

Data Sharing Authorization Guidance Toolkits and ASCMI Form

July 29, 2025

3:00-3:50pm PT

All-Comer Webinar

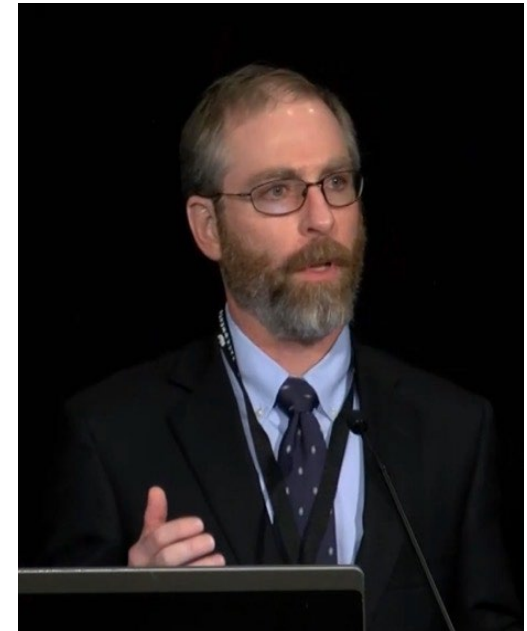
Today's DHCS Presenters



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Today's Agenda

- » Overview of Department of Health Care Services (DHCS) Data Exchange Initiatives
- » Data Sharing Authorization Toolkits
 - Medi-Cal Housing Supports Toolkit
 - Reentry Initiative Toolkit
 - *Coming Soon*: Children and Youth Toolkit
- » Authorization to Share Confidential Member Information (ASCMI) Initiative
- » Questions

Questions?



- » Leave your questions in the chat and they will be answered by our moderators.
- » We will also hold a Q&A session at the end of our presentation.

Overview of DHCS Data Exchange Initiatives



DHCS Data Sharing Goals

Advancing the secure and appropriate sharing of physical health, behavioral health, housing, and social service information across the delivery system to improve care coordination, health equity, and outcomes for Medi-Cal members.

The Issue

- » Consistent and real time* sharing of physical health, behavioral health, housing, and social service information remains a challenge

The Solutions

- » Develop practical guidance to inform Medi-Cal Partners, their counsels, and other members on data sharing and privacy laws and regulations
- » Clarify state and federal data sharing requirements and implementation expectations for Medi-Cal Partners
- » Develop a standardized consent form to share information and consent management services to facilitate real time data exchange

The Outcome

- » Timely, coordinated care
- » Improved outcomes
- » Ability to monitor, evaluate, and ensure continuous quality improvement of programs and services

*Real time is the sharing of health and social services information [including behavioral health and housing information] to other care partners in a timely manner, meaning as soon as the information becomes available and without intentional or programmatic delay, to support important care decisions benefiting all Californians.

Impetus of DHCS Data Sharing Activities

Assembly Bill (AB) 133 permits data sharing to help implement initiatives under California Advancing and Innovating Medi-Cal (CalAIM) and is the basis for much of DHCS' Data Sharing work.

AB 133 limits the application of state privacy laws for certain populations so that information can be shared more easily to better support the provision of services under CalAIM.

Why?

One of CalAIM's main objectives is to "identify and manage the risks and needs of Medi-Cal members through whole person care strategies and addressing social determinants of health."

What?

- » AB 133 allows Medi-Cal Partners **to share information in certain circumstances even when state law would prohibit it.**
- » AB 133 **created the California Data Exchange Framework (DxF)** to govern the exchange of electronic health information in California. Among these obligations are the **requirement to share data in "real-time."**
 - » Certain Medi-Cal Partners are required signatories of the DxF Data Sharing Agreement, such as the Managed Care Plans (MCPs) and hospitals. This does not include counties.
- » AB 133 **obligated DHCS to issue guidance identifying permissible data-sharing under CalAIM**, which resulted in the [Data Sharing Authorization Guidance](#).

Data Sharing Authorization Guidance

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The Data Sharing Authorization Guidance (DSAG) supports Medi-Cal Partners in navigating complex state and federal data sharing and privacy laws to facilitate real time data exchange.

DSAG

- » The DSAG helps organizations understand **how AB 133 impacts state laws** by providing guidance on:
 - AB 133's applicability to the Confidentiality of Medical Information Act (CMIA), Lanterman-Petris-Short Act (LPSA), and other state laws
 - Updates to 42 C.F.R. Part 2
 - Real-time data sharing requirement
- » ***Updated version expected to be published Summer 2025***

DSAG Toolkits

- » To complement the DSAG, DSAG Toolkits illustrate real world scenarios that help Medi-Cal Partners understand **when Member consent is or is not needed** to share sensitive information.
- » Toolkits include:
 - [**DSAG Medi-Cal Housing Toolkit**](#)
 - [**DSAG Justice-Involved Reentry Initiative Toolkit**](#)
 - **Children and Youth Toolkit** (*in progress; publishing date 2026*)



These resources and additional information can be found on the [Data Exchange and Sharing Webpage](#)

DSAG Toolkits: Medi-Cal Housing Supports and Reentry Initiative



Data Sharing Authorization Guidance Toolkits

The DSAG Toolkits complement the DSAG by illustrating real-world scenarios to help Medi-Cal Partners navigate data privacy and data sharing laws and regulations related to CalAIM.



- [Medi-Cal Housing Toolkit](#)
- [Justice-Involved Reentry Initiative Toolkit](#)

Each toolkit is divided into the following sections:

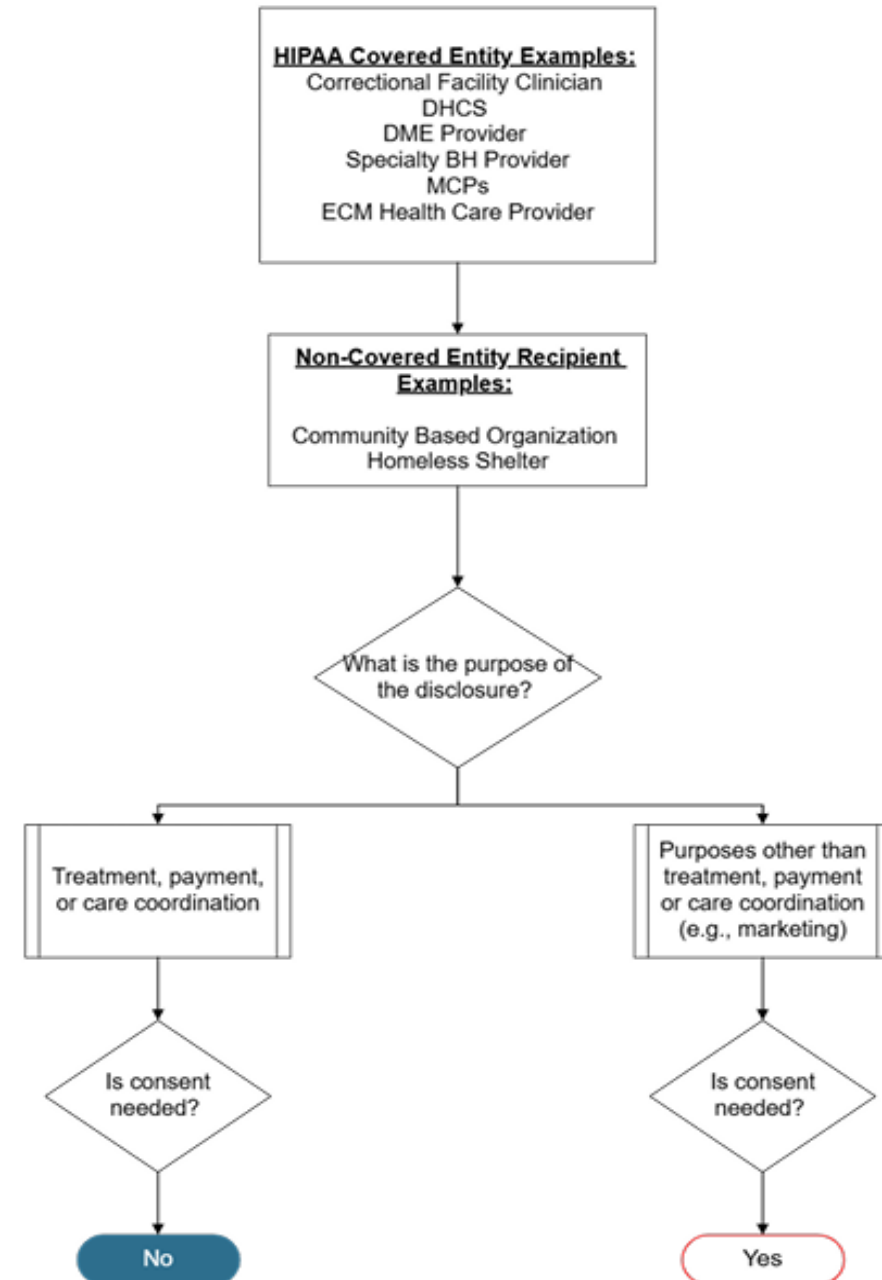
- » **Overview of applicable laws and regulations**, including:
 - Health Insurance Portability and Accountability Act (HIPAA), 42 C.F.R. Part 2 ("Part 2"), AB 133
 - FAQs on HIPAA and Part 2
- » **Data exchange scenarios** that describe when consent is needed to share sensitive information with Partners.

*In the context of the DSAG Toolkits, consent means an ***individual's consent to share their information***, **not** consent to a treatment/service

Applicable Federal Laws and Regulations: HIPAA

HIPAA is a federal law that **regulates** “**protected health information**” (PHI), a subset of Personally Identifiable Information (PII) that consists of PII relating to an individual’s health that is created or received by a “covered entity”.

HIPAA **permits disclosure of PHI** for certain purposes including treatment, payment, and care coordination (TPO) **without patient authorization**.

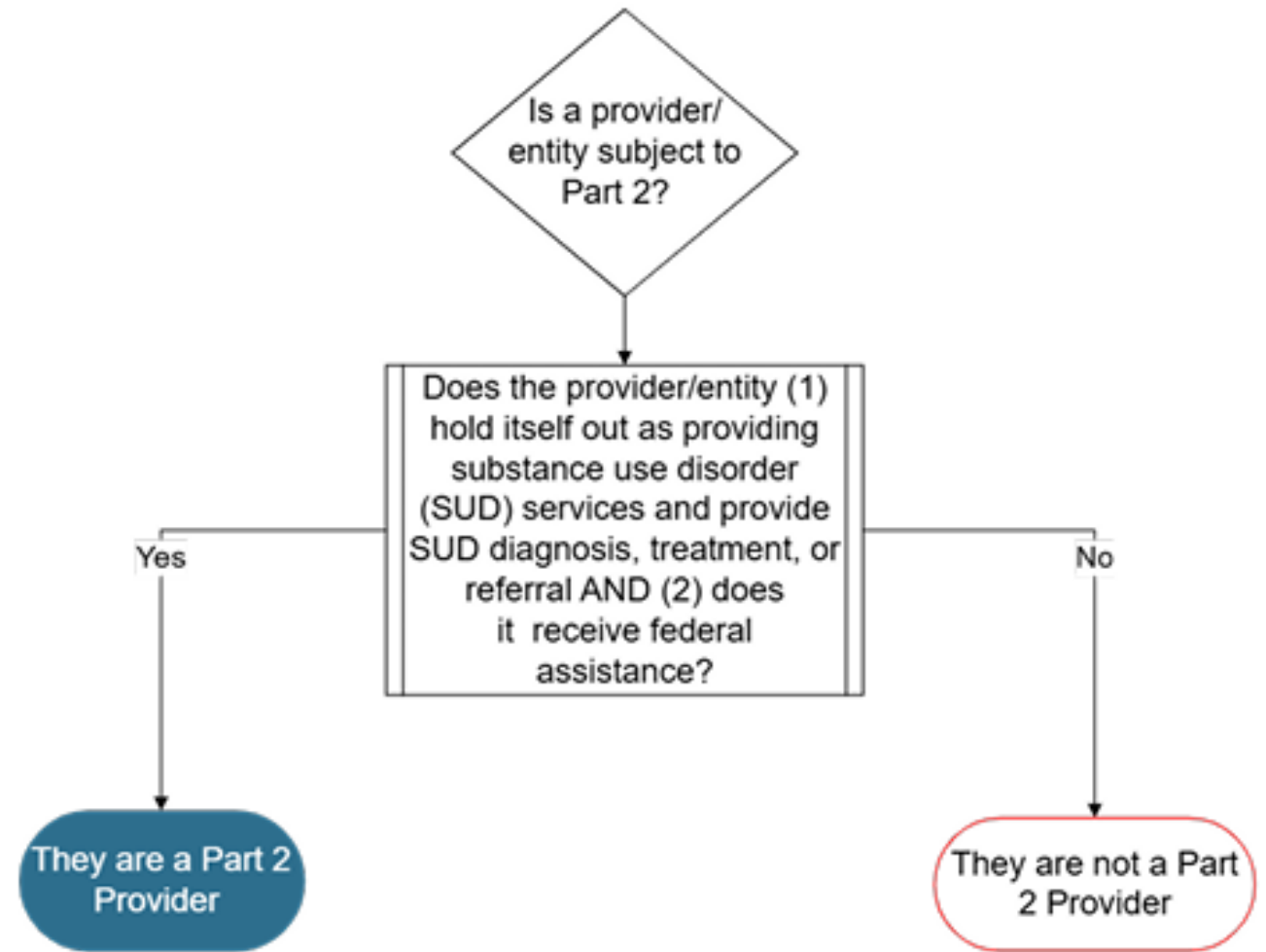


Applicable Federal Laws and Regulations: Part 2

42 C.F.R. Part 2 (or Part 2) is a set of federal regulations that **protects the confidentiality** of substance use disorder (SUD) information.

Part 2 applies to information that has been **obtained by a Part 2 provider, or a Part 2 program**, and that would **identify an individual as having or having had a SUD**.

Part 2 does **not permit disclosures** of information for treatment, payment or care coordination **without patient consent**.



Medi-Cal Housing Support Services Toolkit

CalAIM Housing Community Support Services help eligible Californians find and secure housing, pay security deposit, buy items to set up a basic household, and maintain stable tenancy after moving in.

Example Toolkit Scenarios

Sending Org.	Data Shared	Receiving Org.	Is Consent Needed to Share Data?
SUD Provider	Treatment records for individual experiencing homelessness to support ECM provider outreach for re-engagement in care	ECM Provider	It depends if consent is needed based on if the SUD Provider is subject to Part 2.
Housing Navigation Org	Homelessness Continuum of Care (CoC) intake assessment (e.g., self-reported SUD treatment status, updated contact information provided by MCP etc.)	CoC	It depends if consent is needed based on the local CoC Notice of Privacy Practices.
Housing Navigation Org	Warm hand off between Community Supports organizations to support Member who has transitioned into housing but needs ongoing support to remain in stable housing	Tenancy Sustaining Org	No consent is needed because the Community Supports organizations are not subject to HIPAA.

Housing Support Services Toolkit Scenario Example: MCP Referral to Community Supports Housing Services

May-Lin is experiencing homelessness and has a diagnosis of schizophrenia. May-Lin is currently residing in a homeless shelter and has been referred to a Housing Navigation Organization. May-Lin experiences a mental health crisis in which she is taken into custody under an involuntary hold. May-Lin is released from the involuntary hold and returned to the homeless shelter.

May-Lin’s MCP would like to share information from May-Lin’s treating provider about her mental health crisis, which is subject to Lanterman-Petris-Short (LPS) Act consent protections, with her Housing Navigation Organization.

Is the disclosure for the purpose of treatment or care coordination?

Yes

No consent needed.

Law/ Regulation	Applicable ?	Consent Needed?
AB 133	Yes	No. Although the LPS Act applies to this disclosure, AB 133 overrides it.
HIPAA	Yes	No. The disclosure is for the purposes of treatment or care coordination.
42 C.F.R. Part 2	No	N/A. There are no Part 2 providers are in this scenario and no Part 2 SUD information is being disclosed.

Justice-Involved Reentry Initiative Toolkit

The Reentry Initiative allows eligible incarcerated Californians to enroll in Medi-Cal and receive a targeted set of services up to 90 days prior to and after their release to ensure continuity of health care coverage and services.

Example Toolkit Scenarios

Sending Org.	Data Shared	Receiving Org.	Is Consent Needed to Share Data?
Correctional Facility Clinical Staff	PII and qualifying clinical conditions to enroll in Medi-Cal pre-release services.	DHCS	Consent is not needed because the disclosure is for care coordination.
Post-Release Care Manager	Name, demographic information, and relevant health status to coordinate housing post-release.	CoC Coordinat ed Entry CBO	Consent is not needed because the disclosure is for care coordination.
In-Reach Specialty Part 2 Provider	BH diagnoses, recommended treatment, and relevant clinical information so correctional facility staff can prescribe medications for SUD	Correction al Facility Provider	Consent is needed because the Specialty Provider is subject to Part 2.

Reentry Initiative Toolkit Scenario – Care Management Services

Dana is a 37-year-old woman who was recently incarcerated and is eligible for pre-release services under the Reentry Initiative.

She works with her Pre-Release Care Manager to complete a Health Risk Assessment to determine appropriate behavioral health links and referrals, physical health needs, and other health-related social and functional needs.

Dana's Care Manager reaches out to Dana's prior treating providers to receive any pertinent records.

Is Dana's prior treating provider a Part 2 Provider?

Yes

**Part 2
authorization is
needed.**

No

**No
consent
needed.**

Law/Regulation	Applicable?	Consent Needed?
AB 133	Yes	No. AB 133 permits the sharing of relevant PHI among Medi-Cal partners for purposes of coordinating CalAIM services without individual authorization.
42 C.F.R. Part 2	It depends	It depends if Dana's prior treating providers are Part 2 providers.
HIPAA	Yes	No. The disclosure is for the purposes of treatment and care coordination.

COMING SOON!

Children and Youth Toolkit

DHCS is drafting a new toolkit focused on data sharing and consent scenarios for Medi-Cal Partners providing services to children and youth in schools, behavioral health, housing, reentry, and/or child welfare.

- » This toolkit will consider data sharing and consent regulations under:
 - Family Educational Rights and Privacy Act (FERPA)
 - State and federal minor consent laws
- » **Anticipated to be released in Summer 2026**
 - Stakeholder engagement to begin by Fall 2025

Authorization to Share Confidential Member Information (ASCMI) Initiative



ASCM Initiative Overview

The ASCMI (pronounced “ask me”) initiative seeks to promote coordinated, person-centered care for all Californians by streamlining consent to share sensitive information, including information protected by Part 2 and housing information.

The Issue

Broad and secure access to sensitive information is limited, in part, by:

- » Complex privacy rules governing consent and data exchange
- » Outdated technology and use of paper forms
- » Fragmented and incomplete HSSI exchange ecosystem

Source: [Why California Needs Better Data Exchange](#) (CHCF)

The ASCMI Approach

Care Partners can use a standard tool for obtaining an individual’s consent to facilitate real time data sharing between Care Partners to support care coordination.

- » While DHCS is implementing the ASCMI Form for Medi-Cal Members, it is designed to be able to be used by all individuals in California.
- » **ASCM Form** describes what information a Client agrees (or does not want) to have shared about them and how it may be shared and used with other providers

ASCM Form Overview (1/2)

The ASCMI Form was originally piloted in 2023 in select counties and has been revised based on the pilot and robust stakeholder feedback.

» **ASCM Form 1.0 (2023)**

- Developed, piloted, and evaluated in three counties (San Diego, Santa Cruz, San Joaquin)

» **ASCM Form 2.0 (2025)**

- Refined language, structure, and formatting based on [Pilot evaluation](#) and additional stakeholder engagement, including:
 - Ensuring compliance with Part 2, HUD HMIS provisions, Lanterman-Petris Short Act, and criminal/legal data sharing and consent laws*
- Expanded user base (AB 133 and Non-AB 133 Versions available)

» **Version 3.0 (2026) – Anticipated:**

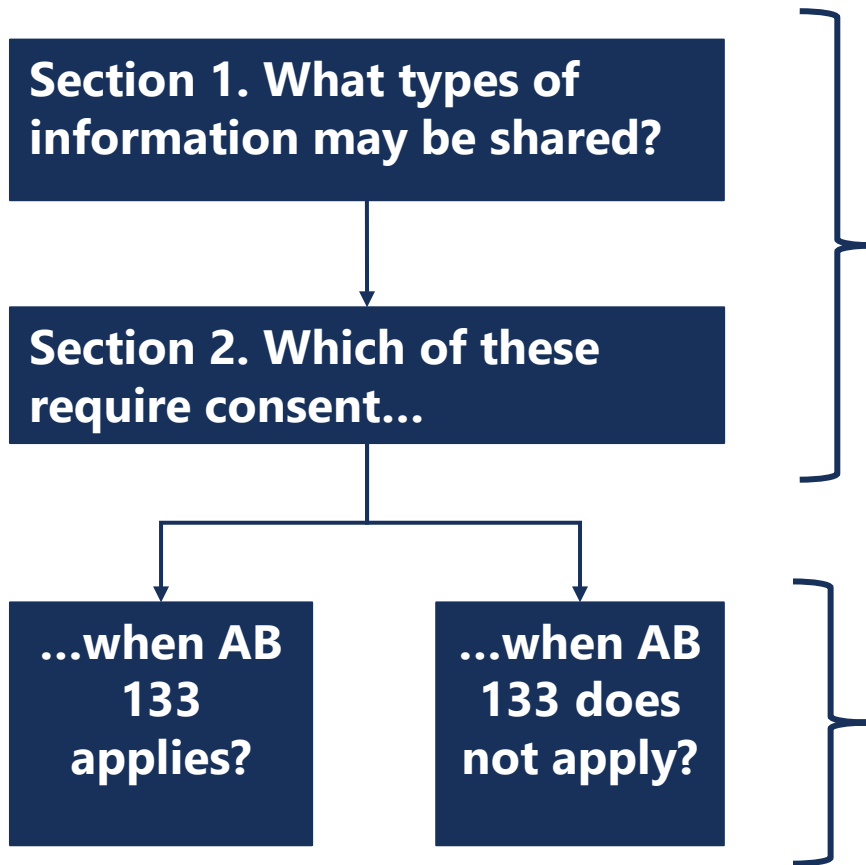
- Further refinements based on Version 2.0 user assessment
- Analyze FERPA, minor, and conservatorship consent laws to expand the use of the ASCMI Form

**See details on the ASCMI Form 2.0 structure and content in the appendix.*

Assembly Bill (AB) 133, enacted in July 2021, limits the application of certain state privacy laws so that information can be shared more easily to coordinate care for CalAIM services. See [CalAIM Data Sharing Authorization Guidance \(October 2023\)](#) for more information

Implications: The AB 133 data-sharing permissions only apply to data sharing under CalAIM, meaning that providers providing other Medi-Cal or non-Medi-Cal services will need to consider additional state data sharing and consent laws.

ASCMI Form Overview (2/2)



Why is the Form divided into two sections?

- » Clearly delineate the types of information that can be shared without consent versus what types of information require consent to share (e.g., Part 2 information)
- » Clarify why consent is not always required for data sharing
- » Only request consent when it is required
- » Reinforce messaging that choosing to not sign the form will not impact access to services*

Who does AB 133 apply to?

- » Individuals enrolled in a Medi-Cal managed care plan;
- » Individuals receiving behavioral health services under Medi-Cal; and
- » Individuals involved in the criminal-legal system that qualify for pre-release Medi-Cal benefits.

*Some Care Partners (e.g., Part 2 Providers) may deny treatment if they cannot exchange information for the purposes of obtaining payment.

ASCM Form Development and Rollout

After years of developing the ASCMI Form with stakeholder input, DHCS will be rolling out the ASCMI Form in a phased process with support from DHCS to ensure a successful implementation.

DHCS has engaged in an extensive development process, receiving feedback on the ASCMI Form content from:

- » Housing Continuum of Care representatives
- » County Behavioral Health Programs
- » County Counsels
- » CA Department of Corrections and Rehabilitation
- » California Department of Social Services
- » County jails
- » CalAIM Data Sharing Advisory Committee
- » Includes representatives from MCP/BH/Housing Associations, Advocacy Groups, Providers, Counties

DHCS Rollout Plan

- » The ASCMI Form will be released publicly shortly.
- » DHCS is planning a phased rollout and will be continuously gathering feedback from clients and providers to inform later phases.
- » Technical assistance, training, and education resources will be available for individuals and Care Partners to ensure successful implementation.

ASCM Form Benefits

The ASCMI Form facilitates real time data sharing to promote care coordination while streamlining processes for providers and reducing burden on clients.

When is Member consent required to share data?

- » **Not** required for the use and disclosure of PHI for treatment, payment, and health care operations, such as:
 - Coordinating care for individuals
 - Connecting an individual to services following release from jail
- » **Is** required for:
 - Sharing SUD information protected by Part 2
 - Sharing housing-related information
 - Sharing information related to treatment of a minor to which that minor consented

What role will the ASCMI Form play?

- » The form is a **voluntary release of information to:**
 - Inform individuals of their rights to share, or not share, information
 - Reduce the need for the client to sign multiple consent to share information forms for the same purpose
 - Enable Care Partners to obtain consent from individuals for the sharing of certain sensitive information
 - Enable compliance with updated Part 2* guidance

*[Part 2 Final Rule](#)

Frequently Asked Questions (FAQ) Documents for ASCMI Form

DHCS developed two sets of FAQ documents – one for individuals signing the form and another for Care Partners in administering the form.

FAQs for Individuals Signing the Form

Covers potential questions an individual may have about the contents of the Form and the implications of choosing to sign or not sign the Form. FAQs cover the following:

- » Overview and purpose of the ASCMI Form
- » Benefits of information sharing
- » Types of information that may be shared
- » Who can share and access my information
- » How to update my consent information

Sample Question: What happens after I sign the form?

FAQs for Medi-Cal Care Partners

Provides additional guidance to Medi-Cal Care Partners on using the Form to obtain consent, including:

- » Overview and purpose of the ASCMI Form
- » How to administer the ASCMI Form
- » Considerations for minors and clients with legal representatives
- » Data privacy issues for different types of Care Partners (e.g., behavioral health care, correctional facility, housing)

Sample Question: How long is the Individual's consent active? When does their consent expire?

Q&A



Thank You

Please send any questions and comments about data exchange or this event to DHCSDataSharing@dhcs.ca.gov



Appendix



Types of Information Included on the ASCMI Form

What types of information may be shared?

- » Medical, mental health, and substance use disorder (SUD) status and treatment information
- » Health insurance information
- » Housing and income status, history, and supports
- » Limited criminal legal information, including booking data, dates and location of incarceration, and parole status

Which types of information require consent?	AB 133	Non-AB 133
» SUD information protected by 42 C.F.R. Part 2	✓	✓
» Housing-related personal information when sharing with Homeless Management Information System (HMIS)	✓	✓
» Mental health treatment information protected by Lanterman-Petris-Short Act		✓
» Some medical information (HIV test results, genetic testing)		✓