BEHAVIORAL HEALTH DATA: CONSENT, ACCESS, AND REAL TIME EXCHANGE (BH-CARE) GRANT PROGRAM REQUEST FOR APPLICATIONS: ROUND 1

October 2026

Applications Due: November 20, 2026, 5:00 p.m. Pacific Time

DHCS
CALIFORNIA DEPARTMENT OF
HEALTH CARE SERVICES

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Introduction

The California Department of Health Care Services (DHCS) is establishing the Behavioral Health Data: Consent, Access, and Real Time Exchange (BH-CARE) grant program to support behavioral health plans (BHPs) and Drug Medi-Cal (DMC) counties, collectively referred to as "counties" and data exchange intermediaries in their implementation of the necessary technology, workflows, and organizational capabilities to advance real time data exchange. Individuals with behavioral health (BH) often receive services across multiple systems of care, including county BH programs, hospitals, housing providers, social service organizations, and other community-based organizations. Timely access to accurate information is essential to enable effective BH care coordination, transitions, and BH throughput, which supports individuals in accessing BH services and moving efficiently across levels of care, settings, and systems of care. In addition, seamless behavioral health data exchange supports the implementation of DHCS's strategy to mitigate the harm to members to the greatest extent possible under HR 1 work requirements through ex parte determinations of medical frail exemptions.

Despite significant state investments in health information exchange, the exchange of behavioral health data continues to face barriers related to limited interoperability, varying technical capabilities, differing interpretations of federal and state privacy rules, and inconsistent consent management practices. These challenges contribute to fragmented care, delays in care transitions, and inefficiencies that impede BH throughput. Standardized consent management processes and real time data exchange, including the receipt of admission, discharge, and transfer (ADT) event notifications, visit summaries, and care plans, can mitigate fragmented care and improve discharge planning, community-based follow-up, and coordination among BH, physical health, housing, and social service providers. These capabilities will also support timely responses to requests for available physical health and BH information needed for DHCS medical frailty determinations necessary for eligibility for Medi-Cal benefits.

Organizations eligible to apply for BH-CARE grant support during this round of applications include **counties** and **data exchange intermediaries**.[1] Funding will support measurable implementation activities by these organizations, and applicants must demonstrate completion of milestones through documentation or technical evidence in order to receive grant milestone payments. Additional information

[1] DHCS is considering another round of BH-CARE funds for additional entities, including BH providers and local Continuums of Care. More information will be provided at a later date.

regarding these milestones and deliverables is provided below in the Category 1: Counties and Category 2: Data Exchange Intermediaries sections.

DHCS will leverage a third-party administrator (TPA) to administer the BH-CARE grant program, including application support, grant management, milestone verification activities, and issuing of payment to grantees. DHCS will also provide grantees with training and technical assistance (TTA) through a contracted vendor with BH data exchange and consent management subject matter expertise. This TTA may include office hours, webinars, trainings, and resources, such as frequently asked questions (FAQs) and other guidance.

Program Purpose and Goals

The BH-CARE grant program has allocated up to $59.9 million in total funding available over two years for grants, TTA, and program administration. These funds will support implementation of consent management processes, technologies, and workflows that enable real time exchange of physical health, behavioral health, housing, and other critical data— advancing timely care coordination and Medi-Cal medical frailty determinations. These grants align with DHCS' vision for coordinated whole person care enabled by:

- Advancing secure, real time behavioral health data exchange.
- Improving coordination among behavioral health, physical health, housing, and social service organizations.
- Establishing consistent consent management capabilities and workflows.
- Improving transitions of care across inpatient, residential, outpatient, and community-based settings.
- Reducing technical, operational, and administrative barriers to appropriate information sharing.
- Strengthening local and regional interoperability infrastructure.
- Establishing sustainable capabilities that continue beyond the grant period.
- Supporting DHCS medical frailty determinations through timely exchange of available health and behavioral health information.

Grant Application and Review Timeline

There will be at least two rounds of applications for BH-CARE grants. Round 1 RFA responses are due November 20, 2026. DHCS is considering a Round 2 opportunity that

will provide funds for county-contracted providers and Continuums of Care. Further information about Round 2 will be forthcoming in 2027. For each round, the grant period extends from the date of award through December 31, 2028.

Date	Activity
Late-October 2026	Round 1 RFA released
November 4, 2026	RFA Listening Session
November 20, 2026	Grant Applications Due
Late December 2026	Grant Application Review and Evaluation
January 2027	Round 1 Grant Awards

DHCS may revise this schedule. Any material revision will be communicated through the program website, an RFA addendum, or another method designated by DHCS.

Applicant Engagement and Communications

DHCS will offer the following opportunities for prospective applicants to learn about the program and submit questions:

- BH-CARE Round 1 RFA Webinar and Q&A Session for prospective applicants on **November 4, 2026, from 10:00 a.m. to 11:00 a.m. PT**.
- Application Technical Assistance: DHCS may offer technical assistance opportunities to support prospective applicants in understanding program requirements and completing application materials. Information regarding available technical assistance offerings, schedules, and registration instructions will be posted on the BH-CARE program webpage.
- Questions Regarding the RFA: Prospective applicants may submit questions regarding this RFA by emailing: DHCSDataSharing@dhcs.ca.gov. Responses to FAQs and requests for clarification may be published on the BH-CARE program webpage. Applicants are responsible for reviewing any posted updates, clarifications, or addenda issued by DHCS.
- RFA Updates and Addenda: Any changes, clarifications, corrections, or updates to this RFA will be communicated through the BH-CARE program webpage or

other methods designated by DHCS. Prospective applicants are encouraged to monitor program communications throughout the application period.

Funding Opportunity

Grant Period and Funding Rounds

The BH-CARE Round 1 opportunity is open to counties and data exchange intermediaries via this RFA, and awards will be issued in January 2027. Awards under this round will support a grant period of up to two years. Some milestone payments may be earned on an ongoing basis by meeting data exchange requirements each quarter throughout the grant period.

All earned grant funds must be distributed by December 31, 2028; as such, subsequent RFA rounds will have a shorter grant period, which will result in some lower total payment amounts for future round grantees.

Milestone-Based Payments

Payments to BH-CARE grantees who meet specified milestones and thresholds will be made either as one-time payments or in quarterly installments. Each grantee organization type has specified milestones and documentation requirements described in the Milestone Requirements and Grant Payments section below.

All applicants must pursue every milestone applicable to their organization category. Certain milestones are sequential in nature and may be achieved only after completion of one or more prerequisite milestones. Where a milestone is contingent on completion of another milestone, the applicable prerequisite is identified in the Requirements column of the Milestone Requirements Table below. Milestone payments are contingent upon successful completion and validation of applicable milestone requirements. Grantees must submit documentation specified by DHCS and its TPA.

Evidence used to demonstrate milestone completion may include:

- Executed agreements, contracts, or participation documents.
- Demonstration of successful system configurations, tests, and implementation in live production environments.
- Transaction reports, audit logs, or system-generated activity reports.
- Transaction or activity records documenting the receipt of and response to applicable medical frailty data requests.

- Other documentation determined by DHCS or the TPA to be sufficient to substantiate milestone completion.

Award Administration, Monitoring, and Compliance

Monitoring and Compliance

DHCS and its TPA may conduct audits, request additional documentation, and carry out other activities, including interviews and system demonstrations, to validate milestone achievement when submitted evidence is insufficient, and to monitor compliance with program requirements and the terms of the Grant Agreement. If DHCS determines that a Grantee has failed to comply with program requirements, milestone obligations, reporting requirements, expenditure requirements, or other terms and conditions of the award, DHCS and its TPA may suspend future payments, reduce funding, terminate the Grant Agreement, or pursue other remedies available under the Grant Agreement.

Eligible and Restricted Uses of Funds

Eligible Activities

Grant funds may be used for activities necessary to implement, operate, expand, and sustain behavioral health real time data exchange and consent management capabilities that support the goals of the BH-CARE Program, including:

- Personnel costs, including salaries, wages, benefits, and other staffing costs for employees directly supporting project implementation, operations, reporting, provider and staff training and onboarding, consent management, technical support, compliance activities, and project management.
- Development and implementation of policies and procedures, standards or practices and other technical workflows to implement the data exchange and consent management capabilities defined in this RFA.
- Contractor, consultant, vendor, subcontractor, or other professional services necessary to support project planning, design, implementation, operations, technical assistance, training, testing, monitoring, reporting, or evaluation.
- Technology, software, hardware, licensing, hosting, subscription, interface development, configuration, integration, implementation, testing, maintenance, and related costs necessary to support real time data exchange, including onboarding county-operated and county-contracted provider staff onto the county's electronic health record (EHR) system, and administration of BH-CARE quality-of-life assessment tools and related program activities.

- Activities to expand existing or implement new data exchange capabilities that support real time data exchange among counties, data exchange intermediaries, and other participating entities, while establishing the foundation for future information exchange with providers, Continuums of Care (CoCs), and other Care Partners (as defined in Appendix B).
- Consent management activities, including implementation of the Authorization to Share Confidential Member Information (ASCMI) Form and Consent Management Portal (CMP) onboarding via either the Application Programming Interface (API) integration or the Web-Based Service (see Appendix B), consent workflow changes, consent management infrastructure, and related implementation support.
- Activities necessary to appropriately exchange data in real time with other Care Partners to support treatment, payment, and health care operations (TPO), including information subject to 42 C.F.R. Part 2 (henceforth referred to as "Part 2") and other applicable federal and state privacy rules. Exchange for TPO purposes is also necessary to support DHCS acquisition of Part 2 information. Activities necessary to support data acquisition, including Part 2 information, initiated and requested by DHCS and its partners to support H.R. 1 medical frailty redeterminations, consistent with the TPO purposes described above. County and intermediary data exchange onboarding activities, including connectivity, implementation support, workflow development, business process redesign, and adoption activities necessary to establish or expand participation in real time data exchange.
- Training, education, and technical assistance for organization staff to implement new data exchange workflows and technologies. Grant funds may support organization-specific training needs; general TTA is provided at no cost to grantees through the BH-CARE program.
- Stakeholder engagement, change management, and communications activities necessary to support implementation, adoption, and ongoing use of funded capabilities.
- Data quality, testing, validation, monitoring, reporting, performance measurement, and other activities necessary to demonstrate achievement of grant requirements, milestones, and program objectives.

- Travel, meeting, convening, and other reasonable implementation expenses directly related to the planning, implementation, operation, monitoring, or administration of funded activities.
- Indirect costs and administrative expenses, as permitted by DHCS and specified in the Grant Agreement.

Restricted Activities

Grant Funds may not be used for:

- Activities already fully funded through another state grant, incentive payment, or funding source for the same capability, milestone, deliverable, or scope of work, including, but not limited to:
  - Data Sharing Agreement (DSA) Signatory Grants Program
  - Behavioral Health Quality Improvement Program (BHQIP)
  - Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (BH-CONNECT)
  - Housing and Homelessness Incentive Program (HHIP)
  - Interoperability Final Rule Proposition 30 Funds
- Replacement of existing state, federal, local, or private funding sources. Award funds must supplement, and not supplant, existing investments. Applicants must disclose other funding sources that support the same or similar capabilities, activities, milestones, deliverables, or scopes of work.
- Clinical service delivery, treatment services, care management activities (outside of associated data exchange activities), housing services, or other direct service costs not directly related to implementing BH data exchange capabilities.
- General organizational operating expenses unrelated to BH-CARE implementation.

General Program Requirements

The following requirements apply to all grantees, regardless of category:

- Submission of all required application materials, certifications, and supporting documentation.
- Development of a workplan outlining key activities for achieving milestones, submitted as part of Milestone 0.

- Pursuit of all milestones applicable to the grantee's organization category; applicants may not selectively decline to pursue an applicable milestone.
- Maintenance of appropriate financial management and internal controls for tracking and administering award funds.
- Submission of milestone documentation sufficient to demonstrate completion of approved activities.
- Quarterly reporting on data exchange activity, on the schedule and in the format established by DHCS and its TPA.
- Timely response to requests for information, documentation, or clarification from DHCS or its TPA.
- Retention of records and supporting documentation for audit, monitoring, and compliance purposes.
- Compliance with all applicable program contractual, legal, and regulatory requirements, including Part 2 and other applicable federal and state laws.
- Timely response to applicable requests for available health and behavioral health information needed to support DHCS medical frailty determinations, in accordance with applicable federal and state law.
- Cooperation with program monitoring, evaluation, auditing, and oversight activities.

Category 1: Counties

This section describes eligibility requirements, available funding, milestone requirements, and payment structures for county behavioral health programs.

Eligibility

To be eligible, an applicant must meet all of the following criteria:

- Be a county BHP or DMC county.
- Have signed the Data Exchange Framework (DxF) Data Sharing Agreement (DSA) and completed its entry in the DxF Participant Directory or complete both within 90 days of the award date.
- Have adopted and implemented the ASCMI Form and are using it across all county-operated and contracted providers to exchange protected information, including substance use information protected by Part 2 by January 1, 2027, per BHIN 26-013.
- Have an EHR.

Grant Payment Structure

Payments under this category are structured as follows:

- Awardees receive funding through milestone-based payments tied to successful implementation of approved data exchange capabilities.
- If the county has achieved a milestone prior to grant award (e.g., county has already established a connection with an intermediary to receive ADT event notifications), they may be eligible to receive a reduced milestone payment associated with having achieved that milestone, if they demonstrate the appropriate documentation for the milestone *and* submit in writing how they will invest those funds to further achieve the objective (e.g., develop technical and care coordination workflows to respond to ADT events).

- Milestone payment amounts and payment structures vary by milestone and may include either one-time payments for demonstrated capabilities or ongoing quarterly payments for each quarter in which applicable milestone requirements are met.
- Certain milestone payments are scaled based on the county's assigned funding tier (1-7). Tiers are based on each county's estimated behavioral health service volume, calculated by applying county specialty mental health and substance use disorder service penetration rates (from the Behavioral Health Services Act Phase 2 measures) to county Medi-Cal enrollment. County tier assignments and further information about the behavioral health service volume ratio methodology are provided in Appendix A: Preliminary County Funding.

Milestone Requirements and Grant Payments

Milestone	Requirements	Workflow	Payment Structure	Grant Payments

Milestone 0	• Adopt the ASCMI Form, including by county-operated and county-contracted providers by 1/1/27
	• Within 90 days of award date:
	  ○ Sign the DxF DSA and complete entry in the DxF Participant Directory.
	  ○ Develop a workplan outlining key
		• County has implemented the ASCMI form as the required consent to release information form for county-operated and contracted providers. Including updating the county's provider contracts and their policies and procedures for obtaining consent to release information.	One-time payment.
			
			County will receive full amount as long as it has achieved within 90 days, even if some or all of these activities were achieved before the award date.
				One-time payment of $30,000.

Milestone	Requirements	Workflow	Payment Structure	Grant Payments
	activities for achieving future milestones (see below).	» County must have DxF DSA and Participant Directory entry verified. » County must produce and submit to DHCS and its TPA a workplan encompassing future milestones.		
Milestone 1	Onboard and demonstrate use of the CMP to submit, query, and retrieve client consent preferences through either EHR API integration or the CMP's Web Modality. Update all of the county's behavioral health provider contracts to require the provider to use the ASCMI form to collect patient consent to release protected information by 1/1/28.	» Implement one or more of the CMP modalities to submit, query and retrieve client consent preferences: » Develop, test, and implement an API between the county EHR(s) and the CMP to submit, query, and retrieve client consent preferences. » Establish authorized user accounts and begin use of the CMP's Web Modality to submit, query, and	» One-time payment, tiered by county behavioral health service volume ratio, for connecting to the CMP. ○ Amount varies depending on whethe the county implements the CMP connection via API (larger) or Web Modality (smaller). ○ Fixed amount paid quarterly for the duration of the grant period for demonstrating ongoing CMP use.	**For API:** one-time payment upon achievement of the milestone: ○ Tier 1: $50,500. ○ Tier 2: $68,500. ○ Tier 3: $88,500. ○ Tier 4: $111,500. ○ Tier 5: $139,000. ○ Tier 6: $169,500. ○ Tier 7: $202,500. **For Web Modality**: one-time payment upon achievement of the milestone: ○ Tier 1: $15,000. ○ Tier 2: $20,000. ○ Tier 3: $25,000.

Milestone	Requirements	Workflow	Payment Structure	Grant Payments
		retrieve consent preferences. » Provide DHCS with a copy of the updated executed ASCMI adoption contract language.		○ Tier 4: $30,000. ○ Tier 5: $40,000. ○ Tier 6: $50,000. ○ Tier 7: $60,000. Ongoing payment for demonstrated use of the CMP per qualifying quarter: ○ Tier 1: $2,400. ○ Tier 2: $3,300. ○ Tier 3: $4,300. ○ Tier 4: $5,400. ○ Tier 5: $6,700. ○ Tier 6: $8,200. ○ Tier 7: $9,700.
Milestone 2	Onboard to a data exchange intermediary to support ADT event notifications and, as needed, exchange of Part 2 and other health and social service information.	» Contract with a data exchange intermediary to share and receive ADT event notifications and, as needed, to exchange Part 2 and other health and social service data in real time with providers, Managed Care Plans (MCPs), and other Care	Fixed amount tiered by county behavioral health service volume ratio.	One-time payment upon achievement of the milestone: ○ Tier 1: $43,000. ○ Tier 2: $58,000. ○ Tier 3: $75,000. ○ Tier 4: $94,000. ○ Tier 5: $117,500. ○ Tier 6: $143,500. ○ Tier 7: $171,500.

Milestone	Requirements	Workflow	Payment Structure	Grant Payments
		» Partners such as housing organizations. » Develop and implement data interfaces to send Part 2 and other health and social service data to the intermediary at least daily.		
Milestone 3	» Share and receive ADT event notifications. » This milestone may be achieved only after the county has completed Milestone 2 (onboarding to a data exchange intermediary).	» Contract with a data exchange intermediary to share and receive ADT event notifications. » Share member rosters with MCPs that operate in their county and/or contracted intermediaries on, at minimum, a monthly basis per Behavioral Health Information Notice (BHIN) 26-013 requirements. » Share member rosters with a data exchange intermediary at least	Fixed amount, tiered by county behavioral health service volume ratio, paid quarterly for demonstrating ongoing successful sharing of member rosters with contracted providers and MCPs and sharing and receipt of ADT events for the duration of the grant period.	Payment per qualifying quarter: ○ Tier 1: $4,400. ○ Tier 2: $5,900. ○ Tier 3: $7,700. ○ Tier 4: $9,600. ○ Tier 5: $12,000. ○ Tier 6: $14,700. ○ Tier 7: $17,500.

Milestone	Requirements	Workflow	Payment Structure	Grant Payments
		once per month to indicate which members they should receive ADT event notifications for. » Develop and implement interfaces to send real time HL7 ADT transactions for relevant client ADT events from county-operated acute care settings, emergency departments, skilled nursing facilities with EHRs, psychiatric health facilities, residential treatment facilities, institutions for mental diseases, inpatient programs, and day treatment or day habilitation programs. » Develop and implement method(s) to receive ADT event notifications in real		

Milestone	Requirements	Workflow	Payment Structure	Grant Payments
		time from the intermediary upon a match to the identities sent.		
Milestone 4	» Demonstrate ongoing bidirectional real time exchange of Part 2 and other health and social service information with Care Partners in accordance with the DxF Real Time Exchange Policy and Procedure (OPP-12) and BHIN 26-013. » Respond to and share necessary data for requests by data exchange intermediaries on behalf of DHCS to support medical frailty determinations.	» County systems respond in real-time to requests for information from Care Partners to support treatment, payment and health care operations, either through direct connections from its EHR or via a data exchange intermediary. » County responds in a timely manner to requests from DHCS or data exchange intermediaries on behalf of DHCS for client data relevant for medical frailty determination and submits the necessary client data via their	Fixed amount, tiered by county behavioral health service volume ratio, paid quarterly for demonstrating successful real time exchange during the quarter.	Payment per qualifying quarter: ○ Tier 1: $5,800. ○ Tier 2: $7,900. ○ Tier 3: $10,200. ○ Tier 4: $12,800. ○ Tier 5: $16,100. ○ Tier 6: $19,600. ○ Tier 7: $23,400.

Milestone	Requirements	Workflow	Payment Structure	Grant Payments
	» Real time data exchange under this milestone may be accomplished through a direct connection between the county's EHR and Care Partners or through a data exchange intermediary. An intermediary is required only for ADT event notifications addressed under Milestone 3.	EHR to the intermediary or directly to DHCS.		

Category 2: Data Exchange Intermediaries

This section describes eligibility requirements, available funding, required implementation activities, and program expectations for data exchange intermediaries (henceforth referred to as "intermediaries"), including Qualified Health Information Organizations (QHIOs), Health Information Exchanges (HIEs), Community Health Information Exchanges (CIEs), and other organizations that facilitate access to and exchange of health and social service information.

Eligibility

To be eligible, an applicant must meet all the following criteria:

- Have signed the DxF DSA and completed its entry in the DxF Participant Directory or complete both within 90 days of the award date.
- Operate in California and actively demonstrate capabilities to support the secure exchange of health and social service information including assisting and responding to information exchange requests with at least one county behavioral health program.
- Have the ability to meet federal interoperability standards, specifically including the standards defined in CMS 9115-F and 0057-F.
- Adopted United States Core Data for Interoperability (USCDI) version 3 data classes and elements.
- Be financially solvent and carry liability insurance coverage of at least $5 million per annum to address general liability, errors and omissions and cyber risks.
- Have had no more than 2 reportable breaches in the past 3 years.
- Must not store protected data overseas per the California State Administrative Manual Cloud Computing Policy.
- Must have a published privacy policy.

Grant Payment Structure

- Awardees receive funding through milestone-based payments tied to successful implementation of approved data exchange capabilities.
- Payments are issued upon validation of the specific milestones associated with each selected capability.
- Some milestones pay a one-time payment for demonstration of specific capabilities; others pay on a per-transaction basis up to a quarterly cap.
- Intermediaries must maintain good standing with the DxF.
- Intermediaries must comply with federal Information Blocking Requirements, including the further specifications and requirements defined in the DxF's California Information Blocking Prohibitions Policy and Procedure.
- Intermediaries may not charge other intermediary organizations for moving client information. Under the terms of this grant, only the first organization to collect and move the data may report that transaction towards potential milestone payment.
- To continue to earn one-time and ongoing milestone payments beyond December 31, 2027, intermediaries must apply to and be designated by the California Department of Health Care Access and Information (HCAI) QHIO Program. Payments earned before that date do not have this requirement. For payments beyond December 31, 2027, intermediaries must comply with QHIO Program participation requirements and oversight. HCAI anticipates opening a new QHIO application window in mid-2027, which may include intermediaries not currently participating in the QHIO Program. HCAI will release further details on updated QHIO eligibility criteria, requirements, and the application process in 2027. Note, this provision is dependent on HCAI reopening the QHIO program application process and processing new applications by December 31, 2027.

Milestone Requirements and Grant Payments

Milestone	Requirements	Workflow	Payment Structure*	Grant Payments
Milestone 0	» Within 90 days of award date: ○ Sign the DxF DSA and complete entry in the DxF Participant Directory. ○ Demonstrate operational Fast Healthcare Interoperability Resources (FHIR)-based data exchange with one or more county behavioral health EHRs or CoC Homeless Management Information System (HMIS). ○ Publicly disclose service fees. ○ Develop a workplan outlining key activities for achieving future milestones (see below).	» No prescribed workflows. » Intermediary must demonstrate FHIR capability. » Intermediary must publicly publish their fee schedule. » Intermediary must produce a workplan encompassing activities for future milestones.	Initial fixed amount for meeting all Milestone 0 requirements.	One-time payment of $40,000 upon achievement of the milestone.
Milestone 1	» Confirmed onboarding to the CMP. » Successful CMP query/retrieve activities.	» Develop/enhance an application/utility to allow authorized DxF Signatories to:	Initial fixed amount for meeting Milestone 1 requirements.	One-time payment of $55,000 upon achievement of the milestone.

Milestone	Requirements	Workflow	Payment Structure*	Grant Payments
	» Return consent status. » Maintain production audit logs documenting consent queries, responses, and related activity.	○ Select/enter client identifiers. ○ Initiate query/retrieve to activate CMP API. ○ Display CMP response to query/retrieve. ○ Store response/log activities. ○ Produce reports of activity.		
Milestone 2	» Successful CMP transactions (query/retrieve) per quarter. » This milestone may be achieved only after the intermediary has completed Milestone 1.	» Demonstrated use of capabilities established in Milestone 1. » Quarterly reports reflecting CMP query and retrieve transaction totals.	Payment of $1.00 per member with successful CMP query/retrieve transactions, paid quarterly for the duration of the grant period.	Payment of up to $24,200 per qualifying quarter, based on the number of members whose CMP records were queried or retrieved from the CMP in accordance with program requirements.
Milestone 3	» Receive and maintain health and social services data, including Part 2 and other protected data, from counties, providers, and other Care Partners.	» Establish real time connections with counties, providers, and other Care Partners for the receipt of Part 2 and other protected data.	Fixed amount for demonstration of Part 2 and other protected data segmentation.	One-time payment of $130,000 upon demonstration of operational functionality to receive, maintain,

Milestone	Requirements	Workflow	Payment Structure*	Grant Payments
	» Implement functionality to preserve source-provided Part 2 designations, provenance, and applicable privacy or security labels when data are stored, transformed, aggregated, queried, or exchanged. » Apply applicable consent information and role- or rules-based controls to segment or otherwise restrict protected information, as necessary, while enabling authorized exchange. » Develop and implement policies and procedures governing the receipt, maintenance, data tagging, segmentation, access, and exchange of Part 2 and other protected data. » Respond to all requests for information from intermediaries and partners operating on DHCS' behalf to share Part 2 and other	» Receive and retain source information and applicable privacy or security designations associated with protected data. » Demonstrate that Part 2 designations remain associated with the data through storage, transformation, aggregation, query, and exchange. » Apply applicable consent information and access rules when responding to a request for protected data. » Maintain audit records sufficient to demonstrate the information requested, the applicable consent or access determination, and the information disclosed or withheld.		segment or otherwise restrict, and support authorized exchange of Part 2 and other protected data, including submission of related policies and procedures and evidence that applicable data designations and access controls are preserved and applied.

Milestone	Requirements	Workflow	Payment Structure*	Grant Payments
	requested data for medical frailty determination purposes.			
Milestone 4	» Facilitate the ongoing exchange of BH, housing, and other relevant data, including Part 2 and other protected data, in accordance with the DxF Real Time Exchange Policy and Procedure (OPP-12). » Report data exchange activity quarterly. » This milestone may be achieved only after the intermediary has completed Milestone 1, as the consent query described in the workflow relies on the Milestone 1 CMP API connection.	» Receive requests for protected data. » Query/retrieve consent preferences from the CMP via API (see Milestone 1) to determine whether consent exists for disclosure, as needed. » If consent is identified, share protected data with the requesting organization. » Maintain logs of consent queries/retrievals and data-sharing activity and report activity to DHCS and its TPA quarterly.	Payment of $1.00 per member for successful sharing of protected data following CMP query/retrieve transaction (above), paid quarterly for the duration of the grant period.	Ongoing payment: Up to $24,200 per qualifying quarter, based on the number of members protected data was shared following a query/retrieval of consent from the CMP.
Milestone 5	» Receive, intake, manage, and share BHP and DMC county member rosters. » Receive ADT event notifications from acute care hospitals, emergency	» Receive patient identities for rosters from requesters. » Share rosters with counties, other BH intermediaries, and QHIOs.	Payment of $1.00 for each real time notification of an admission or discharge from acute care hospitals,	Payment of up to $24,200 per qualifying quarter for real time admission and discharge notification from

Milestone	Requirements	Workflow	Payment Structure*	Grant Payments
	departments, skilled nursing facilities, psychiatric health facilities, residential treatment facilities, institutions for mental diseases, inpatient programs, and day treatment or day habilitation programs, including county-operated facilities, that have EHRs. » Deliver real time admission and discharge event notifications to counties, MCPs, and providers as appropriate. » Report activity quarterly.	» Receive ADT event notifications in real time; match to rosters. » If roster match or notification arrives from QHIO, send/share notification in real time with requester. » Produce quarterly reports of event and notification activity.	emergency departments, skilled nursing facilities, psychiatric health facilities, residential treatment facilities, institutions for mental diseases, inpatient programs, and day treatment or day habilitation programs, including county-operated facilities, that have EHRs sent, paid quarterly for the duration of the grant period.	specified facilities and programs in accordance with program requirements.

**Ongoing payments are subject to the requirement to apply and be designated as a QHIO by December 31, 2027, and to maintain good standing with the DxF, as described in Grant Payment Structure.*

Application Submission Instructions

Application Format and Submission Requirements

The application for Round 1 of the BH-CARE Grant must be submitted electronically to DHCS **no later than November 20, 2026, at 5:00 p.m. PT** at the email address shown below. Applications received after the specified date and time will not be accepted. Applicants are encouraged to submit applications before the deadline to allow sufficient time to resolve any submission issues.

- Submission email: DHCSDataSharing@dhcs.ca.gov.
- Subject Line: BH-CARE RFA Submission [Category 1 or 2] by [Name of Applicant Organization].
- Applicants must submit the following, as applicable:
    - For counties:
        - Attachment A-1: County Application Template.
        - Attachment B-1: County Budget Template.
    - For data exchange intermediaries:
        - Attachment A-2: Data Exchange Intermediary Application Template.
        - Attachment B-2: Data Exchange Intermediary Budget Template.

Applicants should submit only the application and budget templates applicable to their applicant category. Incomplete applications will not be considered. If an applicant is unable to submit its application by email or needs technical assistance, contact **DHCSDataSharing@dhcs.ca.gov**.

Application Checklist

A complete application includes the following:

- Completed application template applicable to the applicant category: Attachment A-1 (counties) or Attachment A-2 (data exchange intermediaries).
- Completed budget template applicable to the applicant category: Attachment B-1 (counties) or Attachment B-2 (data exchange intermediaries).
- Completed preliminary milestone workplan section included within the application template.

- DxF DSA signature confirmation or a signed attestation committing to complete DSA execution and Participant Directory registration within 90 days of the award date, if applicable.
- Eligibility information and supporting documentation required in the applicable application template.
- Disclosure of other funding sources supporting the same activities, capabilities, milestones, deliverables, or scopes of work (see Restricted Activities section).

Reasonable Accommodations

For individuals with disabilities, DHCS will provide assistive services such as reading or writing assistance and conversion of the RFA in braille, large print, or accessible electronic formats. To request copies of written materials in an alternate format, please send an email to **DHCSDataSharing@dhcs.ca.gov**.

RFA Listening Session

DHCS will host a Listening Session for prospective applicants for Round 1 of this RFA on **November 4, 2026, from 10:00 a.m. to 11:00 a.m. PT**. Registration information will be posted on the BH-CARE program webpage. Additional questions regarding the application process may be directed to **DHCSDataSharing@dhcs.ca.gov**.

Evaluation and Selection

DHCS and its TPA will review applications for completeness, eligibility, and compliance with the requirements of this RFA. Applications must satisfy all applicable eligibility criteria and submission requirements to be considered for award.

Applications will be reviewed to determine whether the applicant:

- Meets all eligibility requirements for the applicable grantee category.
- Has submitted all required application materials and supporting documentation.
- Agrees to program participation, reporting, monitoring, and validation requirements.
- Has accurately disclosed other funding sources supporting the same activities.

DHCS may request clarification, correction of administrative deficiencies, or additional supporting documentation before making a final determination.

Applicants determined to meet all applicable requirements may receive an award, subject to funding availability and any programmatic limitations established by DHCS.

DHCS reserves the right to:

- Deny funding to applicants that do not satisfy program requirements.
- Verify information submitted in applications.
- Request additional documentation to substantiate eligibility or readiness.
- Award less than the amount requested.
- Establish additional conditions of award consistent with program requirements.

Award determinations will be communicated to applicants through a method designated by DHCS.

Appendix A: Preliminary County Funding

This appendix identifies the preliminary maximum funding amounts available to each county behavioral health program under the BH-CARE Grant Program.

Each county is assigned to one of seven funding tiers. A county's maximum funding amount is based on its assigned funding tier and represents the maximum funding available for the county's approved milestones. A county's total funding request may not exceed the maximum county funding amount shown below. DHCS will reserve a separate portion of total program funding to establish a dedicated statewide funding pool for future behavioral health provider grants under a subsequent RFA. This provider funding pool is separate from, and does not reduce, the county maximum funding amounts shown in the table below. The county's actual BH-CARE grant funding awards are based on the county's achievement of the data exchange milestones outlined in this RFA and may not equal the total maximum allocations in the table below.

Overview of County Allocation Methodology

County funding amounts are determined using a seven-tier methodology based on each county's estimated behavioral health service volume. Estimated volume is calculated by applying county specialty mental health and substance use disorder service penetration rates to county Medi-Cal enrollment. Counties are then grouped into funding tiers based on their relative share of statewide estimated behavioral health service volume. This approach leverages the tiering methodology used in the Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (BH-CONNECT) initiative. Certain milestone payments vary by funding tier, with higher tiers receiving larger applicable milestone payment amounts. **Refer to the county funding table below for county tier assignments and preliminary maximum funding amounts.**

County	Funding Tier	Maximum County Funding Amount
Alameda	5	$564,900
Alpine	1	$224,300
Amador	1	$224,300
Butte	3	$371,100
Calaveras	1	$224,300
Colusa	1	$224,300

County	Funding Tier	Maximum County Funding Amount
Contra Costa	4	$457,900
Del Norte	1	$224,300
El Dorado	2	$293,300
Fresno	5	$564,900
Glenn	1	$224,300
Humboldt	2	$293,300
Imperial	3	$371,100
Inyo	1	$224,300
Kern	5	$564,900
Kings	3	$371,100
Lake	2	$293,300
Lassen	1	$224,300
Los Angeles	7	$808,800
Madera	3	$371,100
Marin	3	$371,100
Mariposa	1	$224,300
Mendocino	2	$293,300
Merced	4	$457,900
Modoc	1	$224,300
Mono	1	$224,300
Monterey	4	$457,900
Napa	2	$293,300
Nevada	2	$293,300
Orange	6	$683,000
Placer	3	$371,100
Plumas	1	$224,300
Riverside	6	$683,000
Sacramento	5	$564,900
San Benito	1	$224,300
San Bernardino	5	$564,900
San Diego	6	$683,000

County	Funding Tier	Maximum County Funding Amount
San Francisco	4	$457,900
San Joaquin	5	$564,900
San Luis Obispo	3	$371,100
San Mateo	4	$457,900
Santa Barbara	4	$457,900
Santa Clara	5	$564,900
Santa Cruz	3	$371,100
Shasta	2	$293,300
Sierra	1	$224,300
Siskiyou	1	$224,300
Solano	4	$457,900
Sonoma	3	$371,100
Stanislaus	4	$457,900
Sutter	3	$371,100
Tehama	2	$293,300
Trinity	1	$224,300
Tulare	2	$293,300
Tuolumne	1	$224,300
Ventura	4	$457,900
Yolo	3	$371,100
Yuba	3	$371,100

Appendix B: Definitions

For purposes of this Request for Applications (RFA), the following definitions apply:

42 C.F.R. Part 2

The federal regulations governing the confidentiality of substance use disorder patient records maintained by federally assisted substance use disorder treatment programs.

Admission, Discharge, and Transfer (ADT) Event Notifications

An electronic notification that communicates an individual's admission, discharge, transfer, registration, or other care transition event to authorized organizations to support care coordination, discharge planning, and continuity of care.

Application Programming Interface (API)

A set of protocols and tools that enable software applications to communicate and exchange data with one another, including for the purposes of submitting, querying, or retrieving information in real time.

Authorization to Share Confidential Member Information (ASCMI) Form

The standardized consent to share information form developed by DHCS to support exchange of protected information in accordance with applicable federal and state requirements, including substance use information protected by 42 C.F.R. Part 2.

Behavioral Health (BH) Throughput

The ability of individuals to access behavioral health services and move efficiently across levels of care, including inpatient, residential, outpatient, and community-based settings, through timely care coordination, information sharing, and transitions of care.

Behavioral Health Consent, Access, and Real Time Exchange (BH-CARE)

A DHCS initiative designed to improve behavioral health throughput through implementation of real time data exchange, digital consent management capabilities, and coordinated information sharing among behavioral health, physical health, housing, and social service partners.

Behavioral Health Information Notice (BHIN)

A guidance document issued by DHCS to communicate policy, program, or reporting requirements to behavioral health plans, Drug Medi-Cal programs, and other applicable entities.

Care Partner

An organization that participates in the coordination, delivery, or support of an individual's health, BH, housing, or social service needs. Care Partners may include county BH programs, BH providers, managed care plans, hospitals, Continuums of Care, community-based organizations, housing providers, and data exchange intermediaries.

Consent Management

The policies, workflows, and technologies used to obtain, document, manage, communicate, and honor an individual's information-sharing preferences across participating organizations.

Consent Management Portal (CMP)

The DHCS-operated service that serves as a statewide, centralized repository of ASCMI Forms and enables participating organizations to submit, retrieve, query, and manage client consent preferences electronically.

Continuum of Care (CoC)

A regional planning body responsible for coordinating homelessness programs and services and administering a Homeless Management Information System (HMIS) within its service area.

Data Exchange Framework (DxF)

The California Health and Human Services Agency (CalHHS) statewide data sharing initiative that establishes a common set of legal, policy, technical, and operational requirements to support the secure exchange of health and social service information.

Data Exchange Intermediary

An organization that facilitates the exchange of health and social service information among participating organizations. Data exchange intermediaries may include Qualified Health Information Organizations (QHIOs), Health Information Exchanges (HIEs), Community Health Information Exchanges (CIEs), health information networks, and other organizations that support interoperability and information sharing.

Data Sharing Agreement (DSA)

The foundational legal agreement of the California Data Exchange Framework that establishes the terms, conditions, and responsibilities for entities participating in the exchange of health and social service information.

Digital Consent

The electronic capture, management, communication, and enforcement of an individual's information-sharing preferences across participating organizations.

Electronic Health Record (EHR)

A digital system used by a health care or behavioral health organization to create, maintain, and manage individuals' health information, including clinical documentation, diagnoses, treatment plans, and service history.

Fast Healthcare Interoperability Resources (FHIR)

A standards-based framework developed by Health Level Seven International (HL7) that enables the electronic exchange of healthcare information using application programming interfaces (APIs).

Health Information Exchange (HIE)

An organization that facilitates the electronic exchange of health information among health care providers, health plans, and other authorized organizations to support care coordination and continuity of care.

Health Level Seven International (HL7)

A standards development organization that establishes widely adopted standards for the electronic exchange of health information, including HL7 Version 2 messaging standards used for ADT event notifications and the FHIR standard.

Homeless Management Information System (HMIS)

A local information technology system used by a Continuum of Care to collect client-level data and data on the provision of housing and services to individuals and families experiencing or at risk of homelessness.

Institution for Mental Diseases (IMD)

A hospital, nursing facility, or other institution of more than 16 beds that is primarily engaged in providing diagnosis, treatment, or care of people with mental health or substance use disorders, as defined in federal Medicaid regulations.

Managed Care Plan (MCP)

A Medi-Cal managed care health plan contracted with DHCS to arrange and provide covered health care services to enrolled Medi-Cal members.

Medical Frailty Data Exchange

The exchange of available physical health and behavioral health information requested by DHCS, or an authorized entity acting on behalf of DHCS, to support DHCS medical frailty determinations.

Milestone

A defined implementation activity, capability, or performance requirement that must be demonstrated to qualify for a grant payment.

Psychiatric Health Facility (PHF)

A licensed California facility that provides 24-hour inpatient psychiatric care for people with mental health disorders.

Qualified Health Information Organization (QHIO)

An organization designated by the California Department of Health Care Access and Information (HCAI) to support health and social service information exchange and interoperability activities within California under the DxF.

Real Time Data Exchange

The exchange of health or social service information within timeframes that support immediate or near-immediate use for care coordination, care management, discharge planning, and transitions of care as defined in the California Data Exchange Framework Policy and Procedure Real Time Exchange.

Skilled Nursing Facility (SNF)

A licensed facility that provides 24-hour skilled nursing care and related services, including rehabilitative and other medical services, to residents who need ongoing clinical support.

Third-Party Administrator (TPA)

The entity designated by DHCS to administer specified functions of the BH-CARE Grant Program, including application administration, milestone validation, grant payment administration, monitoring, and reporting.

Training and Technical Assistance (TTA)

Implementation support, education, tools, and other resources provided to grantees to assist with achievement of program milestones and successful participation in BH-CARE.

Web-Based Service

The browser-based method of accessing the CMP, through which authorized users log in to the DHCS-hosted CMP to capture and submit ASCMI Forms and to query and retrieve client consent preferences without integrating the CMP with an EHR. DHCS also refers to this method as the CMP's "Web-Based Service." See also *Application Programming Interface (API)*.