will implement a consent form in the platform for senders of a referral to confirm that a client has or has not given their consent to share their information with New Hampshire Department of Health and Human Services ("NH DHHS"). All organizations in New Hampshire utilizing the CLRS will be required to complete these consent forms for the clients they serve. This consent form enables NH DHHS to receive information permitted to be disclosed under 42 CFR Part 2, according to the individual's consent with the Network Participating Provider. The consent below is not required to utilize the CLRS and is not required to receive services. If consent is provided, it will allow NHDHHS access to information to: ensure the programs it funds are properly administered, identify gaps in care, identify resource shortage areas by region and across the statewide system of care, identify program/service shortage areas by region and across the statewide system of care, create reports/data visualizations to inform public policy, legislation, and/or program funding needs, perform case management and assist in care coordination of the state system of care.

To understand how your information may be used and kept safe by NHDHHS, please visit <https://www.dhhs.nh.gov/dhhs-website-privacy-statement>.

If you no longer want your information shared with NHDHHS, you can email consent@uniteus.com or ask any of your Network Participating Providers.

Do you consent to allow the New Hampshire Department of Health and Human Services to have access to your personally identifiable information and your private health information along with information about your referrals for services? Please note that you will receive the same services whether you sign this form or not. Additionally, note that this authorization would include any 42 CFR Part 2 Services you have consented to have stored and shared on the CLRS.

- Yes
- No

Client:	Personal Representative or Guardian <i>(only if applicable)</i>
Name: _____	Name: _____
Signature: _____	Signature: _____
Date: _____	Date: _____
	Relationship to Client: _____