# ATTACHMENT A-2: DATA EXCHANGE INTERMEDIARY APPLICATION TEMPLATE

*Applicants must complete all fields applicable to their applicant category. Responses must be complete and consistent with the information submitted in the applicable budget template.*

## Section 1. Organization Information

- Organization Name
- Organization Type
- Service Area
- Mailing Address
- Website
- Primary Contact
- Alternate Contact
- Authorized Signatory
- Requested Funding Amount

## Section 2. Eligibility Information and Required Documentation

Provide the information and documentation requested below. If an eligibility requirement may be completed after award, indicate the applicant's **current status** and **planned completion date**.

| Eligibility Requirement | Response Instructions | Applicant Response | Required Documentation<br>***Please attach all required documentation with the submission of the RFA template*** |
|---|---|---|---|
| **Data Exchange Framework Data Sharing Agreement** | » Executed<br>» Not yet executed | | If executed, provide a copy of the applicant's fully executed DxF Data Sharing Agreement (e.g., the signed signature page). If not executed, provide a signed commitment to execute the DSA within 90 days of the award date and identify the anticipated completion date. |
| **Data Exchange Framework Participant Directory** | » Entry completed<br>» Not yet completed | | If completed, provide a copy of the applicant's entry from the DxF Participant Directory's weekly publication, or confirmation from the TPA verifying the entry. If not completed, provide a signed commitment to complete the entry within 90 days of the award date and identify the anticipated completion date. |

| Eligibility Requirement | Response Instructions | Applicant Response | Required Documentation<br>***Please attach all required documentation with the submission of the RFA template*** |
|---|---|---|---|
| **California Operations and Data Exchange Capabilities** | Describe the applicant's California service area and current health and social service information exchange activities, including support provided to at least one county behavioral health program | [Enter response] | Documentation demonstrating that the applicant operates in California and actively supports health and social service information exchange with at least one county behavioral health program, such as a participation agreement, service agreement, or letter of support from a county. |
| **Federal Interoperability Standards** | Describe the federal interoperability standards the applicant currently supports (e.g., HL7 FHIR, HL7 Version 2, TEFCA participation, USCDI V3) and any planned enhancements. | [Enter response] | Provide documentation demonstrating current implementation of the identified interoperability standards, such as technical specifications, certifications, interface documentation, production transaction reports, or other evidence of operational use. |
| **Data Security** | Describe the data security measures, safeguards, and | [Enter response] | Documentation demonstrating the applicant's data security practices, |

| Eligibility Requirement | Response Instructions | Applicant Response | Required Documentation<br>***Please attach all required documentation with the submission of the RFA template*** |
|---|---|---|---|
| | practices the applicant has implemented to protect health and social service information, including any relevant certifications held (e.g., HITRUST r2). If the applicant is not HITRUST r2 certified, describe its security environment, including: (1) security policies, procedures, and standard operating procedures; (2) role-based and rules-based access controls; (3) processes for monitoring, testing, and validating compliance with security protocols; and (4) processes for identifying, remediating, and addressing security issues: | | such as a current data security certification (e.g., HITRUST r2), a completed security risk assessment, or a summary of technical and administrative safeguards. Applicants may also provide security policies, procedures, standard operating procedures, access control documentation, audit or testing reports, or other documentation demonstrating their approach to securing data at rest and in transit. |

| Eligibility Requirement | Response Instructions | Applicant Response | Required Documentation<br>***Please attach all required documentation with the submission of the RFA template*** |
|---|---|---|---|
| **Financial Viability** | Attest that the organization is financially solvent. Provide documentation of active liability insurance coverage of at least $5 million per annum to address general liability, errors and omissions and cyber risks | [Enter financial solvent attestation and required insurance documentation] | Documentation demonstrating compliance with the financial viability requirements established by DHCS. |
| **Liability Insurance Coverage** | Insurance carrier, policy type, and coverage amount | [Enter response] | Current certificate(s) of insurance demonstrating liability coverage of at least $5 million per annum. |
| **Transaction Volume** | Current monthly transaction volume for the exchange of health and social service information: | [Enter response] | System-generated report or other documentation demonstrating the applicant's transaction volume for the requests of and receipt of health and social service information, including ADT event notifications. |

| Eligibility Requirement | Response Instructions | Applicant Response | Required Documentation<br>***Please attach all required documentation with the submission of the RFA template*** |
|---|---|---|---|
| **QHIO Designation Acknowledgment** | Indicate if the organization is currently part of the HCAI DxF QHIO program.<br><br>Complete an acknowledgement that a condition to receive ongoing payment beyond December 31, 2027 the organization must become a QHIO and maintain good standing with the DxF requirements | ☐ Currently a HCAI DxF designated QHIO<br>☐ Not currently a QHIO<br><br>☐ The applicant acknowledges that to continue receiving ongoing payments, it must apply and be designated as a QHIO by HCAI by December 31, 2027, and must maintain good standing with the DxF requirements and comply with QHIO Program requirements and oversight. | If currently a QHIO, provide documentation of the designation. If not currently a QHIO, no additional documentation is required beyond the signed application. |

## Section 3. Preliminary Data Exchange Intermediary Milestone Workplan

Awarded grantees must complete the Milestone Workplan below within 90 days post award date, outlining the key activities they will undertake to complete each milestone.

| Milestone | Key Activities | Target Date |
|---|---|---|
| **0** | | Click or tap to enter a date. |
| **1** | | Click or tap to enter a date. |
| **2** | | Click or tap to enter a date. |
| **3** | | Click or tap to enter a date. |
| **4** | | Click or tap to enter a date. |
| **5** | | Click or tap to enter a date. |

*If awarded, the applicant must submit a final implementation workplan within 90 days post award for approval as part of Milestone 0.*

## Section 4. Funding-Use Summary (250 words maximum)

Briefly summarize how the requested funding will support achievement of the data exchange implementation milestones. Do not provide a detailed line-item cost narrative.

[Enter response]