



DSA Signatory Grants

Applicant Guidance Document

April 2023

This DSA Signatory Grants Application Guidance Document provides a comprehensive overview of the DSA Signatory Grants, 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 Grants program will support Signatories of the DxF Data Sharing Agreement (DSA) by subsidizing their investments to meet DSA requirements. In this document, readers will find:

- A guide to understanding and choosing between the two types of grants in the program, which are:
 - Technical Assistance Grants; and
 - QHIO Onboarding 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 standard milestones.

This document captures information about program design and implementation as of April 21, 2023. Some aspects of the program design described here may evolve during implementation. Updated guidance for this initiative may be disseminated in future webinars, guidance document updates, FAQs, or application templates for this program. Any future guidance related to this initiative will supersede guidance described in this document and will be posted in the DxF Grants section of the CDII Data Exchange Framework website:

<https://www.cdii.ca.gov/committees-and-advisory-groups/data-exchange-framework/>

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Background

California Data Exchange Framework

The DxF is the first-ever, statewide data sharing agreement that will accelerate and expand the exchange of health and social services information among health and social service organizations. It includes a single [Data Sharing Agreement \(DSA\)](#) and a common set of [Policies and Procedures \(P&Ps\)](#) that will govern the exchange of health and social services information among health care and social services organizations and government agencies beginning in January 2024.

The Governor and Legislature established several phases for implementing these new data exchange rules, starting with CalHHS developing the DSA and P&Ps by July 2022. Under [Health and Safety Code section 130290](#), DSA mandatory Signatories include:

- General acute care hospitals;
- Physician organizations and medical groups;
- Skilled nursing facilities;
- Health care service plans and disability insurers;
- Clinical laboratories; and
- Acute psychiatric hospitals.

These health care entities were required to execute the DSA by January 2023. Additional health care and social services providers may choose to voluntarily sign the DSA, including counties, community-based organizations, emergency medical services, and mental health providers. See the [DxF Frequently Asked Questions](#) (FAQ) on the CDII website for additional information about who is required to sign the DSA.

DxF Implementation

The [DxF DSA Signing Portal](#) is now open for organizations to take the first step toward better health information exchange (HIE) and sign the DSA.

Once they have signed the DSA, organizations should determine how they will achieve the DSA and P&P requirements. It is important to note that the DSA is a signed agreement between Signatories to share information safely. The DSA is not a technology solution and Signatories can meet DxF DSA requirements using the platforms or solutions of their choice.

Many mandated Signatories of the DSA have to begin exchanging data in accordance with the DSA's P&Ps by January 31, 2024. [Some entities](#) – including physician practices with fewer

than 25 physicians, acute psychiatric hospitals, and rural general acute care hospitals – will have until January 31, 2026 to fully implement the DxF.

QHIO Program

CDII has established a Qualified Health Information Organization (QHIO) program to help Signatories identify a technology solution that will assist in meeting the DSA requirements.

A Health Information Organization (HIO) is an organization that offers services and functions to support the exchange of health information. It serves as an intermediary, assisting health and social services organizations as they initiate, receive, and reply to requests for information. An HIO can qualify as a QHIO if CDII determines that the HIO has demonstrated its ability to meet DxF criteria and data exchange requirements.

In 2023, CDII will establish QHIO criteria and a process to qualify HIOs. The first round of QHIOs are expected to be announced in June 2023. Visit the [CDII DxF webpage](#) for the latest information about the QHIO program and announcement date.

DxF Grant Program

To support data exchange adoption, the California Governor and State Legislature allotted \$50 million to support market implementation of DxF requirements through a DxF Grant Program, to be administered by CDII.

In October 2022, CDII held [two DxF Grant Listening Sessions](#) to better understand the barriers to implementing the DxF and how to address those barriers. Over 300 individuals attended those sessions, and a summary of that feedback was shared in the [November 2022 meeting](#) of the DxF Implementation Advisory Committee (IAC).

Based on this stakeholder feedback and in consultation with the IAC, the DxF Grant Program will support statewide implementation of the DxF by:

- Providing Signatories with resources to address critical operational, technical, and technological barriers to DxF implementation.
- Prioritizing investments for DxF Signatories operating in under-resourced geographies and/or serving historically marginalized populations and underserved communities.
- Ensuring alignment across other grant programs and promoting activities ineligible for funding by other grant programs (past or present).

To achieve these goals, CDII launched two grant programs: the **DxF Educational Initiative Grant Program** and the **DSA Signatory Grant Program**.

- **DxF Educational Initiative Grant Program:** Designed to address stakeholder feedback that many required Signatories were not aware of or did not understand their DxF requirements. The DxF Educational Initiative Grants provide \$3 million in funding to nonprofit associations representing Signatories to provide education and training

about the DxF across the state. In October 2022, CDII put out a [Request for Applications](#) for these grants. In December of 2022, CDII awarded eight grants to health and social services associations to provide outreach and education about the DxF throughout 2023. See the [Appendix](#) for a list of Educational Initiative Grantees and their contact information.

- **DSA Signatory Grant Program:** Designed to provide direct support to Signatories to subsidize their implementation efforts, CDII has allocated up to \$47 million for DSA Signatory Grants to fund activities for individual Signatories to meet their DSA requirements. The subsequent sections of this guidance document provide detailed information about these grants.

DSA Signatory Grant Program

Overview

The DSA Signatory Grant Program is designed to subsidize DSA Signatories' investments to achieve the DSA requirements.

Acknowledging the range of activities that may be needed for Signatories to achieve the DSA requirements and varying capacity for grant application and management, CDII has created the following two types of DSA Signatory Grants:

Technical Assistance (TA) Grant	Qualified Health Information Organization (QHIO) Onboarding Grant
<p>This is a flexible, "build-your-own-solution" pathway where Signatories identify a range of technical and operational activities and manage the entire process of applying for and managing funds directly.</p>	<p>This a pre-set, "assisted" pathway in which Signatories receive support to identify a technology solution that could fulfill their DSA requirements (i.e., a QHIO) and support securing and managing funding for that solution.</p>
<p><i>What are the eligible uses of funding?</i> TA Grants must be used to achieve one (or more) of the following Outcomes:</p> <ol style="list-style-type: none"> 1. Identifying and contracting with a technical solution that will help achieve Signatories' DSA requirements. 2. Implementing a technology solution that supports real-time data exchange. 3. Adjusting, upgrading, or adopting an Electronic Record System. 4. Creating and completing training for new operational and clinical workflows. 	<p><i>What are the eligible uses of funding?</i> QHIO Onboarding Grants must be used to achieve the following Outcome:</p> <ol style="list-style-type: none"> 1. Onboarding to a QHIO.
<p><i>Who identifies the Resources needed to achieve that Outcome?</i> Signatories.</p>	<p><i>Who identifies the Resources needed to achieve that Outcome?</i> Signatories select a QHIO from the CDII list.</p>
<p><i>Who completes the Grant Application?</i> Signatories</p>	<p><i>Who completes the Grant Application?</i> The California Association of Health Information Exchanges (CAHIE), a CDII contractor.</p>
<p><i>Who receives and manages grant funds?</i> Signatories.</p>	<p><i>Who receives and manages grant funds?</i> QHIOs.</p>

Applicants must select whether to apply for a TA Grant or a QHIO Onboarding Grant. While the two grants offer the same level of funding, each grant opportunity offers different levels of flexibility and support. Applicants should consider the infrastructure necessary for their organization to reach DSA compliance, as well as their current capacity for applying for grants and managing funds.

The visual below provides a high-level overview of each type of DSA Signatory Grant. Each step in this process is explained in detail in the subsequent sections of this document.

DSA Signatory Grant Application Process	
TA Grant	QHIO Onboarding Grant
<p>1. Applicant determines whether they meet the Eligibility Criteria for a DSA Signatory Grant.</p> <p>A qualifying Application must be submitted on behalf of one or more organizations that have signed the DSA and meet Eligibility Criteria. The Applicant (i.e., the organization submitting the grant application) may be a Signatory applying on their own behalf or an organization applying on behalf of one or multiple Signatories.</p>	
<p>2. Applicant determines how they would use grant funding and selects which grant to pursue.</p>	
<p>Applicants identify specific technical activities that would help them achieve their DSA requirements that need TA Grant funding. See list of permissible funding uses.</p>	<p>Applicants decide that they will onboard to a QHIO and that they will use QHIO Onboarding Grant funding to onboard to a QHIO. See list of permissible funding uses.</p>
<p>3. Applicant determines the amount of funding to request, adhering to maximum allowances.</p> <p>Funding maximums are based on the number of Electronic Record Instances and the characteristics of the Signatories serviced by those Instances.</p>	
<p>4. Applicant submits their Application during an open round on the DxF Grant Portal.</p>	
<p>TA Grant Applicants are responsible for completing their Applications. Applicants that need help can request support from Public Consulting Group (PCG).</p>	<p>CAHIE provides end-to-end Application support and submission for all QHIO Onboarding Grant Applications.</p>
<p>5. All Applications in a given round are scored, and awards are announced.</p>	
<p>6. Grantees will receive grants payments upon completion of grant milestones.</p>	
<p>Milestone One: Grantee procures resources that account for at least 50% of grant budget within one year of grant award.</p>	<p>Milestone One: Grantee and QHIO sign a contract for onboarding as early as January 1, 2023 and as late as one year after grant award.</p>
<p>Grantee receives first half of award to begin procuring TA specified in the Application.</p>	<p>QHIO chosen by Grantee receives first half of award; Grantee and QHIO agree on use of funds via contract.</p>
<p>Milestone Two: Grantee achieves the stated outcome of their TA Grant (varies by Grantee)</p>	<p>Milestone Two: QHIO successfully onboards Grantee and completes a real-time data transaction within two years</p>
<p>Grantee receives second half of award.</p>	<p>QHIO chosen by Grantee receives second half of award.</p>

There will be at least three rounds of DSA Signatory Grants in 2023, and any given Signatory may be awarded only one grant total. To expedite funding to organizations that are subject to AB-133, CDII will hold two short rounds of grants for the six types of Signatory organizations that were identified as required to execute the DSA under [Health and Safety Code section 130290](#). CDII expects to accept Applications for each round per the following schedule:

- Round 1 (expedited): mid-May to mid-June
- Round 2 (expedited): mid-June to mid-July
- Round 3: July to September

There may be additional rounds for organizations to apply; if so, more information will be announced at a later date.

To enable the implementation of the overall DSA Signatory Grant program, CDII has contracted with **Public Consulting Group (PCG)** to serve as the third-party administrator (TPA) for this program. PCG is a public sector management consulting and operations improvement firm that supports primarily public sector health, education, and human services organizations. Working closely with CDII, PCG will develop and manage the DxF Grant Portal, which supports application submission, award notification, fund disbursement, and progress reporting. PCG also will work with CDII to review applications and funding requests, and manage milestone attestations and funding disbursements.

CDII also has contracted with the **California Association of Health Information Exchanges (CAHIE)**, to provide grant writing support for Applicants to the QHIO Onboarding Grant. Working closely with CDII, CAHIE will assist organizations to complete and submit QHIO Onboarding Grant applications. To learn more about how to access their help, please refer to the [QHIO Onboarding Grant Application Process](#) section of this document.

0. Key Definitions

Several types of organizations and organizational units may be involved in the Application for a DSA Signatory Grant. The following terms will be used as defined below throughout this Application Guidance Document.

- **Signatory:** A “Signatory” means an organization that has signed the DSA. Organizations may sign the DSA directly, or a “parent organization” may sign the DSA on their behalf as a “subordinate organization.”

In a parent-subordinate situation and for the purpose of this grant program, the Signatory is the subordinate organization because they are the entity bound by the DSA. Each subordinate entity is independently eligible for its own DSA Signatory Grant. However, the individual who signed the DSA on behalf of the parent organization is required to sign the Grant Application for each subordinate and attest that the Application does not request duplicative funds. Parent organizations are strongly encouraged to coordinate Grant Application efforts for their subordinate organizations and submit one DSA Signatory Grant Application for all subordinates where possible.

- **Applicant:** The organization that submits an Application for a DSA Signatory Grant will be referred to throughout this document as the “Applicant.” An Applicant may be a Signatory applying on its own behalf, or it may be an organization applying on behalf of one or more Signatories. An Umbrella Applicant is an entity that applies for a grant on behalf of another organization.

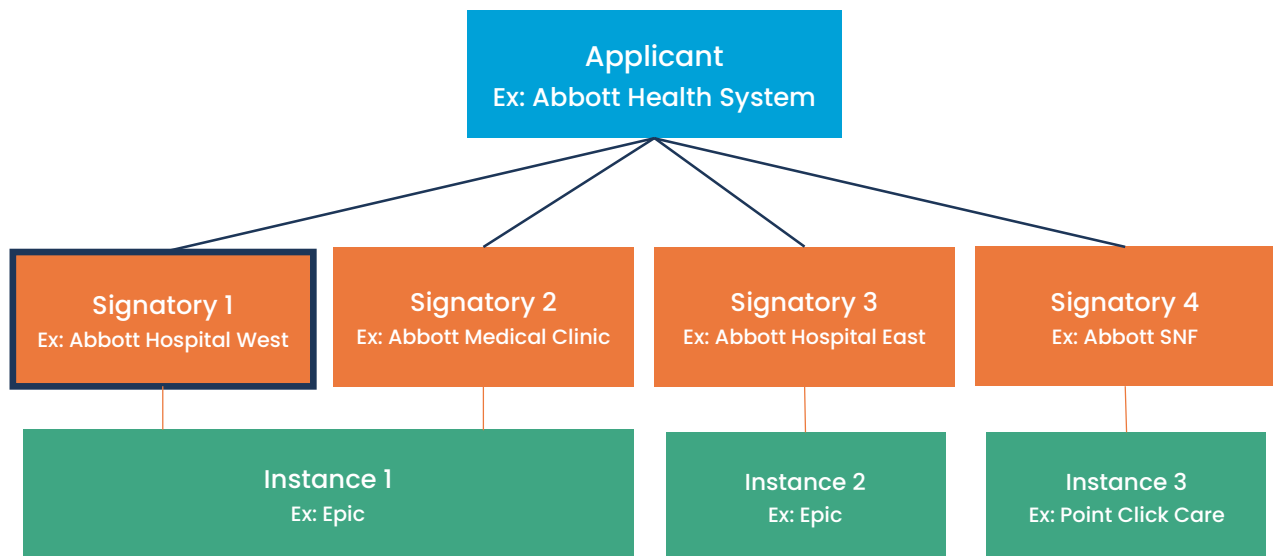
Subject to the Eligibility Criteria in this document, Umbrella Applicants may include but are not limited to:

- A parent organization that signed the DSA on behalf of multiple subordinate organizations;
- A corporate parent applying on behalf of subsidiary organizations (such as a health system applying on behalf of hospitals and physician practices that are part of its organization);
- A foundation or other organization applying on behalf of organizations;
- An Independent Physician Association; and
- A Management Services Organization.

The eligible representative of each Signatory included in an Application is required to co-sign the Grant Application prior to submission. See the [Eligibility Criteria section](#) for additional information on who can sign a DSA Signatory Grant Application.

- **Instance:** An Instance represents a *single and unique 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 that signed the DSA; any individual logging into the EHR at one hospital can access records created and maintained across all five hospitals.¹ The number of Instances in an Application will be a key factor in determining the amount of funding that an Applicant may request and in grant award decisions.
- **Primary Signatory:** In a situation where multiple Signatories included in the Application are using the same Instance, the Applicant will select a Primary Signatory for that Instance. The Primary Signatory must be the organization serving the largest number of individuals over a 12-month period, as measured by unique individuals served or the volume of interactions (i.e., visits, admissions, etc.). The Primary Signatory's features (e.g., its Signatory type, the population it serves, and past funding) will determine funding for the Instance.

An Application for a DSA Signatory Grant must be submitted for one or more Signatories. In the example depicted below, **one Applicant** submitted an Application on behalf of **four Signatories**. Signatories 1 and 2 are on the same **Instance** of an EHR, and Signatory 1 is the **Primary Signatory** for that instance because it is the largest Signatory on that Instance.



¹ Organizations that do not have an EHR should consider their current Electronic Record System to be an “Instance” for the purpose of the DSA Signatory Grants. For health care organizations that do not have an EHR and require one to meet their DxF requirements, DSA Signatory Funding can be used to subsidize certain EHR costs through the TA Grant; see the Uses of Funding Section.

Additional terms used throughout this guidance document are defined below, in alphabetical order:

- **Application** means the template that Applicants must complete and submit to request a DSA Signatory Grant.
- **Electronic Record System** means the platform in which a Signatory documents person-level information about the individuals that it has provided services to and the services that were provided. For health care organizations, this would generally be an electronic health record (EHR). For social services organizations, this may be another type of electronic documentation system.
- **DxF Grant Portal** means the electronic portal managed by PCG through which Applicants will submit an Application for a DSA Signatory Grant and through which Grantees will submit Progress Reports and complete other grant management tasks.
- **Grantee** means an Applicant that has been awarded a grant; collectively, they are referred to as “Grantees” throughout this document.
- **Milestones** means specific events that a Grantee must achieve in order to receive funding.
- **Outcome** means the required end-result of a Grant. Grantees must achieve the required Outcomes listed in [the Outcomes section](#) in order to receive their full grant award.
- **Resource** means resources that a Grantee would use grant funding to procure and may include a Health Information Technology (HIT) vendor, external personnel, internal personnel; or other. The Resources procured with grant funding must adhere to the Permissible Uses of Funding listed in this document.

1. Eligibility Criteria

To be eligible for either of the two types of DSA Signatory Grants, Applicants must meet the following eligibility criteria:

- A. All Signatories included in the Application must have signed the CalHHS Data Sharing Agreement (DSA) prior to submitting the Grant Application.**

In the DxF Grant Portal, Signatories will be required to provide the information in the following fields from their signed DSA:

- Name of Individual Signing;
- Name of Organization; and
- Date of Signature.

Signatories can access a copy of their signed DSA by logging into their account in the [DSA Signing Portal](#). The three requested fields can be found on page 9. Applicants must submit the information as it appears on page 9; PCG may determine that an Application cannot be considered if it is unable to match a Signatory to a signed DSA because of inaccurate Application submissions.

The individual signing the Grant Application on behalf of a Signatory must be the same as the individual who signed the DSA on behalf of the organization.²

- 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. However, the individual who signed the DSA as the parent organization must sign the Grant Application. Parent organizations are strongly encouraged to coordinate Grant Application efforts for their subordinate organizations and submit one DSA Signatory Grant Application where possible.
- Umbrella Applications must be co-signed by the individuals who signed the DSA on behalf of each of the Signatories included in the Application.

Technology vendors, such as HIOs, are not eligible to apply for a DSA Signatory Grant.

- B. All Signatories included in the Application must demonstrate that additional support and capabilities are needed to meet their DSA requirements.**

² For situations where this is not possible, such as situations where the individual who signed the DSA has since left the organization, Applicant can provide an explanation (not to exceed 100 words) for why the Application cannot be signed by the same individual who signed the DSA.

An organization that already conducts the real-time data exchange required by the DSA and its P&Ps is not eligible for a DSA Signatory Grant because additional support is not needed to achieve DSA requirements.

Applicants need to complete one of the following to achieve their [DSA requirements](#):

- a. Connect to a QHIO that can conduct the real-time data exchange required by the DSA and its P&Ps; or
- b. Implement another technology solution or service that achieves the real-time data exchange required by the DSA and its P&Ps.

In the DxF Grant Portal, Applicants will be asked to provide information about each Signatory's existing Electronic Record System and to attest to the types of health and social services information exchange that each Signatory currently conducts.

NOTE: For the first two rounds only

- C. To expedite funding for organizations that may be required by [Health and Safety Code section 130290](#) to implement the DSA by January 2024, Applications in the first two rounds of DSA Signatory Grants are limited to specific types of Signatories.

In the DxF Grant Portal, the Applicant will be asked to identify the type of Signatory (or Signatories) included in the grant Application. In order to qualify for the first two rounds, the Applicant must identify all Signatories as one of the following types of organizations:

- General acute care hospitals;
- Physician organizations and medical groups;
- Skilled nursing facilities;
- Health care services plans and disability insurers;
- Clinical laboratories; and
- Acute psychiatric hospitals.

Applicants are encouraged to consult the [DxF Frequently Asked Questions](#) document for additional information on each of these types of organizations. CDII and PCG may not advise individual Applicants on how to categorize the Signatories in their Application. Applicants may be asked to provide additional information, such as license numbers, based on the category selected.

2. Uses of Funding and Required Grant Outcomes

This section explains how Grantees may use DSA Signatory Grant funds and outlines the details about the intended use and purpose of funds that Applicants must provide in their Applications. Two key concepts in this section are:

- **Resources** means resources that a Grantee would use grant funding to procure and may include a Health Information Technology (HIT) vendor, external personnel, internal personnel, or other. The Resources procured with grant funding must adhere to the Permissible Uses of Funding listed in this section.
- **Outcomes** means the required end-result of the grant. Grantees must achieve the required, specific Outcomes listed in this section in order to receive their full grant award.

Uses of funding and required Outcomes vary substantially by the type of DSA Signatory Grant. At a high level:

- TA Grantees can use funding to subsidize a range of Resources needed to meet DSA requirements. Applicants for this grant need to specify the Resources they would procure with grant funding in their Application. To receive the full grant funding, TA Grantees must achieve at least one of the four Outcomes identified below to receive the full grant payment.
- QHIO Onboarding Grantees and their selected QHIO can use funding to subsidize a range of Resources required to onboard the Grantee to the QHIO. As long as those Resources adhere to the Permissible Uses of Funding, Applicants do not need to provide details about intended Resources in their Application for this grant. QHIO Onboarding Grantees and their selected QHIO must complete the QHIO onboarding Outcome outlined below to receive the full grant payment.

TA Grant Required Outcomes and Uses of Funding

All activities proposed in a TA Grant must contribute towards the Signatories' efforts to meet DSA requirements. However, CDII acknowledges that the activities funded by the Grant may not be sufficient for Signatories to meet their DSA requirements. As such, Applicants will not be required to prove that they will meet DSA requirements upon completion of the Grant-funded activities. In order to receive the full Grant award, TA Grantees will be required to show that they have achieved at least one of the following Outcomes:

1. Identified and contracted with a technical solution that will help them achieve real-time data exchange in accordance with the DxF;
2. Implemented a technology solution capable of supporting real-time data exchange in accordance with the DxF;

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; or
4. Created and completed training for new operational and clinical workflows required to complete real-time data exchange in accordance with the DxF.

To achieve one or more of these Outcomes, TA Grant Applicants may request funding for Resources in accordance with the table below:

Permissible Uses for TA Grants

1. **Identifying and Contracting with a Technology Solution that Will Help Them Achieve Real-Time Data Exchange in Accordance with the DxF:** TA Grantees may use funds to pay for a Resource that will help them with any of the following:

- ✓ Conducting a gap analysis to identify the steps needed to meet DSA requirements;
- ✓ Assessing and selecting technology solutions that could address those gaps (which may include a QHIO or another HIE solution; it may also include an Electronic Record System if the Signatory does not already have a system that can be configured for real-time data exchange);
- ✓ Contracting with technology vendor(s) that would achieve some or all of a Signatory's DSA requirements; or
- ✓ Other activities associated with procuring a technology solution that would achieve some or all DSA requirements.

2. **Implementing a Technology Solution Capable of Supporting Real-Time Data Exchange in Accordance with the DxF:** TA Grantees may use funding to pay for Resources to implement a technology solution that establishes real-time data exchange needed by the DSA. Solutions may include but are not limited to QHIOs or HIOs that have not been qualified by CDII but will support the Grantee in achieving DSA requirements. Costs may include the following:

- ✓ Costs for the Signatory to retain a technology consultant or IT staff to onboard the technology;
- ✓ Costs paid to a technology vendor to fund implementation of a technology solution that enables real-time data exchange as required by the DSA; and
- ✓ Costs paid to the Signatory's existing Electronic Record System (i.e., an EHR for a health care organization) to interface with another technology solution.

Funding may not be used to pay for ongoing fees or subscriptions to previously acquired systems; see Impermissible Uses on the subsequent pages.

Permissible Uses for TA Grants

3. **Adjusting, Upgrading, or Adopting a Certified EHR or Other Electronic Record System Required to Enable Real-Time Data Exchange in Accordance with the DxF:** Some organizations will not have certified EHR technology or other Electronic Record Systems that can be configured for real-time data exchange needed by the DSA. For such Signatories, TA grant funding may be used to fund Resources that support the following activities:
 - ✓ Updating the configuration of an Electronic Record System if doing so is required in order to establish real-time data exchange;
 - ✓ Paying for the initial costs of adding new modules or functionality to an Electronic Record System if doing so is needed to establish real-time data exchange; and
 - ✓ Adopting a new Electronic Record System if doing so is needed to support real-time data exchange.

4. **Creating and Providing Training for New Operational and Clinical Workflows Required to Complete Real-Time Data Exchange in Accordance with the DxF:** Signatories may use TA funding for Resources that support workflow redesign and training activities to enable implementation and use of technologies for data exchange, including the following:
 - ✓ Costs for a consultant or expert to develop and help implement workflows that support electronic health information exchange as needed by the DxF; and
 - ✓ Other costs associated with creating such workflows and trainings.

Impermissible Uses for TA Grants

Grantees may not use TA Grant funding in the following ways:

- ✗ For activities that do not support Signatories in achieving their DSA requirements or that do not establish data exchange with other health and social services organizations
- ✗ For activities other than those specified in their Application
- ✗ For ongoing subscription or recurring costs associated with an electronic documentation system, a QHIO, or other health information technology (IT) systems

This list provides examples of Impermissible Uses of funds; CDII may identify other uses of funds not permitted for TA Grants. As a reminder, Signatories that already meet DSA requirements are not eligible for DSA Signatory Grants.

In the Application for a TA Grant, the Applicant must specify how they would use TA Grant funding. Each individual Resource that the Grant will be used to procure must be listed. For each Resource, Applicants must identify the intended Outcome(s) that each Resource would help achieve and the type of Resource using the following categories:

- Health Information Technology (HIT) vendor;

- External personnel;
- Internal personnel; or
- Other.

Applicants can identify up to 10 Resources that would be procured using a TA Grant.

What Happens if a TA Grantee Changes Its Plans?

CDII understands that Grantees in the TA Grant Domain may discover mid-implementation that they need to re-prioritize their investments in order to achieve their DSA requirements.

If the Grantee will still achieve the same, or comparable, anticipated Outcome(s) as those identified in their TA Grant Application, they may adjust how funding is spent on Resources without submitting a Change Request to CDII and PCG. Payment for Milestone 2 will be issued once the Signatory can demonstrate the successful completion of the anticipated Outcome, as detailed in the [Milestones and Funds Disbursement section](#) of this guidance document.

If the Applicant will no longer achieve the anticipated Outcome(s) identified in the Application, they can submit a **Change Request** for their grant to request an alternate Outcome. See the [Milestones and Funds Disbursement section](#) of this guidance document for details about how to submit this request.

QHIO Onboarding Grant Required Outcomes and Uses of Funding

The QHIO Onboarding Grant is for the purpose of onboarding one or more Signatories to a QHIO. If awarded, funding would go directly to the QHIO selected by the Grantee. In order to receive the full Grant award, QHIO Onboarding Grantees and the selected QHIO will be required to show that they have achieved the following Outcome: Successful completion of QHIO Onboarding and completion of a real-time data transaction through the QHIO.

The Applicant and their selected QHIO must agree on the specific Resources that will be funded by the Grant to achieve the required Outcome for this grant domain. Applicants and their selected QHIO should reach an arrangement that is most likely to result in successful onboarding. Applicants should consider how each QHIO would use Grant funding prior to selecting and contracting with a QHIO. Grantees may consider including an agreement on how Grant funds will be used in the contracting process with the QHIO.

- **When to Select a QHIO:** Grantees can select and contract with a QHIO at any point between January 1, 2023, and one year after their grant award is announced. CDII expects to announce QHIOs in June 2023.

- Organizations that contract with HIOs prior to the announcement of QHIOs understand that they will not be able to use a QHIO Onboarding Grant to onboard to that HIO if it is not qualified by CDII. In this situation, QHIO Onboarding Grantees will have the opportunity to select a different QHIO or to convert their Grant to a TA Grant that must achieve Outcome #2 by procuring health IT vendor Resources (see above).
- **Reporting a QHIO Choice to CDII:** For all Applications submitted prior to the announcement of QHIOs, Applicants are not required to select a QHIO in their Application for a QHIO Onboarding Grant. Applicants in these rounds should plan to indicate their chosen QHIO in their attestation to Milestone 1 (see [Milestones and Funds Disbursement](#) for details). Applications submitted after the announcement of QHIOs will be required to identify the QHIO with which they intend to contract upon submission of their Application.
- **Selecting a QHIO for Umbrella Applications:** All Signatories included in an Umbrella Application must use the same QHIO. Organizations interested in submitting Applications for Signatories that will use different QHIOs must submit one Application for each QHIO that they are proposing to use.

The selected QHIO can use the grant funding to fund Resources that offset their own costs, in addition to offsetting certain Grantee costs. All Resources and costs funded with QHIO Onboarding funds must adhere to the following Permissible Uses of Funds:

Permissible Uses for QHIO Onboarding Grants

QHIOs and Grantees must mutually agree on how funds will be spent to ensure successful onboarding to the QHIO. QHIO Onboarding Grants may be used for one or more of the following:

- **Offset QHIO Costs:** Grant funding can be used to help cover QHIO fees and other QHIO costs associated with onboarding, which may include:
 - ✓ The QHIO's costs to connect to a DSA Signatory's EHR or other Electronic Record System (i.e. initial QHIO fees); and
 - ✓ The QHIO's costs to develop capabilities to perform the health information exchange (HIE) capabilities outlined in the DSA and its P&Ps.
- **Offset Signatory Costs:** Grant funding can be used to cover Signatory costs associated with onboarding, which may include:
 - ✓ Configuration costs for the DSA Signatory's EHR or other electronic documentation system to enable their connection to the QHIO (i.e., fees paid to the EHR vendor); and
 - ✓ The DSA Signatory's cost to retain an IT personnel resource for onboarding.

Impermissible Uses for QHIO Onboarding Grants

Grantees may not use QHIO Onboarding Grant funding in the following ways:

- × For **ongoing HIE operations** (i.e., funds can only be used for initial onboarding).
- × For **purchasing new EHR technology**.
- × For **onboarding to a non-qualified HIO**.
- × For **changing from one QHIO to another**.
 - × Signatories already onboarded to a QHIO may not receive a QHIO Onboarding Grant.
 - × Once a Grantee achieves Milestone 1 with a QHIO, it must continue to work with that QHIO in order to achieve Milestone 2 and may not switch to a different QHIO using Grant funding.
- × For **connecting to multiple QHIOs** (Signatories can opt to connect to multiple QHIOs but grant funding may only be used for one QHIO).

This list provides examples of Impermissible Uses of funds; CDII may identify other uses of funds not permitted for QHIO Onboarding Grants. As a reminder, Signatories that already meet DSA requirements are not eligible for DSA Signatory Grants.

In the Application for a QHIO Onboarding Grant, the Applicant is not required to specify the Resources that the QHIO Onboarding Grant would fund because it will go directly to their selected QHIO in all cases. CDII expects that all funding will be used to achieve the QHIO Onboarding Outcome and details of how the funding will be used to achieve that Outcome are decided between the QHIO and the Grantee. CDII and its Contractors will not moderate disagreements between QHIOs and Grantees regarding funding use as long as the use adheres to the Permissible Uses listed above.

3. Funding Maximums

To give Applicants a clear understanding of the budget they may request in their Application, CDII has set funding maximums for both grants in the DSA Signatory Grant Program. This section details how these funding maximums are determined for each Application. CDII notes that funding maximums indicate only the maximum amount that the Applicant may request in their Application. CDII reserves the right to award less than what was requested in an Application; see the [Scoring Criteria & Award Decisions Section](#) for additional details.

Funding maximums are the same for the TA Grant and the QHIO Onboarding Grant. Each Applicant will be eligible for different funding maximums based on the following factors:

- The number of Electronic Record System “Instances” included in the Application;
- The types of the Signatories covered by each of those Instances; and
- The characteristics of the Signatories covered by each of those Instances.

An Application may include one or more Signatories served by one or more Instances. The maximums for an Instance were informed through stakeholder engagement, consultation with the DxF Implementation Advisory Committee (IAC), with previous funding maximums identified through the [Cal-HOP](#) program. Proposed funding maximums were presented at multiple IAC meetings and public webinars, and members of the public had an opportunity to provide input on these funding maximums. The funding maximums consider the complexity of data exchange that organizations in each Signatory group will need to conduct under the DxF, previous funding opportunities made available to organizations in each Signatory group, and the current level of health IT infrastructure.³ Funding is intended to subsidize investments in achieving DSA requirements and may not cover total investment costs.

Baseline Funding Maximum Per Instance

The following table indicates the Baseline Funding Maximum amount that an Applicant may request for each Instance included in the Application based on the Primary Signatory using that Instance.

Baseline Funding Maximums Per Instance

Type of Primary Signatory Using the Instance	Baseline Funding Maximum
General Acute Care Hospitals	\$50,000
Acute Psychiatric Hospitals	\$50,000
Skilled Nursing Facilities	\$50,000

³ See [Health Information Exchange in California Gaps and Opportunities report](#) published in 2022 for information about the current level of health information exchange readiness for different Signatory groups.

Type of Primary Signatory Using the Instance	Baseline Funding Maximum
Physician Organizations and Medical Groups	\$35,000
Health Insurance Plans	\$25,000
Clinical Laboratories	\$15,000
Encouraged and Voluntary Signatories (including Counties)	\$25,000

Enhanced Funding Maximum Per Instance

CDII acknowledges that Signatories meeting certain criteria may need additional resources to achieve DSA requirements. Instances that serve certain Signatories may be eligible for Enhanced Funding if they meet both the **Serving Underserved Communities** and **No Cal-HOP Funding** criteria.⁴ If the Primary Signatory in an Instance meets these criteria, as defined in the subsequent sections, the Instance may be eligible for the following Enhanced Funding Maximums:

Baseline Funding Maximums Per Instance

Primary Signatory must meet both Serving Underserved Communities and No Cal-HOP Funding

Type of Primary Signatory Using the Instance	Enhanced Funding Maximum
General Acute Care Hospitals, Acute Psychiatric Hospitals, and Skilled Nursing Facilities	\$100,000
Physician Organizations and Medical Groups	\$50,000
Health Insurance Plans and Clinical Laboratories	Not eligible for enhanced funding
Encouraged and Voluntary Signatories (including Counties)	\$50,000

Enhanced Funding Maximums listed here represent the total amount that a Instance would be eligible to receive if it meets the criteria outlined in this section; it is not in addition to the Baseline Funding Maximums.

1. Serving Underserved Communities Criteria

The Serving Underserved Communities criteria was developed with the understanding that Signatories serving underserved and/or historically marginalized communities, as well as organizations operating in underserved geographies, may have limited access to resources to achieve the DxF vision. Moreover, CDII considers establishing a statewide data exchange for

⁴ Primary Signatories are only eligible for either the Enhanced Funding Maximum or the Base Funding Maximum, not both. The Enhanced Funding Maximum replaces the Base Funding Maximum for Primary Signatories that qualify.

social drivers of health (SDOH) to be a critical tool in advancing whole person care and health equity, and – as noted in the program goals for the DxF Grant Program – it has prioritized organizations that serve populations most impacted by SDOH for grant funding in order to promote their successful participation in the DxF. As such, CDII has created a Serving Underserved Communities criteria that may qualify an organization for an Enhanced Funding Maximum.

In order to meet the Serving Underserved Communities criteria for an Instance in the Application, the Applicant must attest to one of the following:

Serving Underserved Communities Criteria

Signatory Operates in Underserved Geographies	OR	Signatory Serves Underserved and/or Historically Marginalized Communities
<p>The largest facility of the <u>Primary Signatory</u> in the Instance is located in a zip code with bottom quartile of the California Healthy Places Index (HPI).</p> <p>The largest facility is considered the facility serving the largest number of individuals at the site, either by number of unique individuals served or by volume of interactions (i.e., visits, admissions, etc.).</p>		<p>For the <u>Primary Signatory</u> in the instance over a 12-month period starting no later than January 2021:</p> <ul style="list-style-type: none">• 30% of patient volume as measured by encounters is Medi-Cal, uninsured, or dual-eligible patients; OR• 30% of patient volume as measured by unique individuals served is Medi-Cal, uninsured, or dual-eligible patients; OR• 30% of patient revenue stems from Medi-Cal, uninsured, or dual-eligible patients.

The California Healthy Places Index (HPI) is developed by the [Public Health Alliance of Southern California](#) and combines 25 community characteristics, such as access to health care, housing, education, and more, into a single indexed HPI score. To demonstrate that a Primary Signatory in an Instance meets the Organization Operating in Underserved Geographies criteria, the Applicant must provide the largest physical location where services are provided for the Primary Signatory in the instance (i.e., it cannot be a corporate office) and the HPI score for that physical location.

To demonstrate that a Primary Signatory in an Instance meets the Serving Underserved and/or Historical Marginalized Communities criteria, the Applicant can provide one of the following forms of attestation:

- Audits by a third-party organization that include information that demonstrate that the Signatory meets the criteria;

- Annual Reports or other public reports in which the Signatory has provided information that would demonstrate they meet the criteria;
- Practice Management System Reports; and
- Health Care Access and Information (HCAI) Reports.⁵

Documents submitted to demonstrate that a Signatory meets this criteria should not include personally identifiable information about individuals served by the Signatory.

2. No Cal-HOP Funding Criteria

The **No Cal-HOP Funding Criteria** builds on the Serving Underserved Communities criteria by ensuring that Enhanced Funding Maximums go to entities that did not receive funding from the **California Health Information Exchange Onboarding Program (Cal-HOP)**.

From 2020 to 2021, Cal-HOP provided up to \$50 million in state and federal funding to HIOs to support Medi-Cal providers' access and use of health information exchange technology to improve the quality and effectiveness of care for Medi-Cal beneficiaries. HIOs in the program worked with nearly 400 hospitals and physician practices to provide technical assistance and HIO onboarding services. Those organizations do not meet the No Cal-HOP Funding criteria and are thus not eligible for the Enhanced Funding Maximum in the DSA Signatory Grant Program.

No other funding programs would disqualify an Applicant from the Enhanced Funding Maximum, although CDII and PCG may consider other types of funding in Application scoring and award determinations.

Moreover, Applicants may be required to explain in their Application how a DSA Signatory Grant will build on and not duplicate any funding received from previous and current HIT grant and incentive programs, which may include:

- **The Medicare and Medicaid EHR Incentive Programs:** The Centers for Medicare and Medicaid Services established the programs to provide financial incentives to eligible professionals and hospitals as they adopt, implement, upgrade, or demonstrate "meaningful use" of certified EHR technology.
- **CalAIM and DHCS Programs:** The Department of Health Care Services (DHCS) has issued a range of funding that may support the develop of HIT infrastructure, including through California Advancing and Innovating Medi-Cal (CalAIM) **Providing Access and Transforming Health Initiative (PATH)**, **Incentive Payment Program (IPP)**, and **Housing and Homelessness Incentive Program (HHIP)**.

⁵ Formerly known as the Office of Statewide Health Planning and Development (OSHPD) Reports.

What Is the Funding Maximum for an Instance Serving Multiple Signatories?

For each Instance that covers multiple Signatories, a Primary Signatory should be chosen amongst the Signatories. The Primary Signatory must be the physical facility 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 (i.e., visits, admissions, etc.)

When determining the funding maximum for that Instance, Applicants should use the characteristics of the Primary Signatory in that Instance. If an Applicant is requesting the Enhanced Funding for an Instance that serves multiple Signatories, they may be asked to provide documentation demonstrating that the Primary Signatories identified in the Applications meet the definition of a Primary Signatory.

What If an Instance Serves a Large Number of Signatories?

CDII recognizes that some Applications may include one or more Instances that serve a large number of Signatories and the funding maximums identified in this Application Guidance Document may not be sufficient in those cases.

For an Instance serving more than 20 Signatories, Applicants may submit a request that exceeds the Funding Maximums outlined in this document, although the overall Application maximum listed below applies. To make this request, Applicants will be asked to provide additional information about the number of individuals (i.e. individual records) included in this Instance. CDII and PCG will consider the request and notify the Applicant of its determination.

Calculating Total Funding Maximum For An Application

The total funding maximum for an Application is obtained by adding the funding maximum for each Instance included in the Application.

$$\text{Application Maximum} = \text{Maximum for Instance 1} + \text{Maximum for Instance 2} + \dots + \text{Maximum for Instance X}$$

The equation above indicates how to calculate the total allowable funding maximum for an Application. Umbrella Applicants that demonstrate that they can use scale to help Signatories more efficiently utilize funds than multiple individual Applications will receive additional consideration during scoring. Applicants which can show they will achieve one of the required Outcome(s) for less than the maximum funding amount may also receive higher scores.

CDII has set the total cap for an Application, regardless of the number of Signatories and Instances covered by the Application, at \$500,000.

The examples below illustrate potential Application scenarios and implications for funding maximums. These scenarios are illustrative and do not encompass the diversity of organizational networks.

Scenario 1: One Instance Covering One DSA Signatory Organization

```

graph TD
    Applicant[Applicant] --> MedicalGroup[Medical Group]
    MedicalGroup --> Instance[Instance]
            
```

	Funding Max
Instance 1	\$35,000
Application Total Max:	\$35,000

Key

	Primary Signatory for Instance
*	Meets Serving Underserved Community & No Cal-HOP Funding Criteria

Scenario 2: Two Instances Covering Multiple Signatory Organizations

```

graph TD
    Applicant[Applicant] --> MG1[Medical Group 1*]
    Applicant --> Hospital[Hospital]
    Applicant --> MG2[Medical Group 2]
    MG1 --> Inst1[Instance 1]
    Hospital --> Inst1
    Hospital --> Inst2[Instance 2]
    MG2 --> Inst2
            
```

	Funding Max
Instance 1	\$50,000
Instance 2	\$50,000
Application Total Max:	\$100,000

Key

	Primary Signatory for Instance
*	Meets Serving Underserved Community & No Cal-HOP Funding Criteria

Scenario 3: Multiple Instances that Cover Multiple Signatory Organizations

```

graph TD
    Applicant[Applicant] --> MG[Medical Group]
    Applicant --> CL[Clinical Lab]
    MG --> Inst1[Instance 1]
    MG --> Inst2[Instance 2]
    CL --> Inst3[Instance 3]
            
```

	Funding Max
Instance 1	\$35,000
Instance 2	\$35,000
Instance 3	\$15,000
Application Total Max:	\$85,000

Key

	Primary Signatory for Instance
*	Meets Serving Underserved Community & No Cal-HOP Funding Criteria

4. Application Process

This section explains how organizations apply for a DSA Signatory Grant, including details about Application rounds and the Application support available to Applicants.

Rounds

CDII will hold a minimum of three rounds of DSA Signatory Grant Applications starting in 2023. The exact funding amount awarded per grant round will be finalized based on the total funding requested by Applicants in that round. CDII will reserve funding to guarantee at least three rounds are available to Applicants, ensuring that organizations with limited resources have sufficient time to complete and submit a grant Application while still ensuring that grants are awarded as early as possible.

To apply in the first two rounds of fundings, Applicants must identify all Signatories in their Application as one of the six Signatory groups identified in Section C under [Eligibility Criteria](#). This is designed to support Signatories in achieving their DSA requirements by the deadline established in [Health and Safety Code section 130290](#). To expedite funding to organizations that must implement the DxF by January 31, 2024, the first two rounds of the program will be conducted on an expedited timeline, with the Application portal accepting Applications for one month before CDII and PCG close the round and make award decisions.

All other Signatories will be eligible to apply for a DSA Signatory Grant starting with Round 3. Beginning with Round 3, Application rounds will be open for three months.

Additional rounds may be held beyond the initial three rounds depending on the number of eligible Applications received in the first three rounds. CDII will notify the public of the total grants awarded in each round and provide at least 30 days of notice before the last round of Applications closes.

Application Rounds, Windows, and Estimated Dates of Award Announcements

Application Rounds	Est. Application Window*	Est. Dates of Award Announcements*
Round 1	5/15/23 – 6/15/23	8/1/23
Round 2	6/15/23 – 7/15/23	9/1/23
Round 3	7/1/23 – 9/30/23	12/1/23

* All dates are subject to change

Once awarded, grant funding will be disbursed through payments contingent on the completion of milestones; see the [Milestones and Payments](#) Section for details.

Submitting An Application

In the DSA Signatory Grant Application Template, Applicants will provide:

- Information about the Signatories included in the Application, including:
 - Documentation of organizational characteristics for each Signatory included in the Application; and
 - Details about the EHR/Electronic Record System Instances used by Signatories in the Application.
- Details about how the grant will be used including:
 - The intended Outcome(s) of the Grant;
 - The Resources that would be procured using the Grant; and
 - Information about other sources of health IT grant and incentive funding and how the DSA Signatory Grant would complement – and not duplicate – that funding.
- A budget request.
- A description of how the Signatories will meet their DSA requirements and incorporate DxF-exchanged data in their operational and clinical workflows.
- An approach to sustaining grant-funded activities after the grant ends and to meeting the requirements of the DSA on an ongoing basis.

Although the Application Template is similar for each grant type, some elements of the template differ to account for differences in the two grants. Moreover, the Application process for each grant is significantly different.

- QHIO Onboarding Grant Applications are completed by CAHIE, which will work closely with Applicants to complete Applications and submit required documentation.
- TA Grant Applications must be completed by the Applicant themselves, although a subset of Applicants may request support from PCG.

All Applications must be submitted through the DxF Grants Portal. CDII and PCG will host a series of webinars and provide instructional materials to support Applicants in navigating the DxF Grants Portal.

All Applications will be treated as public records under the California Public Records Act (Government Code Section 6250 et seq.) and subject to review by the public upon request at the conclusion of the evaluation process.

QHIO Onboarding Grant Application Process

CDII has partnered with [CAHIE](#) to assist Applicants in completing and submitting QHIO Onboarding Grant Applications. This is intended to facilitate Application review through consistent Application completion and to help organizations with limited resources. All

Applicants in the QHIO Onboarding Grant program will work with CAHIE to complete and submit their Application.

Applicants interested in applying for QHIO Onboarding Grants must request a one-on-one consultation with CAHIE to begin the grant Application process; they can do so by emailing grantsupport@cahie.org.

CAHIE will work with the Applicant to complete all components of the Application and will submit the Application on the DxF Grant Portal on behalf of the Applicant. All entities included in the Application will be required to co-sign the Application prior to submission. Until such time as CDII announces the QHIO, Applicants may leave the name of the QHIO selection field blank.

Interested Applicants in the QHIO Onboarding Grant program are encouraged to reach out to CAHIE as soon as possible in order to ensure sufficient time to complete Applications prior to the deadline for each round.

TA Grant Application Process

CDII expects that most Applicants that choose the TA Grant will do so because they have identified a set of resources that they wish to fund through the grant that either does not include or is not limited to QHIO onboarding, and because they have the capacity to manage the process of applying for and managing grant funds. However, CDII acknowledges that some Applicants in this program may need support in completing the Application.

Upon request, PCG may assist TA Grant Applicants in completing their TA Grant Application. Support provided may include a consultation on the funding types and amounts requested in the Application, support determining the maximum amount of funding the Applicant may request, and bespoke guidance on how to fill out the Application. Applicants interested in applying for TA Grants and that need assistance can request a one-on-one consultation with PCG to begin the Application process; they can do so by emailing DSAGrants@pcgus.com.

In addition to individual TA Grant Application support, TA Grant Applicants will be able to access off-the-shelf Application tutorials to support their completion of the Grant Application.

Ultimately, Applicants in the TA Grant program will need to complete their Application and submit it on the DxF Grant Portal directly. As the TPA for the DSA Signatory Grant Program, PCG may answer specific questions before the grant Application is submitted but cannot be responsible for writing any portion of any Application. Assistance may only be requested prior to grant Application submission. Submitted Applications will be considered final in all circumstances.

5. Scoring Criteria & Award Decisions

PCG and CDII will review and score all Applications using a standardized rubric after the close of each round. Applications meeting the scoring criteria in each round will receive a grant award in that round, contingent on the availability of funds in that round. Decisions on some Applications may be deferred to future rounds if they meet the minimum score to be considered for future funding based on the number of Applications submitted and the Application score distribution.

Scoring Criteria

The table outlines how different sections of the Application will be considered in scoring. The exact weight of each Application component may be subject to change.

Scoring Criteria Table

DSA Signatory Application Components	% of Score
Signatory characteristics	40%
Current health IT infrastructure and capacity for HIE	15%
Proposed activities and Funding Request	30%
Plan for meeting DSA requirements	10%
Plan for maintaining DSA requirements	5%

Applications may receive higher scores if they demonstrate the following:

- Signatories included in the Application have a significant gap in IT infrastructure that must be addressed to achieve their DSA obligations.
- Signatories included in the Application served underserved and/or historically marginalized communities.
- Signatories included in the Application have not received funding from past or current HIT and HIE funding programs.
- Signatories will be able to meet their DSA requirements at the end of the grant-funded activities.
- Signatories have a clear plan for meeting and maintaining DSA requirements.
- The Applicant will effectively use funds to help Signatories meet their DSA requirements. Umbrella Applicants that request less funding than the **maximum amount that they are permitted to request** may receive preferential scoring because they demonstrate that they can more efficiently support Signatories as a group than if they applied independently.

In addition, Applicants that apply in earlier rounds may receive preferential scoring for future rounds if their Application was deferred to a future round.

Issues with Applications

To be considered by CDII and PCG, all Applications must be complete and accurate. To facilitate scoring, Applicants should provide straightforward and concise responses to questions in the Applications.

Applications that are determined to not meet the minimum eligibility criteria outlined above may not be reviewed. In this event, PCG will notify Applicants of the determination that the Application is ineligible, and Applicants will have five days from the date of that notification to request a reconsideration if they believe the determination was made in error. Applicants may reapply in a future round if they meet the minimum eligibility criteria for that round.

Incomplete Applications may not be reviewed. When possible, PCG will notify Applicants of missing information, and Applicants will have five days from the date of that notification to resubmit the Application with all required information.

Applications that meet the following criteria may be rejected by PCG:

- Applications where the Applicant omitted information needed to accurately score the Application, such as by not including a Signatory that would meet the criteria for Primary Signatory in an Instance that serves multiple Instances.
- Applications that include inaccuracies that contradict attestation forms or publicly available information, such as inaccurately indicating that a Signatory did not receive Cal-HOP funding or providing an incorrect address for a Primary Signatory.

In the situations above, PCG will notify Applicants of the reason for the rejection, and Applicants will have five days from the date of that notification to request a reconsideration and provide an appropriate explanation for the issue(s).

Award Decisions

All Applications eligible for consideration in a given round will receive one of the following determinations for that round:

- Grant award: CDII will issue awards in a given round for Applications that meet eligibility criteria and scoring thresholds.
- Deferral to future round: CDII may defer some Applications to future rounds based on scoring if it receives a high volume of eligible grant Applications in a given round.
- No grant award for this Application: CDII may notify some Applications that they do not meet the eligibility criteria or scoring threshold to receive a DSA Signatory Grant.

Applications that receive a deferral determination will automatically be considered in subsequent funding rounds. Deferred Applicants that would like to change their Application

may withdraw their deferred Application from consideration and submit a new Application for consideration in future rounds, as long as those rounds are open for Applications.

CDII and PCG expect to announce award determinations for Rounds 1 and 2 within approximately two months of the close of each round. However, that timeline is subject to change based on the volume of Applications submitted.

6. Progress Reports, Milestones & Payments

Once awarded, Grantees will receive grant funds upon the completion of two Milestones. This section outlines the process for creating grant agreements with CDII, defines the Milestones, and explains the process for attesting to the Milestone completion and receiving funds.

As with the [Use of Funds and Required Grant Outcomes section](#), this section is based on two key concepts:

- **Resources** means resources that a Grantee would use grant funding to procure and may include a Health Information Technology (HIT) vendor, external personnel, internal personnel; or other. The Resources procured with grant funding must adhere to the Permissible Uses of Funding listed in the [Uses of Funding and Required Grant Outcomes](#) section.
- **Outcomes** means the required end-result of a Grant. Grantees must achieve the required, specific Outcomes listed in the [Uses of Funding and Required Grant Outcomes](#) section to receive their full grant award.

Grant Agreements

Each Grantee will sign a Grant Agreement with CDII that will specify the Milestones they must reach to receive grant funds. Each Grant Agreement will have two Milestones, and the total grant award will be disbursed evenly across the two Milestones. Grantees will attest to Milestone completion through the submission of Progress Reports, and funds will be disbursed by PCG following the review of a Progress Report demonstrating that a Grantee has achieved a Milestone; [see below](#) for details.

Grantees will have 12 months from the time of their award to reach Milestone 1, and 24 months from the time of their award to reach Milestone 2. Grantees that do not achieve Milestones in those timeframes may forfeit their grant award. See the [Recoupment section](#) for additional information.

TA Grant Milestones

The Milestones for the TA Grant will depend on the anticipated Outcome of the grant and the Resources that the Grantee identified in their Application.

As detailed in the [Use of Funds section](#) of this document, Applicants must identify in their Application at least one of the following Outcomes of their TA Grant:

1. Identified and contracted with a technical solution that will help them achieve real-time data exchange in accordance with the DxF;
2. Implemented a technology solution capable of supporting real-time data exchange in accordance with the DxF;
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; or

4. Created and completed training for new operational and clinical workflows required to complete real-time data exchange in accordance with the DxF.

To achieve this Outcome, Applicants may identify up to 10 Resources for grant funding. The TA Grant Milestones are based on the Outcomes and Resources identified in the Application.

TA Grants Milestones							
Milestone One	<p><i>Milestone definition:</i> Grantee demonstrates that they have procured Resources that will account for at least 50% of the grant budget.</p> <p><i>How to demonstrate this Milestone:</i> Through the Progress Report section of the DxF Grant Portal, Grantee will submit one or more of the following documents, showing Resources that account for at least 50% of the grant budget:</p> <ul style="list-style-type: none"> • A copy of the signed contract for Health IT vendors, external personnel, and other external Resources; or • A signed attestation from Grantee for internal personnel Resources. 						
Milestone Two	<p><i>Milestone definition:</i> Grantee demonstrates that they have achieved at least one of the Outcome(s) listed in the TA Grant Application.</p> <p><i>How to demonstrate this Milestone:</i> Through the Progress Report section of the DxF Grant Portal, Grantee will submit one or more of the following documents, depending on the Outcome reached:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Grant Outcome</th> <th style="text-align: left;">Proof of Outcome for Milestone 2</th> </tr> </thead> <tbody> <tr> <td style="vertical-align: top;">1. Identifying and Contracting with a Technology Solution</td> <td style="vertical-align: top;"> <ul style="list-style-type: none"> <input type="checkbox"/> Copy of contract with HIT vendor; or <input type="checkbox"/> Copy of completed technology solutions assessment. </td> </tr> <tr> <td style="vertical-align: top;">2. Implementing a Technology Solution Capable of Supporting Real-Time Data Exchange</td> <td style="vertical-align: top;"> <ul style="list-style-type: none"> <input type="checkbox"/> Screenshot of test demonstrating a real-time data exchange transaction; or <input type="checkbox"/> Final invoice or attestation signed by vendor demonstrating completion of technology implementation. </td> </tr> </tbody> </table>	Grant Outcome	Proof of Outcome for Milestone 2	1. Identifying and Contracting with a Technology Solution	<ul style="list-style-type: none"> <input type="checkbox"/> Copy of contract with HIT vendor; or <input type="checkbox"/> Copy of completed technology solutions assessment. 	2. Implementing a Technology Solution Capable of Supporting Real-Time Data Exchange	<ul style="list-style-type: none"> <input type="checkbox"/> Screenshot of test demonstrating a real-time data exchange transaction; or <input type="checkbox"/> Final invoice or attestation signed by vendor demonstrating completion of technology implementation.
Grant Outcome	Proof of Outcome for Milestone 2						
1. Identifying and Contracting with a Technology Solution	<ul style="list-style-type: none"> <input type="checkbox"/> Copy of contract with HIT vendor; or <input type="checkbox"/> Copy of completed technology solutions assessment. 						
2. Implementing a Technology Solution Capable of Supporting Real-Time Data Exchange	<ul style="list-style-type: none"> <input type="checkbox"/> Screenshot of test demonstrating a real-time data exchange transaction; or <input type="checkbox"/> Final invoice or attestation signed by vendor demonstrating completion of technology implementation. 						

TA Grants Milestones

<p>3. Adjusting, Upgrading, or Adopting a Certified EHR or Other Electronic Record System</p>	<p><input type="checkbox"/> Final invoice or attestation signed by EHR/electronic record system vendor demonstrating completion of adjustments, upgrades, or adoption.</p>
<p>4. Creating and Providing Training for New Workflows</p>	<p><input type="checkbox"/> Copy of final training and/or technical assistance materials</p>

QHIO Onboarding Grant Milestones

The Milestones for the QHIO Onboarding Grant are as follows.

QHIO Onboarding Grants Milestones

Milestone One

Milestone definition: Grantee has signed a contract with a QHIO for all the Signatories included in the Grant. Grantee may develop multiple contracts for Signatories in the Grant, but they must all be with the same QHIO and they must cover all Signatories in the Application in order to reach Milestones 1.

How to demonstrate this Milestone: Through the Progress Report section of the DxF Grant Portal, the selected QHIO for a Grant will submit a signed attestation that they have signed a contract(s) covering all Signatories included in the Grant. Attestation will be co-signed by the Grantee. Grantees may be required to provide a copy of the signed contract(s) upon request of PCG and CDII.†

Milestone Two

Milestone definition: The QHIO has successfully onboarded all Signatories in the Grant and completed a real-time data exchange transaction.

How to demonstrate this Milestone: Through the Progress Report section of the DxF Grant Portal, the QHIO will submit the following two documents:

- An attestation signed by both the QHIO and Grantee stating that onboarding has been completed for all Signatories in the Grant; and

QHIO Onboarding Grants Milestones

Milestone Two	<input type="checkbox"/> Document(s) – such as a screenshot, test output, or signed attestation by the Grantee (or Signatories included in the Grant) and the QHIO – demonstrating that the completion of a real-time data exchange transaction for each Instance included in the Grant, in a production (i.e., non-test) environment.‡
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† For Applications submitted prior to the announcement of QHIOs, Grantees will need to submit the Progress Report attesting to Milestone 1 and designate the QHIO for their grant. The selected QHIO will be responsible for submitting all subsequent Progress Reports and Milestone attestations.

‡ CDII understands that there may be situations in which it is impossible to onboard a Signatory included in the original Application. For example, a Signatory may shut down operations during the grant period. CDII and PCG will provide an opportunity for QHIOs to explain situations in which they were unable to onboard all Signatories originally included in the grant.

The Grantee must designate and work with a single QHIO using grant funds. The Grantee cannot switch to a different QHIO for the purposes of achieving the second QHIO Onboarding Grant Milestone.

NOTE: Grantees must not send personally identifiable information to PCG or CDII.

What If I've Already Signed a Contract With An HIO?

- For organizations that have already signed an agreement with an HIO, CDII will accept agreements between an HIO and Participant executed on or after January 1, 2023 as long as that HIO is qualified as part of CDII's qualification program.
- CDII cannot guarantee that any given HIO will become qualified. By onboarding with an HIO before the release of the list of QHIOs, participants assume the risk that their HIO may not be designated a QHIO.

Progress Reports

Starting in 2024 and until they achieve Milestone 2, Grantees (or their selected QHIO) will submit Progress Reports to PCG each quarter. Each Progress Report will be brief, and collect one or more of the following pieces of information:

- Demonstration of a Milestone completion;
- Brief update on ongoing work to achieve Milestone completion;
- Reason for reaching the 12-month mark without achieving Milestone 1;
- Reason for reaching the 24-month mark without achieving Milestone 2; and/or

- A change request for the TA Grant (only needed if Grantee will not achieve at least one of the Outcome(s) listed in their Application).

Progress Reports are accepted and reviewed by PCG on a quarterly basis; see the [Progress Report Schedule](#) in the Appendix. Grantees are responsible for submitting Progress Reports under the TA Grant, while QHIOs are responsible for submitting Progress Reports on behalf of Grantees under the QHIO Onboarding Grant.⁶ (For QHIO Onboarding Grant Progress Reports attesting to a complete Milestone, the Grantee will be required to co-sign the attestation.)

Upon receipt of a Progress Report demonstrating the achievement of a Milestone, CDII intends to disburse that Milestone's funding to Grantees within 30 days.

Grantees also may submit a Progress Report if they have reached the 12-month mark without reaching Milestone 1. In this Report, they will provide a plan for achieving both Milestones 1 and 2 over the subsequent 12 months. PCG will review the plan and determine if the Grantee can receive an extension to complete Milestone 1.

TA Grantees that would like to request an Outcome change may submit a Change Request through the Progress Report. Grantees will need to explain the reason for the change and demonstrate that they will still achieve one of the required Outcomes of a TA Grant. PCG and CDII will review all requests and provide a response to the Grantee within 30 days of the Progress Report submission.

CDII and PCG reserve the right to request additional information from Grantees outside of the Progress Reports.

2023 Progress Reports For Expedited Rounds

In order to expedite funding to organizations who must implement the DxF by January 2024, Grantees from Rounds 1 and 2 will have the opportunity to submit a Progress Report attesting to a Milestone completion on an ongoing basis from the time of their award through to the end of 2023. PCG will review these submissions and issue funding for Grantees that have demonstrated that they have achieved a Milestone on an ongoing basis.

Progress Report submission in 2023 is optional and is reserved for Grantees that are attesting to a Milestone completion. All Grantees are required to submit Progress Reports quarterly starting in 2024, as noted in the section above.

Recoupment

CDII reserves the right to recoup funding already dispersed to grantees in the following cases:

⁶ For Application submitted before the QHIO announcement, Grantees will be responsible for submitting Progress Reports until they submit their Milestone 1 attestation. Once the Grantee has attested to Milestone 1, the selected QHIO will assume responsibility for all Progress Reports.

- The Grantee or their selected QHIO is found to have committed fraud or misused the funds; and
- Milestone Two is not achieved within two years of the receipt of the grant award.

Appendix

A. DxF Education Grantees

CalHHS and CDII are working with stakeholders across the state to ensure the successful implementation of the DxF. Organizations are encouraged to reach out to any of the Educational Initiative Grantees for additional and Signatory-specific assistance in understanding and meeting their DxF obligation. You can find the grantee’s contact information, links to their DxF microsite, and the signatory types they represent in the table below.

Grantees	Contact	Website	Signatory Type
Multi-Association Initiative led by America’s Physician Groups (APG)	DxFeducation@connectingforbetterhealth.com	Multi-Association DxF Microsite	Physicians (Group Practices/Family Physicians/etc.), Aging Providers, Long-Term Care Facilities, HIEs
California Medical Association (CMA)	DxFQuestions@cmadocs.org	CMA DxF Microsite	Physician Organizations, Medical Groups
California Primary Care Association (CPCA)	grants@cpcacpa.org	CPCA DxF Microsite	FQHCs
The County Health Executives Association of California (CHEAC)	mgibbons@cheac.org	CHEAC DxF Microsite	Local health departments
California Association of Health Plans (CAHP)	info@calhealthplans.org	CAHP Website	44 health insurance plans licensed/regulated by DHCS, DMHC, and/or CDI

Grantees	Contact	Website	Signatory Type
Leading Age California Foundation	info@leadingageca.org	Leading Age DxF Microsite	Skilled Nursing Facilities, Health Plans, Community-Based Organizations
American Academy of Pediatrics, California Chapter 1 (AAPCAI)	projectcoordinator@aapca1.org	AAPCAI Website	Any Signatory serving pediatric populations
California Council of Community Behavioral Health Agencies (CBHA)	response@cccbha.org	CBHA Website	Community-Based Organizations Behavioral Health Providers

B. Estimated Timeline for DSA Signatory Grant Rounds 1-3

CDII will hold at least three rounds of funding for the DSA Signatory Grants. The following timeline is for planning purposes. All dates are subject to change, and exact dates will be announced at a future date. Please refer to the relevant sections in the Application Guidance Document for details on each of the activities in the grid and for eligibility information about the rounds.

Activity	2023									2024			
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr
Grant Materials Released													
DxF Grant Portal Opens													
Round 1 (Expedited)													
Application Open													
Awards Announced													
First Opportunity for Funding						*	**						
Round 2 (Expedited)													
Application Open													
Awards Announced													
First Opportunity for Funding							*	**					
Round 3													
Application Open													
Awards Announced													
First Opportunity for Funding												*	**

* Indicates first opportunity to submit a Progress Report attesting to Milestone 1 completion

** Indicates first opportunity to receive payment for Milestone 1 completion

C. Progress Report Due Dates

Year	Progress Report Due Date	Estimated Payment Date for Reports Attesting to a Milestone ⁷
2023	<i>Optional reports attesting to Milestone completion will be accepted anytime during 2023.</i>	<i>Funds will be disbursed on an ongoing basis.</i>
2024	March 29, 2024	April 28, 2024
	June 28, 2024	July 28, 2024
	September 30, 2024	October 30, 2024
	December 31, 2024	January 30, 2025
2025	March 31, 2025	April 30, 2025
	June 30, 2025	July 30, 2025
	September 30, 2025	October 30, 2025
	December 31, 2025	January 30, 2026
2026	March 31, 2026	April 30, 2026
	June 30, 2026	July 30, 2026
	September 30, 2026	October 30, 2026
	December 31, 2026	January 30, 2027

⁷ Upon receipt of a Progress Report successfully demonstrating the achievement of a milestone, CDII intends to disburse that milestone's funding to Grantees within 30 days.