CalAIM Consent Management Pilot Webinar

November 2, 2022
2:00–2:55pm PT

DHCS

Introduction

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Meeting Objective & Agenda

○ **Authorization to Share Confidential Medi-Cal Information (ASCMI) Form Overview**	2:00–2:10
○ **ASCMI Pilot Design Overview**	2:10–2:20
○ **Request for Information (RFI) and Pilot Participants Selection**	2:20–2:30
○ **Pilot Milestones & Looking Ahead**	2:30–2:40
○ **Q&A**	2:40–2:55

ASCMI Form Overview

Background and Purpose (1 of 2)

CalAIM requires the exchange of information about Medi-Cal Enrollees, including an array of administrative, clinical, social, and human service information across sectors.

CalAIM

- DHCS launched **California Advancing and Innovating Medi-Cal (CalAIM) to transform and strengthen Medi-Cal** offering Californians a more equitable, coordinated, and person-centered approach to maximizing their health and life trajectory
- **CalAIM integrates Medi-Cal enrollees' care coordination and case management** across physical health, behavioral health, and social service providers
- Recognizing the importance of information sharing, the California State Legislature included **provisions related to information disclosures** necessary to implement applicable CalAIM initiatives authorized in the health omnibus trailer bill legislation for the 2021-2022 California Budget **(AB 133; Chapter 143 of Statutes of 2021)**

Background and Purpose (2 of 2)

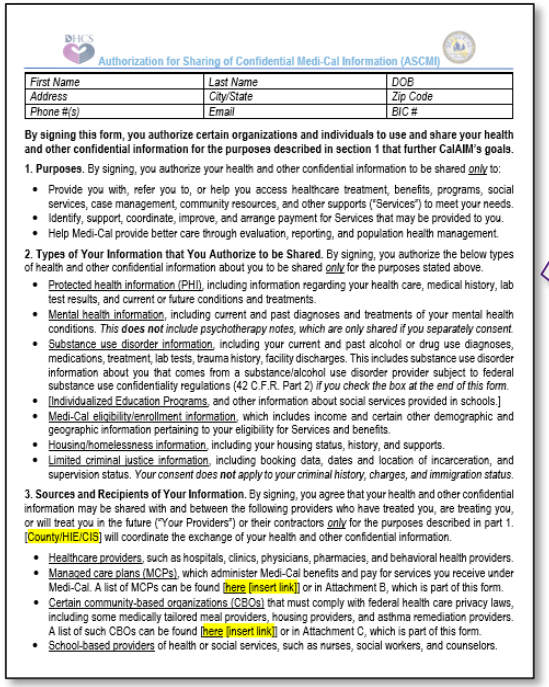
DHCS seeks to standardize the processes and tools to obtain consent for sharing sensitive Medi-Cal enrollee information.

Work to Date

- In March 2022, **DHCS released the CalAIM Data Sharing Authorization Guidance** to fulfill its obligation under AB 133 **to issue guidance identifying permissible data sharing arrangements**, both under CalAIM and for the coordination of inmates' post-release behavioral health care.
- **DHCS also provided a repository of sample data sharing forms and agreements** that have been used by counties and health plans, for the exchange of various forms of personally identifiable information (PII) to improve the coordination of care.
- **DHCS has been developing the ASCMI Form as a model data sharing authorization form,** which the Department intends to pilot through this RFI.

ASCMI Form Overview

The ASCMI Form is a universal release of information (ROI) Form designed to facilitate sharing of an Medi-Cal member's physical, mental, and social health information through a standardized consent process.



Authorization for Sharing of Confidential Medi-Cal Information (ASCMI)

First Name	Last Name	DOB
Address	City/State	Zip Code
Phone #(s)	Email	BIC #

By signing this form, you authorize certain organizations and individuals to use and share your health and other confidential information for the purposes described in section 1 that further CalAIM's goals.

1. Purposes. By signing, you authorize your health and other confidential information to be shared only to:

- Provide you with, refer you to, or help you access healthcare treatment, benefits, programs, social services, case management, community resources, and other supports ("Services") to meet your needs.
- Identify, support, coordinate, improve, and arrange payment for Services that may be provided to you.
- Help Medi-Cal provide better care through evaluation, reporting, and population health management.

2. Types of Your Information that You Authorize to be Shared. By signing, you authorize the below types of health and other confidential information about you to be shared only for the purposes stated above.

- Protected health information (PHI), including information regarding your health care, medical history, lab test results, and current or future conditions and treatments.
- Mental health information, including current and past diagnoses and treatments of your mental health conditions. *This **does not** include psychotherapy notes, which are only shared if you separately consent.*
- Substance use disorder information, including your current and past alcohol or drug use diagnoses, medications, treatment, lab tests, trauma history, facility discharges. This includes substance use disorder information about you that comes from a substance/alcohol use disorder provider subject to federal substance use confidentiality regulations (42 C.F.R. Part 2) *if you check the box at the end of this form.*
- [Individualized Education Programs, and other information about social services provided in schools.]
- Medi-Cal eligibility/enrollment information, which includes income and certain other demographic and geographic information pertaining to your eligibility for Services and benefits.
- Housing/homelessness information, including your housing status, history, and supports.
- Limited criminal justice information, including booking data, dates and location of incarceration, and supervision status. *Your consent does **not** apply to your criminal history, charges, and immigration status.*

3. Sources and Recipients of Your Information. By signing, you agree that your health and other confidential information may be shared with and between the following providers who have treated you, are treating you, or will treat you in the future ("Your Providers") or their contractors only for the purposes described in part 1. [County/HIE/CIS] will coordinate the exchange of your health and other confidential information.

- Healthcare providers, such as hospitals, clinics, physicians, pharmacies, and behavioral health providers.
- Managed care plans (MCPs), which administer Medi-Cal benefits and pay for services you receive under Medi-Cal. A list of MCPs can be found [here [insert link]] or in Attachment B, which is part of this form.
- Certain community-based organizations (CBOs) that must comply with federal health care privacy laws, including some medically tailored meal providers, housing providers, and asthma remediation providers. A list of such CBOs can be found [here [insert link]] or in Attachment C, which is part of this form.
- School-based providers of health or social services, such as nurses, social workers, and counselors.

ASCMI Form

Purposes of ASCMI Form

By signing this form, you authorize certain organizations and individuals to use and share your health and other confidential information for the following purposes:

- Provide you with, refer you to, or help you access healthcare treatment, benefits, programs, social services, case management, community resources, and other supports ("Services") to meet your needs.
- Identify, support, coordinate, improve, and arrange payment for Services that may be provided to you.
- Help Medi-Cal provide better care to enrollees through evaluation, reporting, and population health management.

ASCMI Form Components

In designing the Form, the team balanced brevity & readability with comprehensiveness & informativeness, with the goal of keeping the Form to a maximum of 2 pages. Companion guidance (e.g., FAQs, definitions) will be appended to the Form.

ASCMI Form Components

1. Purposes
2. Types of Information that You Authorize to be Shared
3. Sources and Recipients of Your Information
4. Expiration, Revocation, Or Change Of This Form
5. Your Rights
6. Sharing Confidential Information Without Your Consent
7. Authorization

ASCMI Form: Types of Information Covered

2. Types of Your Information that You Authorize to be Shared[1]

- Protected health information (PHI).
- Mental health information, This **does not** include psychotherapy notes, which are only shared if you separately consent.
- Substance use disorder (SUD) information; This includes substance use disorder information about you that comes from a substance/alcohol use disorder provider subject to federal substance use confidentiality regulations (42 C.F.R. Part 2) if you initial the box at the end of this form.
- Individualized Education Programs, and other information about social services provided in schools.
- Medi-Cal eligibility/enrollment information.
- Housing/homelessness information.
- Limited criminal justice information, including booking data, dates and location of incarceration, and supervision status. Your consent does **not** apply to your criminal history, charges, and immigration status.

7. Authorization

☐ By checking this box, I also authorize the disclosure of substance use disorder information about me that comes from providers subject to federal substance use confidentiality regulations (42 C.F.R. Part 2).

» *While signature of the Form would imply the individual opted into having enumerated types of information be shared, an additional check–box was added for SUD information given its sensitive nature and ensure compliance with 42 C.F.R. Part 2.*

1. The text shown here has been abbreviated. The complete ASCMI Form will be shared with meeting participants

ASCMI Form: Sources and Recipients of Your Information

3. Sources and Recipients of Your Information[1]

- Healthcare providers
- Managed care plans (MCPs), List of MCPs will be attached to Form
- Certain community-based organizations (CBOs) List of such CBOs will be attached to Form
- School-based providers of health or social services, such as nurses, social workers, and counselors.
- State health agencies, specifically, the California Departments of Health Care Services, Public Health, Social Services, and Developmental Services.
- County agencies, including mental health plans, human/social services or welfare departments, drug Medi-Cal organized delivery systems, and health and public health departments. List of such agencies will be attached to Form/
- Providers & case managers at correctional facilities, such as those at jails, prisons, and youth correctional facilities, *only for* the purposes in part 1 of this form. You ***do not*** consent to the use of your information for criminal investigations or prosecutions, sentencing, parole or probation monitoring, immigration enforcement, or family court proceedings.

1. The text shown here has been abbreviated. The complete ASCMI Form will be shared with meeting participants

ASCMI Pilot Design Overview

Pilot Design: 2022–2023 Goals

Piloting the Form for select use cases and with a limited user base will help DHCS identify operational complexities and issues to inform a broader rollout in the future.

1. Market Adoption

- ✓ Establish robust user base to collect data and feedback on the Form and its implementation

2. Care Coordination

- ✓ Support data exchange between MCPs and county agencies – Specialty Mental Health Services (SMHS), Drug Medi-Cal (DMC), Drug Medi-Cal Organized Delivery System (DMC–ODS), correctional institutions, etc.
- ✓ Support CalAIM initiatives aimed at delivering whole person care, such as Enhanced Care Management (ECM) and Community Supports

3. Infrastructure

- ✓ Build capacity for a centralized consent management service
- ✓ Identify infrastructure gaps and identify technical assistance needs in the market ahead of a broader roll out

Pilot Design: 2024+ Goals

Overarching Long–Term Goals (2024+)	
Audience	Form can be used for all Medi-Cal beneficiaries
Use Cases	Broad use across all Medi-Cal services
Infrastructure	A service for providers, MCPs, counties and other authorized organizations and individuals to see what information an individual has consented to be shared and with whom
Integration	Population Health Management (PHM) Service[1] could leverage consent management services

ASCMI Pilot is a test for broader data exchange in California intended to support the efforts of CalHHS Data Exchange Framework

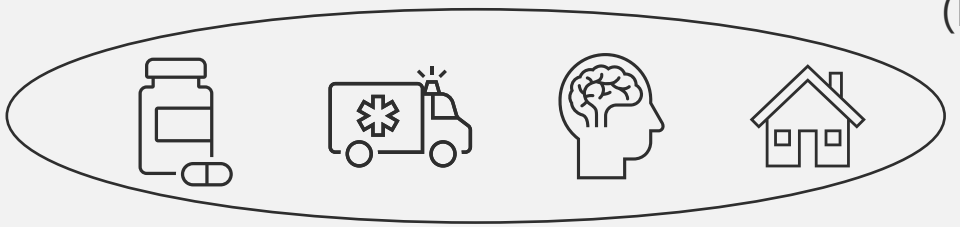
1. To learn more about the PHM Service, see the PHM Policy Guide.

Pilot Design: Base Model

The ASCMI form will be piloted with select county agencies (behavioral health (BH), correctional institutions, etc.), MCP's, and their respective service providers and data exchange intermediaries to test a standardized method of obtaining member consent using DHCS's form.

Service providers (County BH, ECM, Community Supports, primary care, hospitals, and others) provides information on to member and request their signature

Member's ASCMI Form is stored in a **consent management service,** centralized platform to **store Medi-Cal member's consent** and can be accessed and amended by members and service providers via website and/or electronic health record (EHR) system



Organizations can check if they have consent to share information, such as substance use disorder treatment, emergency department visits, mental health, involved information and housing status can be shared. **Care managers can coordinate care** between MCP, SMHS, CBOs, and other county agencies and their respective providers

Pilot Design: Pilot Collaborative Partnership

Each pilot "site" will be a collaborative partnership consisting of the HIE/CIE as the lead agency with counties, MCPs, and providers.

Primary RFI Respondent

HIE/CIE
California based HIE or CIE open to participation by any healthcare enterprises that serve Medi-Cal patients regardless of their business affiliations or health IT vendors

+

Subcontractors of HIE/CIE

County Agencies + Providers
County agencies providing services to Medi-Cal members and interfacing with MCPs; May differ between Pilots, but must include SMHS, DMC, DMC–ODS at a minimum

+

MCP + Providers
Medi-Cal MCP operating in the same region as the HIE/CIE that have an established network of ECM, Community Support, primary care, and other providers connected to the HIE/CIE

Pilot Design: Value Proposition for Service Providers

For service providers, participation in the Pilot presents the opportunity to invest in building and/or strengthening data sharing and reducing administrative burden

Outcomes

- ✓ **Improves ability of care managers to effectively identify and coordinate the right services at the right time** ensuring member's needs are being met through a whole person care approach
- ✓ **Empowers members to control how their information is shared** through education and ongoing access to a consent management service
- ✓ **Standardizes process for obtaining consent** reducing burden on all parties as more provider organizations, county and state entities, and health plans adopt the ASCMI form
- ✓ **Addresses and overcomes interoperability challenges**, particularly those associated with 42 CFR Part 2 data sharing, by providing a consent management service that all providers can participate in, regardless of whether the provider organization has an EHR
- ✓ **Streamlines investments in data sharing infrastructure** to avoid multiple agencies, counties, and providers recreating the same process all over the state

Pilot Design: Basic Features (1 of 2)

The ASCMI form will be piloted by counties, MCPs and providers as a standardized method to obtain member consent, with a focus on the exchange of information between SMHS/DMC/DMC-ODS and MCPs.

HIE/CIE, County, and MCP will collaborate on joint Pilot application

Key Participants

- **DHCS**: Oversee the program and distribute funds
- **HIEs/CIEs**: Establish and operate consent management service
- **Counties[1] and MCPs:** Pilot the ASCMI Form and consent management service
  - County BH agency (SMHS, DMC/DMC-ODS) are required participants
  - Correctional Institutions (County Jails, Youth Correctional Facilities, Probation) and other county agencies are encouraged to participate but not required
- **Service Providers (ECM providers, Community Supports providers, physical and behavioral health providers, hospitals and others):** Obtain member signatures and facilitate use of the form

1. In some cases, the county agency will also serve as the service provider.

Pilot Design: Basic Features (2 of 2)

Available Pilot Funding

Up to **$300,000 per pilot** will be available to support up to **3 pilots**. Funding can be used for:

- **CIE/HIE:** Building and operating the consent management service; provide technical assistance (TA) support to county agencies, MCPs, and service providers.
- **County:** Implementing and training, and providing ongoing TA support to service providers on use of ASCMI Form
- **MCP:** Implementing and training, and providing ongoing TA support to service providers on use of ASCMI Form
- **Service Providers:** Connecting EHR to HIE/CIE; redesigning workflow to incorporate ASCMI Form; providing education to Medi-Cal members

Pilot Design: Roles & Responsibilities

DHCS

- Issues contracts and grant funding
- Provides program management, oversight, and technical assistance

HIE/CIE

- Applies (as a lead entity in collaboration with county and MCP) to participate in ASCMI Pilot
- Builds and operates consent management service
- Collaborates with county, MCPs, and service providers to integrate consent management service into their IT systems and workflows
- Submits periodic implementation and outcomes reports to DHCS
- Provides training to all entities on use of consent management service

County + MCP(s) + Service Providers

<u>County[1] and MCP</u>:

- Trains service providers on using ASCMI Form
- Trains service providers on using consent management service
- Provides ongoing TA to service providers
- Provides all implementation data HIE/CIE will need for implementation and outcomes reports

<u>Service Providers</u>:

- Adopts and integrates ASCMI Form and consent management service into organization's data sharing authorization protocols and practices (and EHR as applicable)
- Educates members on ASCMI Form and consent management service and uses the ASCMI Form to obtain member consent

1. In some cases, the county agency will also serve as the service provider.

RFI & Pilot Participants Selection

Selection Process: Overview (1 of 2)

The selection process seeks to identify HIE/CIE, County, and MCP cohorts that meet the criteria to operationalize the ASCMI Form by Q1 2023.

1) DHCS releases **request for information (RFI)**

2) **Pilot site forms**: Each pilot "site" will be a collaborative consisting of the HIE/CIE as the primary RFI respondent along with counties, MCPs, and providers.

HIE/CIE	+	County + Providers	+	MCP + Providers
California based HIE or CIE open to participation by any healthcare enterprises that serve Medi-Cal patients regardless of their business affiliations or health IT vendors		County agencies providing services to Medi-Cal members and interfacing with MCPs; May differ between Pilots, but must include SMHS, DMC/DMC–ODS at a minimum		Medi-Cal MCP operating in the same region as the HIE/CIE that have an established network of ECM and Community Supports providers connected to the HIE/CIE
Primary RFI Respondent		***Subcontractors of HIE/CIE***		

Selection Process: Overview (2 of 2)

3) HIE/CIE submits **RFI Response**, in collaboration with county and MCP(s) for DHCS review and approval, including:
    - ❑ Documentation of qualifications
    - ❑ Attestation of collaboration agreements with county and MCP
    - ❑ Proposed approach for building consent management service
    - ❑ **Preliminary** timeline and workplan
    - ❑ **Non-binding** budgetary pricing

3) DHCS selects up to 3 Pilots and executes **contract & grant agreement**

RFI: Pilot Participant Group Qualification Criteria (1 of 3)

Data Sharing Agreement

- The HIE/CIE will need to establish a data sharing agreement with the county, MCP and other pilot participants
- This can be accomplished by all parties signing the CalHHS DSA
- A pilot collaborative partnership may also choose to leverage existing data sharing agreements already in place (e.g., the CalDURSA, or their own custom agreement), so long as it ensures that all parties are able to meet their respective requirements

RFI: Pilot Participant Group Qualification Criteria (2 of 3)

Participant	Organizational Characteristics	Technical Capabilities
HIE/CIE	1. California based HIE or CIE open to participation by any healthcare enterprises that serve Medi-Cal patients regardless of their business affiliations or health IT vendors; 2. Signatory to the California Health and Human Services Data Sharing Agreement (CalHHS DSA). 3. Financially viable and sustainable to launch ASCMI Pilot using its allocation of Pilot funds (see Section 4, Part E. Pilot Funding for more information);	4. Agrees to develop a consent management service. 5. Has the IT infrastructure to build and operate consent management service and to safeguard sensitive information (e.g., 42 C.F.R. Part 2 data) in accordance with all applicable state and federal laws 6. Has the technical workforce expertise to build and operate consent management service 7. Has the ability and is committed to providing technical assistance to county, MCP, and providers

RFI: Pilot Participant Group Qualification Criteria (3 of 3)

Participant	Organizational Characteristics	Technical Capabilities
County	1. Assurance that local authority requirements will be met for the use of ASCMI Form (e.g., County Council approval) 2. At least one county provider including SMHS and DMC/DMC–ODS is committed to using ASCMI Form as their data sharing authorization consent form.	3. Has the capacity to provide training and technical assistance for service providers on use of ASCMI Form
MCP	1. At least one ECM, Community Supports and/or other contracted provider (e.g., primary care) is committed to using the ASCMI Form as their data sharing authorization consent form.	3. Has the capacity to provide training and technical assistance for service providers on use of ASCMI Form

DHCS is not requiring a specific number of providers for either counties or MCPs. The only minimum requirement is the participation of SMHS and DMC/DMC–ODS providers for counties. In selecting Pilots, DHCS will prioritize:

- *Volume and variety of providers*
- *Percentage of participating provider organizations with an EHR that is connected to or could be connected to an HIE/CIE*

Pilot Milestones & Looking Ahead

Program Milestones: Steps and Timing

Milestone 1
(Jan 2023)
DHCS selects Pilot participants

Milestone 2
(April 2023)
Pilot launches ASCMI Form & Consent Management Service

Milestone 3
(June 2023)
Pilot completes evaluation report

ASCMI Pilot Funds

- All funds will be disbursed within FY 2022–23 (by June 2023)
- Each milestone will include DHCS payment to Pilot sites. The dollar value associated with each milestone is still being determined and will partially depend on the number of Pilot sites.
- Payments will be front-loaded (Milestone 1) to provide Pilot sites with implementation funding

Pilot Milestones: #1 DHCS Selects Pilot Participants

Requirements

Selected Pilots will be asked to submit detailed implementation plan:

HIE/CIE:

- ❑ **Final** budget and workplan for building consent management service and establish interface establishing interface with EHR systems
- ❑ **Final** Training and technical assistance plan

County and MCP:

- ❑ **Final** Implementation plan for piloting the ASCMI Form with their provider network
- ❑ **Final** Training plan and technical assistance plan for providers obtaining signatures from members

Pilot Milestones: #2 Pilot Launches ASCMI Form & Consent Management Service

Requirements

For HIE/CIE

- ❑ Demonstrated ability to upload ASCMI Form signatures
- ❑ Demonstrated ability access to member's consent for data sharing via query/response (pull) mechanism
- ❑ Demonstrated ability to modify a member's consent for data sharing
- ❑ Documentation of trainings and TA on use of consent management service

For County and MCP

- ❑ Documentation of trainings and TA provided to service providers
- ❑ Attestation of readiness to launch ASCMI Form:
  - ❑ Consent management service connected to EHR (when possible)
  - ❑ Service providers can upload, amend, and query member's consent directly within their EHR or through HIE/CIE portal
  - ❑ Members can amend and query their consent in real time

Pilot Milestones: #3 Pilot Completes Initial Evaluation Report

Requirements

For HIE/CIE

- ❑ Completion of DHCS ASCMI Pilot Evaluation Report *(DHCS will develop and publish template in 2023)*

For County

- ❑ Provided data required for HIE/CIE to complete Evaluation Report. *(Example data element: # of members asked to sign ASCMI Form)*

For MCP

- ❑ Provided data required for HIE/CIE to complete Evaluation Report. *(Example data element: % of ECM enrollees asked to sign ASCMI Form)*

High–Level Timeline

Aug–Oct 2022	Nov–Dec 2022	Jan–Mar 2023	Apr–Jun 2023

Next Steps

1. Complete **Post-Webinar Survey**
2. Begin forming pilot collaborative partnerships
3. Review and respond to RFI 22–006
    1. RFI 22–006 will be posted and emailed to organizations providing contact information in the survey.

Q
A

Thank you!