



DxF Participant Directory How To Guide

Updated July 2024

Please note that, as stated in the [Participant Directory Policy and Procedure](#), Participants are responsible for ensuring the accuracy of their Exchange choices selected in the Participant Directory. All capitalized terms have the same meaning as in the [DxF Glossary of Defined Terms](#).

1. Background

1.1. What is the Participant Directory?

The Participant Directory is both an application and a listing. The Participant Directory listing is a listing of organizations' choices of Intermediaries and/or technologies to Exchange Health and Social Services Information (HSSI) under California's Health and Human Services (CalHHS) Data Exchange Framework (DxF). The listing is published by CDII as a machine-readable flat file and incorporated into a human-readable (Microsoft Excel) file, available for download from the Center for Data Insights and Innovation's (CDII) [Data Exchange Framework webpage](#). This "How To Guide" focuses on the Participant Directory application that provides the content for the Participant Directory listing.

1.2. What does my organization need to do to be included in the Participant Directory listing?

Data Sharing Agreement (DSA) signatories must log in to the CalHHS [DxF DSA Signing Portal and Participant Directory](#) (referred to herein as the 'Portal') to complete or update their Participant Directory choices and those of any subordinate organizations.

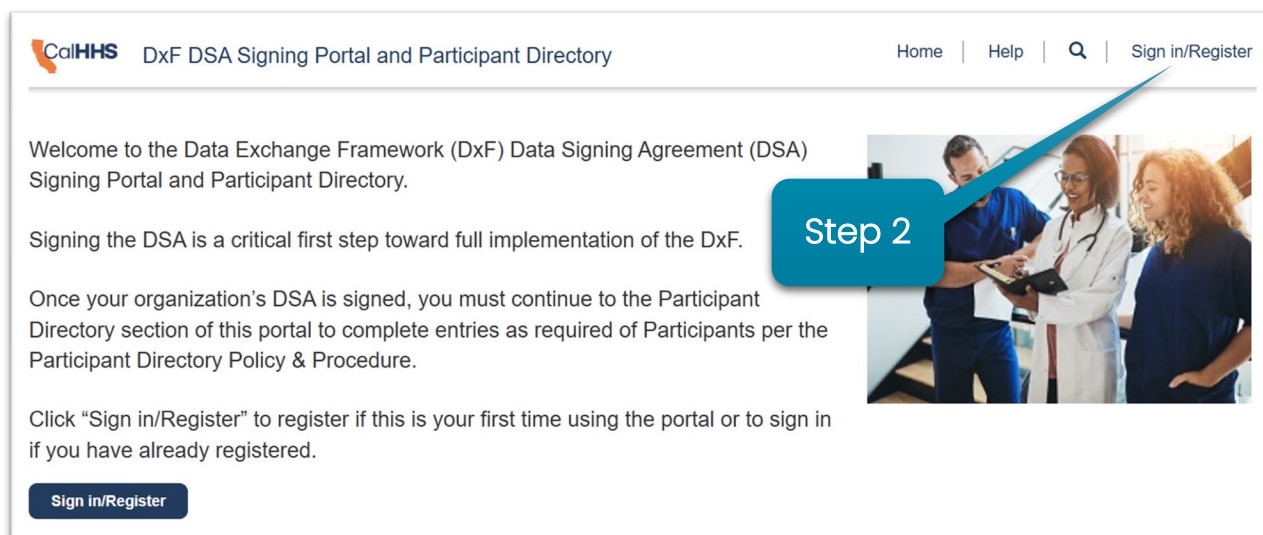
2. Instructions

2.1. How to find the Participant Directory and where to go to enter your choices for how to Exchange.

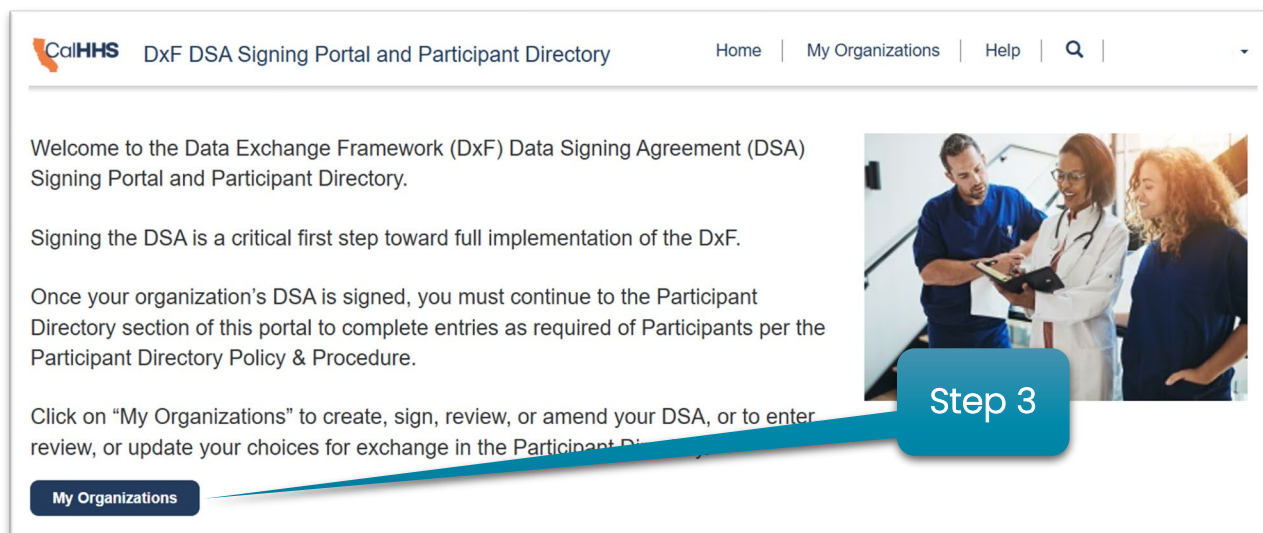
Step 1: Go to the DSA Signing Portal at <https://signdxf.powerappsportals.com>

Step 2: Sign-in to your organization's DSA Signing Portal account.

NOTE: If your organization has not signed the DSA, you may not yet have an account to log in to. Please select "Sign in/Register" to create your account today.



Step 3: Click on "My Organizations".




Step 4: You have navigated to the Data Sharing Agreement page. Confirm that the “Account Status” for your Primary Organization is “DSA Document Signed”.

NOTE: You will only be able to navigate to the Participant Directory forms if your “Account Status” reflects that your DSA has been signed.

Please email dxl@chhs.ca.gov if you believe the status reflected in your Primary Organization’s “Account Status” is inaccurate.

CalHHS

CalHHS Data Sharing Agreement Signing Portal

Home | Help | My Organizations |  | My Name

Data Sharing Agreement


To enter or update DSA signing details, click on the name of your primary organization below. To launch the Participant Directory entry form, click on the Participant Directory button.

If a Participant Directory button does not appear, check the Account Status of your Primary Organization to ensure the status is “DSA Document Signed”. You must have signed the DSA to enter choices in the Participant Directory.

For information on the CalHHS Center for Data Insights and Innovation (CDII) Data Exchange Framework (DxF), visit the [CDII DxF Website](#).

Participant Directory

Primary Participant Seal



[Download Participant Seal](#)

[Participant Seal Usage Instructions](#)

Step 4

Primary Organization

Organization Name ↑	Account Type	Account Status	Signatory	Signatory Email Address
MyOrgName	Acute Care Settings	DSA Document Signed	Self	MyEmail@Email.com

Step 5: After confirming that your “Account Status” reflects “DSA Document Signed,” click on the “Participant Directory” button to fill out your Participant Directory choices.

Please email dxl@chhs.ca.gov if you do not see the Participant Directory button.

CalHHS

DxF DSA Signing Portal and Participant Directory

Home

Help

My Organizations

Q

MyName

Data Sharing Agreement

To enter or update DSA signing details, click on the name of your primary organization below. To launch the Participant Directory entry form, click on the Participant Directory button.


If a Participant Directory button does not appear, check the Account Status of your Primary Organization to ensure the status is “DSA Document Signed”. You must have signed the DSA to enter choices in the Participant Directory.

For information on the CalHHS Center for Data Insights and Innovation (CDII) Data Exchange Framework (DxF), visit the [CDII DxF Website](#).

Participant Directory

Step 5

Primary Participant Seal



[Download Participant Seal](#)
[Participant Seal Usage Instructions](#)

Primary Organization


Add Primary Organization

Organization Name	DxF ID	Account Type	Account Status	Signatory	Signatory Email Address
MyOrgName	DXF001075	Acute Care Settings	DSA Document Signed	Self	MyEmail@email.com

Subordinate Organizations

Add Subordinate Organization

Organization Name	DxF ID	Account Type
MySubordinateHospital	DXF001076	Acute Care Settings
MySubordinatePlan	DXF001117	Plans

 DATA EXCHANGE
FRAMEWORK


DXF Participant Directory: HOW TO GUIDE
Updated 07/01/2024


4

Step 6: You have navigated to the Participant Directory summary page.

The “Primary Organization” section lists your Primary Organization in a table. The “Subordinate Organization” section lists Subordinate Organizations in a table, if applicable.

NOTES: Subordinate Organizations included in your signed DSA will populate the table in the “Subordinate Organizations” section and the “On DSA” column will show “Yes”. For Subordinates added via the Participant Directory, the “On DSA” column will show “No”. The “DxF ID” field is a unique identifier generated by CDII that is included in the aforementioned published listings.

 DxH DSA Signing Portal and Participant Directory

Home | Help | My Organizations |  | MyName ▾

Participant Directory

The participant directory provides a way for you to communicate your choices for how you will provide Access to or Exchange of Health and Social Services Information (HSSI) under the Data Exchange Framework (DxF). The tables below summarize the choices you have made to date. Click on the name of your primary organization or subordinate organization to select or update the choices for Exchange types as required in the Participant Directory Policy and Procedure (P&P).

All capitalized terms on Participant Directory pages have the same meaning as in the DxF Glossary of Defined Terms.

Back to My Organizations

Step 6

Primary Organization

Organization Name	DxF ID	Delaying Exchange until 2026	Request for Information	Information Delivery	Requests for Notification of ADT Events
MyOrgName	DXF001075				

Subordinate Organizations

Add any additional subordinate organizations that are participating in Exchange of HSSI under the DxF as required in the Participant Directory P&P.

Add Subordinate Organization to Participant Directory


Organization Name	DxF ID	On DSA	Delaying Exchange until 2026	Request for Information	Information Delivery	Requests for Notification of ADT Events
MySubordinateHospital	DXF001076	Yes				
MySubordinateLab	DXF001185	No				
MySubordinatePlan	DXF001117	Yes				

For each subordinate organization, a value of “Yes” under “On DSA” indicates that this subordinate organization appears on your signed DSA. Other subordinate organizations with a value of “No” in this column do not appear on your signed DSA but instead were added to the Participant Directory on this screen.

Step 7: Click on your Primary Organization's name to complete the Participant Directory information for the Primary Organization.

CalHHS

DxF DSA Signing Portal and Participant Directory

Home | Help | My Organizations |  | MyName ▾

Participant Directory

The participant directory provides a way for you to communicate your choices for how you will provide Access to or Exchange of Health and Social Services Information (HSSI) under the Data Exchange Framework (DxF). The tables below summarize the choices you have made to date. Click on the name of your primary organization or subordinate organization to select or update the choices for Exchange types as required in the Participant Directory Policy and Procedure (P&P).

All capitalized terms on Participant Directory pages have the same meaning as in the DxF Glossary of Defined Terms.

Back to My Organizations

Step 7

Primary Organization

Organization Name	DxF ID	Delaying Exchange until 2026	Request for Information	Information Delivery	Requests for Notification of ADT Events
<u>MyOrgName</u>	DXF001075				

Step 8: Skip past the “Copy the choices for this Primary Organization to all Subordinate Organizations” checkbox until Step 10 below.

For the Primary Organization, begin with the checkbox field labeled “I exercise my option to delay providing Exchange of HSSI under the DxP until January 31, 2026”:

- Do not select the “exercise my option to delay” checkbox if the Primary Organization is not permitted to delay Exchange until January 31, 2026, or if the Primary Organization is permitted to delay Exchange until January 31, 2026, but chooses not to exercise this option, and proceed to Step 9.
- Select the “exercise my option to delay” checkbox to delay Exchange until January 31, 2026, only if your Primary Organization is permitted to delay Exchange until 2026 and chooses to exercise this option. Then click “Save & Close” at the bottom of the page. See NOTE below on eligibility to elect to Exchange on January 31, 2026.
 - Be sure to click “Save & Close”!
 - If your organization does not have subordinate organizations and you have selected and saved the 2026 delay entry, you have met your Participant Directory obligation until January 31, 2026.

NOTE: Only organizations who are permitted by Health and Safety Code section 130290(b)(2) and/or the [Requirement to Exchange Health and Social Services Information P&P](#) may elect to check the “exercise my option to delay” checkbox. Organizations that exercise the option to delay Exchange of HSSI may also delay completing their Participant Directory Exchange choices in Step 9 until January 31, 2026. See [DxF FAQs](#) for more information about delaying Exchange until 2026.

The screenshot shows the 'Participant Directory Primary Organization Choices' form. At the top, it says 'Use this form to add or update the choices for the Primary Organization that signed the DSA, including whether the Participant chooses to exercise its option to delay Exchange of health and social services information (HSSI) under the DxP until January 31, 2026, and the Intermediaries or technologies the Participant chooses to use for each Exchange type as required under the Technical Requirements for Exchange P&P.' Below this is a 'Back to Participant Directory Summary Page' button. The 'Primary Organization Name' field contains 'MyOrgName'. Under 'Participant Choices (and other required information)', there are two checkboxes: 'Copy the choices for this primary organization to all subordinate organizations' and 'I exercise my option to delay providing Exchange of HSSI under the DxP until January 31, 2026'. A blue callout box labeled 'Step 8' points to the second checkbox. Another blue callout box labeled 'Save & Close' points to the 'Save & Close' button at the bottom left. A third blue callout box labeled 'Save & Close' points to the 'Save & Close' button at the bottom right. Below the checkboxes, there is a note: 'Only organizations who are permitted by Health and Safety Code section 130290(b)(2) and/or the Requirement to Exchange Health and Social Services Information P&P may check this box. Organizations that exercise the option to delay providing Exchange of HSSI may delay choosing the following options until January 31, 2026.'

Step 9: If your Primary Organization was obligated to start exchanging January 31, 2024 (checkbox in Step 8 not selected), there are Exchange choices to complete (see screenshot at the bottom of Step 9 showing the three choices to be completed). For each of the three types of Exchange, one choice must be selected.

First Exchange choice: Request for HSSI

“Choose the entity that you prefer other Participants or their Intermediaries use to send you requests for HSSI you Maintain. If you do not Maintain HSSI or intend only for your subordinate organizations to Exchange HSSI, you may choose NOT APPLICABLE. You may choose SELF if you prefer point-to-point interfaces to your own technology. You may choose OTHER if the entity you prefer is not listed. Do not leave this choice blank.”

- In this field, click on the dropdown to select the method by which your Primary Organization chooses to receive requests for HSSI from other Participants.
- The dropdown selections include or may include:
 - Nationwide networks and frameworks,
 - DxF Qualified Health Information Organizations (“Qualified HIOs” or QHIOs),
 - Intermediaries that are not QHIOs,
 - “ONBOARDING TO QHIO” indicates a recipient of a DSA Signatory Grant who is in the process of connecting to a QHIO,
 - “SELF” indicates that your organization uses point-to-point interface(s) to your own technology (see more information about “SELF” below),
 - “OTHER” indicates that your organization Exchanges via an Intermediary not listed in the dropdown (see more information about “OTHER” below),
 - “NOT APPLICABLE” indicates that the Participant does not Maintain any Health and Social Services Information (HSSI).

Second Exchange choice: Information Delivery

“Choose the entity that you prefer other Participants or their Intermediaries use to send you HSSI that they create in response to an Order or Referral. This is not how you wish to receive information you have requested; but is for information generated and “pushed” to your organization. You may choose SELF if you prefer point-to-point interfaces to your own technology. You may choose OTHER if the entity you prefer is not listed. You may choose NOT APPLICABLE if you do not wish to participate in this optional Exchange type. Do not leave this choice blank.”

- In this field, click on the dropdown to select the method by which your Primary Organization chooses to receive HSSI from other Participants in response to an Order or Referral.
- The dropdown selections have the same meaning as those outlined above for the “Choice for exchange entity to use to request HSSI from me” field, with the following exception:

- “NOT APPLICABLE” indicates that the Participant elects not to participate in this optional Exchange type.

Third Exchange choice: How Hospitals, EDs, SNFs, and some Intermediaries accept requests, via a roster, for ADT Event Notifications

“Choose how Participants ask you for notifications of ADT Events by choosing the entity that you prefer other Participants or their Intermediaries use to send you a list of the Individuals for which they wish to receive notifications of admissions and discharges. This choice is intended for Hospital and Emergency Departments, skilled nursing facilities that choose to participate, and the QHIOs or other Intermediaries that serve these entities. You may choose SELF if you prefer that Participants or their Intermediaries contact you directly or if you prefer point-to-point interfaces to your own technology. You may choose OTHER if the entity you prefer is not listed. You should choose NOT APPLICABLE if you do not admit or discharge Individuals. Do not leave this choice blank.”

- In this field, if you are a hospital, ED, SNF who elects to participant in this Exchange type, QHIO, or other Intermediary, click on the dropdown to select the method by which your Primary Organization chooses to receive rosters of Individuals from other Participants requesting to receive Notifications of ADT Events from you.
- The dropdown selections have the same meaning as those outlined above for the “Choice for exchange entity to use to request HSSI from me” field, with the following exceptions:
 - “NOT APPLICABLE” indicates that the Participant is not a Hospital or Emergency Department, is not an Intermediary offering this service to Hospitals or Emergency Departments, or is a skilled nursing facility (SNF) that elects not to participate in this Exchange type (optional for SNFs).

NOTE: Intermediaries that provide a service to another Participant to facilitate DxF Exchange must enter a choice other than “NOT APPLICABLE” for that Exchange type.

Participant Choices (and other required information)

- ☐ Copy the choices for this primary organization to all subordinate organizations
- ☐ I exercise my option to delay providing Exchange of HSSI under the DxP until January 31, 2026

Only organizations who are permitted by Health and Safety Code section 130290(b)(2) and/or the Requirement to Exchange Health and Social Services Information P&P may check this box. Organizations that exercise the option to delay providing Exchange of HSSI may delay choosing the following options until January 31, 2026.

Choose the entity that you prefer other Participants or their Intermediaries use to send you requests for HSSI you Maintain. If you do not Maintain HSSI or intend only for your subordinate organizations to exchange HSSI, you may choose NOT APPLICABLE. You may choose SELF if you prefer point-to-point interfaces to your own technology. You may choose OTHER if the entity you prefer is not listed. Do not leave this choice blank.

Please choose one:

Select ▼

Choose the entity that you prefer other Participants or their Intermediaries use to send you HSSI that they generate in response to an Order or Referral. This is not how you wish to receive information you have requested; but is for information generated and populated to your organization. You may choose SELF if you prefer point-to-point interfaces to your own technology. You may choose OTHER if the entity you prefer is not listed. You may choose NOT APPLICABLE if you do not wish to participate in this optional Exchange type. Do not leave this choice blank.

Please choose one:

Select ▼

Choose how Participants ask you for notifications of ADT Events by choosing the entity that you prefer other Participants or their Intermediaries use to send you a list of the Individuals for which they wish to receive notifications of admissions and discharges. This choice is intended for Hospital and Emergency Departments, skilled nursing facilities that choose to participate, and the QHIOs or other Intermediaries that serve these entities. You may choose SELF if you prefer that Participants or their Intermediaries contact you directly or if you prefer point-to-point interfaces to your own technology. You may choose OTHER if the entity you prefer is not listed. You should choose NOT APPLICABLE if you do not admit or discharge Individuals. Do not leave this choice blank.

Please choose one:

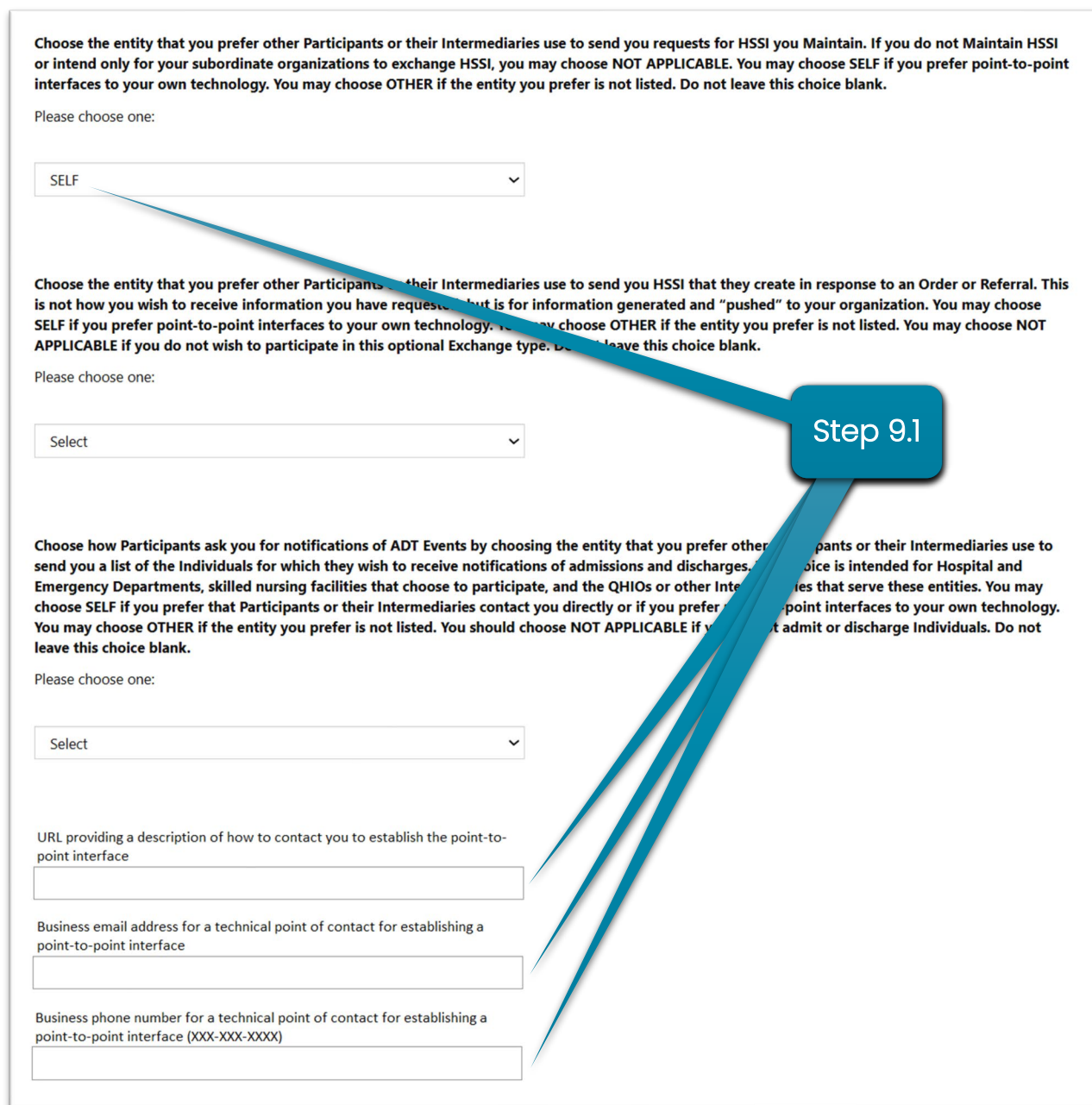
Select ▼

Step 9

Step 9.1: If you have selected “SELF” for *any* of the three types of Exchange, you must provide a “URL providing a description of how to contact you to establish the point-to-point interface” and/or “Business Email Address” along with “Business Phone Number” for the technical point of contact for establishing a point-to-point interface.

NOTE: You may list only one URL or one technical point of contact even if selecting “SELF” for more than one Exchange type.

NOTE: Please use only a business email address or phone number as this information will be made publicly available to allow other Participants to contact your organization to establish a point-to-point interface.



Choose the entity that you prefer other Participants or their Intermediaries use to send you requests for HSSI you Maintain. If you do not Maintain HSSI or intend only for your subordinate organizations to exchange HSSI, you may choose NOT APPLICABLE. You may choose SELF if you prefer point-to-point interfaces to your own technology. You may choose OTHER if the entity you prefer is not listed. Do not leave this choice blank.

Please choose one:

SELF

Choose the entity that you prefer other Participants or their Intermediaries use to send you HSSI that they create in response to an Order or Referral. This is not how you wish to receive information you have requested, but is for information generated and “pushed” to your organization. You may choose SELF if you prefer point-to-point interfaces to your own technology. You may choose OTHER if the entity you prefer is not listed. You may choose NOT APPLICABLE if you do not wish to participate in this optional Exchange type. Do not leave this choice blank.

Please choose one:

Select

Choose how Participants ask you for notifications of ADT Events by choosing the entity that you prefer other Participants or their Intermediaries use to send you a list of the Individuals for which they wish to receive notifications of admissions and discharges. This choice is intended for Hospital and Emergency Departments, skilled nursing facilities that choose to participate, and the QHIOS or other Intermediaries that serve these entities. You may choose SELF if you prefer that Participants or their Intermediaries contact you directly or if you prefer point-to-point interfaces to your own technology. You may choose OTHER if the entity you prefer is not listed. You should choose NOT APPLICABLE if you do not admit or discharge Individuals. Do not leave this choice blank.

Please choose one:

Select

URL providing a description of how to contact you to establish the point-to-point interface

Business email address for a technical point of contact for establishing a point-to-point interface

Business phone number for a technical point of contact for establishing a point-to-point interface (XXX-XXX-XXXX)

Step 9.2: If you have selected “OTHER” for any of the three types of Exchange, the Intermediary Exchange entity “Name”, “Email” and “Phone Number” (XXX-XX-XXXX) are required for *each* selection of “OTHER”.

Continue through Step 10 below to complete the choices for your Primary Organization.



Please choose one:

OTHER ▼

Name of OTHER exchange entity

Business email address of the OTHER exchange entity

Business phone number of the OTHER exchange entity (XXX-XXX-XXXX)

Step 9.2

The image shows a web form for Step 9.2. It starts with a dropdown menu labeled 'Please choose one:' with 'OTHER' selected. Below this are three text input fields: 'Name of OTHER exchange entity', 'Business email address of the OTHER exchange entity', and 'Business phone number of the OTHER exchange entity (XXX-XXX-XXXX)'. A blue callout bubble with the text 'Step 9.2' points to the 'OTHER' dropdown and the three input fields.

Step 10: If your Primary Organization has Subordinate Organizations listed in the signed DSA, the Participant Directory information will need to be completed for each Subordinate Organization.

“Copy the choices for this Primary Organization to all Subordinate Organizations”
checkbox:

- Select the “Copy the choices” checkbox (see Step 10 screenshot below) if your Subordinate Organizations use the same methods for Exchange as the Primary Organization. Checking this box and clicking “Save & Close” will copy the Exchange choices made for the Primary Organization to all of your Subordinate Organizations.
 - You should now see your Participant Directory Exchange choices populated for your Primary and Subordinate Organizations on the Participant Directory main page.
 - NOTE: you may still make modifications to the Exchange choices for your Subordinate Organizations in Steps 11-12.
- Do not select the “Copy the choices” checkbox if your Subordinate Organizations do not all use the same methods for Exchange as the Primary Organization. Complete the Participant Directory Exchange choices for any Subordinate Organization by following Steps 11-12 below if the Subordinate Organization has Exchange methods that differ from the Primary Organization.
- Click “Save & Close” to complete the Participant Directory choices for your Primary Organization.

Participant Choices (and other required information)

☐ **Copy the choices for this primary organization to all subordinate organizations**

☐ **I exercise my option to delay providing Exchange of HSSI under the DxF until January 31, 2026**

Only organizations who are permitted by Health and Safety Code section 130290(b)(2) and/or the Requirement to Exchange Health and Social Services Information P&P may check this box. Organizations that exercise the option to delay providing Exchange of HSSI may delay choosing the following options until January 31, 2026.

2.2. Completing Participant Directory choices for Subordinate Organizations

Step 11: Listed in the “Subordinate Organizations” section of the Participant Directory main page, are Subordinate Organizations 1) included in your signed DSA and 2) that you may have added via the Participant Directory page.

Participant Directory choices must be made for all Subordinate Organizations listed in your signed DSA as well as those participating in the DxF.

Click on a Subordinate Organization’s name to complete the Participant Directory choices for how to Exchange.

NOTE: If there are Subordinate Organizations not listed in your signed DSA but that will participate in Exchange of HSSI under the DxF, you may choose to add any such Subordinate Organizations via the Participant Directory. Proceed to Steps 13-15 to add these Subordinate Organizations via the Participant Directory. See [‘Participant Directory Quick Start How To Guide’](#) for more information.

Participant Directory

The participant directory provides a way for you to communicate your choices for how you will provide Access to or Exchange of Health and Social Services Information (HSSI) under the Data Exchange Framework (DxF). The tables below summarize the choices you have made to date. Click on the name of your primary organization or subordinate organization to select or update the choices for Exchange types as required in the Participant Directory Policy and Procedure (P&P).

All capitalized terms on Participant Directory pages have the same meaning as in the DxF Glossary of Defined Terms.

[Back to My Organizations](#)

Primary Organization

Organization Name	DxF ID	Delaying Exchange until 2026	Request for Information	Information Delivery	Requests for Notification of ADT Events
MyOrgName	DXF001075	No	OTHER	OTHER	SELF

Subordinate Organizations

Add any additional subordinate organizations that are participating in Exchange of HSSI under the DxF as required in the Participant Directory P&P.

[Add Subordinate Organization to Participant Directory](#)

Organization Name	DxF ID	On DSA	Delaying Exchange until 2026	Request for Information	Information Delivery	Requests for Notification of ADT Events
MySubordinateHospital	DXF001076	Yes				

Step 12: You have navigated to the “Participant Directory Subordinate Organization Choices” page where you will add details about how your Subordinate Organization will Exchange as part of the DxF.

Complete the Participant Directory choices for each Subordinate Organization by following Step 15 if the choices are the same as your Primary Organization.

CalHHS DxF DSA Signing Portal and Participant Directory Home | Help | My Organizations | 🔍

Participant Directory Subordinate Organization Choices

Use this form to add or update the choices for the subordinate organization that signed the DSA, including whether the Participant chooses to exercise its option to delay Exchange of Health and Social Services Information (HSSI) under the DxF until January 31, 2026, and the Intermediaries or technologies the Participant chooses to use for each Exchange type as required under the Technical Requirements for Exchange P&P.

[Back to Participant Directory Summary Page](#)

Subordinate Organization Name

Name

MySubordinateHospital

Participant Choices (and other required information)

☐ Copy the choices for this subordinate organization from those of its primary organization

☐ I exercise my option to delay providing Exchange of HSSI under the DxF until January 31, 2026

Only organizations who are permitted by Health and Safety Code section 130290(b)(2) and/or the Requirement to Exchange Health and Social Services Information P&P may check this box. Organizations that exercise the option to delay providing Exchange of HSSI may delay choosing the following options until January 31, 2026.


Choose the entity that you prefer other Participants or their Intermediaries use to send you requests for HSSI you Maintain. If you do not Maintain HSSI or intend only for your subordinate organizations to exchange HSSI, you may choose NOT APPLICABLE. You may choose SELF if you prefer point-to-point interfaces to your own technology. You may choose OTHER if the entity you prefer is not listed. Do not leave this choice blank.



Please choose one:

Select ▼

2.3. Adding Subordinate Organizations to the Participant Directory

Step 13: If you have identified a Subordinate Organization (or more than one) that is not on your signed DSA and was not previously added through the Participant Directory, it will not appear in your Participant Directory Subordinate Organizations table. If you have a Subordinate Organization that does not appear in your Participant Directory and that organization or facility Maintains HSSI, click the “Add Subordinate Organization to Participant Directory” button.

 DxF DSA Signing Portal and Participant Directory

Home | Help | My Organizations |  | 

Participant Directory

The participant directory provides a way for you to communicate your choices for how you will provide Access to or Exchange of Health and Social Services Information (HSSI) under the Data Exchange Framework (DxF). The tables below summarize the choices you have made to date. Click on the name of your primary organization or subordinate organization to select or update the choices for Exchange types as required in the Participant Directory Policy and Procedure (P&P).

All capitalized terms on Participant Directory pages have the same meaning as in the DxF Glossary of Defined Terms.

Back to My Organizations

Primary Organization

<u>Organization Name</u> ↑	<u>DxF ID</u>	<u>Delaying Exchange until 2026</u>	<u>Request for Information</u>	<u>Information Delivery</u>	<u>Requests for Notification of ADT Events</u>
MyOrgName	DXF001075	No	OTHER	OTHER	SELF

Step 13

Subordinate Organizations

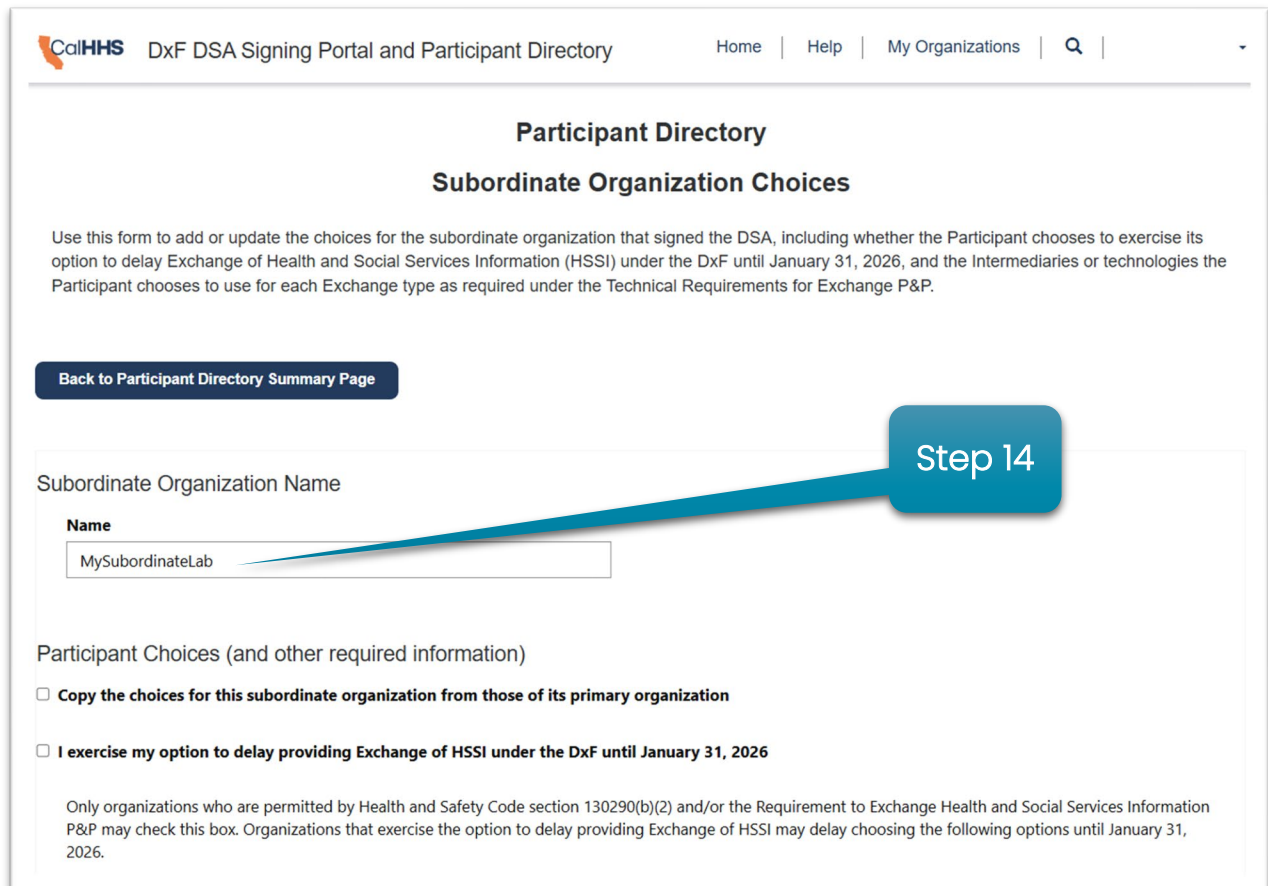
Add any additional subordinate organizations that are participating in Exchange of HSSI under the DxF as required in the Participant Directory P&P.

Add Subordinate Organization to Participant Directory

<u>Organization Name</u> ↑	<u>DxF ID</u>	<u>On DSA</u>	<u>Delaying Exchange until 2026</u>	<u>Request for Information</u>	<u>Information Delivery</u>	<u>Requests for Notification of ADT Events</u>
MySubordinateHospital	DXF001076	Yes	No	OTHER	OTHER	SELF

Step 14: You have navigated to the “Participant Directory Subordinate Organization Choices” page where you will add details about how your additional Subordinate Organization will Exchange as part of the DxF.

To add a Subordinate Organization to the Participant Directory, fill in the “Name” field in the “Subordinate Organization Name” section.



CalHHS DxF DSA Signing Portal and Participant Directory Home | Help | My Organizations | 🔍 | ▾

Participant Directory

Subordinate Organization Choices

Use this form to add or update the choices for the subordinate organization that signed the DSA, including whether the Participant chooses to exercise its option to delay Exchange of Health and Social Services Information (HSSI) under the DxF until January 31, 2026, and the Intermediaries or technologies the Participant chooses to use for each Exchange type as required under the Technical Requirements for Exchange P&P.

[Back to Participant Directory Summary Page](#)

Subordinate Organization Name

Name

MySubordinateLab

Participant Choices (and other required information)

☐ Copy the choices for this subordinate organization from those of its primary organization

☐ I exercise my option to delay providing Exchange of HSSI under the DxF until January 31, 2026

Only organizations who are permitted by Health and Safety Code section 130290(b)(2) and/or the Requirement to Exchange Health and Social Services Information P&P may check this box. Organizations that exercise the option to delay providing Exchange of HSSI may delay choosing the following options until January 31, 2026.

Step 15: In the “Copy the choices for this Subordinate Organization from those of its Primary Organization” checkbox:

- Select the “Copy the choices” checkbox if this Subordinate Organization uses the same methods for Exchange as the Primary Organization. Checking this box and clicking “Save & Close” will copy the Primary Organization’s Exchange choices to this Subordinate Organization and complete the Participant Directory choices for the Subordinate Organization.
- Do not select the “Copy the choices” checkbox if this Subordinate Organization does not use the same methods for Exchange as the Primary Organization. Follow Step 9 to complete the “Participant Choices” section for the Subordinate Organization.

The screenshot shows the 'Participant Directory Subordinate Organization Choices' form. At the top, there is a navigation bar with the CalHHS logo, the title 'DxF DSA Signing Portal and Participant Directory', and links for 'Home', 'My Organizations', 'Help', a search icon, and a user profile 'MyName'. The main heading is 'Participant Directory Subordinate Organization Choices'. Below this is a paragraph explaining the form's purpose: 'Use this form to add or update the choices for the Subordinate Organization that signed the DSA, including whether the Participant chooses to exercise its option to delay Exchange of health and social services information (HSSI) under the DxF until January 31, 2026, and the Intermediaries or technologies the Participant chooses to use for each Exchange type as required under the Technical Requirements for Exchange P&P.'

Below the paragraph is a button labeled 'Back to Participant Directory Summary Page'. The form contains a section for 'Subordinate Organization Name' with a text input field containing 'MySubordinateLab'. Below this is a section for 'Participant Choices (and other required information)' with two checkboxes: 'Copy the choices for this subordinate organization from those of its primary organization' and 'I exercise my option to delay providing Exchange of HSSI under the DxF until January 31, 2026'. At the bottom left is a 'Save & Close' button. Two blue callout boxes with arrows point to the 'Copy the choices...' checkbox and the 'Save & Close' button, labeled 'Step 15' and 'Save & Close' respectively.



Step 16: Review all choices saved as they appear in the tables on the Participant Directory summary page. If you find any of the choices are incorrect, return to the pages and edit the choices by clicking on the organization that contains the error.

As needed, return to the Participant Directory and “How To Guide” in the future to make modifications to your choices. See the [CDII DxF webpage](#) “DSA Signing Portal and Participant Directory” section for weekly updates to the Participant Directory listing.

Should you have any questions, please email CDII at dxl@chhs.ca.gov

CalHHS

DxF DSA Signing Portal and Participant Directory

Home | Help | My Organizations |  | 

Participant Directory

The participant directory provides a way for you to communicate your choices for how you will provide Access to or Exchange of Health and Social Services Information (HSSI) under the Data Exchange Framework (DxF). The tables below summarize the choices you have made to date. Click on the name of your primary organization or subordinate organization to select or update the choices for Exchange types as required in the Participant Directory Policy and Procedure (P&P).

All capitalized terms on Participant Directory pages have the same meaning as in the DxF Glossary of Defined Terms.

Back to My Organizations

Step 16

Primary Organization

<u>Organization Name</u> ↑	<u>DxF ID</u>	<u>Delaying Exchange until 2026</u>	<u>Request for Information</u>	<u>Information Delivery</u>	<u>Requests for Notification of ADT Events</u>
<u>MyOrgName</u>	DXF001075	No	OTHER	OTHER	SELF

Subordinate Organizations

Add any additional subordinate organizations that are participating in Exchange of HSSI under the DxF as required in the Participant Directory P&P.

Add Subordinate Organization to Participant Directory

<u>Organization Name</u> ↑	<u>DxF ID</u>	<u>On DSA</u>	<u>Delaying Exchange until 2026</u>	<u>Request for Information</u>	<u>Information Delivery</u>	<u>Requests for Notification of ADT Events</u>
<u>MySubordinateHospital</u>	DXF001076	Yes	No	OTHER	OTHER	SELF
<u>MySubordinateLab</u>	DXF001185	No	No	OTHER	OTHER	SELF