

Data Exchange Framework Implementation Advisory Committee Meeting #3B

California Health & Human Services Agency

Tuesday, January 10, 2023

11:00 a.m. – 2:00 p.m.

Meeting Participation Options

Written Comments

- Participants may submit comments and questions through the **Zoom Q&A box**; all comments will be recorded and reviewed by IAC staff.
- Participants may also submit comments and questions – as well as requests to receive Data Exchange Framework updates – to CDII@chhs.ca.gov.

Meeting Participation Options

Spoken Comments

- *Participants and IAC Members* must “raise their hand” for Zoom facilitators to unmute them to share comments; the Chair will notify participants/Members of appropriate time to volunteer feedback.

Offsite	
Logged into Zoom	Phone Only
<p>If you logged on from <u>offsite</u> via <u>Zoom interface</u></p> <p>Press “Raise Hand” in the “Reactions” button on the screen</p> <p>If selected to share your comment, you will receive a request to “unmute;” please ensure you accept before speaking</p>	<p>If you logged on via <u>phone-only</u></p> <p>Press “*9” on your phone to “raise your hand”</p> <p>Listen for your <u>phone number</u> to be called by moderator</p> <p>If selected to share your comment, please ensure you are “unmuted” on your phone by pressing “*6”</p>

Public Comment Opportunities

- Public comment will be taken during the meeting at designated times.
- Public comment will be limited to the total amount of time allocated for public comment on particular issues.
- The Chair will call on individuals in the order in which their hands were raised.
- Individuals will be recognized for up to two minutes and are asked to state their name and organizational affiliation at the top of their statements.
- Participants are encouraged to use the comment box to ensure all feedback is captured or email their comments to CDII@chhs.ca.gov.

Agenda

Time	Agenda Item
11:00 AM	Welcome and Roll Call <ul style="list-style-type: none">• <i>John Ohanian, Chief Data Officer, California Health and Human Services</i>
11:05 AM	Informational Item: Vision and Meeting Objectives <ul style="list-style-type: none">• <i>John Ohanian</i>
11:15 AM	Discussion Item: Qualified Health Information Organization Program <ul style="list-style-type: none">• <i>Cindy Bero, Senior Advisor, Manatt Health</i>
12:30 PM	Discussion Item: DxF Grant Program <ul style="list-style-type: none">• <i>Elaine Scordakis, Deputy Director, CDII</i>• <i>Juliette Mullin, Senior Manager, Manatt Health</i>
1:45 PM	<u>Public Comment</u>
1:55 PM	Informational Item: Closing Remarks and Next Steps <ul style="list-style-type: none">• <i>John Ohanian</i>

Welcome and Roll Call

IAC Members (1 of 2)

Name	Title	Organization
John Ohanian (<i>Chair</i>)	Director	CalHHS Center for Data Insights and Innovation
Norlyn Asprec	Deputy Director of Policy	County Health Executives Association of California
Andrew Bindman	Executive Vice President & Chief Medical Officer	Kaiser Permanente
Joe Diaz	Senior Policy Director	California Association of Health Facilities
David Ford	Vice President, Health Information Technology	California Medical Association
Aaron Goodale	Vice President, Health Information Technology	MedPoint Management
Lori Hack	Interim Executive Director	California Association of Health Information Exchanges
Cameron Kaiser	Deputy Public Health Officer	County of San Diego
Troy Kaji	Associate Chief Medical Informatics Officer	Contra Costa Regional Medical Center and Health Centers
Andrew Kiefer	Vice President, State Government Affairs	Blue Shield of California
Paul Kimsey	Deputy Director	California Department of Public Health

IAC Members (2 of 2)

Name	Title	Organization
Linnea Koopmans	CEO	Local Health Plans of California
Matt Lege	Government Relations Advocate	SEIU California
DeeAnne McCallin	Director of Health Information Technology	California Primary Care Association
Amie Miller	Executive Director	California Mental Health Services Authority
Ali Modaressi	CEO	Los Angeles Network for Enhanced Services
Jonathan Russell	Chief Strategy and Impact Officer	Bay Area Community Services
Cary Sanders <i>(designated by Kiran Savage-Sangwan)</i>	Senior Policy Director	California Pan-Ethnic Health Network
Cathy Senderling-McDonald	Executive Director	County Welfare Directors Association
Ryan Sommers	System Director, HIE and Interoperability Information Technology & Digital	CommonSpirit Health
Felix Su	Director, Health Policy	Manifest MedEx

Vision & Meeting Objectives

Vision for Data Exchange in CA

Every Californian, and the health and human service providers and organizations that care for them, will have timely and secure access to usable electronic information that is needed to address their health and social needs and enable the effective and equitable delivery of services to improve their lives and wellbeing.

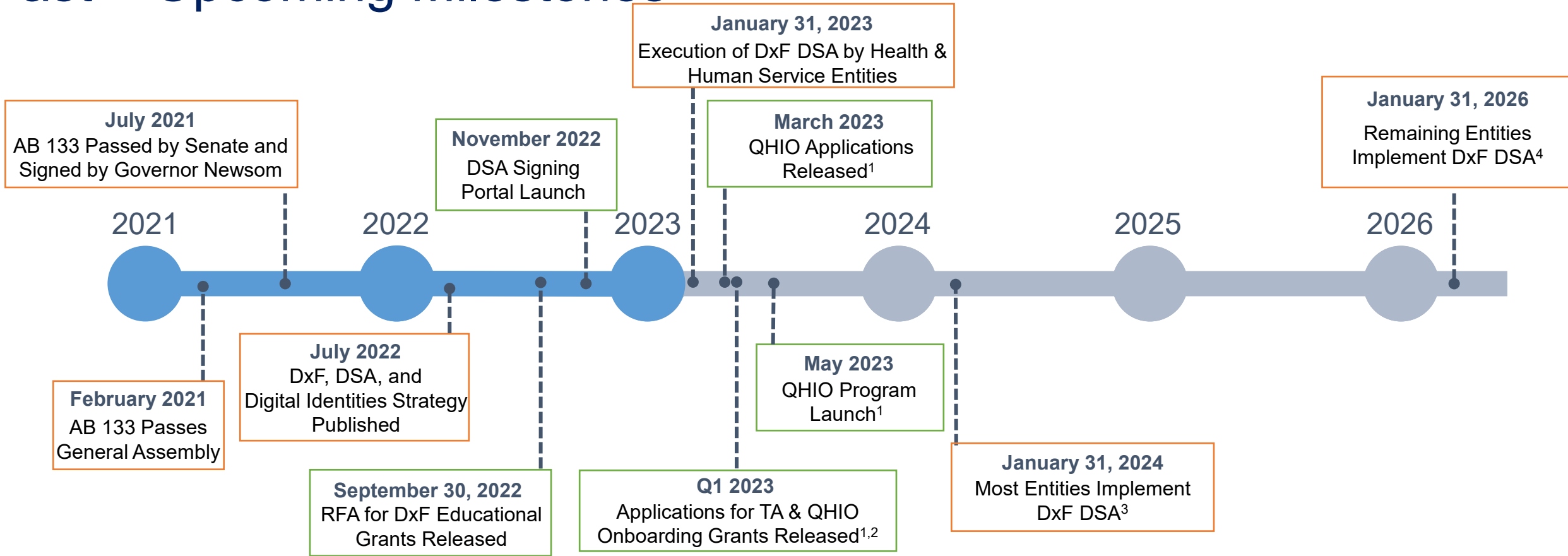
Meeting #3B Objectives



- Discuss the QHIO Program application criteria.
- Provide an update on Grant-Funded DxF Educational Initiatives.
- Discuss the proposed application process for QHIO Onboarding and Technical Assistance Grants.

DxF Implementation Timeline

Past + Upcoming Milestones



Notes

1. Future DxF Program implementation milestones (green boxes falling in the future) are estimates and subject to change.
2. TA Grant Applications close on a quarterly basis.
3. General acute care hospitals, physician organizations and medical groups, skilled nursing facilities, health service plans and disability insurers, Medi-Cal managed care plans, clinical laboratories, and acute psychiatric hospitals. County health, public health, and social services providers are encouraged to connect to the DxF.
4. Physician practices of <25 physicians, rehabilitation hospitals, long-term acute care hospitals, acute psychiatric hospitals, critical access hospitals, and rural general acute care hospitals with <100 acute care beds, state-run acute psychiatric hospitals, and nonprofit clinics with <10 providers

IAC Meeting Topic Roadmap

#	Date	Anticipated Topics ¹
1	Sept 21, 2022	<ul style="list-style-type: none"> • Overview of structure and next steps for: <ul style="list-style-type: none"> • DSA & P&Ps development • DxF Grant Program, • QHIO Program • Strategy for Digital Identities
2	Nov 3, 2022	<ul style="list-style-type: none"> • Monitoring & Auditing P&P • QHIO guiding principles and program structure • Criteria for QHIO Onboarding and Technical Assistance Grants • Strategy for Digital Identities next steps
3A	Dec 20, 2022	<ul style="list-style-type: none"> • P&Ps in development (Drafts of Early Exchange, Real-Time Data Exchange, Technical Requirements for Exchange, and California Information Blocking Prohibitions) • QHIO Program core concepts
3B	Jan 10, 2023	<ul style="list-style-type: none"> • Criteria and Parameters for Technical Assistance, QHIO Onboarding Grants • QHIO Program criteria
4	Feb 2, 2023	<ul style="list-style-type: none"> • P&Ps in development • Grant Program implementation update • QHIO Program criteria • Digital identities and participant registry
5	Mar 16, 2023 ²	<ul style="list-style-type: none"> • P&Ps in development • QHIO Program update • Grant Program implementation update

1. Topics of future meetings may change.
 2. Tentative; will be confirmed in early January.

QHIO Application and Criteria

What is an HIO? What is a QHIO?

A **Health Information Organization (HIO)** is an organization that offers services and functions to support the exchange of health and social services information. The HIO serves as an intermediary, assisting health and human services organizations as they initiate, receive, and reply to requests for information.

A **Qualified Health Information Organization (QHIO)** is an HIO that has demonstrated their ability to meet DxF data exchange requirements. As part of the DxF implementation, CDII will establish QHIO criteria and a process to qualify HIOs.



QHIO Program: Guiding Principles



Confidence. The program shall provide signatories with confidence in the quality and level of service offered by QHIOs



Stability. The program shall create sufficient stability so that QHIOs and signatories can make business decisions with minimal concern for change or disruption



Fairness. The program design shall be fair, offering all participants reasonable time to adapt to change and/or remediate issues



Equity. The program shall create opportunities for all signatories to successfully participate in the DxP

QHIO 2023 Application

The QHIO 2023 Application is designed to gather information to assist CDII in determining if an organization has the structure and capabilities to function as a Qualified Health Information Organization (QHIO) to support and enable California's Data Exchange Framework (DxF)

QHIOs will be identified for DSA signatories who are seeking assistance to meet their DSA obligations

Organizations interested in serving as QHIOs are encouraged to complete the application for consideration



QHIO 2023 Application

The QHIO 2023 Application requests responses to questions in four sections:

- A. Organization Information
- B. Privacy and Security
- C. Functional Capabilities
- D. Operations

During today's discussion, the questions and criteria in sections A and B will be reviewed. Sections C and D will be reviewed at the next meeting of the IAC.

QHIO 2023 Application

- All information collected by CDII as part of the QHIO Application is considered public information under the California's Public Records Act
- Failure to respond to a question or to misrepresent the organization's capabilities will be cause for failure to receive (or subsequent removal of) Qualified status.

Part A: Organization

#	Question	Criteria
1	Organization information (e.g., name, URL)	Functioning and up-to-date website
2	Documentation of incorporation and status	U.S. corporation in good standing
3	Description of current operations and clients	Current California clients and operations
4	Representative and participatory governance	Documented participatory governance
5	Signed DSA; no conflicting client agreements	Signed DSA and attested to no conflicts
6	List of subcontractors; no conflicting agreements	Attested to no conflicts
7	Documents reflecting financial health	Six months cash on hand
8	Attest to \$2M/incident and \$5M/year insurance	Attested to insurance levels

Part B: Privacy and Security

#	Question	Criteria
1	Summary of information security program	Summary submitted
2	Information security organization chart	CISO reports to C-level executive
3	Information security policies	Policies reviewed and updated in 2021 or 2022
4	Information security certifications	National certification received
5	Attest to all data managed in United States	Attests all data managed in United States
6	HIPAA-reportable breaches in last 3 years	Two or fewer breaches
7	Approach to security risk assessments	Annually; most recent in 2021 or later
8	Approach to penetration testing	Annually; most recent in 2021 or later
9	Privacy policy	Reviewed/updated in 2021 or later
10	Business continuity and disaster recovery plans	Reviewed/updated in 2021 or later

The DxF Grant Program

Today's Discussion:

- Grant Program Recap
- Update on Educational Initiative Grants
- Draft Eligibility Criteria and Funding Parameters for DSA Signatory Grants

About the DxF Grant Program

In the 2022-23 California Budget, Governor Newsom and the California Legislature allocated \$50 million over two years to support the implementation of the Data Exchange Framework

The funding establishes the **DxF Grant Program** to provide funding to external entities to support:

- Health information exchange onboarding for organizations who do not actively share information through health information intermediaries
- Technical assistance for small/under-resourced providers
- Technical assistance and education for organizations who are new to health information exchange, especially those who are required by AB133 to sign the Data Sharing Agreement

DxF Grant Program Goals

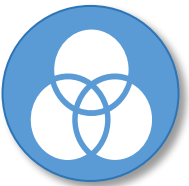
CDII has established three key goals for the DxF Grant Program.



Support DxF implementation among DxF signatories in under-resourced geographies and/or serving historically marginalized populations and underserved communities



Address significant barriers to DxF implementation (operational, technical, or other) for DxF signatories



Align across other grant programs and promote activities ineligible for funding by other grant programs (past or present)

Three Types of Grant Opportunities

CDII intends to award grants across three primary domains:



Educational Initiative Grants
(Up to \$3 Million)

Provides grant funding to associations for **educational initiatives** designed to provide information about the Data Exchange Framework and the Data Sharing Agreement to signatories

DSA Signatory Grants *(Up to \$47 Million)*



Technical Assistance (TA) Grants

Provides grant funding to signatories for **technical assistance** to support signatories meeting their DSA requirements (beyond QHIO onboarding)



QHIO Onboarding Grants

Provides grant funding to QHIOs and signatories for the initial costs of **connecting to a qualified HIO**

The DxF Grant Program

Today's Discussion:

- Grant Program Recap
- Update on Educational Initiative Grants
- Draft Eligibility Criteria and Funding Parameters for DSA Signatory Grants

Implementation Timeline for DxF Educational Initiative Grant



Eight Educational Initiatives Will Provide Support to DSA Signatories in 2023

CDII in December announced the intent to award grants to eight education initiatives.

Intended Grantees

- Multi-Association Initiative: America's Physician Groups, California Academy of Family Physicians, Purchaser Business Group on Health-California Quality Collaborative, California Association of Health Care Facilities, California Association of Area Agencies on Aging, California Association of Health Information Exchanges
- California Medical Association
- California Primary Care Association
- County Health Executives Association of California
- California Association of Health Plans
- California Council of Community Behavioral Health Agencies
- American Academy of Pediatrics, California Chapter 1
- LeadingAge California Foundation



Planned activities and content in 2023 include:

Webinar Series
Coaching Hours
HIT Conferences
Learning Collaboratives
Roadshows
Stakeholder Mapping
Learner Needs Assessment
Toolkits
FAQs

The DxF Grant Program

Today's Discussion:

- Grant Program Recap
- Update on Educational Initiative Grants
- Draft Eligibility Criteria and Funding Parameters for DSA Signatory Grants

DSA Signatory Grants: Overview

CDII intends to award two types of DSA signatory grants to subsidize signatories' investments to implement the DSA.

A DSA Signatory may apply for one of the following grant opportunities:



Qualified Health Information Organization (QHIO) Onboarding Grants

This an “assisted” pathway in which CDII and QHIOs support grantees in identifying a technology solution to achieve their DSA requirements, and in securing and managing the funds to pay for the initial costs of that solution.

- Applications submitted by third-party application support
- Funds dispersed to QHIOs
- Milestone reporting submitted by QHIOs



Technical Assistance (TA) Grants

This is a “build-your-own-solution” grant opportunity that signatories can use to fund a range of technical and operational assistance activities to achieve their DSA requirements.

- Applications submitted by signatories
- Funds dispersed to signatories
- Milestone reporting submitted by signatories

DSA Signatory Grants: *QHIO Onboarding Grant Overview*

CDII understands many signatories – especially those with limited resources and IT infrastructure – will need additional support from CDII in achieving their DSA requirements.

Signatories may need help with:

- a. **Identifying solutions** that will help them meet their DSA requirements
- b. **Managing the process of applying** for state grants to implement solutions
- c. **Managing funding and reporting requirements** for state grants

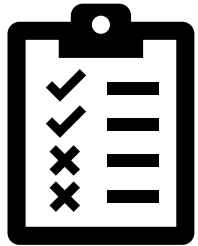


The QHIO Onboarding Grants will provide support as follows:

- a. CDII will **qualify Health Information Organizations** who can provide all the functionality needed to meet DSA requirements, and signatories will be able to select a QHIO from a list of qualified organizations.
- b. If the signatory is eligible for the QHIO Onboarding Grant, **a third party will help submit an application on their behalf**, which would help cover the costs of onboarding to the QHIO.
- c. If the signatory receives the grant, the **QHIO will manage the grant funding and reporting**, and they will work with the signatory to determine how the funds will be used to support onboarding.

DSA Signatory Grants: *General Eligibility Requirements*

The following eligibility criteria apply to both QHIO Onboarding & TA Grants; applicants must:



- Sign the CalHHS Data Sharing Agreement (DSA) prior to submitting their grant application
- Need additional support and capabilities to meet its DSA requirements, either by:
 - Connecting to a HIO that CDII has determined achieves DSA requirements through its QHIO qualification program;
- OR**
- Using other technology solutions or services that achieves the real-time data exchange required by the DSA
- [First two rounds only]* Be identified as a required signatory under AB-133

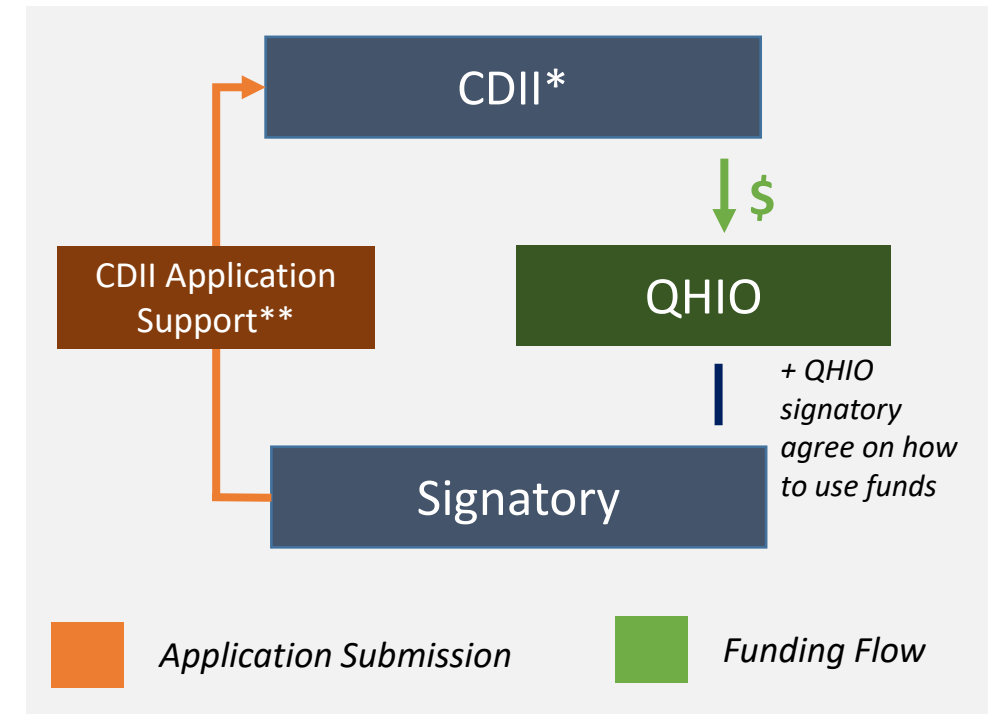
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DSA Signatory Grants: QHIO Onboarding Grant Application & Funding Flow (1/2)

QHIO Onboarding Grant

The “*assisted*” pathway.

- 1** Signatory selects QHIO.
(In Round 1, signatories may select their QHIO after receiving grant award.)
- 2** If eligible, a CDII-contracted organization providing application support can submit a grant application to CDII on the signatory’s behalf.
- 3** If approved for grant funding, CDII releases funding to the QHIO when the signatory and QHIO reach pre-determined onboarding milestones. QHIO and signatory agree on how funds will be used to support onboarding and achievement of milestones.

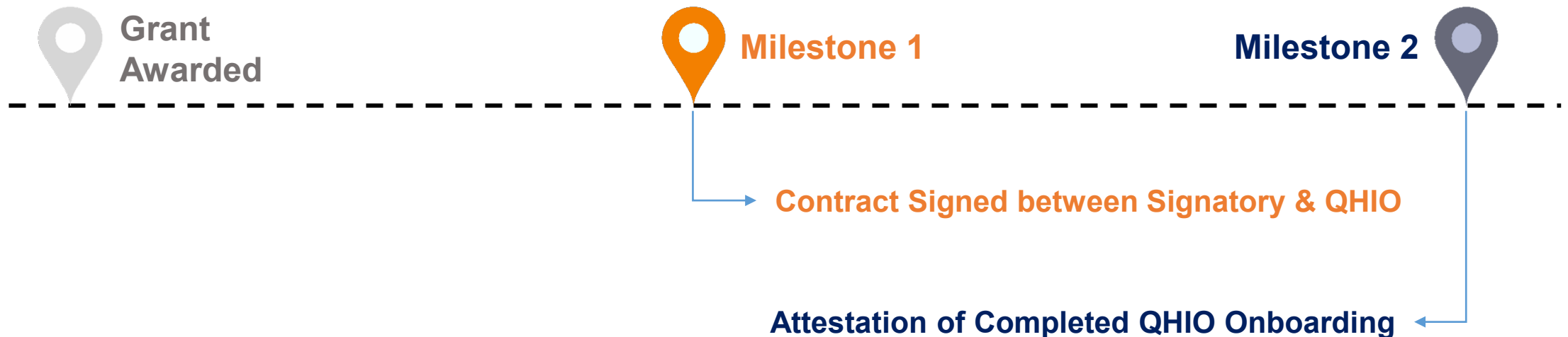


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DSA Signatory Grants: QHIO Onboarding Grant Application & Funding Flow (2/2)

QHIO Onboarding Grant The “assisted” pathway.

Grant administrator will release funding to the QHIO based on achievement of two milestones:



DSA Signatory Grants: QHIO Onboarding Grant Uses of Funding

Permissible Uses

QHIOs and signatories must agree to how funds will be used to support onboarding.

QHIOs may use funding to offset QHIO costs:

- ✓ The QHIO's costs to connect to a DSA Signatory's EHR (initial QHIO fees).
- ✓ The QHIO's costs to develop capabilities to perform the HIE services specified in the milestones.

QHIOs may use funding to offset other costs:

- ✓ Configuration costs for the DSA signatory's EHR to connect to the QHIO.
- ✓ DSA Signatory's cost to retain a technology consultant or IT staff for onboarding.

Impermissible Uses

Grantees may not use the funding in the following ways:

- ✗ For **ongoing HIE operations** (i.e., funds can only be use for initial QHIO onboarding activities)
- ✗ For **purchasing new EHR technology**.
- ✗ For **onboarding to a non-qualified HIO**.
- ✗ For **changing from one QHIO to another**.
 - ✗ Once a Signatory achieves Milestone 1 with a Qualified HIO, it must continue to work with that Qualified HIO to achieve the second milestone.
- ✗ For **connecting to multiple QHIOs** (signatories can opt to connect to multiple QHIOs but grant funding may only be used for one QHIO).

Reminder: Organizations that already meet DSA requirements are not eligible for DSA Signatory Grants.

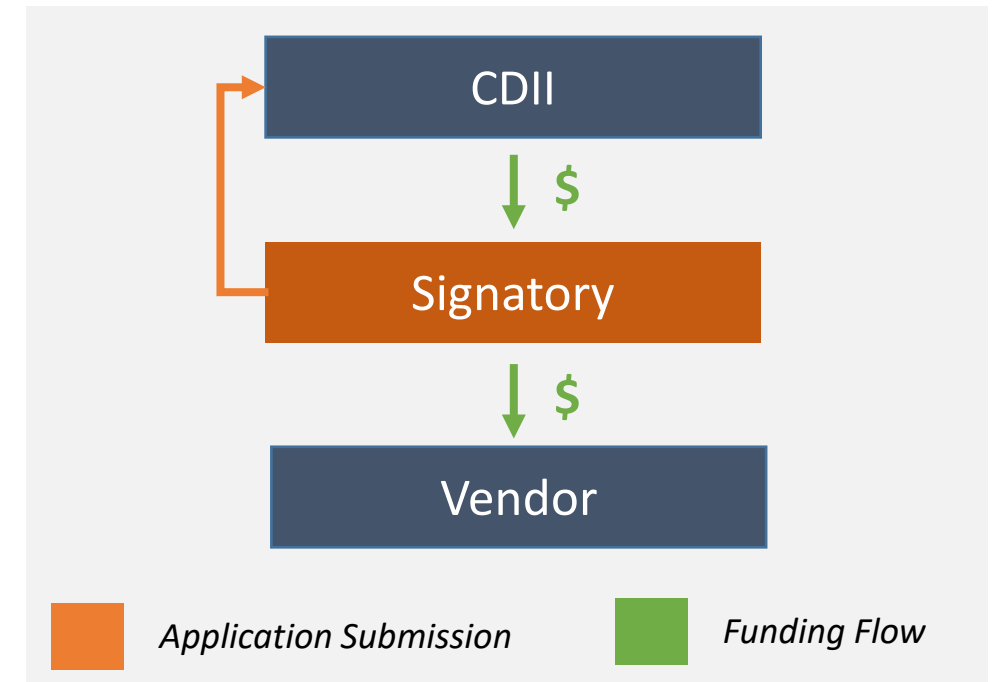
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DSA Signatory Grants: TA Grant Application and Funding Process (1/2)

TA Grant

The “*build your own solution*” pathway.

- 1 Signatory identifies a technical assistance need to help them meet their DSA requirements and a vendor that could address that need.
- 2
 - a) Signatory reviews TA Grant criteria to see if they are eligible.
 - b) If eligible, signatory submits application for Technical Assistance funding to CDII
- 3 If approved for grant funding, CDII releases funding to the signatory when the signatory and vendor reach pre-determined milestones.



Overview	Eligibility Criteria	QHIO Onboarding Grants: Process & Use of Funds	TA Grants: Process & Uses of Funds	Grant Allocation, Rounds & Scoring	Implementation Timeline
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DSA Signatory Grants:

TA Grant Application and Funding Process (2/2)

TA Grant

The “*build your own solution*” pathway.

Grant administrator will release funding to the signatory based on achievement of two milestones:



DSA Signatory Grants: TA Grant Uses of Funding

Permissible Uses

Grantees may apply for one or more of the following uses funding:

- ✓ For **identifying/contracting with a vendor providing a technology solution (QHIO or otherwise)** for meeting DSA requirements
- ✓ For **onboarding costs to implement a technology solution** (QHIO or otherwise) that establishes real-time data exchange as required by the DSA
- ✓ For adjusting, upgrading, or adopting an **EHR or other technology systems** (including HIO or other documentation system) necessary to achieve real-time data exchange as required by the DSA
- ✓ For creating and providing training on new operational or clinical workflows associated with new technologies implemented to achieve DSA requirements

Impermissible Uses

Grantees may not use the funding in the following ways:

- ✗ For activities that do not support the signatory in achieving its DSA requirements or establishing data exchange with other health and human services organizations
- ✗ For activities other than those specified in their application
- ✗ For ongoing subscription or recurring costs for a QHIO, EHR, or other health IT system

Reminder: Organizations that already meet DSA requirements are not eligible for DSA Signatory Grants.

DSA Signatory Grants:

Funding Maximum Per DSA Signatory (1/2)

- Signatories will be eligible for different funding maximums based on their organizational type and characteristics.
 - Applicants for the TA Grants must justify the amount of funding they are requesting based on the TA they would procure with the funding.
- Informed by funding maximums used in the Cal-HOP program, CDII proposes setting a range of DSA Signatory Grant funding maximums, as follows:
 - Funding maximum A: \$15,000
 - Funding maximum B: \$25,000
 - Funding maximum C: \$50,000
 - Funding maximum D: \$100,000
- Funding is intended to subsidize investments in achieving DSA requirements.

The following draft DSA Signatory Grant criteria and parameters are for IAC discussion, are not comprehensive, and are subject to change.

Overview	Eligibility Criteria	QHIO Onboarding Grants: Process & Use of Funds	TA Grants: Process & Uses of Funds	Grant Allocation, Rounds & Scoring	Implementation Timeline
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DSA Signatory Grants:

Funding Maximum Per DSA Signatory (2/2)

Proposed DSA Signatory Grant Milestones – For IAC Discussion

Organization Type	Proposed Funding Maximum	TA Grants: Milestone 1	TA Grants: Milestone 2	QHIO Onboarding Grants: Milestone 1	QHIO Onboarding Grants: Milestone 2
General Acute Care Hospitals That Serve Underserved Communities/Geographies* and Did Not Receive Funding From Past HIT Funding Programs (Cal-HOP, CTAP, HITECH)	\$100,000	\$50,000	\$50,000	\$50,000	\$50,000
Other General Acute Care Hospitals	\$50,000	\$25,000	\$25,000	\$25,000	\$25,000
Acute Psychiatric Hospitals	\$50,000	\$25,000	\$25,000	\$25,000	\$25,000
Skilled Nursing Facilities	\$50,000	\$25,000	\$25,000	\$25,000	\$25,000
Physician Organizations and Medical Groups with Greater than 10 Physicians	\$50,000	\$25,000	\$25,000	\$25,000	\$25,000
Physician Organizations and Medical Groups with 10 or Less Physicians	\$25,000	\$12,500	\$12,500	\$12,500	\$12,500
Health Insurance Plans	\$25,000	\$12,500	\$12,500	\$12,500	\$12,500
Other DSA Signatories	\$25,000	\$12,500	\$12,500	\$12,500	\$12,500
Clinical Laboratories	\$15,000	\$7,500	\$7,500	\$7,500	\$7,500

*See appendix for preliminary criteria details

DSA Signatory Grants: *Funding Rounds (1/2)*

Up to \$47 million in funding will be allocated to applicants across at least three rounds of funding.

- 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 ensure at least three rounds of funding is available to applicants**, ensuring that organizations with limited resources had sufficient time to complete and submit a grant application while still begin to award grants as early as possible.
- CDII will notify the public of the total grants awarded in each round and **provide adequate notice before the last round of grant applications closes.**

To be eligible for the first two rounds of funding, applicants must be identified as a required signatory under AB-133.

- This is designed to support required signatories in achieving their DSA requirements by the mandatory deadline established by AB-133.
- Voluntary signatories will have access to funding for at least one round of funding (i.e. the third round).

Overview	Eligibility Criteria	QHIO Onboarding Grants: Process & Use of Funds	TA Grants: Process & Uses of Funds	Grant Allocation, Rounds & Scoring	Implementation Timeline
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DSA Signatory Grants: Funding Rounds (2/2)

CDII will award DSA Signatory Grants through at least three rounds of funding.

- For each round, CDII's TPA will review all applications and score them using a standardized scoring rubric. Details about that rubric will be shared with applicants in the forthcoming DxF DSA Signatory Grants Application Guidance document.
- Based on scoring, applicants will fall in one of the following categories:

1. No Grant Award	2. Application Deferred to Next Round	3. Grant Award*
Applications that did not meet a scoring threshold (to be set based on applications submitted)	Applications that meet a scoring threshold for consideration	Applications that meet the scoring threshold for receiving a grant in that round

* CDII may issue partial awards to some applicants

DSA Signatory Grants: Scoring Criteria

CDII will score all applications, and applicants meeting a scoring threshold will receive funding in a given round.

Scoring process will **prioritize applications for funding** if the signatory meets the following criteria:

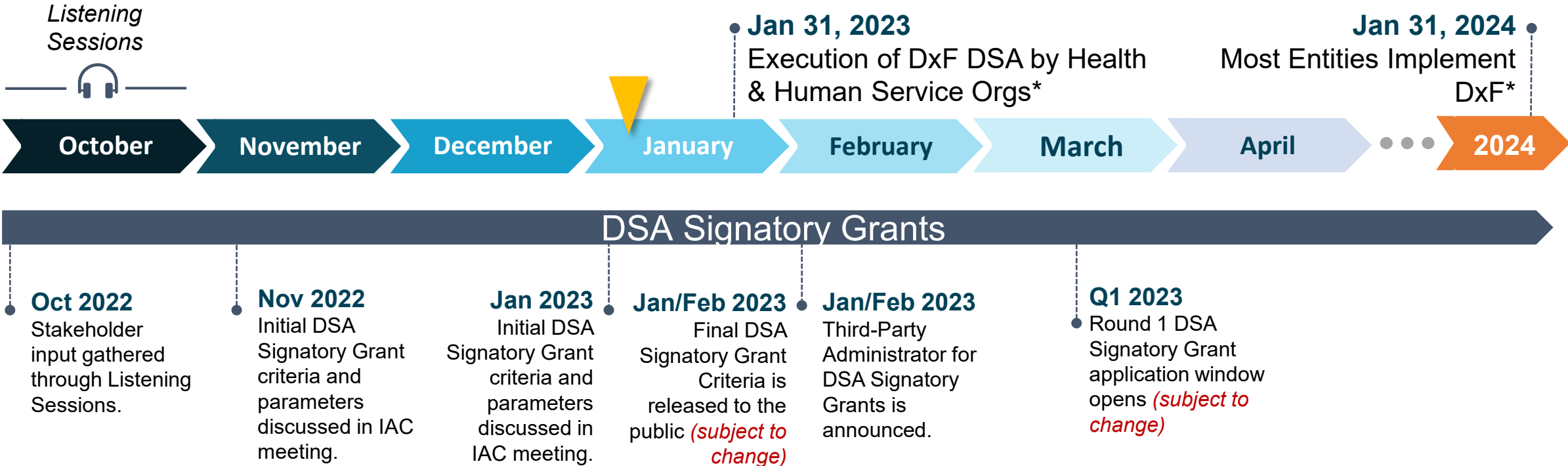
- Signatory is **required to sign the DSA**
 - *This is an eligibility requirement for the first two rounds, and a scoring criteria for subsequent rounds.*
- Signatory was **not eligible for or did not receive previous health information exchange funding** opportunities, including Cal-HOP and CTAP
- Signatory **demonstrates a significant gap in IT infrastructure** to achieve its DSA obligations
- Signatory **serves Californians in historically marginalized populations or underserved/underfunded geographic areas***

**See appendix for preliminary criteria details*

The following draft DSA Signatory Grant criteria and parameters are for IAC discussion, are not comprehensive, and are subject to change.

Overview	Eligibility Criteria	QHIO Onboarding Grants: Process & Use of Funds	TA Grants: Process & Uses of Funds	Grant Allocation, Rounds & Scoring	Implementation Timeline
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DSA Signatory Grants: Implementation Timeline *(Subject to Change)*



*General acute care hospitals, physician organizations and medical groups, skilled nursing facilities, health service plans and disability insurers, Medi-Cal managed care plans, clinical laboratories, and acute psychiatric hospitals. County health, public health, and social services providers are encouraged to connect to the DxF.

Public Comment Period

Closing Remarks and Next Steps

Next Steps

CalHHS will:

- Post a summary of today's meeting.
- Consider the feedback provided by the IAC on the QHIO and Grant programs.

Members will:

- Provide additional feedback on today's topics to CDII.

Meeting Schedule

IAC Meetings	Date
IAC Meeting #1	September 21, 2022, 10:00 AM to 12:30 PM
IAC Meeting #2	November 3, 2022, 10:00 AM to 1:00 PM
IAC Meeting #3A	December 20, 2022, 10:00 AM to 1:00 PM
IAC Meeting #3B	January 10, 2023, 11:00 AM to 2:00 PM
IAC Meeting #4	February 2, 2023, 9:00 AM to 11:30 AM
IAC Meeting #5	March 16, 2023, 9:00 AM to 11:30 AM

DSA P&P Subcommittee Meetings	Date
DSA P&P SC Meeting #1	September 23, 2022, 9:30 AM to 12:00 PM
DSA P&P SC Meeting #2	October 25, 2022, 10:00 AM to 12:30 PM
DSA P&P SC Meeting #3	December 15, 2022, 9:00 AM to 11:30 AM
DSA P&P SC Meeting #4	January 26, 2023, 9:00 AM to 11:30 AM
DSA P&P SC Meeting #5	March 9, 2023, 9:00 AM to 11:30 AM

For more information or questions on IAC meeting logistics, please email CDII (cdii@chhs.ca.gov).

DxF Webinar Schedule

DxF Webinars*	Date
DxF Webinar #1: "What is the Data Exchange Framework"	September 13, 2022, 1:30 PM to 2:30 PM
DxF Webinar #2: "The DxF Data Sharing Agreement and Policies & Procedures: An Overview"	October 24, 2022, 2:00 PM to 3:00 PM
DxF Webinar #3: "DxF Grants and DSA Signing Instructions"	November 22, 2022, 11:30 AM – 12:30 PM
DxF Webinar #4: "What is a QHIO? How do I sign the DSA? And Other DxF Program Updates"	December 13, 2022, 2:00 PM – 3:00 PM
<i>DSA Signing Portal Town Hall</i>	<i>January 6, 2023, 11:00 AM – 12:00 PM</i>
DxF Webinar #5	January 19, 2023, 9:00 AM – 10:00 AM
DxF Webinar #6	February 21, 2023, 10:00 AM – 11:00 AM
DxF Webinar #7	March 23, 2023, 9:30 AM – 10:30 AM

*Topics of webinars 5+ are TBD. Webinar times may be released at CDII's discretion.

Appendix

DSA Signatory Grants: Scoring Criteria

Identifying Signatories Serving Underserved Areas/Communities

Organizations Operating in Underserved Geographies

- CDII intends to use the California [Healthy Places Index](#) to identify organizations operating in underserved geographies.
- CDII also intends to use the list of [Rural Areas by County](#), as defined by California's OAG.

Organizations Serving Underserved and/or Historically Marginalized Communities

- CDII intends to use a combination of classifications and metrics to identify organizations serving Underserved and/or Historically Marginalized Communities, which may include (but are not limited to):
 - Organizations classified as a Critical Access Hospital under an [official designation](#).
 - Organizations identified as an official FQHC/Community Health Center (or look-a-like) under an official designation (Section 1861(aa)(4)(B) and section 1905(l)(2)(B) of the SSA).
 - Public hospitals or Sole Community Hospitals who serve at least 30% of all Medicaid, uninsured, and Dual Eligible members in their county or multi-county community.
 - Public hospitals or Sole Community Hospitals for which at least 35% of all patient volume in their outpatient lines of business is associated with Medicaid, uninsured and Dual Eligible individuals *and* at least 30% of inpatient treatment is associated with Medicaid, uninsured, and Dual Eligible individuals.

NOTE: This list is not a determination of whether organizations are required to sign the DSA.