



Implementation Toolkit

This toolkit provides step-by-step guidance for California health and social services entities to become active Participants in the Data Exchange Framework (DxF) and join the shared commitment to a Healthy California for All. This toolkit was adapted from an earlier iteration, initially crafted by partner organizations who were recipients of a 2023 DxF Educational Initiative Grant.

“Participant” is a DxF defined term for an organization that is a signatory to the Data Sharing Agreement (DSA), including any identified subordinate organizations of that signatory. Participant is used throughout this toolkit. All terms capitalized in this toolkit are DxF Defined Terms, and have the same meanings as those in the [DxF Glossary of Defined Terms](#).

Steps 1 through 4 of the toolkit cover background on the DxF, the DxF Data Sharing Agreement (DSA), and the steps health and social services entities should follow to sign the DSA. Steps 5 through 8 walk through key implementation steps, including amending organizational policies and procedures to align with the DxF and readying technical systems to securely share appropriate data across entities.

Each step of the DxF Implementation Toolkit provides an overview of the section and actions to take, followed by the information needed to complete these actions.

The information contained within this implementation toolkit is intended to serve as a resource to guide organizations to effectively provide access to and Exchange information under the DxF. However, this guide should not be considered entirely exhaustive. Users are advised that additional steps and nuanced considerations may be necessary to ensure full compliance with the DxF. The Center for Data Insights and Innovation (CDII) recommends consulting with relevant experts within your organization and referring to supplementary resources to address specific requirements or unique circumstances that may arise during your implementation. This guidance is for informational purposes only and should not be construed as legal advice or policy of the State of California.

For any questions or comments, please feel free to contact CDII DxF team via email at dxp@chhs.ca.gov.

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California's Vision for Modern Healthcare

Every Californian, no matter where they live, should be able to walk into a doctor's office, a county social services agency, or an emergency room and be assured that their health and social services providers can access the information they need to provide safe, effective, whole-person care—while keeping their data private and secure.

The DxF helps realize this vision and is transforming California healthcare

by facilitating the secure Exchange of Health and Social Services Information (HSSI) among healthcare and social services organizations, while advancing equity, enabling continuous, whole-person care, empowering providers, and modernizing the patient experience.



The DxF is not a data repository, or new technology. Rather, the DxF provides the rules of the road for bringing existing standalone health systems, providers and social services together seamlessly to provide better care and outcomes for all Californians.

The DXF was developed with the following principles in mind:



Advance Health Equity



Make Data Available to Drive Decisions and Outcomes



Support Whole Person Care



Promote Individual Data Access



Reinforce Individual Health and Social Service Information Privacy & Security



Establish Clear & Transparent Terms and Conditions for Data Collection, Exchange, and Use



Adhere to Data Exchange Standards



Provide Accountability

Step 1: Understand the DxF

This section provides background information on the DxF, defines key terms, and gives answers to common questions.

ACTIONS TO TAKE:

- Develop an understanding of the DxF
 - Educate others in your organization on the DxF
- Determine if your organization is a HIPAA Covered Entity or a Business Associate of a Covered Entity

What is the DxF?

The Data Exchange Framework is California’s first-ever statewide data sharing agreement of its kind—an ambitious effort that requires the secure, real-time Exchange of data between providers and social services throughout California. It provides the rules of the road to bring existing standalone health systems, providers, payers, social services, and other health organizations together seamlessly to promote coordinated, informed care and improve outcomes for all Californians.



KEY TERMS:

Data Sharing Agreement (DSA):

A legal agreement that a broad spectrum of health entities are required to execute by January 31, 2023. Additional health and social services organizations may choose to, and are encouraged to, execute the DSA to participate in secure data sharing under the DxF.

Policies & Procedures (P&Ps):

The rules and guidance to support on-the-ground implementation. P&Ps contain detailed implementation requirements. They may evolve and be refined over time through a transparent stakeholder process that can be found in the Development of and Modifications to Policies and Procedures P&P.

What kind of data is Exchanged under the DxF?

The DxF mandates that Participants Exchange Health and Social Services Information (HSSI). This includes information related to a specific individual's receipt of health care services and social services, including but not limited to Protected Health Information (PHI), Personally Identifiable Information (PII), and other information that individuals may consider sensitive and private.

Especially amidst ongoing legal developments related to reproductive health care and gender affirming care, organizations should take special efforts to ensure the privacy of this sensitive health information, as well as track new and emerging legislation and regulations related to the Exchange of this information.

What are the DxF Policies & Procedures (P&Ps)?

Prior to January 31, 2024, CDII released 14 P&Ps. Many of them will require organizations to review and align their own internal policies and procedures to the DxF P&Ps. *In later sections of the toolkit, we review the P&Ps in more detail. To review all DxF P&Ps, see the [CDII DxF webpage](#).*

Is your organization a HIPAA Covered Entity or a Business Associate of a Covered Entity?

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) is a federal law that required the creation of national standards to require appropriate safeguards and regulate the use and disclosure of protected health information.



The DSA and P&Ps were developed to align with and build upon existing state and federal data exchange laws and initiatives, such as the federal Health Insurance Portability and Accountability Act (HIPAA), the federal Trustee Exchange Framework and Common Agreement (TEFCA), and the California Confidentiality of Medical Information Act (CMIA). (See Definitions in the [Appendix](#) to learn more about these laws and initiatives.)



CDII recommends that you look at your organization's policies and procedures and ensure they align with the DxF P&Ps. If you aren't sure if your organization is a HIPAA Covered Entity or Business Associate, CDII recommends you consult with legal counsel. The [U.S. Department of Health and Human Services Office for Civil Rights \(OCR\)](#) offers tools that may assist with this determination, such as the OCR Covered Entity Decision Tool or OCR Business Associate Guidance.

Step 2: Check if You Are a Required Signatory





This section outlines the difference between required and voluntary signatories and indicates their DxF compliance dates.

ACTIONS TO TAKE:

- Understand the differences between required and voluntary signatories
- Determine your organization's signatory type

REQUIRED SIGNATORIES	DSA Signing and Information Exchange Due Dates
<ul style="list-style-type: none">• General acute care hospitals• Acute psychiatric hospitals• Physician organizations and medical groups• Skilled nursing facilities that currently maintain electronic records or electronic health information• Health Care Service Plans and Disability Insurers providing hospital, medical, or surgical coverage that are regulated by the California Department of Managed Healthcare or the California Department of Insurance• Medi-Cal Managed Care Plans that have signed a comprehensive risk contract with the Department of Healthcare Services pursuant to the MediCal Act or the Waxman-Duffy Prepaid Health Plan Act, and that are not regulated by the California Department of Managed Healthcare or the California Department of Insurance• Clinical laboratories, as the term is used in Section 1265 of the Business and Professions Code and that are regulated by the California Department of Public Health	<ul style="list-style-type: none"> Required to sign the DSA by January 31, 2023. Required to begin Exchanging information or provide access by January 31, 2024, except as noted below.

STEP 2: CHECK IF YOU ARE A REQUIRED SIGNATORY

REQUIRED SIGNATORIES (CONTINUED)	DSA Signing and Information Exchange Due Dates
<ul style="list-style-type: none">• Physician practices of fewer than 25 physicians• Rehabilitation hospitals• Long-term acute care hospitals• Acute psychiatric hospitals• Critical access hospitals• Rural general acute care hospitals with fewer than 100 acute care beds• State-run acute psychiatric hospitals• Any nonprofit clinic with fewer than 10 health care providers	<p> Required to sign the DSA by January 31, 2023.</p> <p> Required to begin Exchanging information or provide access by January 31, 2026. (DxF FAQ #2)</p>
VOLUNTARY SIGNATORIES	
<ul style="list-style-type: none">• Governmental organizations that are not otherwise required signatories• Social Services Organizations (including Community-Based Organizations)• Others	<p> May choose to sign the DSA.</p> <p> As voluntary signors, these entities, may elect to delay Exchange until January 31, 2026.</p>



ALL health and social services entities are encouraged to join the shared commitment to a Healthy California for All.

More health and social service entities participating in the DxF means more Californians will benefit from timely, safe, and effective whole-person care.

If you are a required signatory who is required to begin Exchange by January 31, 2026, or you choose to become a voluntary signatory and elect to delay Exchange until January 31, 2026, then you must indicate your decision to delay in the DxF Participant Directory. It is advised that you take steps to implement data Exchange capabilities prior to 2026 so as to be ready to start Exchanging data by January 31, 2026.

Have you already signed the DSA?

If you are not sure whether your organization has signed the DSA, [see the DSA Signatory list](#).

If your organization has already signed the DSA, you can skip Steps 3 and 4 and move on to Step 5: Plan for Implementation.

Step 3: Talk to Leadership

This section provides examples of who may need to be involved in determining whether your organization needs to sign the DSA, and includes questions to consider before signing the DSA.

ACTIONS TO TAKE:

- Determine who at your organization needs to get involved
- Convene and educate key people on why signing the DSA and Exchanging data is important
- Determine how signing the DSA may impact your other sharing agreements and contracts

Depending on the size of your organization, some or all of the following may need to be involved:

- Chief Executive Officer
- Chief Information Officer
- Chief Operating Officer
- Attorney
- Privacy Officer
- Information Security Officer
- IT Manager
- Compliance Officer
- Operational staff who manage internal policies and procedures



Determine the answers to the following questions:

What is your organization's legal name and who is authorized to sign for the organization? Only a person who can legally bind the organization contractually can sign the DSA.

Does your organization have subordinate organizations? If so, what subordinate organizations will be included (if any)? Is your organization a subordinate organization of a larger parent organization?

See the [DSA Signing Portal and Participant Directory's Help Page](#) for guidance on organization and subordinate organizations relative to the DSA.

When do I need to sign the DSA? All required signatories are required to have signed the DSA by January 31, 2023. Remaining entities should sign as quickly as possible. *Voluntary signatories may sign on a rolling basis, but may delay Exchange until January 31, 2026.*

Step 4: Sign the DSA

This section provides a checklist on the information and steps needed to sign the DSA.

ACTIONS TO TAKE:

- Complete the DSA Signatory Checklist provided below
- Sign the DSA

DSA Signatory Checklist:

- Review the DSA.**

Your attorney, compliance officer, and others should read the DSA to understand what your organization is committing to. You can read CDII's template of the DSA [here](#). Importantly, the DSA cannot be negotiated. Please note, this template is not to be signed. Your organization's DSA will be created by you in the DSA Signing Portal and Participant Directory and will be sent to the email address you have entered electronically.
- Know your organization's Signatory Type and Sub Type.**

Visit the [DSA Signing Portal's Help page](#) to view the list of Types and SubTypes provided at the bottom of the page. Reviewing this list should help you to determine whether you will be creating your DSA with subordinate organizations or not. If none of the types match your organization perfectly, please select from the list the closest "Other" descriptor.
- Decide who in the organization is authorized to sign the DSA.**

Who is authorized in the organization to sign contracts? This is the person who should sign the DSA.
- Decide what facilities or subordinate entities are to be included.**

A signatory may sign on behalf of multiple facilities or subordinate entities if authorized. The term 'subordinate' means under the signatory's umbrella, and this does not necessarily signify a hierarchical relationship.
- Gather information about the organization and subordinate entities.**

California state license number will need to be listed on the DSA prior to signing.

- Create a Data Sharing Agreement Signing Portal account.**
[Log into the CalHHS DxF Data Sharing Agreement Signing Portal and Participant Directory](#), create an account, and register your organization. This account becomes your organization’s user account. If you need to later amend your DSA or need to add an additional subordinate organization, you can make changes and resend to the signatory for signature.
- Send the DSA to the signatory for signature through the portal.**
The signatory can be the same as the user account or a different person can be identified.
- Find the email sent to the address identified for the signatory.**
The portal will send an email containing a link to the document to be signed via AdobeSign.
- Follow the link in the email, review the DSA, and sign it electronically.**
Once signed the signatory will receive a confirmation email with an attached copy of the signed DSA.
- Complete your selections in the Participant Directory.**
Once the DSA has been signed and your Account Status shows as “DSA Document Signed”, navigate to the Participant Directory portion of the portal and complete the selections. Visit this toolkit’s [Step 7](#) to learn more about completing selections in the Participant Directory.

Show Your Commitment to a Healthy California for All.

Upon signing the DSA, Participants may email dxf@chhs.ca.gov to receive the “DxF Participant Seal”, which you are encouraged to use on marketing materials to highlight your participation.



Step 5: Plan for Implementation

This section outlines the changes your organization may need to meet DSA requirements and Exchange Health and Social Services Information, including potential changes to your internal policies and procedures, technology, and workflows. It is broken down into three parts: Plan for Your Organizational Policies and Procedure Changes, Technology and Workflow Changes, and Understanding Your Environment and Entities You Exchange Data With.

Part 1: Plan for Any Changes Needed to Your Organizational Policies and Procedures

ACTIONS TO TAKE:

- Analyze your current policies and procedures, as well as data use agreements and contracts, for any needed updates to ensure they align with the DSA and DxF P&Ps
- Review the nine DxF P&Ps below against your organization's internal policies and procedures to ensure alignment

Your organization may already have internal policies and procedures in place, including ones that govern breach protocols, permitted, required and prohibited uses of the data, and privacy and security.

Review the following P&Ps against your organization's internal policies and procedures to ensure alignment:

- [Breach Notification](#): describes the procedure that Participants must follow in the event of a Breach of HSSI.
- [California Information Blocking Prohibitions](#): aligns the DxF with Applicable Law that facilitates the timely Access, Exchange, and Use of HSSI.
- [Data Elements to Be Exchanged](#): defines the specific data elements of HSSI to which Access is to be provided or that is to be Exchanged by Participants.
- [Fees](#): clarifies when Participants in the DxF may charge fees to other Participants and to Individuals.

STEP 5: PLAN FOR IMPLEMENTATION

- **Individual Access Services**: outlines responsibilities of Participants to enable the right of an Individual or an Individual's Personal Representative to inspect and obtain a copy of HSSI about the Individual in a timely manner.
 - **Permitted, Required and Prohibited Purposes**: outlines (a) the purposes for which Participants in the DxF are required and/or permitted to Exchange and provide Access to HSSI, (b) certain restrictions on the Use by Participants of Health and HSSI obtained under the DxF.
 - **Privacy Standards and Security Safeguards**: requires Participants to use appropriate safeguards to protect HSSI.
- **Real-Time Exchange**: clarifies what meets "real-time Access to, or Exchange of HSSI," as is required by California Health and Safety Code section 130290.
 - **Requirement to Exchange HSSI**: outlines the responsibilities of Participants to respond to requests for HSSI under the DxF.
 - **Technical Requirements for Exchange**: defines recommended and required exchanges of HSSI among Participants and the technical standards to be used in those exchanges, including Requests for Information, Information Delivery, Notification of ADT Events, and Person Matching.



Visit the [CDII DxF webpage](#) for more information on the DxF Policies & Procedures



Review your organization's policies and procedures against the DxF P&Ps, identify changes that need to be made, and make those changes. You may also want to consult legal counsel.

Part 2: Technology and Workflow Changes

ACTIONS TO TAKE:

- Assess your data infrastructure needs and current workflows to identify technology changes needed for your organization to meet DxF requirements
- Understand what options exist for Exchange intermediaries and determine if your organization needs one

To complete this section, you will need to consider your entire data infrastructure, including electronic health record (EHR), referral management systems, and whether you would benefit from connecting to an intermediary. An option for an intermediary is a DxF Qualified Health Information Organization, “Qualified HIO” or QHIO. If you are considering onboarding to a QHIO, your organization will have to understand what onboarding to a QHIO entails.

TYPES OF DATA TO BE EXCHANGED:

The DxF requires specific types of data to be Exchanged. There are several P&Ps related to technical Exchange requirements that your organization should review, including:

- **Data Elements to Be Exchanged:** defines the specific data elements of HSSI to which Access is to be provided or that is to be Exchanged by Participants.
- **Technical Requirements for Exchange:** defines recommended and required exchanges of HSSI among Participants and the technical standards to be used in those exchanges, including Requests for Information, Information Delivery, Notification of ADT Events, and Person Matching.



Visit the [CDII DxF webpage](#) to view the DxF P&Ps for more information about each of these.

HOW TO EXCHANGE DATA UNDER THE DXF:

Depending on organization type, data elements maintained, and health information technology, entities can engage in data Exchange through one or multiple options. These include:

1. National Networks and Frameworks
2. Qualified Health Information Organizations (QHIOs)
3. Other Intermediary systems, including Community Information Exchange (CIE), Health Information Organization (HIO), Software as a Service (SaaS), Social Health Information Exchange (SHIE), CareHub, etc.
4. Any system the Participant may use to record, manage, or Exchange Health and Social Services Information.



Some DxF Participants may choose to employ multiple methods listed here to securely Exchange data.

Ways to Exchange Data

NETWORK/SYSTEM	CAPABILITIES	EXAMPLES	TECHNICAL LIMITATIONS
National Networks and Frameworks	<ul style="list-style-type: none"> Primarily query-based access to clinical records in external systems Centered on EHR or Health Information Technology 	<ul style="list-style-type: none"> Carequality CommonWell Health Alliance eHealth Exchange TEFCA 	<ul style="list-style-type: none"> Limited to standardized documents, usually care summaries. No ADT, claims, social services data Often used for treatment purposes only
QHIOs	<ul style="list-style-type: none"> Secure Exchange of HSSI across Participants Specialize in connecting disparate systems Qualified by CDII to provide services to DxF Participants 	<ul style="list-style-type: none"> Cozeva Health Gorilla, Inc. LANES Long Health, Inc. Manifest Medex Orange County/ Partners in Health HIE SacValley MedShare San Diego Health Connect Serving Communities HIO 	
Other HIOs and CIE/SHIES	<ul style="list-style-type: none"> Secure Exchange of HSSI to varying degrees, depending on community/customer needs Related to vendor/2-1-1/ other specific entity/ constituency 	<ul style="list-style-type: none"> Alameda SHIE Epic Care Everywhere 2-1-1 San Diego CIE 	<ul style="list-style-type: none"> Have not been qualified to meet requirements of the DxF May be limited to use of vendor solution/ specific community CIEs typically specialize in social service data
Any system the Participant may use to record, manage, or Exchange Health and Social Services Information	<ul style="list-style-type: none"> An electronic system that meets certain criteria, with ability to build and maintain a longitudinal patient record 	<ul style="list-style-type: none"> Cerner NextGen Allscripts DataMotion OnBase Others 	<ul style="list-style-type: none"> Variability of national network standards used May require the development and maintenance of point-to-point connections with all other Participants under the DxF

What is a QHIO and do you need one?

A Qualified Health Information Organization (Qualified HIO or QHIO) is a state-designated data Exchange Intermediary that facilitates the Exchange of Health and Social Services Information between Participants. These Intermediaries offer services and functions to support the Exchange of HSSI. DxF Participants may choose to use a QHIO or another Intermediary to meet some or all of their Data Sharing Agreement (DSA) requirements for secure data Exchange.

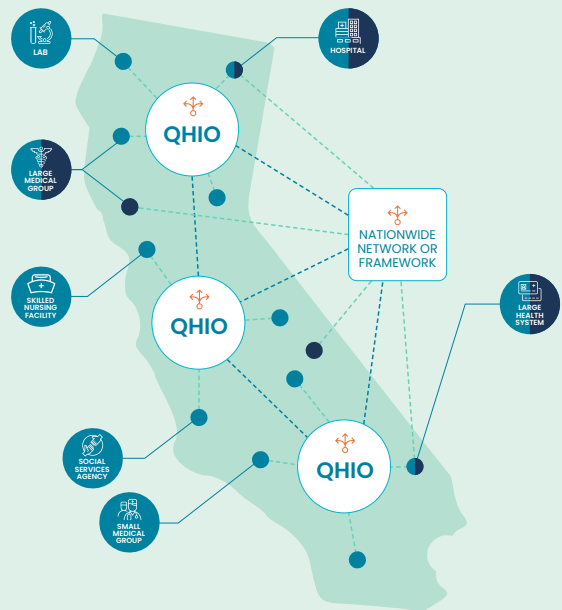
Participants are not required to use a QHIO—however, a QHIO is a vetted source that can assist a Participant to meet the requirements of the DSA.

If you are not sure how to Exchange HSSI with other DxF Participants, you may benefit from the services of a QHIO.

QHIOs may also have additional workflows and information that you may want to access—consider talking to a QHIO to learn what additional local functionality may be available to you.

For further guidance reach out to CDII at dxf@chhs.ca.gov.

View our [QHIO Infographic](#) or [QHIOs at a Glance](#) for more information! 



Questions to Consider:

The list below is not exhaustive and should not be considered the only questions that need to be answered to ensure compliance. Use this list as a guide, understanding that there may be additional questions that need to be addressed depending on your organization's specific circumstances.

➤ ON TECHNOLOGY AND WORKFLOW CHANGES:

1. What system(s) are you using to collect HSSI?
2. What data is collected?
3. How are you Exchanging (sending and receiving) different types of HSSI?
 - a. Claims
 - b. Encounters
 - c. CCD
 - d. Other
4. Do you use EHR technology? This may determine what path you can take for sharing data.
 - a. Yes
 - b. No
5. If you are connected to a national network or framework, is there additional HSSI required to Exchange under the DxF?
6. Do you need to consider another solution, such as a QHIO?
7. Do you plan to link to and Exchange data through a QHIO? If so, which one?
 - a. Cozeva
 - b. Health Gorilla, Inc.
 - c. Long Health, Inc.
 - d. Los Angeles Network for Enhanced Services (LANES)
 - e. Manifest MedEx
 - f. Orange County Partners in Health HIE
 - g. SacValley Medshare
 - h. San Diego Health Connect
 - i. Serving Communities HIO

Part 3: Understanding Your Environment and Entities You Exchange Data With

ACTIONS TO TAKE:

- Refer to the DSA Signatory List, which identifies what entities have signed the DSA, how they plan to Exchange data, or whether they are delaying Exchange until 2026, and determine how your organizations will share data with other Participants under the DxF.
 - *View the downloadable DSA Signatory List file by visiting the [CDII DxF webpage](#), under DSA Signing Portal and Participant Directory → DSA Signing Portal → [Data Sharing Agreement Signatory List](#)*

- Map out the entities you share data with to determine what each one is using to Exchange data or how they will Exchange data under the DxF from the DSA Signatory List.
 - *If you Exchange data with many entities, we recommend starting with mapping out the top three you Exchange with most commonly. Find out if they plan to use a specific Intermediary or QHIO. Consider whether their choice of Intermediary will impact a shared workflow, and if you will need to make changes as a result.*
 - *Complete the exercise on page 21 to map out your environment.*

- Identify knowledge gaps.
 - *Are you unable to answer these questions about certain entities you Exchange data with?*

- Talk to these entities where these knowledge gaps exist.
 - *Reach out to them directly, a local collaborative such as [Connecting for Better Health](#), or a DxF QHIO.*

Questions to Ask:

➤ ON UNDERSTANDING YOUR ENVIRONMENT AND ENTITIES YOU EXCHANGE DATA WITH:

1. With whom do you share data?
 - a. Health plan
 - b. Hospital
 - c. Skilled Nursing Facility
 - d. Clinical Laboratory
 - e. Other clinical provider
 - f. Community Based Organization
 - g. State and county agencies
 - h. Other
2. What data would you like to be receiving, and from whom?
3. What data are you required to be sending, and to whom?
4. What data would you like others to send to you, and from whom?
5. What mechanisms are available to receive or send such data?
6. What resources are available in your community today?
 - a. Community Information Exchange
 - b. Health Information Organization
 - c. QHIO
 - d. Closed Loop Referral network:
 - e. ADT Network:
 - f. Other:
7. Will you take advantage of or participate in these resources? What specific issues related to these resources do you need more information on to make an informed decision?
 - a. Onboarding process
 - b. Workflow
 - c. Data governance
 - d. Cost
 - e. Availability
 - f. Other
8. What other resources not mentioned here are required for your community to meet your DSA needs?

Map The Top Entities You Exchange Data With

Partner Name	Are they exchanging data electronically? If so, how?	Types of Data Exchange	Are they part of a QHIO? Which one?	Are you in a shared workflow that will be impacted?	What changes are needed? Technology? P&P?	Have they signed the DSA?

Step 6: Make Internal Changes Needed to Exchange Data

This section provides a checklist of internal organizational changes necessary to prepare for modern data Exchange.

ACTIONS TO TAKE:

- Follow the steps below to make important internal changes to enable secure data Exchange under the DxF

Based on the information gathered and analyzed in Step 5, all the internal organizational changes needed to implement the DxF should have been identified. You may need to hire or contract with vendors or with a QHIO to start exchanging data in 2024 or 2026, if you are eligible to opt for January 31, 2026 as your date to commence DxF Exchange ([DxF FAQ #2](#)). You will also need to deploy and test any technological changes, update workflows, and train your staff on changes affecting operations or workflow.

Internal Organizational Changes Checklist:

- Make Technology Changes.**
Make the technology changes your organization identified in Step 5.
- Contract with a QHIO if Needed.**
Connect with a QHIO to see if there may be funding to assist with the associated costs.
- Make Changes to Internal Policies and Procedures.**
Make changes to your organizational policies and procedures identified in Step 5 to align with the DxF.
- Deploy & Test Technology Changes.**
- Update Workflows.**
Make updates to your workflows based on the changes you need to make or the changes other entities you Exchange data with are making.
- Train and Engage Your Staff.**
Make sure your staff is knowledgeable and up to date on the changes.
- Check for Updates.**
CDII may develop or modify the DxF P&Ps as the DxF matures. Any newly developed or modified P&Ps will follow the process established in the Development of and Modifications to Policies and Procedures P&P. As new P&Ps are established and implemented, or existing P&Ps are amended, your organization will also need to review these documents and continue to update your policies and procedures on an ongoing basis. To support these types of activities, consider joining a coalition such as Connecting for Better Health or a regional CalAIM PATH Collaborative that will provide updates when new P&Ps go into effect or changes are made.

Step 7: Enter Your Choices for Data Exchange in the Participant Directory

This section provides an overview of the Participant Directory and links to important resources that should be reviewed before making selections in the Participant Directory.

ACTIONS TO TAKE:

- Understand your obligations under the [Participant Directory P&P](#)
- Review the detailed [Participant Directory How-To Guide](#) and its accompany [Quick Start Guide](#)
- Check the CDII DxF webpage periodically for other additional resources
- Enter your choices for Exchange into the Participant Directory

What is the Participant Directory?

- The Participant Directory is a listing of Participants, Participants' choices for providing Access to and Exchange of HSSI under the DxF, and whether the Participants are actively exchanging HSSI under the DxF, as well as the technology solution or web-based application used by Participants to enter and communicate information contained in the listing.
- New fields in the DSA Signing Portal in which Participants are obligated to choose the Intermediaries and/or technologies they will use to share HSSI.
- A weekly Participant Directory flat-file listing, as well as added columns in the weekly DSA Signatory List show which choices Participants have made.

Who enters choices into the Participant Directory?

All Participants. QHIOs and other Intermediaries may advise on how to fill out the Participant Directory, however Participants are responsible for indicating their choices of Exchange and for the accuracy of their own choices.

Participants beginning Exchange in 2026 must enter their election to delay Exchange, but do not need to enter choices until they begin Exchange.

What choices need to be entered?

- If electing to delay Exchange until January 31, 2026
- Choice for Request for Information
- Choice for Information Delivery (optional)
- Choice for how facilities that create Notifications for ADT events will receive a list or roster from you or your Intermediary (hospitals, EDs, SNF optional)

Take these initial steps to begin entering your organization's choices in the Participant Directory.

- Confirm your organization has signed the Data Sharing Agreement (DSA)
 - [Search the CDII DSA Signatory List](#) for your organization
 - If you believe your organization has signed but you cannot find your organization, contact CDII at dxl@chhs.ca.gov
 - If you have not signed, sign today via the [DSA Signing Portal](#)
 - If you have signed, review your organizations (primary, subordinates)
- Determine who at your organization can access the DSA Signing Portal by identifying who created the DSA Signing Portal and Participant Directory account, or by emailing dxl@chhs.ca.gov
- Refer to the California Health and Safety Code section 130290 and [Requirements to Exchange HSSI P&P](#) to know whether your organization may elect to delay Exchange under the DxP until January 31, 2026
- Consider the ways in which your organization will provide access to or Exchange HSSI, which may include use of a QHIO if your organization does not have access to other IT resources
- Sign into your organization's DSA Signing Portal and Participant Directory account
- Be prepared to select your choices of Exchange:
 - The Intermediaries or technologies you choose for access to and Exchange of Health and Social Services Information
 - 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
- Refer to the [Participant Directory How-to Guide](#) for detailed steps to complete the process of entering your choices



If you have already signed the DSA: You are

obligated to make your Participant Directory selections within 10 business days of signing.

If you have signed the DSA and are delaying Exchange until January 31, 2026: You are obligated to indicate in the Participant Directory your election to delay Exchange until 2026, within 10 business days of signing.

If you are planning on signing the DSA: You are obligated to make your Participant Directory selections within 10 business days of signing.



The Participant Directory P&P requires Participants

to make choices for each Exchange type. The Technical Requirements for Exchange P&P establishes the types of Exchange required of each Participant.

A Participant may choose to provide access to or exchange of HSSI in the following ways:

A nationwide network or framework

A Participant that is an Intermediary, such as a QHIO

An intermediary that is not a Participant

“SELF”

if they choose to use Point-to-Point interfaces to their own technology

“OTHER”

if they are using an intermediary not yet listed as an Exchange choice in the Participant Directory

“NOT APPLICABLE”

if the Exchange type is optional for their organization type or the organization does not maintain HSSI



A Participant that chooses “SELF” must also enter:

- A URL to a public web page at which to find more information on how to establish the connection; and/or
- An email address and phone number of the technical contact that maintains point-to-point interfaces to the Participant’s technology



A Participant that chooses “OTHER” must provide the name of the intermediary and contact information to allow CDII to determine whether the intermediary can be included in the Participant Directory choice(s) for the Exchange type(s)

- It remains the responsibility of the Participant to ensure it uses intermediary services in compliance with the DSA and its P&Ps

For Participants that may elect to begin exchanging information or provide access by January 31, 2026:

- **Participants that are electing to delay must select the option to delay Exchange check box in the Participant Directory.** These Participants may delay entering the remaining Exchange choices for Exchange of HSSI under DxF until January 31, 2026.



Email dx@chhs.ca.gov if you need assistance in identifying or updating your organization's user account for the DSA Signing Portal to access the Participant Directory screens.

Visit the [CDII DxF website](#) to find additional resources on the Participant Directory.

Step 8: Exchange Health and Social Services Information in 2024

Now that you have completed the necessary steps to implement the DxF, you can begin the secure Exchange of Health and Social Services Information.

ACTIONS TO TAKE:

- Successfully Exchange data beginning in 2024

Reminder: While most health care entities will need to start exchanging data by January 31, 2024, some entities will have until January 31, 2026 to begin exchanging data.

View the full list of DSA signatories below.

REQUIRED TO BEGIN EXCHANGING INFORMATION OR PROVIDE ACCESS BY JANUARY 31, 2024.

- General acute care hospitals
- Acute psychiatric hospitals
- Physician organizations and medical groups
- Skilled nursing facilities that currently maintain electronic records or electronic health information
- Health Care Service Plans and Disability Insurers providing hospital, medical, or surgical coverage that are regulated by the California Department of Managed Healthcare or the California Department of Insurance.

- Medi-Cal Managed Care Plans that have signed a comprehensive risk contract with the Department of Healthcare Services pursuant to the MediCal Act or the Waxman-Duffy Prepaid Health Plan Act, and that are not regulated by the California Department of Managed Healthcare or the California Department of Insurance.
- Clinical laboratories, as the term is used in [Section 1265 of the Business and Professions Code](#) and that are regulated by the California Department of Public Health

REQUIRED TO BEGIN EXCHANGING INFORMATION OR PROVIDE ACCESS BY JANUARY 31, 2026.

- Physician practices of fewer than 25 physicians
- Rehabilitation hospitals
- Long-term acute care hospitals
- Acute psychiatric hospitals
- Critical access hospitals
- Rural general acute care hospitals with fewer than 100 acute care beds
- State-run acute psychiatric hospitals
- Any nonprofit clinic with fewer than 10 health care providers

Appendix

DEFINITIONS

For more information on definitions, please refer to the [DxF Glossary of Defined Terms](#), which includes the definitions used in the Data Sharing Agreement (DSA) and its Policies and Procedures (P&Ps). The definitions have been aggregated in the Glossary as a central library of defined terms for those seeking such a reference. Each definition is presented along with a list of the document(s) in which the definition appears.

POLICIES AND PROCEDURES

Review the DSA and DxF Policies and Procedures on the [CDII DxF webpage](#) to understand all of your DxF DSA obligations.

As you assess your own internal policies and procedures against the DSA and DxF P&Ps, make notes on what changes your organization needs to make to align with the DxF.

EXTERNAL RESOURCES

California State Government DxF Guidance & Legal Resources

- [CalHHS DxF Guiding Principles \(CDII\)](#)
- [Data Exchange Framework FAQ \(CDII\)](#)
- [DxF Single Data Sharing Agreement \(CHHS\)](#)
- [DxF Policies and Procedures of DSA \(CDII\)](#)
- [DxF Glossary](#)

U.S. Department of Health and Human Services

- [Office of Civil Rights \(OCR\)](#)

DxF Grants/Funding Resources

- [DSA Signatory Grants 101 \(CDII\)](#)
- [DSA Signatory Grant Guidance Document \(CDII\)](#)

Signing the DSA

- [DSA Signing Portal and User Instructions to Sign DSA \(CDII\)](#)
- [Webinar: DxF DSA Signing Portal Townhall \(CDII\)](#)
- [Webinar: What is a QHIO? How do I sign the DSA? \(CDII\)](#)
- [Participant Directory How-to Guide \(CDII\)](#)
- [Webinar: Participant Directory Walk Through \(CDII\)](#)

Qualified HIOs

- [QHIOs At A Glance \(CDII\)](#)
- [QHIO Infographic \(CDII\)](#)

Resources from CDII's 2023 DxF Education Grantees

Legal disclaimer: These materials have not been reviewed or approved by CDII or the State of California.

- [Factsheet: Data Sharing Agreement & Policies & Procedures \(Connecting for Better Health\)](#)
- [CA DxF 101 Fact Sheet \(ITUP\)](#)
- [Data Exchange Framework Information Hub \(Connecting for Better Health\)](#)
- [HIE Fact Sheet \(ITUP\)](#)

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