



DATE: March 16, 2026

Behavioral Health Information Notice (BHIN) No.: BHIN 26-013

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 Mental Health Peer Run Organizations
California Association of Social Rehabilitation Agencies
California Consortium of Addiction Programs and Professionals
California Behavioral Health Association
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) Counties with guidance regarding their responsibilities for real time data sharing, including ensuring data privacy and security.

REFERENCE: California Assembly Bill (AB) 133 (Statutes 2021, Chapter 143); [Welfare & Institutions Code \(W&I\) section 14184.102](#); Health and Safety Code section 130290; [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 Federal 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:

Currently, data-sharing requirements and guidance for Behavioral Health Plans (BHPs) and Drug Medi-Cal (DMC) Counties, as well as Managed Care Plans (MCPs), are distributed through policy memoranda, federal and state statutes and regulations, BHINs/All Plan Letters (APLs), and contracts. This BHIN, and the accompanying APL 26-004, summarizes and clarifies existing and updated requirements for BHPs and DMC Counties to exchange Members'¹ behavioral health data with Medi-Cal Partners² for the purposes of care coordination, referrals (including closed loop referrals, as applicable,

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 County.

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.

and in accordance with the No Wrong Door policy),³ 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 Counties.

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

- **Bidirectionally sharing minimum necessary**⁵ Member data with MCPs;⁶
- **Executing Memoranda of Understanding (MOUs) with MCPs** that contain the processes necessary to facilitate the required timely and frequent exchange of Member information, including but not limited to Admission, Discharge, and Transfer (ADT) event notifications;⁷

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 Counties in compliance with the “No Wrong Door” policy. In addition to identifying and referring members who may need non-specialty mental health services to their MCPs, MHPs must identify and refer members requiring substance use disorder (SUD) treatment to the DMC-ODS plan or DMC County, as appropriate. The processes and data sharing requirements for these referrals must be described in the required MOUs between MCPs and BHPs and DMC Counties. 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 Behavioral health data must be exchanged in accordance with 45 CFR 164.502 and 42 C.F.R. Part 2.

⁵ 45 CFR § 164.502(b). The HIPAA minimum necessary standard requires covered entities to disclose protected health information only when it is necessary to satisfy a particular purpose. This does not apply to disclosures for treatment purposes or disclosures to the individual who is the subject of the information or made pursuant to that individual’s authorization.

⁶ In accordance with MOUs; MOU requirements for MHPs, DMC-ODS, and DMC Counties are outlined in [BHIN 23-056](#), [BHIN 23-057](#), and [BHIN 24-016](#) and corresponding Enclosures. Applicable care coordination requirements and data sharing requirements are also set forth in BHP contracts and federal regulation, including 42 CFR § 438.208(b).

⁷ MOU requirements for MHPs, DMC-ODS, and DMC Counties (see above citation).

- **Using a consent to share information form when consent is needed, in compliance with applicable federal and state data privacy regulations;**⁸ and
- **Sharing all necessary Member and encounter data with MCPs** to meet required state and federal quality and monitoring reporting obligations.⁹

This BHIN also describes updated procedural requirements for data exchange that have not been detailed in previous BHP or DMC County guidance, which BHPs and DMC Counties must now 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 County responsibilities and requirements described in this guidance are:

- Clarifying that **bidirectional data exchange for care coordination must be done in real time**, and that BHPs and DMC Counties are required to adopt **the DxF Real Time Exchange Policies and Procedures (P&P)**;
- Clarifying the data elements that must be exchanged between BHPs, DMC Counties, MCPs, and Medi-Cal Partners by **adopting the DxF Data Elements to Be Exchanged P&P**;

⁸ [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>.

⁹ BHP, DMC County 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/Documents/Document-1F\(a\)-County-Reporting-Requirement-Matrix.pdf](https://www.dhcs.ca.gov/Documents/Document-1F(a)-County-Reporting-Requirement-Matrix.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.

- Standardizing how BHPs and DMC Counties share member rosters and ADT event notifications with MCPs by **adopting the DxF Technical Requirements for Exchange P&P**; and
- **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 (PHI) when necessary.

DHCS is issuing this BHIN under its authority to implement the CalAIM Section 1115 waiver, as codified by AB 133 ((California W&I Section 14184.102(d)). This provides for new data permissions (Cal. W&I Sec. 14182.102(j)), new data responsibilities (Cal. Penal (Pen.) Code Section 4011.11(h)), and other state and federal statutes, regulations, and guidance, as applicable.

POLICY:

DATA SHARING REQUIREMENTS

BHPs and DMC Counties must implement the data sharing requirements detailed in this section to the extent allowed by federal and state law and subject to HIPAA’s minimum necessary standard when applicable.¹⁰

BHPs and DMC Counties are currently obligated to share data in a timely and frequent manner with MCPs. In order to facilitate timely care coordination, this obligation includes sharing data with providers, CBOs, and other Medi-Cal Partners. This is required in order to facilitate care coordination in accordance with existing federal laws, interoperability regulations, and state guidance, including the behavioral health contracts, MOUs, and the No Wrong Door policy. This BHIN also provides additional procedural details to assist BHPs and DMC Counties in implementing these laws and guidance to facilitate timely, coordinated care.

To implement care coordination requirements outlined in the federal Coordination and Continuity of Care regulation,¹¹ and in compliance with federal and state data sharing regulations, including the Federal Interoperability Rules, DHCS is adopting certain DxP P&Ps to standardize how and when data is exchanged between BHPs, DMC Counties, MCPs, and their contracted providers to ensure timely care coordination. While BHPs and DMC Counties are not required to sign the DxP Data Sharing Agreement (DSA),

¹⁰ 45 CFR § 164.502(b).

¹¹ 42 CFR § 438.208(b)(2).

BHPs and DMC Counties must adopt DxF P&Ps Operating Policy and Procedure (OPP) 8, 9, and 12, as outlined in this BHIN.

BHPs and DMC Counties 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.¹²

Real Time Data-Sharing Requirements

BHPs, DMC Counties, and MCPs are required to implement data sharing P&Ps and adhere to required state and federal care coordination rules and regulations. This necessitates bidirectionally sharing the minimum necessary Member data in “real time” with each other and with contracted providers, CBOs, and other Medi-Cal Partners to support service delivery, care coordination, referrals, closed loop referrals, and care transitions.¹³

To standardize real time data exchange, DHCS is adopting the DxF Real Time Exchange P&P (OPP-12),¹⁴ which defines real time data exchange as the sharing of Health and Social Services Information (HSSI) (inclusive of behavioral health and housing data) to other Participants in a timely manner. This means exchanging data “as soon as the information becomes available and without intentional or programmatic delay” to support important care decisions benefiting all Californians.

BHPs, DMC Counties, and MCPs must ensure that the minimum necessary Member information is exchanged in real time, as defined by the DxF Real Time Exchange P&P, for care coordination purposes. That information includes, but is not limited to, Member

¹² For more information about the DxF and how to become a signatory can be found here: [For Participants – California Data Exchange Framework](#).

¹³ 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 Counties 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. These MOU templates are binding.

¹⁴ DxF P&P OPP-12, Real Time Exchange. Available at: [CalHHS Real-Time-Exchange-PP Final v1 7.21.23.pdf](#).

demographic information, ADT event notifications, services and treatment rendered, diagnoses, assessments, medications prescribed, and laboratory results. It must also include – where applicable – other minimum necessary 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.¹⁵

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 Counties with requirements for MCPs, to the extent allowed by federal and state law.

Memorandum of Understanding Requirements

In accordance with the requirements outlined in contracts¹⁶ and provided in BHINs, BHPs and DMC Counties must establish an MOU with any Medi-Cal MCP that 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 and continuity of care. DHCS provided BHPs, DMC Counties, and MCPs with MOU templates¹⁷ to assist with structuring their agreements. This BHIN, and the accompanying APL 26-004, 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 of this BHIN, Real Time Data Sharing Requirements.

Admission, Discharge, and Transfer Event Notifications

The MOUs that BHPs and DMC Counties are required to establish with MCPs must include P&Ps for BHPs and DMC Counties to share ADT event notifications that they receive for a Member that is also a Member of their MCP partner with that MCP, in

¹⁵ 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>

¹⁶ 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>.

¹⁷ DHCS-provided MOU templates can be found here: <https://www.dhcs.ca.gov/Pages/MCPMOUS.aspx>. These MOU templates are binding.

compliance with applicable law.¹⁸ As outlined in APL 26-004, the MOU shall also require that MCPs share any ADT event notification the MCP receives with the BHPs and DMC Counties for any Member that is also a Member of the BHP or DMC County in accordance with the DxF Real Time Exchange P&P and any applicable federal and state laws and regulations.¹⁹

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.²⁰ The BHP and DMC County 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 apply ADT event notification requirements to all inpatient and residential facilities contracted by the BHP or DMC County and that maintain electronic medical records systems or electronic administrative systems. This includes facilities not necessarily subject to the ADT event notification requirements under the Federal Interoperability Rules including, but not limited to, psychiatric health facilities, psychiatric residential treatment facilities, residential mental health facilities, substance use disorder treatment facilities, and skilled nursing facilities.²¹

¹⁸ 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.

¹⁹ MOU requirements for MHPs, DMC-ODS, and DMC Counties are outlined in [BHIN 23-056](#), [BHIN 23-057](#), [BHIN 24-016](#), and corresponding Enclosures.

²⁰ 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).

²¹ More information regarding ADT notification requirements can be found in the Interoperability Final Rules, available at <https://www.federalregister.gov/documents/2020/05/01/2020-05050/medicare-and-medicaid-programs-patient-protection-and-affordable-care-act-interoperability-and>, MOUs, and outlined in [BHIN 26-008](#), [BHIN 23-056](#), [BHIN 23-057](#), [BHIN 24-016](#) and corresponding Enclosures. This includes contracted facilities located outside of the county.

To standardize how BHPs and DMC Counties share ADT event notifications in compliance with applicable privacy laws and align requirements for BHPs and DMC Counties with MCP requirements, DHCS is adopting, through this BHIN, the DxF Technical Requirements for Exchange P&P (OPP-9).²² BHPs and DMC Counties are now required to comply with this P&P. This ensures that contracted providers, BHPs, and DMC Counties 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.²³

These notifications are essential to ensure real time communication and care coordination between entities.

Sharing Member Rosters

For BHPs and DMC Counties to share and receive ADT event notifications with MCPs, BHPs and DMC Counties must provide up-to-date²⁴ member rosters²⁵ to MCPs that operate in their county on, at minimum, a monthly basis. Likewise, MCPs must also provide up-to-date member rosters with BHPs and DMC Counties on, at minimum, a monthly basis, to facilitate bidirectional data sharing. This allows the MCPs, BHPs, and DMC Counties to share ADT event notifications with each other as described in the section of this BHIN above, Admission, Discharge, and Transfer Event Notifications. BHPs and DMC Counties, in alignment with MCP requirements, should share member rosters pursuant to the DxF Technical Requirements for Exchange P&P.

²² 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>.

²³ 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>;

²⁴ "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.

²⁵ "Member roster" is defined as a list of those individuals who have received specialty mental health or SUD services within the last 90 days.

To share any member roster information with the MCP that includes an individual receiving a Part 2 service,²⁶ providers, BHPs, and DMC Counties must have a valid consent to share Part 2 information from that individual.²⁷

To meet this requirement, BHPs and DMC Counties may submit rosters and receive ADT event notifications from “intermediaries,” such as a Qualified Health Information Exchange Organizations (QHIOs),²⁸ 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.²⁹ Examples of data-sharing for the purposes of treatment, payment, or health care operations (TPO) include: (1) coordinating care for individuals enrolled in managed care, and (2) connecting an individual with health insurance or behavioral health services

²⁶ More information about Part 2 services and who qualifies as a Part 2 provider can be found in the Data Sharing Authorization Guidance available at:

<https://www.dhcs.ca.gov/CalAIM/ECM/Documents/CalAIM-Data-Sharing-Authorization-Guidance.pdf>.

²⁷ BHPs and DMC Counties must still comply with all federal and state privacy laws. Therefore, if the provider does not have a compliant part 2 consent on file for this individual receiving SUD treatment, the BHP or DMC County 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>.

²⁸ 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.

²⁹ 45 CFR § 506(c)(1).

following release from jail. Further, AB 133 provisions³⁰ 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.³¹

When Member consent is required, such as for sharing Part 2 substance use disorder (SUD) information or, in some cases, for sharing housing information,³² BHPs and DMC Counties, and their contracted 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 and to coordinate care under CalAIM and Behavioral Health Transformation (BHT), including population health management,³³ **DHCS is requiring that BHPs and DMC Counties, as well as MCPs as**

³⁰ 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.

³¹ 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 133 data sharing provisions do not override federal data sharing and privacy regulations.

³² Consent to share information is required for the disclosure of housing information only in instances in which such disclosure type is not outlined in the local Continuum of Care's notice of privacy practices (NPP). Further resources on HMIS data and privacy regulations and implementation can be found in the HUD HMIS Data and Privacy Security Toolkit, available at: <https://www.hudexchange.info/resource/7250/hmis-data-and-privacy-security-toolkit/>; 69 Fed. Reg. 45888 (July 30, 2004), at 45930.

³³ 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.

outlined in APL 26-004, adopt the ASCMI Form as the statewide, standardized consent to disclose information form.³⁴

The ASCMI Form has been developed by DHCS with broad stakeholder input. It is intended for care partners, such as behavioral health, reentry, or housing providers, to obtain consent from Members for the sharing of certain sensitive information, including Part 2 information, and to 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 TPO using a single form.³⁵ When Part 2 data is being shared for purposes of TPO (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 shared outside the context of CalAIM, additional California laws may apply.³⁶

Both federal and state law give individuals the right to revoke an authorization to share data.³⁷ 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; data shared before the revocation, in reliance upon the prior consent, will not be affected and may be subject to redisclosure. The proactive application of a revocation means that data collected prior to revocation that has not yet been shared would be protected from disclosure by the

³⁴ The ASCMI Form and ASCMI Revocation Form, and associated FAQs, are available at: <https://www.dhcs.ca.gov/CalAIM/Pages/ASCMI-CalAIM.aspx>. MCPs must adopt the ASCMI Form in order to request information from BHPs and DMC Counties to satisfy payer-to-payer interoperability requirements and to request Part 2 data for other care coordination purposes. 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.

³⁵ 89 Federal Register 12472 (February 26, 2024). More information about Part 2 data sharing outside the context of CalAIM can be found in the CalAIM Data Sharing Authorization Guidance, available at: <https://www.dhcs.ca.gov/CalAIM/ECM/Documents/CalAIM-Data-Sharing-Authorization-Guidance.pdf> and in the Data Sharing Authorization Guidance Toolkits, available at: <https://www.dhcs.ca.gov/dataandstats/Pages/Data-Sharing-Authorization-Guidance-Medi-Cal-Housing-Support-Services-and-Reentry-Initiative-Toolkits.aspx>.

³⁶ See California SUD data sharing law, HSC section 11845.5.

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

revocation.³⁸ BHPs and DMC Counties must also recognize electronic signatures if their use complies with applicable laws.³⁹

When providing or coordinating services for a minor or other individual under various forms of conservatorship, BHPs, DMC Counties, 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 Counties, 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."⁴⁰

DHCS may consider exceptions to this requirement on a case-by-case basis, provided the release of information form to be used by the BHP or DMC County and its providers contains all required ASCMI Form fields and complies with DHCS standards and requirements for the exchange of minimum necessary information. DHCS will consider these exceptions only for the BHP or DMC County as a whole; contracted behavioral health providers may not seek provider-specific exceptions and must work with their BHP or DMC County to implement a compliant consent form. For consideration of this case-by-case exception, please submit the county's release of information form to DHCSDataSharing@dhcs.ca.gov.

Data-Sharing for Required State and Federal Reporting and Assessments

BHPs and DMC Counties must share all necessary Member and encounter data requested by MCPs with which they share Members or service areas (as appropriate and as required, in compliance with federal and state law), to meet required state and

³⁸ DHCS will issue an ASCMI policy and operations guide by July 1, 2026.

³⁹ 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.

⁴⁰ 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>.

federal quality, accountability, and monitoring reporting obligations.⁴¹ This includes, but is not limited to data necessary for:

- DHCS Managed Care and Behavioral Health Plan Accountability Reporting;⁴²
- CMS Core Set Measures;⁴³
- Comprehensive Quality Strategy Performance Measures;⁴⁴
- Population Needs Assessments;⁴⁵ and
- External Quality Review of Quality Performance Measures.⁴⁶

This information may include, but is not limited to, Member demographic information, ADT event notifications, services and treatment rendered, diagnoses, assessments, medications prescribed, pharmacy claims data from Medi-Cal Rx, and laboratory results. As outlined in APL 26-004, MCPs must also share all necessary Member, encounter, and claims data requested by BHPs and DMC Counties to meet required state and federal quality, accountability, and monitoring reporting obligations, in compliance with federal

⁴¹ The BHP, DMC County 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; 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..

⁴² Managed Care and BHP Accountability Reporting available at:

<https://www.dhcs.ca.gov/dataandstats/reports/Pages/MgdCareQualPerfEAS.aspx>.

⁴³ CMS Core Set Measures available at: <https://www.dhcs.ca.gov/dataandstats/Pages/Core-Set-Measures-Reporting.aspx>.

⁴⁴ Comprehensive Quality Strategy Performance Measures available at:

<https://www.dhcs.ca.gov/services/Documents/2025-Comprehensive-Quality-Strategy.pdf>

⁴⁵ 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).

⁴⁶ Behavioral Health External Quality Review information available at:

<https://www.dhcs.ca.gov/services/MH/EQRO>.

and state law. 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 Counties and MCPs is also necessary to support data-sharing for reporting purposes.

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 Counties to adopt specified procedures to effectively implement those core requirements. To the extent a BHP or DMC County is not already in compliance with the clarified implementation requirements in this BHIN to adopt relevant DxF P&Ps, 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 complete implementation of these policy updates no later than January 1, 2027.**

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

BHPs and DMC Counties 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 Counties 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 Counties must communicate the requirements listed above to their subcontractors and network providers and enforce subcontractor and network provider compliance as needed.

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

Sincerely,

Original signed by

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