

ALL COMER WEBINAR: REAL TIME BEHAVIORAL HEALTH DATA SHARING BHIN & APL

April 2, 2026

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Transcript

Slide 1 - Bambi Cisneros – 00:00:00

Thank you, good afternoon everyone.

Slide 1 - Bambi Cisneros – 00:00:03

On behalf of DHCS, I want to thank you all for joining today to discuss new real-time behavioral health data sharing policy guidance via our All-Plan Letter and Behavioral Health Information Notice that was recently issued. I'm Bambi Cisneros, and I serve as the Assistant Deputy Director, Healthcare Delivery Systems, Managed Care, and I am joined by my colleagues and co-presenters, Paula Wilhelm, our Behavioral Health Deputy Director, and Elison Alcondirez, our Assistant Deputy Director over Enterprise Data and Information Management.

Slide 1 - Bambi Cisneros - 00:00:35

And for this afternoon, we'll start with a brief overview of DHCS's goals for real-time behavioral health data sharing.

Slide 1 - Bambi Cisneros - 00:00:43

Then provide a high-level overview of the new Behavioral Health Information Notice and All-Plan Letter. We'll walk through existing requirements, what's been clarified or updated, and what's new, and then we'll close with key implementation milestones and leave time for questions at the end.

Slide 1 - Bambi Cisneros - 00:00:58

So that's what we hope to accomplish this afternoon.

Slide 1 - Bambi Cisneros - 00:01:02

Okay, go to the next slide, please.

Slide 2 - Bambi Cisneros – 00:01:07

So, DHCS's goal is to support our Medi-Cal partners' understanding of the complex data sharing and privacy regulations and implementation of real-time data exchange to support timely care coordination.

Slide 2 - Bambi Cisneros - 00:01:20

We know that despite strong intentions across our partners, sharing of sensitive information across physical health, behavioral health, substance use disorder, and social services is still inconsistent, and partners often face challenges because information is siloed, privacy rules are interpreted differently, some technical systems don't talk to each other, which leads to delays that can directly impact care decisions. And right now, data is often shared on an inconsistent basis, sometimes in monthly file batches or not at all.

Slide 2 - Bambi Cisneros - 00:01:49

And so to address this, DHCS has developed practical guidance and responsibilities to help Medi-Cal partners, legal teams, and providers navigate data sharing laws and privacy requirements. The outcome of all these efforts should be real-time and consistent data exchange that enables timely, coordinated care, and reduces duplication of services.

Slide 2 - Bambi Cisneros - 00:02:09

Real-time data exchange is defined as sharing health and social services information as soon as the data becomes available and without intentional or programmatic delay. And what this does is improve outcomes by making sure providers have the information they need when they need it, and strengthens DHCS's ability to do monitoring and performance improvement.

Slide 2 - Bambi Cisneros - 00:02:30

Um, and the next slide.

Slide 3 - Bambi Cisneros - 00:02:34

We'll talk about our summary of the real-time behavioral health data sharing as found in our guidance.

Slide 3 - Bambi Cisneros - 00:02:41

At a high level, these documents clarify DHCS's expectations for behavioral health data exchange across behavioral health plans, including mental health plans, Drug Medi-Cal Organized Delivery Systems, Drug Medi-Cal counties, and managed care plans.

Slide 3 - Bambi Cisneros - 00:02:55

The first bucket is existing requirements. The BHIN and APL reaffirm core data-sharing obligations that already exist today. Managed care plans, behavioral health plans, and

Drug Medi-Cal counties are expected to bidirectionally share all necessary and requested member data with one another to support care coordination.

Slide 3 - Bambi Cisneros - 00:03:20

They must also have data-sharing Memorandums of Understanding (MOUs) in place that govern how information is exchanged. Where required by law, appropriate consent forms must be used to share protected information. Plans and counties must continue sharing member health and encounter data needed for state and federal quality reporting and oversight.

Slide 3 - Bambi Cisneros - 00:03:55

The second bucket is clarification or updates to procedural responsibilities. The BHIN clarifies updated procedural responsibilities for county behavioral health plans. Behavioral health plans and Drug Medi-Cal counties are required to adopt certain DHCS Data Exchange Framework policies and procedures, which MCPs are already required to adopt.

Slide 3 - Bambi Cisneros - 00:04:24

These policies and procedures explicitly include expectations around real-time data exchange, reinforcing that data should be shared as it becomes available to support timely decision-making and follow-up.

Slide 3 - Bambi Cisneros - 00:04:52

The third bucket is new requirements. The BHIN and APL introduce a key new requirement related to consent for sensitive information.

Slide 3 - Bambi Cisneros - 00:05:10

MCPs, behavioral health plans, and Drug Medi-Cal counties must adopt the Authorization to Share Confidential Medi-Cal Information (ASCFMI) form when consent is needed to share sensitive data, including substance use disorder information subject to 42 CFR Part 2.

Slide 3 - Bambi Cisneros - 00:05:25

The intent is to standardize consent processes, reduce variability across forms, and enable more consistent real-time exchange of sensitive behavioral health information. We'll go into more depth on each of these categories later in the slides.

Slide 3 - Bambi Cisneros - 00:05:36

I will now turn it over to Paula Wilhelm, Behavioral Health Deputy Director.

Slide 4 - Paula Wilhelm - 00:05:38

Good afternoon, everyone. Thank you, Bambi. As Bambi mentioned, much of the policy featured in the BHIN and APL is not new. These requirements already existed in state and federal regulation, behavioral health plan and DMC county contracts, and other DHCS guidance.

Slide 4 - Paula Wilhelm - 00:06:08

One of the problems we were trying to solve was that these requirements were scattered across many authorities. We wanted to give you a one-stop resource to understand what is required of behavioral health plans, DMC counties, and MCPs as it relates to data sharing.

Slide 4 - Paula Wilhelm - 00:06:37

To recap the core requirements that already exist and are consolidated in the new guidance...

Slide 4 - Paula Wilhelm - 00:07:00

County behavioral health and managed care plans are already required to engage in timely care coordination and share data to support that. This appears in federal managed care regulations, existing plan contracts, and other guidance.

Slide 4 - Paula Wilhelm - 00:07:20

Much of that guidance has been high-level and distributed across authorities, so we are clarifying those requirements in this guidance.

Slide 5 - Paula Wilhelm - 00:07:37

We previously elaborated on these data sharing and care coordination requirements in our MOU guidance to behavioral health plans, counties, and MCPs. We developed extensive guidance, including template MOUs, and many plans and counties have executed these.

Slide 5 - Paula Wilhelm - 00:08:10

One key piece of guidance covered in the MOUs was operationalizing data exchange and care coordination between behavioral health and MCP partners, including how partners exchange admission, discharge, and transfer (ADT) notifications.

Slide 5 - Paula Wilhelm - 00:08:37

Notably, the MOU guidance does not limit ADT notifications to facility types required under federal interoperability regulations. It includes broader requirements that partners notify each other when shared members enter or exit residential or inpatient treatment settings.

Slide 5 - Paula Wilhelm - 00:09:13

MOUs are a body of existing guidance that we now reference in the BHIN and APL.

Slide 6 - Paula Wilhelm - 00:09:25

All data sharing requirements must be carried out with appropriate attention to consent and federal and state laws governing PHI.

Slide 6 - Paula Wilhelm - 00:09:41

At the federal level, this includes HIPAA and 42 CFR Part 2, which protects certain SUD treatment information. We emphasize obtaining and tracking consent appropriately for use cases beyond treatment, payment, and healthcare operations.

Slide 6 - Paula Wilhelm - 00:10:40

Helping partners manage consent is another component of this guidance.

Slide 6 - Paula Wilhelm - 00:11:15

There are existing requirements for both MCPs and behavioral health plans to report data and performance measures. To report complete data, data sharing must occur so behavioral health obtains certain data from MCPs and vice versa.

Slide 6 - Paula Wilhelm - 00:11:58

Examples include MCAS, BHAS, CMS core set measures, and measures in our comprehensive quality strategy. Plans also work with our EQRO to validate these measures.

Slide 7 - Paula Wilhelm - 00:12:24

The next component of the BHIN and APL is providing additional procedural guidance on how requirements should be realized—what data must be shared, when, and how.

Slide 7 - Paula Wilhelm - 00:12:53

To standardize and clarify the approach, we require adoption of certain standards and policies from the statewide Data Exchange Framework.

Slide 7 - Paula Wilhelm - 00:13:17

MCPs are already required participants in the framework. Many county behavioral health plans have also chosen to sign on. The framework governs how data can be reliably and consistently exchanged between healthcare partners in California.

Slide 7 - Paula Wilhelm - 00:13:42

Rather than reinventing the wheel, we refer to the existing framework and the specific policies and procedures listed on the slide.

Slide 8 - Paula Wilhelm - 00:14:17

We refer plans to Policy and Procedure 12, which clarifies that data exchange must follow the definition of real-time data exchange included in the P&P.

Slide 8 - Paula Wilhelm - 00:14:48

We also reference P&P 8 and 9. P&P 8 clarifies specific data elements that must be included in an exchange. P&P 9 elaborates on technical requirements for exchange, helpful for use cases like sharing member rosters to facilitate ADT notifications.

Slide 8 - Paula Wilhelm - 00:15:33

MCPs are already required to adopt these standards. Many counties have chosen to. We continue to encourage all counties to sign on to the Data Exchange Framework.

Slide 8 - Paula Wilhelm - 00:15:52

With that, I will hand it over to Elison to discuss the new requirement related to consent management and the ASCMI form.

Slide 9 - Elison Alcovendaz - 00:16:08

Thanks, Paula. Hi, everybody. Very excited to talk about my favorite acronym in the department—ASCMI, which stands for Authorization to Share Confidential Medi-Cal Information.

Slide 9 - Elison Alcovendaz - 00:16:25

The new data sharing requirement centers on standardizing consent whenever member authorization is required. County behavioral health, MCPs, and network providers must adopt the ASCMI form in these cases.

Slide 9 - Elison Alcovendaz - 00:16:42

The ASCMI form provides information to members about their rights, when their information may be shared, when consent is not needed, and helps them decide whether to share or withhold sensitive information.

Slide 9 - Alison Alcovendaz - 00:17:15

We aim to reduce variability across consent forms, lower administrative burden, and support more consistent real-time data exchange.

Slide 10 - Alison Alcovendaz - 00:17:36

There are two versions of the form. The AB 133 version applies to CalAIM populations and authorizes data sharing for CalAIM purposes only.

Slide 10 - Alison Alcovendaz - 00:17:52

The non-AB 133 version applies to non-CalAIM populations and is used when other state or federal consent requirements apply.

Slide 10 - Alison Alcovendaz - 00:18:03

Using the form, care partners can share medical, mental health, SUD status and treatment information, health insurance information, housing information, limited criminal legal information, and the form supports compliance with 42 CFR Part 2.

Slide 11 - Alison Alcovendaz - 00:18:28

Whole-person care requires sharing sensitive information. Currently, many different forms exist—worded differently, stored differently, accessed differently—leading to confusion and administrative burden.

Slide 11 - Alison Alcovendaz - 00:19:08

Standardizing consent through the ASCMI form reduces confusion and improves predictable real-time data exchange.

Slide 11 - Alison Alcovendaz - 00:19:23

Consent is not required for most activities—treatment, payment, operations, connecting someone to services after release from jail, or coordinating managed care benefits.

Slide 11 - Alison Alcovendaz - 00:19:42

Consent is required for sharing SUD information protected by Part 2, housing-related information beyond what is permitted in the Continuum of Care NPP, and minor-consented services.

Slide 12 - Alison Alcovendaz - 00:20:05

The standardized consent form improves clarity and gives care partners confidence to act on consent.

Slide 12 - Alison Alcovendaz - 00:20:31

We are also developing a Consent Management Platform (CMP), a central repository where ASCMI forms and their data will be securely stored and queryable.

Slide 12 - Alison Alcovendaz - 00:21:03

We are in an early adopter cohort with four counties testing the form and early CMP version. Their feedback will refine workflows, training, and technical assistance before statewide rollout.

Slide 13 - Alison Alcovendaz - 00:22:26

The ASCMI form is valid for one year, or until a person under 18 reaches their 18th birthday.

Slide 13 - Alison Alcovendaz - 00:22:39

Members may revoke consent at any time using the revocation form.

Slide 13 - Alison Alcovendaz - 00:22:55

I'll turn it back to Paula for timeline and implementation expectations.

Slide 14 - Paula Wilhelm - 00:23:06

What we are depicting here is a phased timeline to give plans and counties time to implement new pieces.

Slide 14 - Paula Wilhelm - 00:23:24

The guidance was published in March 2026. MCPs must comply with real-time data sharing requirements by April 1, 2026.

Slide 14 - Paula Wilhelm - 00:23:45

MCPs already signed on to the Data Exchange Framework, so these requirements are not new for them.

Slide 14 - Paula Wilhelm - 00:24:19

For county behavioral health plans and DMC counties, much of the BHIN reflects existing requirements.

Slide 14 - Paula Wilhelm - 00:24:38

DHCS will begin enforcing county compliance with real-time data sharing requirements on January 1, 2027.

Slide 14 - Paula Wilhelm - 00:25:05

The Data Exchange Framework P&Ps are new procedural clarifications for counties. DHCS anticipates enforcing these after January 1, 2027.

Slide 14 - Paula Wilhelm - 00:25:38

Both MCPs and county behavioral health plans must implement and use the ASCMI form by January 1, 2027.

Slide 14 - Paula Wilhelm - 00:25:57

I want to close and transition to Q&A. Thank you to all county and plan partners for your work improving data exchange capability.

Discussion / Q&A - Paula Wilhelm - 00:25:57

I want to close and transition to Q&A. Thank you to all county and plan partners for your work improving data exchange capability.

Discussion / Q&A - Paula Wilhelm - 00:26:20

This has really been a marathon and not a sprint. We hope the BHIN and APL are helpful as consolidated and specific guidance on these requirements.

Discussion / Q&A - Paula Wilhelm - 00:26:47

Plans have been working to improve data exchange between behavioral health and Medi-Cal managed care for a number of years, and intensively for the last two to three years. We have seen progress.

Discussion / Q&A - Paula Wilhelm - 00:27:07

We know you are chipping away at ensuring you have both the technical capability and the policy knowledge to do what we are specifying here.

Discussion / Q&A - Paula Wilhelm - 00:27:32

We hope this guidance will help us move collectively further down the road to real-time data exchange, which many of you have spoken compellingly about in terms of improving care for Medi-Cal members.

Discussion / Q&A - Paula Wilhelm - 00:27:58

So, keeping that in mind as our North Star, we're excited to continue working through this with you.

Discussion / Q&A - Andrea B. - 00:28:19

Participants may submit written comments and questions through the Zoom Q&A box. All comments will be recorded and reviewed by staff.

Discussion / Q&A - Andrea B. - 00:28:28

To make a verbal comment, if you've joined via Zoom interface, click "Raise Hand." If you dialed in by phone, press *9. Please listen for your number to be called, unmute yourself, and state your name and organizational affiliation.

Discussion / Q&A - Andrea B. - 00:28:50

First up, we have Erica Beltran. You can now unmute yourself.

Discussion / Q&A - Andrea B. - 00:29:17

Erica, did you have a question? If not, I'll lower your hand.

Discussion / Q&A - Andrea B. - 00:29:36

We have no raised hands at this time.

Discussion / Q&A - Paula Wilhelm - 00:29:45

Thank you. I see a comment from Erica noting audio is not working. One of the questions we saw in the chat that we can answer is: can we clarify the timeline for the statewide rollout of the Consent Management Platform?

Discussion / Q&A - Paula Wilhelm - 00:30:13

I believe we anticipate starting that rollout this summer. Elison, anything you want to add?

Discussion / Q&A - Elison Alcovendaz - 00:30:15

Yes. We're pushing for a July 1st launch date.

Discussion / Q&A - Elison Alcovendaz - 00:30:25

That's not the be-all, end-all. We will continue engaging with counties and plans as they start using the CMP. It will be a phased process. The first version will be live July 1st.

Discussion / Q&A - Paula Wilhelm - 00:30:45

Thank you. We'll continue scanning for raised hands, but we'll go ahead and respond to more questions from the chat.

Discussion / Q&A - Paula Wilhelm - 00:31:10

Another question that came in: "Are HIV and other sensitive diagnoses covered under Part 2?"

Discussion / Q&A - Paula Wilhelm - 00:31:25

The answer is no. Part 2 is specific to certain providers of SUD treatment and certain types of SUD treatment-related information.

Discussion / Q&A - Paula Wilhelm - 00:31:45

However, sensitive diagnoses such as HIV are addressed in the ASCMI forms—specifically the non-AB 133 ASCMI form.

Discussion / Q&A - Paula Wilhelm - 00:32:04

We also have DHCS Data Sharing Guide v2.1, which includes additional information about sharing Part 2 data.

Discussion / Q&A - Paula Wilhelm - 00:32:53

Another question: "Consent management is difficult when there are multiple sources of truth. Wouldn't a single state platform providing a single source of truth lead to more consistency?"

Discussion / Q&A - Paula Wilhelm - 00:33:18

The answer is yes. That is the intent of the statewide Consent Management Platform—to provide a single source of truth that can be queried by different care providers.

Discussion / Q&A - Paula Wilhelm - 00:33:42

We are scanning the Q&A and chat as quickly as we can. We won't be able to respond to all questions live, but we will consider them for future resources or FAQs.

Discussion / Q&A - Paula Wilhelm - 00:34:31

Attendees are welcome to reach out to us at the inboxes listed in the slide deck.

Discussion / Q&A - Paula Wilhelm - 00:34:53

Another question: "What is the cadence for obtaining consent? Annual? At each visit?"

Discussion / Q&A - Paula Wilhelm - 00:35:02

Consent must be obtained at least annually, but it can be obtained more frequently based on member preference or changes in their needs.

Discussion / Q&A - Paula Wilhelm - 00:35:44

Members may revoke consent at any time.

Discussion / Q&A - Paula Wilhelm - 00:36:02

We're getting many questions about consent and ASCMI. Alison, you may need your own webinar.

Discussion / Q&A - Alison Alcovendaz - 00:36:10

I'm trying to respond to some of the folks in Q&A with written answers.

Discussion / Q&A - Paula Wilhelm - 00:36:10

Thank you. I'll read another one or two of these in case other attendees have the same question, so I'll just keep going.

Discussion / Q&A - Paula Wilhelm - 00:36:20

Another question that we see is: Will the ASCMI consent form also be used to share data with non-covered entities, such as social services departments? If so, health departments would need consent even if the sharing is for TPO — treatment, payment, and healthcare operations.

Discussion / Q&A - Paula Wilhelm - 00:36:45

The answer is yes — the ASCMI form *can* be used to share data with non-covered entities. If the data is being shared for TPO purposes of the sharing covered entity, then consent would not be needed to share that PHI. But there may be use cases that are not TPO, and covered entities should always consult with their own legal counsel when it comes to sharing PHI with non-covered entities.

Discussion / Q&A - Paula Wilhelm - 00:37:23

Okay, another cool question about the Consent Management Platform. The question is: Will the consent management system be able to link to county EMRs or EHRs so counties or others can configure which plan member data can be released via health information exchange, and monitor which plan members have or have not given consent?

Discussion / Q&A - Paula Wilhelm - 00:38:00

The answer is yes — the Consent Management Platform will support APIs (application programming interfaces) to work with electronic health records and transmit that data from the health record to the CMP. Alison, Phil — I see you nodding.

Discussion / Q&A - Alison Alcovendaz - 00:38:25

No, you've got it. This should be your webinar. I'll add that there are other modalities as well. The EMR/EHR connection would be via API, but there will also be a web portal where you can log in to the CMP, and there will also be a mobile app.

Discussion / Q&A - Paula Wilhelm - 00:38:56

Here's an important one someone called out in the chat: Does using the ASCMI form mean the entire state and county system will potentially have access to client SUD data or Part 2-protected information?

Discussion / Q&A - Paula Wilhelm - 00:39:15

That is not the case. The ASCMI form and CMP strictly manage the member's "yes," "no," or "share only in certain circumstances" consent. The platform and the form do *not* actually share any Part 2-protected information or other data. That still must be done and agreed upon through other means.

Discussion / Q&A - Paula Wilhelm - 00:40:04

Oh, and I see we have one raised hand. Thank you for flagging that. Now I see a second raised hand. The first one is Matthew Pirritano.

Discussion / Q&A - Matthew Pirritano - 00:40:17

Yeah, awesome. Can you hear me?

Discussion / Q&A - Paula Wilhelm - 00:40:20

Yes.

Discussion / Q&A - Matthew Pirritano - 00:40:21

Okay. So I'm calling out the question I asked in the chat. One of our county BH partners asked us to give them all HEDIS data on members in the denominator for some BHAS measures — regardless of whether they had a relationship with those members. Apparently DHCS is asking behavioral health organizations to calculate a county-wide rate on those BHAS measures?

Discussion / Q&A - Matthew Pirritano - 00:40:55

I would counsel: why not just combine the numbers from the MCPs in a county instead of having BH folks do that? But anyway — my question is: How is that legal? How can we share data beyond the minimum necessary requirement to an organization if they have no relationship with that member? Is there some HIPAA exception?

Discussion / Q&A - Paula Wilhelm - 00:41:36

No, I wouldn't categorize this as an exception. I understand your point — from the MCP seat, membership is defined. You have enrolled members. For each county behavioral health plan, effectively *all* Medi-Cal members in the county are their enrolled members and would qualify for county BH services if needed.

Discussion / Q&A - Paula Wilhelm - 00:42:10

Their population is much broader than any individual MCP. That is why DHCS has given counties guidance that they must be able to report complete denominators for those measures — including people who may need county BH services but have not previously received services.

Discussion / Q&A - Paula Wilhelm - 00:42:58

Thank you.

Discussion / Q&A - Paula Wilhelm - 00:43:00

I see two more hands. The next hand is Paul Sohal.

Discussion / Q&A - Paul Sohal - 00:43:12

Hey Paula — question: Will DHCS or the Data Exchange Framework offer an API or interface to exchange real-time behavioral health data? And will it interface with the new Consent Management Platform?

Discussion / Q&A - Elison Alcovendaz - 00:43:33

Yes — part of what we hope to see is that QHIOs affiliated with the DXF will be able to connect to providers via API, and QHIOs will connect via API to the CMP. If your EHR can't connect directly, that's the route we anticipate most often.

Discussion / Q&A - Paula Wilhelm - 00:44:20

We'll watch the chat for follow-up.

Discussion / Q&A - Elison Alcovendaz - 00:44:22

Yes.

Discussion / Q&A - Paula Wilhelm - 00:44:23

Sometimes you might get muted again after we start talking.

Discussion / Q&A - Alison Alcovendaz - 00:44:32

But generally yes — the API connection will be available when the CMP launches. If your EHR can connect directly, great. If not, your regional HIE or QHIO can connect to the CMP and query consent status.

Discussion / Q&A - Paula Wilhelm – 00:45:05

But Alison, is it correct to say the CMP only facilitates the exchange of consent form data?

Discussion / Q&A - Alison Alcovendaz - 00:45:16

Yes — not the actual clinical data.

Discussion / Q&A - Paula Wilhelm - 00:45:20

Other types of data that partners need to share in real time must be managed through local HIEs or QHIOs.

Discussion / Q&A - Alison Alcovendaz - 00:45:31

Right.

Discussion / Q&A - Paula Wilhelm - 00:45:32

Okay.

Discussion / Q&A - Alison Alcovendaz - 00:45:33

Yeah.

Discussion / Q&A - Paula Wilhelm - 00:45:33

Thank you.

Discussion / Q&A - Alison Alcovendaz - 00:45:34

Thank you.

Discussion / Q&A - Paula Wilhelm - 00:45:35

Next question — Chris Hively?

Discussion / Q&A - Chris Hively - 00:45:44

Yeah, can you hear me okay?

Discussion / Q&A - Paula Wilhelm - 00:45:47

Yes.

Discussion / Q&A - Chris Hively - 00:45:48

Perfect. Chris Hively from HealthNet. My question is about what's actually covered in the APL for real-time data exchange. Is that just, like, DXF-related elements, like a health summary, like a CCDA and ADTs? And if so, shouldn't other plans just join a QHIO to get that information in real time? And things like claims and encounter data—I don't think that makes sense to exchange in real time. That's more like quarterly or monthly. Can you confirm what's covered as real-time versus what doesn't need to be?

Discussion / Q&A - Paula Wilhelm - 00:46:27

Great question. I'll start, and then Jonah or Elison can jump in. So, yes — the real-time requirement applies to clinical and care-coordination-relevant information, like ADTs, care plans, assessments, and other data elements referenced in the Data Exchange Framework policies and procedures.

Discussion / Q&A - Paula Wilhelm - 00:46:55

Claims and encounter data are *not* required to be exchanged in real time. Those continue to follow existing timelines for reporting and submission.

Discussion / Q&A - Paula Wilhelm - 00:47:10

The focus of real-time exchange is information that supports immediate care coordination and timely follow-up.

Discussion / Q&A - Jonah Frohlich - 00:47:38

I'll add to that — the DXF standards are designed to support real-time clinical exchange. Joining a QHIO is one way to meet those requirements, but not the only way. Plans and counties can use other technical solutions as long as they meet the standards.

Discussion / Q&A - Jonah Frohlich - 00:48:05

The key is that the exchange must be real time and must include the required data elements.

Discussion / Q&A - Chris Hively - 00:48:26

Got it. Thanks. And just to clarify — if a plan is already connected to a QHIO, does that satisfy the requirement for real-time ADTs?

Discussion / Q&A - Jonah Frohlich - 00:48:53

It can, yes — if the QHIO is providing real-time ADTs and the plan is actively receiving and acting on them. The requirement is about the *function*, not the vendor.

Discussion / Q&A - Chris Hively - 00:49:42

Okay, that makes sense. And one more — for counties that aren't yet on the DXF, is there a recommended path to get started?

Discussion / Q&A - Jonah Frohlich - 00:50:15

Yes. Counties can sign the Data Sharing Agreement at any time, and DHCS strongly encourages it. Once signed, they can begin adopting the policies and procedures and connecting to a QHIO or other compliant exchange mechanism.

Discussion / Q&A - Paula Wilhelm - 00:50:46

And we're happy to support counties through that process. We know it's a significant lift, and we're committed to helping partners get there.

Discussion / Q&A - Rose Kosyan - 00:50:58

Hi, this is Rose from LA County. I have a question about the ASCMI form. For minors — if a youth consents to services, but the parent does not, how does that work with the ASCMI?

Discussion / Q&A - Paula Wilhelm - 00:51:00

Great question, Rose.

Discussion / Q&A - Rose Kosyan - 00:51:02

We're trying to understand how to operationalize that in our systems.

Discussion / Q&A - Paula Wilhelm - 00:51:54

Yes — so for minor-consented services, the youth is the one who must sign the ASCMI form. Parents or guardians cannot authorize disclosure of information related to services the minor consented to independently.

Discussion / Q&A - Paula Wilhelm - 00:52:10

The ASCMI form includes specific language to support this distinction.

Discussion / Q&A - Rose Kosyan - 00:52:21

Thank you — that helps. And will there be additional guidance on storing multiple ASCMI forms for the same member?

Discussion / Q&A - Paula Wilhelm - 00:53:45

Yes. The Consent Management Platform will allow multiple forms per member, each with its own metadata — date signed, expiration, scope of information, etc. Providers will be able to query the platform to see the most current valid consent.

Discussion / Q&A - Rose Kosyan - 00:55:25

That's great. Thank you.

Discussion / Q&A - Paula Wilhelm - 00:56:40

Another question from the chat: "Will DHCS provide training materials for frontline staff on how to explain the ASCMI form to members?"

Discussion / Q&A - Paula Wilhelm - 00:56:58

Yes. We are developing training modules, scripts, and FAQs that counties and plans can use with their staff. These will be released ahead of the January 1, 2027 implementation deadline.

Discussion / Q&A - Paula Wilhelm - 00:57:22

We know that frontline staff are the ones who will be walking members through the form, so we want to make sure they feel confident and supported.

Discussion / Q&A - Paula Wilhelm - 00:59:47

I'm seeing a few questions about whether the ASCMI form will be translated into threshold languages. The answer is yes — DHCS will provide translated versions.

Discussion / Q&A - Rose Kosyan - 01:00:04

Thank you — that's very helpful.

Discussion / Q&A - Paula Wilhelm - 01:00:11

We are past 3 o'clock. That happened fast. We need to wrap up. If we didn't get to your question, please reach out to us. The slide deck will be posted, and we hope to make the recording available as well.

Discussion / Q&A - System - 01:00:58

[Recording stopped]