



DSA Signatory Grants Application Template

Updated October 2023

This DSA Signatory Grants Application Template is for the DSA Signatory Grant Program, a component of the Data Exchange Framework (DxF) Grant Program that launched in May 2023.

Administered by the California Health & Human Services (CalHHS) Center for Data Insights and Innovation (CDII), the DSA Signatory Grant Program will support Signatories of the DxF Data Sharing Agreement (DSA) by subsidizing investments to meet DSA requirements.

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

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

How to get started:

- 1. Understand the funding opportunity:** Read the [DSA Signatory Grant Guidance Document](#) for detailed information on eligibility, funding parameters, and the application process.
- 2. Get started on the application:**
 - **For TA Grant Applications:** [Click here](#) to begin your application in the DxF Grant Portal, hosted by PCG on its GrantsConnect Portal. Contact DSAGrants@pcgus.com with any TA grant application or portal questions.
 - **For QHIO Onboarding Grant Applications:** Email grantsupport@cahie.org to begin the process as soon as possible.

Section 1. Applicant Information

1. Which DSA Signatory Grant are you applying for?

- Technical Assistance (TA) Grant
- QHIO Onboarding Grant

Reminder: Applicants for the QHIO Onboarding Grant must reach out to the California Association for Health Information Exchanges (CAHIE) at grantsupport@cahie.org to begin the Application process. CDII has contracted with CAHIE to support all Applicants for QHIO Onboarding Grants, and that support will include completing the Application on this portal on behalf of the Applicant.

2. Please provide your Applicant and contact information.

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

2a. Application Organization Name: [Organization Name]

2b. Contact Person Name: [Name]

2c. Contact Person Title: [Title]

2d. Contact Person Telephone Number: [Telephone Number]

2e. Contact Person Email Address: [Email Address]

3. How many signatories are included on this application?

A “Signatory” is defined as 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.

[Number of Signatories]

4. How many instances are included on this application, across ALL Primary Signatories?

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.

Primary Signatory: The Primary Signatory must be the organization serving the largest number of individuals on that Instance over a 12-month period, as measured by unique individuals served or the volume of interactions (i.e., visits, admissions, etc.) on that Instance.

[Number of Instances]

Section 2. Signatory Characteristics



In the Portal

The DxF Grant Portal will populate Question 5 for all Signatories identified in Question 3.

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

5a. Signatory Organization Name:

[Signatory Name]

5b. Signatory Type (select one):

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

*Applicants that select these signatory types will also be asked to select the following:

5.b.1. Date when Signatory is required to begin exchanging data in accordance with the DxF (select one):

- January 31, 2024
- January 31, 2026
- Not sure

5c. Please provide the following fields from the Data Sharing Agreement for this Signatory.

Entries for these questions must match entries on the DSA. These questions are intended to determine whether this Signatory is eligible for a DSA Signatory Grant.

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, and the following responses should include information about the parent organization and its signed DSA.

Signatories can access a copy of their signed DSA by logging into their account in the [DSA Signing Portal](#). The four requested fields can be found on page 9 of their DSA.

- i. What is the name of the organization who signed the DSA on behalf of this signatory, exactly as it appears on the DSA?
[Name of Organization Who Signed DSA]
- ii. What is the name of the individual who signed the DSA on behalf of this signatory, exactly as it appears on the DSA?
[Name of Individual Who Signed DSA]

- iii. What is the mailing address provided for this Signatory in the DSA portal?
- Street Address [Address]
 - City [City]
 - State [State]
 - Zip [ZIP Code]
- iv. What was the date that the DSA was signed on behalf of this Signatory? [Date of Signed DSA]

5d. Does this Signatory currently have the capability to complete exchange of health and social services information (HSSI) with health and social service providers who have signed the DSA, in accordance with the DxF?

This question is intended to determine whether this Signatory is eligible for a DSA Signatory Grant.

- Yes
- No

5e. What is the Zipcode of the largest physical location where this Signatory provides services?

Applicants should provide the zip code of the physical location serving the largest number of individuals over a 12-month period, either by number of unique individuals served or number of interactions (i.e., visits, admissions, etc.).

[Zipcode]

5f. What percentage of total individuals served by this Signatory can be attributed to a combination of Medi-Cal, uninsured, or dual-eligible patients over a 12-month period starting no earlier than January 2021?

- 0-9%
- 10-19%
- 20-29%
- 30-39%
- 40-49%
- 50% or more
- Not Sure

5g. (Optional) Please provide any additional information on the ways in which this Signatory serves populations that are historically marginalized or underserved, but which may not be represented in the percentage of individuals attributed to a combination of Medi-Cal, uninsured, or dual-eligible patients. (Up to 100 words.)

[Text Entry]

5h. Did this Signatory receive funding from the [California Health Information Exchange Onboarding Program](#) (Cal-HOP), a program operated by the Department of Health Care Services (DHCS) from 2020 to 2021?

- Yes
- No
- Not Sure

5i. Has this Signatory or its employed/associated providers ever been eligible for the [Medicare](#) or [Medicaid](#) Promoting Interoperability Programs (sometimes referred to as the EHR Incentive Program or the Meaningful Use Program)?

Eligibility criteria for eligible providers under this program can be found on [this CMS Eligible Professionals Flow Chart](#). All other information on eligibility criteria for this program can be found on the [CMS Promoting Interoperability Programs webpage](#) and [the DHCS Medi-Cal Promoting Interoperability Program Website](#).

- Yes
- No
- Not Sure

5j. Has this Signatory been awarded funding to advance health information technology or data exchange capabilities from any of the following DHCS CalAIM initiatives? (Select all that apply.)

Applicants are not required to provide information on funding received from these programs if they are not intended for HIT/HIE uses.

- Providing Access and Transforming Health Initiative (PATH)
- Incentive Payment Program (IPP)
- Housing and Homelessness Incentive Program (HHIP)

California Advancing and Innovating Medi-Cal (CalAIM) funding initiatives include:

- [Providing Access and Transforming Health Initiative \(PATH\)](#)
- [Incentive Payment Program \(IPP\)](#)
- [Housing and Homelessness Incentive Program \(HHIP\)](#)
- [Behavioral Health Quality Improvement Program \(BH-QIP\)](#)

- Behavioral Health Quality Improvement Program (BH-QIP)
- None of these

If you indicated that you have been awarded funding in the prior question, please explain how this funding is being used and how a DSA Signatory Grant would complement (and not duplicate) that funding. (Up to 200 words.)

[Text Entry]

5k. Is this Signatory the Primary Signatory using an Electronic Record System Instance?

An Instance represents a single configuration for an electronic record system product -- electronic health record (EHR) or otherwise -- that may exist within and/or across multiple DSA Signatories included in the Application.

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

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

- Yes
- No

If YES, please respond to the following questions:

- i. How many instances are associated with this primary signatory?

[Number of Instances]

- ii. Is this Signatory using an electronic record system?

- Yes
- No

- iii. (If 'Yes' to 5k.ii) Does this Electronic Record System (EHR or otherwise) require additional assistance to be configured for real-time exchange of health and social services information (HSSI)?

- Yes

- No
- iv. (If 'No' to 5k.iii) Is this Electronic Record System already conducting real-time exchange of HSSI in some capacity?
 - Yes
 - No

Section 3: Proposed Activities and Funding Request

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

QHIO Onboarding Grant:

In order to receive the full Grant award, QHIO Onboarding Grantees and QHIOs 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.

CDII announced their list of QHIOs in October of 2023. Applicants are now required to identify an HIO upon submission of their Application. Reference the [DSA Signatory Grant Guidance Document](#) and the [CDII DxF website](#) for more information on the timing of the QHIO Program.

If you already have identified an HIO that you hope to work with, please indicate that HIO.

Preferred HIO: [Free Text]

TA Grant:

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

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

7. Please provide a description of the activities that would be completed with grant funding.

QHIO Onboarding Grant:

Please describe how you anticipate working with a QHIO to complete QHIO onboarding within a 24-month period. Applicants should include a description of any progress that has already been made in contracting with an HIO. Applicants who have already contracted with a an HIO that they would like to work under the QHIO Onboarding grant program are encouraged to provide a summary of their onboarding plans with the HIO. (Up to 250 words.)

[Text Entry]

TA Grant:

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

[Text Entry]

8. (Optional) For Applications submitted on behalf of multiple Signatories, how will the Applicant complete activities described in this Application more effectively and efficiently than if the Signatories in the Application applied separately? (Up to 150 words.)

[Text Entry]

9. Please indicate and explain the total funding requested to achieve the Outcome(s) selected in this Application.

The maximum amount that an Applicant may request is determined by the characteristics of the Signatories included in the Application. Applicants should refer to the DSA Signatory Grant Guidance Document to understand the maximum amount they can request in their Grant Application. Total funding requests should not exceed the maximum permissible amount based on Signatory characteristics or \$500,000, whichever is lower.

Total funding request: [Dollar Amount Entry]

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

[Text Entry]

10a. TA Grant:

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

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

Question 10b. TA Grant

Types of Resources Application will select from one of the following drop down options: <input type="checkbox"/> Health IT Vendor <input type="checkbox"/> External Personnel <input type="checkbox"/> Internal Personnel <input type="checkbox"/> Other	Resource Description [Free Text, up to 30 words]	Budget Request [Dollar Amount]
1. [Resources Drop Down]	[Free Text]	[Dollar Amount]
2. [Resources Drop Down]	[Free Text]	[Dollar Amount]
3. [Resources Drop Down]	[Free Text]	[Dollar Amount]
...		
n. [Resources Drop Down]	[Free Text]	[Dollar Amount]

Section 4: Plan for Meeting DSA Requirements

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

- Yes
- No

11a. If NO: For Signatories that do not expect to be able to exchange data as defined by the DSA and its P&Ps upon completion of grant-funded activities, please describe the plan for establishing this capability for Signatories included in the Application. Include a description of the Signatories' overall approach to creating DxF capabilities (including operational changes and technology adoption), the elements of that approach that will be achieved through grant funding, and the plan for funding and completing additional activities that would not be funded by the grant. (Up to 300 words.)

[Text Entry]

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

[Text Entry]

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

[Text Entry]

Section 5: Attestations and Certifications

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

- Applicant attests that all information submitted in this Application is correct to the best of their knowledge and that they have appropriately consulted with relevant Signatory personnel to ensure all information is correct.
- Applicant will respond to requests for additional information or other grant-related inquiries from CDII, CAHIE, and/or PCG, as needed throughout the Application and grant management process. The Applicant will acknowledge receipt of such requests within two business days of receipt, and provide requested information within five business days, unless an alternate timeline is approved or determined necessary by CAHIE, PCG, and/or CDII.
- If awarded a grant, Applicant will submit Progress Reports in a manner and on a timeframe specified by PCG and/or CDII. For QHIO Onboarding Grants, this will involve coordinating with the Applicant's selected QHIO on Progress Report submission.
- The Applicant understands that CDII may suspend or terminate a DSA Signatory Grant if the Grantee or their selected QHIO is found to have misused the funds or if Milestone Two is not achieved within two years of the receipt of the grant award.
- The Applicant is required to alert PCG if circumstances prevent them from achieving the Outcome(s) described in the Application. In such cases, entities may be required to return unused funds to CDII contingent upon the circumstances.

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

[Text Entry]

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

[Text Entry]

15a.If the individual who signed this application differs from the individual who signed the DSA on behalf of the Signatory, please provide an explanation of the reason for this difference. (Up to 100 words)

[Text Entry]

16. QHIO Onboarding:

Please provide the name of the individual from CAHIE who assisted in preparing this application.

[Text Entry]

Applicant Signature

Signature

Print Name

Title

Date

Signatory Signature (For Each Signatory Included in the Application)

Signature

Print Name

Title

Date

If the individual signing this Application on behalf of this Signatory is different from the individual who signed the DSA for this organization, please explain why. (Up to 100 words.)

CAHIE Preparer (for QHIO Onboarding Grants only)

Signature

Print Name

Date
