



DATE: XX XX, 2025

Behavioral Health Information Notice No.: 25-XXX

TO: California Alliance of Child and Family Services
California Association for Alcohol/Drug Educators
California Association of Alcohol & Drug Program Executives, Inc.
California Association of DUI Treatment Programs
California Association of Social Rehabilitation Agencies
California Consortium of Addiction Programs and Professionals
California Council of Community Behavioral Health Agencies
California Hospital Association
California Opioid Maintenance Providers
California State Association of Counties
Coalition of Alcohol and Drug Associations
County Behavioral Health Directors
County Behavioral Health Directors Association of California
County Drug & Alcohol Administrators

SUBJECT: California Advancing and Innovating Medi-Cal (CalAIM) Real Time Behavioral Health Data Sharing Policy

PURPOSE: The purpose of this Behavioral Health Information Notice (BHIN) is to provide County Mental Health Plans (MHPs), Drug Medi-Cal Organized Delivery System (DMC-ODS) plans, and Drug Medi-Cal (DMC) Programs with guidance regarding their responsibilities for real time data sharing, including ensuring data privacy and security.

REFERENCE: [Welfare & Institutions Code \(W&I\) section 14184.102](#); [Penal \(Pen.\) Code section 4011.11\(h\)\(5\)\(A\)](#); 42 Code of Federal Regulations (CFR) § 438.208 ([Coordination and Continuity of Care](#)); [21st Century Cures Act: Interoperability, Information Blocking, and the Office of the National Coordinator for Health Information Technology's Health IT Certification Program \(Information Blocking Rule\)](#); [CMS Interoperability and Patient Access Final Rule](#) (May 2020) and [CMS Interoperability and Prior Authorization Final Rule](#) (January 2024) (collectively, the Interoperability Rules); Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule Parts [160](#) and [164](#), [42 Code of Federal Regulations \(C.F.R.\) Part 2 \(Part 2\) \(Confidentiality of Substance Use Disorder Patient Records\)](#), [BHIN 24-001](#), [23-056](#), [23-057](#), [24-016](#), and other relevant BHINs



BACKGROUND:

This BHIN outlines requirements for County Mental Health Plans (MHPs), Drug Medi-Cal Organized Delivery System (DMC-ODS), and Drug Medi-Cal (DMC) Programs to exchange members'¹ behavioral health data with Medi-Cal Partners² for the purposes of care coordination, referrals (including closed loop referrals as applicable, and in accordance with the No Wrong Door policy³), service delivery, ensuring non-duplication of services, population health management, and quality improvement.⁴

This BHIN uses the term “Behavioral Health Plan” (BHP) to refer to MHPs and/or DMC-ODS plans. “BHP” does not include DMC Programs.

Currently, data-sharing requirements and guidance for BHPs and DMC Programs, as well as Managed Care Plans, are distributed through policy memoranda, federal and state statutes, and regulations, BHINs/All Plan Letters (APLs), and contracts. This BHIN, and the accompanying APL 25-XXX, clarifies expectations for BHPs, DMC Programs, and MCPs about how and when they must share data with each other, providers, Community Based Organizations (CBOs), and other Medi-Cal Partners to support the delivery of care to members and to comply with required reporting obligations.

Existing BHP and DMC Program responsibilities described in this guidance include:

- **Bidirectionally sharing all necessary and requested member data with MCPs;**⁵
- **Executing Memoranda of Understanding (MOUs) with MCPs** that contain the processes necessary to facilitate the required timely and frequent exchange of

¹ “Member(s)” refers to individuals enrolled in the Medi-Cal program, and for the purposes of this BHIN, those served by the BHP or DMC Program.

² “Medi-Cal Partners” broadly refers to Medi-Cal MCPs, Medi-Cal behavioral health delivery systems, Tribal Health Programs, health care providers, community-based social and human service organizations and providers, local health jurisdictions, Correctional Facility Health Care Providers, and county and other public agencies that provide services and manage care for Medi-Cal members.

³ MHPs must have the ability to receive and send referrals (inclusive of protected health information (PHI) and personally identifiable information (PII)) with the MCPs, DMC-ODS, and DMC Programs in compliance with the “No Wrong Door” policy. MHPs must identify and refer members requiring SUD treatment to DMC-ODS or DMC Program, as appropriate. The processes and data sharing requirements for these referrals must be described in the required MOU between MCPs and BHPs and DMC Programs. More information about the “No Wrong Door” policy can be found in BHIN 22-011, available at:

<https://www.dhcs.ca.gov/Documents/BHIN-22-011-No-Wrong-Door-for-Mental-Health-Services-Policy.pdf>.

⁴ In accordance with 45 CFR 164.502 and 42 C.F.R. Part 2.

⁵ In accordance with MOUs; MOU requirements for MHPs, DMC-ODS, and DMC programs are outlined in [BHIN 23-056](#), [BHIN 23-057](#), and [BHIN 24-016](#) and corresponding Enclosures; and BHP contracts and federal regulation, including 42 CFR § 438.208(b)(5).

member information, including but not limited to Admission, Discharge, and Transfer (ADT) event notifications;⁶

- **Using a consent to share information form, when consent is needed, in compliance with applicable federal and state data privacy regulations;**⁷ and
- **Sharing all necessary and requested member and encounter data with MCPs to meet required state and federal quality and monitoring reporting obligations.**⁸

This BHIN also describes updated procedural requirements for data exchange that have not been detailed in previous BHP or DMC Program guidance, and that BHPs and DMC Programs must adopt to ensure care coordination is timely to meet the needs of members when and where they need care.

The updated procedural BHP and DMC Program responsibilities described in this guidance are:

- Clarifying “timely and frequent” bidirectional data exchange required within BHP and DMC program MOUs by **adopting the Data Exchange Framework (DxF) Real Time Exchange Policies and Procedures (P&P);**
- Clarifying the data that must be exchanged by **adopting the DxF Data Elements to Be Exchanged Policies and Procedures (P&P);**
- Standardizing how BHPs and DMC programs share member rosters and ADT event notifications with MCPs by **adopting the DxF Technical Requirements for Exchange P&P;** and

⁶ MOU requirements for MHPs, DMC-ODS, and DMC programs (see above citation).

⁷ [42 C.F.R. § 2.31 \(2025\)](https://www.dhcs.ca.gov/Documents/2022-27-MHP-Contract-Exhibit-A-B-E-PSS-Amendment.pdf); MHP Contract. Exhibit F, Privacy and Information Security Provisions available at: <https://www.dhcs.ca.gov/Documents/2022-27-MHP-Contract-Exhibit-A-B-E-PSS-Amendment.pdf>; DMC-ODS Plan Contract. Exhibit A, Attachment 1, II. E. 10, available at: <https://www.dhcs.ca.gov/Documents/Exhibit-A-Attachment-I-DMC-ODS-Exhibit-B-ODS-2022-2023.pdf>; DMC Contract. Exhibit F, Permitted Uses and Disclosures of PHI by Business Associate, available at: <https://www.dhcs.ca.gov/Documents/July-1-2022-June-30-2023-Drug-Medi-Cal-Contract-for-Substance-Use-Treatment.pdf>.

⁸ The BHP, DMC Program and MCP state and federal reporting requirements are required per the following citations, therefore the data exchange necessary to provide the data for the required reporting is also required. MHP Contract Exhibit Attachment 14 Reporting Requirements, available at: <https://www.dhcs.ca.gov/Documents/2022-27-MHP-Contract-Exhibit-A-B-E-PSS-Amendment.pdf>; DMC-ODS Plan Contract. Exhibit A, Attachment 1, MM Reporting Requirements: <https://www.dhcs.ca.gov/Documents/Exhibit-A-Attachment-I-DMC-ODS-Exhibit-B-ODS-2022-2023.pdf>; DMC Contract. Document 1F(a) County Reporting Requirement Matrix, available at: [https://www.dhcs.ca.gov/provgovpart/Documents/Substance%20Use%20Disorder-PPFD/SUD%20PPFD%20Contracts/Document 1Fa County Reporting Requirement Matrix 4.21.17.pdf](https://www.dhcs.ca.gov/provgovpart/Documents/Substance%20Use%20Disorder-PPFD/SUD%20PPFD%20Contracts/Document%201Fa%20County%20Reporting%20Requirement%20Matrix%204.21.17.pdf); MCP Boilerplate Contract. Exhibit A, Attachment III, available at: <https://www.dhcs.ca.gov/provgovpart/Documents/2024-Managed-Care-Boilerplate-Contract.pdf>; APL 24-004; BHIN 24-004.

- **Adopting the Authorization to Share Confidential Medi-Cal Information (ASCM I) form as a statewide, standardized consent to share information form**, to collect Member consent to share protected health information, when necessary.

DHCS is issuing this BHIN under its authority to implement the CalAIM Section 1115 waiver, as codified by AB 133 (Chapter 143, Statutes of 2021) at California W&I Section 14184.102, subdivision (d) requiring the existing and new data responsibilities pursuant to California W&I Section 14184.102, subdivision (j), Penal (Pen.) Code Section 4011.11, subdivision (h), and other state and federal statute and guidance, as applicable.

POLICY

A. DATA SHARING REQUIREMENTS

BHPs and DMC Programs must implement data sharing requirements as detailed in this section, to the extent allowed by federal and state law, and subject to HIPAA's minimum necessary standard when applicable.⁹ BHPs and DMC Programs are currently obligated to share data in a timely and frequent manner with MCPs, providers, CBOs, and other Medi-Cal Partners in accordance with existing federal laws and state guidance including the behavioral health contracts and MOUs, the No Wrong Door policy, and for BHPs, the Interoperability Rules. **This BHIN provides additional procedural details to assist BHPs and DMC Programs in implementing these laws and guidance to coordinate care.**

To implement care coordination requirements outlined in the federal Coordination and Continuity of Care regulation,¹⁰ and in compliance with federal and state data sharing regulations, including the Interoperability Final Rules, DHCS is adopting certain Data Exchange Framework (DxF) policies and procedures (P&Ps) to standardize how and when data is exchanged between BHPs, DMC Programs, MCPs, and their contracted providers to ensure timely care coordination. While BHPs and DMC Programs are not required to sign the DxF Data Sharing Agreement (DSA), BHPs and DMC Programs must adopt DxF P&Ps Operating Policy and Procedure (OPP) 8, 9 and 12 as outlined in this BHIN. BHPs and DMC Programs are also strongly encouraged to become signatories of the DxF DSA to share necessary member data in compliance with the requirements outlined in this BHIN.¹¹

Real Time Data-Sharing Requirements

⁹ 45 CFR § 164.502(b).

¹⁰ 42 CFR § 438.208(b)(2).

¹¹ For more information about the DxF and how to become a signatory can be found here: [For Participants – California Data Exchange Framework](#).

BHPs, DMC Programs, and MCPs are required to implement data sharing P&Ps to coordinate services and deliver care for all members, which necessitates bidirectionally sharing the minimum necessary member data with each other and with contracted providers, CBOs, and other Medi-Cal Partners in a timely and frequent manner to support service delivery, care coordination, referrals, closed loop referrals, and care transitions.¹² **To standardize what timely and frequent data exchange is, DHCS is adopting the DxF Real Time Exchange P&P.**¹³ “Real time” is explained in the DxF P&P as the sharing of Health and Social Services Information [inclusive of behavioral health and housing data] to other Participants 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. BHPs, DMC Programs, and MCPs must ensure that the minimum necessary member information is exchanged in real time for the purposes described in this BHIN. That information includes, but is not limited to member demographic information, ADT event notifications, diagnoses, assessments, medications prescribed, and laboratory results. It must also include - where applicable - data elements described in the DxF Data Elements to Be Exchanged P&P (OPP-8) and must conform to the data standards and formats defined in that P&P.¹⁴

By applying these requirements, standards, and formats across Medi-Cal delivery systems, DHCS is also aligning real time data exchange requirements for BHPs and DMC programs with requirements for MCPs.

Memorandum of Understanding Requirements

In accordance with the requirements outlined in contracts¹⁵ and provided in BHINs, BHPs and DMC Programs must establish an MOU with any Medi-Cal MCP that

¹² 45 CFR Parts 160 and 164; 42 CFR § 438.208; Cal. Code Regs., tit. 9 § 1810.415; DMC-ODS Plan Contract. Exhibit A, Attachment 1, III.JJ, available at: <https://www.dhcs.ca.gov/Documents/Exhibit-A-Attachment-I-DMC-ODS-Exhibit-B-ODS-2022-2023.pdf>. MOU requirements for MHPs, DMC-ODS, and DMC programs are outlined in [BHIN 23-056](#), [BHIN 23-057](#), and [BHIN 24-016](#) and corresponding Enclosures. These MOU templates contain more than timely data exchange requirements, but this BHIN focuses on the existing data exchange requirements in the MOUs. This BHIN is also outlining the requirement that MOUs contain provisions for sharing and receiving ADT event notifications between BHPs and MCPs.

¹³ DxF P&P OPP-12, Real Time Exchange. Available at: [CalHHS Real-Time-Exchange-PP Final v1 7.21.23.pdf](#).

¹⁴ DxF P&P OPP-8, Data Elements to Be Exchanged. Available at: <https://dxf.chhs.ca.gov/wp-content/uploads/2025/07/CHHS-Data-Elements-to-Be-Exchanged-PP-v1.2-1.pdf>

¹⁵ DMC-ODS Plan Contract. Exhibit A, Attachment 1, III.H.1, available at: <https://www.dhcs.ca.gov/Documents/Exhibit-A-Attachment-I-DMC-ODS-Exhibit-B-ODS-2022-2023.pdf>; MHP Contract. Exhibit A, Attachment 10, 1.E, available at: <https://www.dhcs.ca.gov/Documents/2022-27-MHP-Contract-Exhibit-A-PSS-Boilerplate-and-Exhibit-B-E.pdf>; DMC Contract, available at: <https://www.dhcs.ca.gov/provgovpart/Pages/DMC-Contracts.aspx>.

serves their members to ensure member care is coordinated. This includes establishing P&Ps for timely and frequent sharing of member data to support coordination of care. DHCS provided BHPs, DMC Programs, and MCPs with MOU templates to assist with structuring their agreements. This BHIN, and the accompanying APL 25-XXX, interprets the “timely and frequent” data sharing outlined in the MOUs to be consistent with the DxF definition of “real time” and as outlined in the previous section, Real Time Data Sharing Requirements.

Admission, Discharge, and Transfer Event Notifications

The MOUs that BHPs and DMC Programs are required to establish with MCPs must include P&Ps for BHPs and DMC Programs to share ADT event notifications that they receive for a member that is also a member of their MCP partner, with that MCP, in compliance with applicable law.¹⁶ As outlined in APL 25-XXX, the MOU shall also require that MCPs share any ADT event notification the MCP receives with the BHPs and DMC Programs for any member that is also a member of the BHP or DMC Program in accordance with the DxF Real Time Exchange P&P and any applicable federal and state laws and regulations.¹⁷

MOU requirements for plan-to-plan ADT event notifications are inclusive of, but not limited to, notifications the plans receive from facility types that are subject to ADT requirements under federal interoperability rules. These facilities include acute care hospitals, psychiatric inpatient hospitals, and critical access hospitals that maintain electronic medical records systems or electronic administrative systems.¹⁸ The BHP and DMC Program shall establish processes to share and accept in real time any ADT event notifications from its contracted providers (as defined in the MHP and DMC-ODS contracts) that currently maintain electronic records and are subject to federal and state ADT event notification requirements.

MOU guidance and this BHIN also extend ADT event notification requirements to all inpatient psychiatric facilities. It also extends these requirements to other inpatient and residential facilities contracted by the BHP or DMC Program that maintain electronic medical record systems or electronic administrative systems but are not necessarily subject to the ADT event notification requirements under the Federal Interoperability Rules, including, but not limited to, psychiatric health facilities,

¹⁶ The “admission, discharge, and transfer data” described in the MOU is clarified in this BHIN as ADT event notifications, to align with the terminology utilized by DxF.

¹⁷ MOU requirements for MHPs, DMC-ODS, and DMC programs are outlined in [BHIN 23-056](#), [BHIN 23-057](#), [BHIN 24-016](#), and corresponding Enclosures.

¹⁸ The patient event notification requirement is limited to those hospitals, psychiatric inpatient hospitals, and critical access hospitals that utilize electronic medical record systems or other electronic administrative systems that are conformant with the context exchange standard in 45 CFR § 170.205(d)(2).

residential mental health and substance use disorder treatment facilities, and skilled nursing facilities.¹⁹

These notifications are essential to ensure real time communication and care coordination between entities. BHPs must already have the capability to share data via application programming interfaces (APIs) required under the Interoperability Rules,²⁰ but may need to adjust these APIs to ensure they facilitate the receipt and sharing of ADT event notifications in real time as required by this BHIN.²¹

Sharing Member Rosters

For BHPs and DMC Programs to share and receive ADT event notifications with MCPs, BHPs and DMC Programs must provide up-to-date²² member rosters²³ to MCPs that operate in their county on, at a minimum of, a monthly basis. Likewise, MCPs must also provide up-to-date member rosters with BHPs and DMC Programs to facilitate bidirectional data sharing. This allows the MCPs, BHPs, and DMC Programs to share ADT event notifications with each other as described above. **To standardize how BHPs and DMC Programs share member rosters, and align requirements for BHPs and DMC Programs with MCP requirements, DHCS is adopting, through this BHIN, the DxF Technical Requirements for Exchange P&P.²⁴ BHPs and DMC Programs are now required to comply with this P&P.** This ensures that contracted providers, BHPs, and DMC Programs can share member rosters and ADT event notifications (inclusive of facilities that are subject to ADT requirements in federal interoperability rules and facilities that are not, as described above), whenever a member is admitted, discharged, or transferred to or from a facility.²⁵

¹⁹ More information regarding ADT notification requirements can be found in the Interoperability Final Rules, available at <https://www.cms.gov/priorities/key-initiatives/burden-reduction/interoperability/policies-and-regulations>, and MOUs, outlined in [BHIN 23-056](#), [BHIN 23-057](#), [BHIN 24-016](#), and corresponding Enclosures.

²⁰ BHPs are required to implement three APIs under the CMS Interoperability Rules: 1) patient access API; prior authorization API; and 3) payer to payer API.

²¹ More information about BHP compliance with the Interoperability Final Rules can be found in BHIN 22-068, available at: <https://www.dhcs.ca.gov/Documents/BHIN-22-068-Interoperability-and-Patient-Access-Final-Rule.pdf>.

²² “Up-to-date” is defined as a list of those individuals who have received specialty mental health or DMC/DMC-ODS services within the last 90 days.

²³ “Member roster” is defined as a list of those individuals who have received specialty mental health or SUD services within the last 90 days.

²⁴ DxF P&P OPP-9, Technical Requirements for Exchange, available at: <https://www.cdii.ca.gov/committees-and-advisory-groups/data-exchange-framework/#policies-and-procedures>.

²⁵ For detailed use cases, please see Use Cases in the Data Sharing Authorization Guidance available at: <https://www.dhcs.ca.gov/CalAIM/ECM/Documents/CalAIM-Data-Sharing-Authorization-Guidance.pdf>;

To share any member roster information with the MCP that includes an individual receiving a Part 2 service, providers, BHPs, and DMC Programs must have a valid consent to share Part 2 information from that individual.²⁶

To meet this requirement, BHPs may submit rosters and receive ADT event notifications from “intermediaries,” such as a Qualified Health Information Exchange Organizations (QHIOs),²⁷ health information exchanges (HIEs), or other technology platform that facilitates Medi-Cal Partners in the exchange of protected patient information.

Compliance with Consent Requirements and Adoption of a Standardized Consent Form

In most instances, member consent is not needed to share health and social service information. Under the HIPAA Privacy Rule, members’ consent is **not** required for the use and disclosure of PHI for treatment, payment, and health care operations.²⁸ Examples of data-sharing for the purposes of treatment, payment, or health care operations include: (1) coordinating care for individuals enrolled in managed care, and (2) connecting an individual with health insurance or behavioral health services following release from jail.

Further, AB 133 provisions²⁹ limit the application of certain state privacy laws to allow for data sharing to support initiatives under CalAIM without member consent, as appropriate under federal and state law.³⁰

When member consent is required, such as for sharing Part 2 SUD information or housing information, BHPs and County DMC Programs, and their contracted

²⁶ BHP must still comply with all privacy laws. Therefore, if the provider does not have a compliant part 2 consent on file for this individual receiving SUD treatment, then the provider may not disclose this information in a member roster. The integrated BHP contract does not require the county’s entire BHP to comply with 42 CFR Part 2 protections for SUD data. Counties may designate a “Part 2 Component” within their integrated BHP. Only the Part 2 Component must comply with Part 2 requirements for patient consent, over and above baseline requirements under the HIPAA privacy rule. More information about the application of 42 CFR Part 2 to integrated BHP contracts is available at: <https://www.dhcs.ca.gov/Pages/Behavioral-Health-Administrative-Integration-FAQ.aspx>.

²⁷ DxP P&P Qualified Health Information Organization available at https://www.cdii.ca.gov/wp-content/uploads/2023/07/CalHHS_QHIO-PP_Final_v1_7.12.23.pdf.

²⁸ 45 CFR § 506(c)(1).

²⁹ AB 133 added new provisions to California state law under the Welfare and Institutions Code and the Penal Code to promote data exchange and care coordination by allowing such data exchange even in cases where state privacy laws otherwise might prohibit such disclosures without signed consent. AB 133 therefore limits the application of certain more restrictive state privacy laws with respect to consent requirements.

³⁰ W&I § 14184.102(j). More information about how AB 133 limits certain state privacy laws is available in the California Data Sharing Authorization Guidance, Section 3, available at: <https://www.dhcs.ca.gov/CalAIM/ECM/Documents/CalAIM-Data-Sharing-Authorization-Guidance.pdf>. AB 33 data sharing provisions do not override federal data sharing and privacy regulations.

providers, must use consent to share information forms that comply with federal and state data sharing and privacy laws, including HIPAA and Part 2. To facilitate compliance and statewide consent management sharing,³¹ **DHCS is requiring that BHPs and DMC Programs, as well as MCPs as outlined in APL 25-XXX, adopt the ASCMI Form as a statewide, standardized consent to disclose information form.**³²

The ASCMI Form has been developed by DHCS with broad stakeholder input. It is intended for care partners, such as Part 2 or housing providers, to obtain consent from members for the sharing of certain sensitive information, including Part 2 information and housing information, and inform individuals of their privacy rights and the process to express their consent preferences for data disclosures. The ASCMI Form is in line with updated Part 2 regulations that allow members to authorize disclosures for treatment, payment, and health care operations using a single form.³³ When Part 2 data is being shared for purposes of treatment, payment, and health care operations (in the context of CalAIM/to further the goals of CalAIM), it must be shared in compliance with federal law. When Part 2 data is being shared outside the context of CalAIM, additional California laws may apply.³⁴

Both federal and state law give individuals the right to revoke an authorization to share data.³⁵ If a member has previously consented to share their HSSI via the ASCMI Form, and later elects to revoke that consent, the member can fill out the ASCMI Revocation Form. The revocation only applies to data sharing from the date the revocation form is signed by the member and received by the provider. Any data shared previously in reliance on the prior authorization would not be affected by the revocation.

BHPs and DMC Programs must also recognize electronic signatures and verbal consents if their use complies with applicable laws.³⁶

³¹ Aligning with DHCS's goal of transforming Medi-Cal into a more coordinated health system for all Californians and supporting data sharing needed for Enhanced Care Management, Population Health Management, Community Supports, Justice-Involved Reentry Initiative, and others.

³² The ASCMI Form and ASCMI Revocation Form, and associated FAQs, are available at: <https://www.dhcs.ca.gov/CalAIM/Pages/ASCMI-CalAIM.aspx>. Further details about the roles and responsibilities for collecting consent, maintaining, and sharing the ASCMI form and tracking revocations of individual's consent will be provided in a forthcoming ASCMI policy and operations guide.

³³ 89 Federal Register 12472 (February 26, 2024).

³⁴ California SUD data sharing law, HSC section 11845.5.

³⁵ 42 C.F.R. 2.31; 45 C.F.R. § 164.508(b)(5); Cal. Civ. Code § 56.11(h).

³⁶ How do HIPAA authorizations apply to an electronic health information exchange environment? Office of Civil Rights, HHS, available at <https://www.hhs.gov/hipaa/for-professionals/faq/554/how-do-hipaa-authorizations-apply-to-electronic-health-information/index.html>; California's Uniform Electronic Transactions Act (UETA), Civ. Code § 1633.7.

When providing or coordinating services for a minor or other individual under various forms of conservatorship, BHPs, DMC Programs, and providers must determine from whom (the minor, the parent/guardian, or other legal representative) consent shall be obtained to share records and coordinate services. BHPs, DMC Programs, or their contracted providers may provide some services to a minor for which the minor may provide consent and other services for which the parent/guardian must provide consent. Such cases are referred to as “dual consents.”³⁷

Data-Sharing for Required State and Federal Reporting and Assessments.

BHPs and DMC Programs must share all necessary member and encounter data requested by MCPs with which they share members or service areas (as appropriate and as required), to meet required state and federal quality, accountability, and monitoring reporting obligations.³⁸ This includes, but is not limited to data necessary for:

- DHCS Managed Care and Behavioral Health Plan Accountability Reporting;³⁹ CMS Core Set Measures;⁴⁰
- Comprehensive Quality Strategy Performance Measures;⁴¹
- Population Needs Assessments;⁴² and

³⁷ 45 CFR. § 164.502(g); [BHIN 24-046](#); For more information about the circumstances under which a minor may or must provide consent, including consent specific to Part 2 SUD records, see California Data Sharing Authorization Guidance, Section 4.2, available at: <https://www.dhcs.ca.gov/CalAIM/ECM/Documents/CalAIM-Data-Sharing-Authorization-Guidance.pdf>.

³⁸ The BHP, DMC Program and MCP state and federal reporting requirements are required per the following citations, therefore the data exchange necessary to provide the data for the required reporting is also required. MHP Contract. Exhibit A, Attachment 14 Reporting Requirements, available at: <https://www.dhcs.ca.gov/Documents/2022-27-MHP-Contract-Exhibit-A-B-E-PSS-Amendment.pdf>; DMC-ODS Plan Contract. Exhibit A, Attachment 1, MM Reporting Requirements: <https://www.dhcs.ca.gov/Documents/Exhibit-A-Attachment-I-DMC-ODS-Exhibit-B-ODS-2022-2023.pdf>; DMC Contract. Document 1F(a) County Reporting Requirement Matrix, available at: [https://www.dhcs.ca.gov/provgovpart/Documents/Substance%20Use%20Disorder-PPFD/SUD%20PPFD%20Contracts/Document 1Fa County Reporting Requirement Matrix 4.21.17.pdf](https://www.dhcs.ca.gov/provgovpart/Documents/Substance%20Use%20Disorder-PPFD/SUD%20PPFD%20Contracts/Document%201Fa%20County%20Reporting%20Requirement%20Matrix%204.21.17.pdf); MCP Boilerplate Contract. Exhibit A, Attachment III, available at: <https://www.dhcs.ca.gov/provgovpart/Documents/2024-Managed-Care-Boilerplate-Contract.pdf>; APL 24-004; [BHIN 24-004](#).

³⁹ Managed Care and BHP Accountability Reporting available at: <https://www.dhcs.ca.gov/dataandstats/reports/Pages/MgdCareQualPerfEAS.aspx>.

⁴⁰ CMS Core Set Measures available at: <https://www.dhcs.ca.gov/dataandstats/Pages/Core-Set-Measures-Reporting.aspx>.

⁴¹ Comprehensive Quality Strategy Performance Measures available at: <https://www.dhcs.ca.gov/services/Documents/Formatted-Combined-CQS-2-4-22.pdf>.

⁴² BHSA Public Needs Assessments Data Sharing Requirements available at: [https://policy-manual.mes.dhcs.ca.gov/behavioral-health-services-act-county-policy-manual/V1.0.0/3-county-integrated-plan#id-\(V1.0.0\)3.CountyIntegratedPlan-B.2.3CountyRequirements](https://policy-manual.mes.dhcs.ca.gov/behavioral-health-services-act-county-policy-manual/V1.0.0/3-county-integrated-plan#id-(V1.0.0)3.CountyIntegratedPlan-B.2.3CountyRequirements).

- External Quality Review of Quality Performance Measures.⁴³

As outlined in APL 25-XXX, MCPs must also share all necessary member and encounter data requested by BHPs and DMC Programs to meet required state and federal quality, accountability, and monitoring reporting obligations. Unlike data-sharing to support care coordination, data-sharing to support state and federal reporting need not occur in real time. Plan-to-plan sharing of member rosters between BHPs, DMC Programs and MCPs is also necessary to support data-sharing for reporting purposes.

B. COMPLIANCE, OVERSIGHT, AND MONITORING

As described above, several core data-sharing requirements in this BHIN are already effective as of the date of BHIN publication. This guidance further requires BHPs and DMC programs to adopt specified procedures to effectively implement those core requirements. To the extent a BHP or DMC Program is not already in compliance with the clarified implementation requirements in this BHIN to adopt DxF P&Ps 9 and 12, or to receive ADT notifications and share member rosters to enable the real time exchange of ADT event notifications as required under MOU guidance, **it must begin to revise its data exchange policies and processes and implement these policy updates no later than January 1, 2026.**

BHPs and DMC Programs have until **January 1, 2027, to adopt the ASCMI Form** as the standardized consent to disclose information form.

BHPs and DMC programs must comply with the data sharing requirements of this BHIN and must demonstrate their compliance by submitting deliverables as directed by DHCS. In alignment with the enforcement deadline for the Interoperability and Prior Authorization Final Rule, **beginning on January 1, 2027, DHCS may impose corrective action plans and administrative and/or monetary sanctions as needed for non-compliance.** For additional information regarding administrative and monetary sanctions, see [BHIN 22-045](#) and any subsequent iterations on this topic.

This BHIN is intended to ensure that BHPs and DMC Programs have the necessary capabilities and processes in place and are actively sharing member information with MCPs with which they share members, as well as appropriate Medi-Cal Partners, to support care coordination. BHPs and DMC Programs must communicate the requirements listed above to their subcontractors and network providers and enforce subcontractor and network provider compliance as needed.

For any questions regarding this BHIN, please contact BHCalAIM@dhcs.ca.gov.

⁴³ Behavioral Health External Quality Review information available at: <https://www.dhcs.ca.gov/services/MH/EQRO>.

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Sincerely,

Original signed by

Ivan Bhardwaj, Chief
Medi-Cal Behavioral Health Policy Division

DRAFT