

CalAIM Enhanced Care Management and Community Supports Repository of Data Sharing Authorization Forms and Agreements

November 2021

Background

In 2022, the California Department of Health Care Services (DHCS) is launching the California Advancing and Innovating Medi-Cal (CalAIM) program to transform Medi-Cal, making the program more equitable, coordinated, and person-centered to help people maximize their health and life trajectory. CalAIM will integrate Medi-Cal Enrollees' care coordination and case management across physical health, behavioral health, and local social service providers. This model focuses on the need for integrated care for Enrollees at various stages of risk and needs, while also providing care to Enrollees with the highest risk through Enhanced Care Management (ECM) and Community Supports (CS).

CalAIM builds upon the county-based Whole Person Care (WPC) pilots and plan-based Health Home Program (HHP) that use whole-person care approaches to address underlying social drivers of health (SDOH). CalAIM envisions enhanced coordination, integration, and information exchange among managed care plans (MCPs); physical, behavioral, community-based, and social service providers; and county agencies. In the WPC HHP pilots, implemented processes and infrastructure, including the use of data sharing agreements and authorization forms to securely share data and manage patient consent. These workflows span multiple data types from physical and behavioral health to housing and justice involved, including care teams that span across the continuum. This document is intended to support organizations participating in and supporting CalAIM by providing examples that enable data sharing including authorization forms for release of information, consumer outreach and data sharing agreements.

These examples are compiled below and categorized by organization. For each organization, there is an abstract that highlights the following information: program background, authorization form overview, the types of data, and the composition of the data sharing network. Further in the reference files section, there are embedded documents for reference as a resource.

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Organization	Alameda County Care Connect (http://accareconnect.org/)
Description and Components	<p>Program Background: Alameda County (AC) Care Connect, the county’s WPC Pilot, serves some of the most vulnerable Medi-Cal enrollees, including those who are homeless and high utilizers of crisis services. To support timely care delivery and outreach, enrollees permission is sought to share their medical, mental health, housing, social service, and jail health information among Community Health Record (CHR)¹ and Social Health Information Exchange (SHIE) partners.² Permission is captured by AC Health Care Service Agency’s (HCSA) Information Sharing Agreement (ISA), an electronic and paper form that accompanies and supports use of the CHR and SHIE.</p> <p>Network Composition: Over thirty organizations, including the County, have Health Care Data Repository Data Sharing Agreements in place with the HCSA to access CHRs for authorizing consumers.</p> <p>Data Sharing Authorization Form Overview: The ISA is electronically embedded in the CHR and available in paper form. It must be signed in-person by the consumer and is valid for one year after signing and can be revoked or changed by the consumer at any time. The ISA was developed by a Data Governance Committee comprised of County, community-based organizations, and the local health plan representatives. It was modeled after LA County’s form and vetted through a comment and stakeholder workgroup process.</p> <p>Types of Data Being Exchanged Physical Health: Yes; Mental Health: Yes³; SUD: No⁴; HIV: Yes; Housing/HMIS: Yes⁵; Justice-Involved: Yes; Other: Health and social service information including Medi-Cal, CalFresh, General Assistance, CALWORKs, Supplemental Security Income; housing, transportation, employment, and disability needs information</p>
Reference File(s)	<p>“WPC County Research on Enrollment and Consent Summary” (Best Practices); “WPC Promising Practice Collection: Alameda County” (Best Practices); “Alameda County Information Sharing Authorization Form” (Form); “AC Care Connect Information Sharing Authorization Summary” (Background)</p> <div style="display: flex; justify-content: space-around; align-items: flex-end;"> <div style="text-align: center;">  WPC County Research on Enrollm </div> <div style="text-align: center;">  Promising Practices_Alameda_li </div> <div style="text-align: center;">  Alameda County_ISA.pdf </div> <div style="text-align: center;">  2-Page-Doc_Care-C onnect_v5.pdf </div> <div style="text-align: center;">  Data-Sharing-Agree ments_Webpage-Dc </div> </div>

¹ “Information Sharing Authorization,” Alameda County Care Connect. Available here: <https://accareconnect.org/information-sharing-authorization/>

² The SHIE is the engine that powers the CHR and has the capacity to integrate with other health information systems, such as electronic health records (EHRs) and care management and claims systems. The SHIE comprises a legal framework, secure data transport protocol, process for consent management, among other functions.

³ Special permission required.

⁴ SUD providers can receive data to help coordinate care but the ISA does not allow SUD providers to contribute SUD information to the exchange.

⁵ Special permission required.

Organization	Infoline of San Diego / Community Information Exchange (CIE) (https://ciesandiego.org/)
Description and Components	<p>Program Background: Infoline of San Diego manages a CIE, through which the County and its Partner Agencies match individuals with appropriate care providers based on their needs through a resource database that includes standardized listings of health, human, and social services providers' service offerings, eligibility, and intake information. The database helps establish a closed-loop, bi-directional electronic referral process.</p> <p>The Authorization form allows Infoline of San Diego County and its Partner Agencies to use, store, and share personal, financial and health information to assess needs, coordinate care and provide services for members of San Diego County communities who may benefit from having their needs addressed across multiple health, human, and social service domains.</p> <p>Network Composition: 103 organizations, including the County, have data sharing agreements in place with San Diego County to facilitate data sharing for individuals within San Diego County.</p> <p>Data Sharing Authorization Form Overview: CIE's Authorization form allows individuals to authorize sharing of their information with and between San Diego County and its Partner Agencies, as allowed by Federal and State regulations. The ISA is electronically available and can be submitted online.⁶ website. Authorization is valid for ten years, or by date specified by individual on the form, and can be revoked or changed by the individual at any time. Record creation occurs when a person signs the standard authorization or client consent to allow their personal information to be shared within the CIE to improve access to services and care.</p> <p>Types of Data Being Exchanged Physical Health: Yes; Mental Health: Yes; SUD: Yes; HIV: Yes; Housing/HMIS: Yes; Justice-Involved: No; Other: Data shared by Partner Agencies for services provided, including for: food, shelter, transportation, arrests, education, financial (e.g., debt counseling, debt reduction, tax preparation), and employment and job training.</p>
Reference File(s)	<p>"Collaboration and Cross-Sector Data Sharing to Create Healthier Communities" (Best Practices); "San Diego County CIE Information Sharing Authorization Form" (Form); "San Diego County CIE Notice of Privacy Practices" (Background)</p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">  CIE Toolkit 004-8-R Trademark.pdf </div> <div style="text-align: center;">  CIE-English-Authorization-Form.pdf </div> <div style="text-align: center;">  2-1-1CIE-Notice-of-Privacy-Practices.pdf </div> </div>

⁶ "Participate in CIE," CIE San Diego. Available here: <https://ciesandiego.org/cie-participants/>

Organization	Inland Empire Health Plan https://iehp.org/en/providers/special-programs?target=health-homes-program
Description and Components	<p><u>Program Background:</u> Inland Empire Health Plan (IEHP) partnered with the San Bernardino County Department of Behavioral Health (DBH)—which serves as the San Bernardino County Mental Health Plan—to pilot its HHP and provide individualized complex care management through an integrated care team, known as the Community-Based Care Management Entity (CB-CME). The Addendum provides information on the coordination of benefits for HHP Members, including data sharing and privacy/security requirements.</p> <p><u>Authorized Data Users:</u> Authorized data users include the CB-CME and its care team, the Member, and IEHP.</p> <p><u>Data Sharing Agreement Overview:</u> In June 2019, the San Bernardino County Department of Behavioral Health (SBDBH) submitted a report with recommendations to its Board of Supervisors, including Addendum No. 1 to Memorandum of Understanding No. 18-78 with IEHP to provide coordination of benefits with Medi-Cal eligible individuals for participation in the HHP.</p> <p>The Addendum includes data sharing provisions between SBDBH and IEHP, describing relevant legal and regulatory statutes around data sharing, and privacy/security such as 42 CFR Part 2, 45 CFR §160 and §164, Title 9, CCR, Section 1810.370(a)(3), and HIPAA.</p> <p><u>Types of Data Being Exchanged for Authorized Users</u> Physical Health: Yes; Mental Health: Yes; SUD: Yes; HIV: No; Housing/HMIS: No; Justice-Involved: No</p>
Reference File(s)	“Addendum No. 1 to Memorandum of Understanding No. 18-78” (Form)
	 <p>IEHP MH Managed Care Plan 18-78 A-1_</p>

Organization	LA County WPC (https://dhs.lacounty.gov/whole-person-care/)
Description and Components	<p>Program Background: The WPC-LA five-year pilot brings together health and social service providers across Los Angeles County to provide seamless, coordinated services to Medi-Cal enrollees who are high risk, high utilizers of hospital and emergency departments.</p> <p>The WPC-LA program authorization form authorizes health information to be shared through a health information exchange or directly between program participants. WPC-LA populations include Medi-Cal enrollees who are high risk and high utilizers and may be experiencing homelessness, justice involvement, barriers to healthy pregnancy, serious and persistent mental illness, substance use disorders or other complex health conditions.</p> <p>Network Composition: Organizations participating in the WPC-LA program—including health care providers, behavioral health providers, social service providers, health plans, housing for health providers, and community organizations—are authorized to share Enrollee health information, records and other data.</p> <p>Data Sharing Authorization Form Overview: LA County’s data sharing authorization form allows consumers to authorize sharing of their information with and between WPC-LA program providers and organizations, as allowed by Federal and State regulations. Data can be shared in oral or written form. Enrollee authorization can be revoked or changed by the consumer at any time. Consumer authorization is required to share mental health information, HIV test results, and SUD data; consumers may also authorize sharing of SUD information by indicating their consent in a separate checkbox on the form.</p> <p>Types of Data Being Exchanged for Authorized Users Physical Health: Yes; Mental Health: Yes; SUD: Yes; HIV: Yes; Housing/HMIS: Yes; Justice-Involved: Yes; Other: Data on social service support like CalFresh, General Relief, CalWorks, Cash Assistance Program for Immigrants, Medi-Cal, and other public benefits</p>
Reference File(s)	<p>“Authorization for the Use and Disclosure of Health Information for the LA County WPC Program” (Form); “Authorization Revocation Form for the LA County WPC Program” (Form); “Description of Authorization for the Use and Disclosure of Health Information for the LA County WPC Program” (Background)</p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">  New Universal Consent_111618_En </div> <div style="text-align: center;">  Revocation for New Universal Consent_1 </div> <div style="text-align: center;">  New Universal Consent Companionior </div> </div>

Organization	Marin County WPC (https://www.marinhhs.org/whole-person-care)
Description and Components	Program Background: Marin County Health and Human Services is the lead entity for the WPC program in the County, serving Medi-Cal eligible adults who are homeless or at risk for homelessness in its county. Marin County WPC obtains enrollee authorizations for data sharing from WPC candidates through signed releases of information (ROIs), so that organizations may share client data for WPC eligibility decisions, case management, and other client support activities.
	Authorized Data Users: The WPC ROI authorizes release and exchange of information between all Marin County WPC project agencies, entities, and facilities, including: Marin County HHS, health plans, local governments, providers, community-based organizations, and the US Department of Veterans Affairs. Over 40 entities are listed on Marin County WPC webpage (see above for link).
	Data Sharing Authorization Form Overview: The ROI authorizes use and disclosure of protected health and/or eligibility information, excluding SUD records subject to 42 CFR Part 2. Purposes of disclosure enable participating entities to “ <i>coordinate, collaborate, and assess appropriate medical, housing and/or supportive services related to obtaining housing and improving care coordination.</i> ” The form includes fields to explicitly authorize the release of enrollee information on mental health and HIV test results, as well as a customizable section for specific information the member indicates may not be used, disclosed, or shared. Completion of the ROI requires a patient signature.
	Types of Data Being Exchanged for Authorized Users Physical Health: Yes; Mental Health: Yes; SUD: No; HIV: Yes; Housing/HMIS: Yes; Justice-Involved: No
Reference File(s)	“Marin County WPC ROI V4.2” (Form); “Marin County WPC Policies and Procedures” (Background)
	<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">  Marin County WPC ROI V4.2.pdf </div> <div style="text-align: center;">  Marin County WPC Policy Statements_a1 </div> </div>

Organization	Riverside County WPC
Description and Components	<p>Program Background: The Riverside County WPC pilot serves individuals on probation with both physical and mental health conditions and who are homeless or at risk of becoming homeless.</p> <p>The Consent for Testing and Data Sharing form allows Enrollees to authorize their data to be shared, leveraging existing data sharing work that began with the establishment of a Clinically Integrated Network (CIN) between Riverside University Health System (RUHS), Loma Linda University Health, and Inland Empire Health Plan (IEHP). Data are shared through a population health platform developed by Forward Health.</p> <p>Authorized Data Users: The data sharing authorization form allows Enrollees to authorize partner organizations—including medical clinics, behavioral health clinics, the county social services agency, housing authority, and probation officers—to access information on individual tests or assessments.</p> <p>Data Sharing Authorization Form Overview: The Riverside County WPC data sharing authorization form authorizes consent to having certain tests performed and permission to share results of tests and “needs screen” with Riverside County Departments. Tests/assessments include: various medical tests/conditions (Hepatitis, Tuberculosis, Diabetes, Blood Pressure), HIV, WPC Needs screening for physical services, behavioral health services, substance use services and social services (e.g., housing, CalFresh, Medi-Cal), and nurse referral form. The form outlines Departments that will have access to each set of results, and requires enrollees to provide permission with initials and sign full form.</p> <p>Types of Data Being Exchanged for Authorized Users Physical Health: Yes; Mental Health: Yes; SUD: Yes; HIV: Yes; Housing/HMIS: Yes; Justice-Involved: Yes; Other: Data on food services (i.e., CalFresh) are also shared</p>
Reference File(s)	<p>“Whole Person Care: Consent for Testing and Data Sharing“ (Form)</p> <div style="text-align: center;">  <p>Riverside_WPC Informed Consent fr</p> </div>

Organization	SF Department of Public Health (https://www.sfdph.org/dph/comupg/oprograms/wpc/default.asp)
Description and Components	<p><u>Program Background:</u> The San Francisco Department of Public Health (SF DPH) developed data sharing authorization forms to allow for disclosure of health information between medical and behavioral health providers.</p> <p><u>Authorized Data Users:</u> The SF DPH data sharing authorization forms allow the enrollee to authorize the release of health information to a specific person or organization. The enrollee must specify both the discloser and receiver of health information listed on the form.</p> <p><u>Data Sharing Authorization Form Overview:</u> The data sharing authorization forms allows for the use and disclosure of protected health information. The patient has the ability to allow specified sharing of certain categories of information such as: discharge summary, assessment, physical health treatment plan of care, lab test results, educational assessment and behavioral reports, and substance use treatment. Disclosure is intended to enable participating entities to <i>“coordinate, collaborate, and assess appropriate medical, housing and/or supportive services related to obtaining housing and improving care coordination.”</i> The authorization expires in 90 days unless a different end date or event is specified.</p> <p><u>Types of Data Being Exchanged for Authorized Users</u> Physical Health: Yes; Mental Health: Yes; SUD: Yes; HIV: Yes; Housing/HMIS: No; Justice-Involved: No</p>
Reference File(s)	<p>“Data Sharing Authorization for Personal Health Information” (Form); “Data Sharing Authorization for Behavioral Health Information” (Form)</p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">  <p>Authorization for Use or Disclosure of</p> </div> <div style="text-align: center;">  <p>Data Sharing Request Form_San Francisco D</p> </div> </div>

Organization	SF Department of Homeless and Supportive Housing (https://hsh.sfgov.org/)
Description and Components	<p>Program Background: The Department of Homeless and Supportive Housing (HSH) also developed a Homeless Response Release of Information (ROI) authorizing HSH to access and share information with its partner agencies through its Online Navigation and Entry (ONE) System, and the City’s Homeless Management Information System.</p> <p>Authorized Data Users: Partner agencies include the San Francisco Department of Public Health and the Human Services Agency, and other community-based housing and service providers who work with people experiencing, or at risk of experiencing, homelessness. Examples include the SF Homeless Outreach Team (SFHOT) or service providers in supportive housing.</p> <p>Data Sharing Authorization Form Overview: The ROI authorizes use and disclosure of protected health and/or eligibility information to <i>“assess and coordinate services [the client] may be eligible for including: HSH housing and services, benefits, utility assistance, or other related services.”</i> Information collected includes <i>“length of time homeless and information about vulnerabilities”</i>. Completion of the ROI requires client signature (on paper or electronically through the ONE system portal). The authorization expires in three years from the date of signature, or earlier as indicated by the signatory.</p> <p>The form is tailored to SF’s configuration of public agencies and non-profits that collaborate on their homelessness response. The form was primarily developed by the City Attorney’s Office and its approach to data sharing. The ROI is intended to be accompanied by HSH’s Notice of Privacy Practice.</p> <p>Types of Data Being Exchanged for Authorized Users Physical Health: Yes; Mental Health: Yes; SUD: Yes; HIV: Yes; Housing/HMIS: Yes; Justice-Involved: No</p>
Reference File(s)	<p>“Homeless Response System Release of Information” (Form); “Notice of Privacy Practice” (Background)</p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">  <p>Homeless Response System Release of Information</p> </div> <div style="text-align: center;">  <p>Notice of Privacy Practice_Department</p> </div> </div>