CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

MEETING TRANSCRIPT

BEHAVIORAL HEALTH DATA: CONSENT, ACCESS AND REAL-TIME EXCHANGE BH-CARE GRANT PROGRAM ENTER MEETING TITLE HERE

Date:	November 4, 2026
Time:	10:00 – 10:50 am
Number of Speakers:	2
Duration:	52 minutes

Speakers:

- Elison Alcovendaz
- Dr. Uma Chandavakar

TRANSCRIPT:

Elison Alcovendaz - Introduction

Hi, everybody. I will give it another 30 seconds or so, then we'll get started.

Hi, everybody. I wanted to be sure that you can hear me. They decided to use a jackhammer outside my office. I want to be sure we are good. To be sure everyone is in the right room. We are here today to talk about the BH-CARE grant program and some funding that might be available to your organizations under this program.

My name is Elison Alcovendaz, director for information and data management. I would like to thank the organizers for using a different picture of me, a younger. Thank you. I am joined by my colleague, Dr. Uma Chandavarkar.

We will have a brief Q and A session at the end. English and Spanish captioning is available at the link in the chat. If you have any technical issues, please reach out to Sophia Nelson and Erin, emails at the bottom of the slide.

Elison Alcovendaz – Slide 1

Before we get into this, I wanted to make sure that you all had access to resources related to the request for application or RFA related to BH-CARE. The application,

budget templates, and requirements will be available at the links that are in the chat or being put in the chat now. Please note that applications are due by November 20, 2026, at 5:00 p.m. Pacific time. We may have formal updates and addendum requirements between now and then. Be on the lookout for the requirements and if you are selected, what the requirements are to actually receive some funding under this program.

Elison Alcovendaz – Slide 2

All right. So, our agenda for today. I will be doing the first two bullets here. I will walk us through the program overview and also, to talk about what's available in this round one of funding. Then, I will turn it over to Uma Chandavarkar, who will take us to the details of the milestones, eligibility, and application process, and then we'll end with a Q and A.

Elison Alcovendaz – Slide 3

All right. So, our BH-CARE program is funded through Prop 35, and as part of our behavioral health investments, which focus on moving across the behavioral health continuum. As we know that those that have behavioral health needs, the care for the individuals can be complex and complicated.

Basically, multiple organizations, settings, and providers need to coordinate care well; the exchange of information has to be done as well as possible. As a result, the California Department of Health Care Services has prioritized this care and launched a few initiatives.

There is the ASCMI form, the authorization to share confidential form, which is a standardized consent form to capture consent. We'll now be required from January 1, 2027, for behavioral health, a letter that was published earlier this year. You should note in the bullet points that are consistent with the policies and procedures and exchange network. Another link we have launched is the portal, CMP, which is a centralized repository to receive consents so care partners can share and deliver types of information.

We also know that even though we agree that real-time exchange is important, there are a lot of challenges. Folks have different capabilities; it's limited. There is a lot of local consent processes that don't align with greater exchange across the region, or what we are trying to do statewide. But we know it's important, and we know if we can do it, it will enable coordinated care, reduce treatment gaps, and help clients reach social stability in lower communities of care.

Elison Alcovendaz – Slide 4

What is BH-CARE? It is intended to improve all the things that I have just mentioned. We have three buckets that we are thinking about through BH-CARE. First is consent: to implement the ASCMI form, the standardized form, and workflows to ensure we are maintaining consent and doing it in a standardized way.

The second is access. If we can build or enable the technical infrastructure to support clients getting access to care faster, by being able to exchange information in real time, we can improve care coordination that way and also reduce gaps in relationship to care as clients move across that continuum.

Lastly, real-time exchange. We want to enable timely bidirectional sharing of behavioral health and social services data, and there is the language in delay to define what it means to be real-time.

Elison Alcovendaz – Slide 5

So, we are focused on how BH-CARE can advance data exchange through these four bulletins. And real-time exchange. We want to enable real-time exchange of information through qualified intermediaries through part two data.

Standardize the ASCMI form for consent preferences. We have analyzed data policies and procedures to align with the DSF and strengthen care and improve all the areas of care that an individual will interact with.

One thing I want to note here, although not specifically related to these, we want to do this to support medical frailty determinations. There is some other information, some other meetings that might happen more specifically to that. We want to flag that here as well.

The BH-CARE program: we have $59 million to be used by 2028. We have two years to support the activities that we are going to talk about here. This money will also support training, technical assistance, administrative and operational costs, and any implementation activities.

Again, this all has to be done by December 2028. Right now, we are talking about the first round of funding, which is available in two categories. County behavioral health agencies and data exchange intermediaries.

I want to flag that, in terms of the Administration of this program, the California Department of Health Care Services is the one overseeing this; we will be contracting with CalMHSA, our party administrator, and will administer the grants and also be

supporting the data exchange management activities from a training and technical assistance perspective.

Again, I want to flag that these payments are tied to milestones. Dr. Uma Chandavarkar is also talking about those specifics later. This is not upfront money that you are just getting to do stuff. There have to be milestones achieved before the money is provided to you.

Elison Alcovendaz – Slide 6

So, applicants must pursue every milestone in the organization category. The milestones will be different based on whether you are a County behavioral health agency or a data exchange intermediate. Some of those are one-time milestones, other, sequential and prerequisites that you have to meet along the way in order to get that full funding for that pathway for those milestones.

Payments are made one time or in quarterly installments. Of course, we are going to require that documentation is provided with each milestone, including quarterly submissions if you are going to receive ongoing milestone payments.

Both CalMHSA and the California Department of Health Care Services will be reviewing the documentation to make sure the documentation milestones are achieved, and we'll ask for more information to make sure the milestone is completed before the payment is issued. As we go along here, as this program gets underway, we can talk more about what type of documentation we might need for a specific milestone.

Elison Alcovendaz – Slide 7

Who may apply in round one?

Again, I talked about counties. This will be County behavioral health plans and drug Medi-Cal counties. When I say counties, we are talking about County behavioral health plans and drug Medi-Cal. Data exchange intermediaries, QHIO, HIE, and CIE, are eligible.

All eligibility requirements for the applicant category will need to be met in North Dakota to be eligible for the program. Qualified health information organizations, health information exchanges, community information exchanges.

We'll talk more about them in the slides. The information will tell you what those requirements are for.

Elison Alcovendaz – Slide 8

Okay. One note here about what the funding can be used for and what it can't be used for. So, again, this funding is coming from a pot of money that has a very specific purpose. So, the funding should support new or expanding behavioral health data exchange capabilities that complement and do not duplicate existing state or federal investments.

So, I want to be sure that's clear. What is eligible are all the items that we listed here: technology, interface, software, implementation, data exchange onboarding and workflows, staffing, training, testing, and reporting related to the activities.

What is not eligible for funding is duplicative or replacement funding from other state or federal sources. If you participate in a prior California Department of Health Care Services program, and you receive money to do a milestone or what is similar to a milestone of what we have here, you can't get money for that. I want to be sure that is clear. Any direct services that are not related to data exchange at all cannot use funding for that.

Again, anything not related to BH-CARE's operating costs, related to BH-CARE funding for that as well. Refer to the RFA for the information related to these. That's it for me. I will turn it over to Dr. Uma Chandavarkar to get into the payment structures. Take it away.

Dr. Uma Chandavarkar – Slide 1

Thank you. I will start with the grant eligibility, starting with the counties. To be eligible, a County must be a County behavioral health plan or a Drug Medi-Cal County. Must have signed the data sharing agreement and completed its DHS introductory and completed the award date.

Finally, this must be the County that signs the DSF; some have already signed the DXF. Also, it must have implemented the ASCMI form for exchange by January 1, 2027, in accordance with behavioral health.

Counties have five milestones to achieve as part of their grant award. This slide shows the key requirements and payment type for each milestone: 0, program onboarding, within 90 days of the award, sign, and submit a work plan.

Milestone one: consent management portal; establish connection to CMP via EHR, API, or CMP Web. Modality to submit queries and retrieve consent preferences; demonstrate ongoing CMP submit query and retrieve use.

Finally, this is more for the Web services between the two modalities. Milestone one is also the first milestone that includes quarterly payments of the use for the CMP. This

must be submitted and be sure that providers are actively querying the CMP and must submit the clinical threshold and will be used based on the County size for collection and submission.

Milestone two, on Board to intermediary. Contract with an intermediary for ADT notifications; build interface to send Parchment 2 and other data at least daily. One-time payment.

Milestone 3, ADT event notifications, share member rosters at least monthly, send and receive real-time HL 7 ADT notifications requires Milestone 2 completion prior.

Milestone 4, bidirectional exchange, ongoing real-time exchange with care partners and timely to medical frailty data requests, paid quarterly. Notice that if the counties have already received the milestone before the grant period, they may be eligible to receive a reduced payment for that milestone.

They will be required to submit in writing how they will achieve the objective, along with providing the documentation for the milestone. For example, if a County has already established a connection with an intermediary with ADT notifications milestone two, they can submit a proposal for further building out technical and care coordination workflow to respond to ADT events.

Dr. Uma Chandavarkar – Slide 2

County funding uses 7 tiers that are based on estimated behavioral health service volume. Appendix A of the RFA lists each county's tier in a preliminary amount, which includes

$223,300 for tier one and $ 80,880 for tier 7.

Now to intermediary eligibility criteria. The participant directory will commit to doing both within 90 days of the award. They must operate in California and actively support health and social service information exchange with at least one County behavioral health program and standards and specify data security, financing, and insurance requirements. Please refer to the RFA for the full criteria.

Dr. Uma Chandavarkar – Slide 3

Intermediaries have six milestones. Milestone 0 is program onboarding, sign DXF DSA and complete participant directory entry, demonstrate FIHR, exchange with a County BHEHR, or COC HMIS,

Milestone 1, Onboarding to CMP, query, retrieve, and return consent status and maintain audit logs; enable sign access and reporting. Milestone two: successful CMP query, retrieve, transaction, and reported query.

Milestone 3, receive, label, and segment part 2 and other protected data, apply consent and role-based controls to restrict disclosure; respond to requests for medical frailty data as needed. Milestone 4, ongoing real-time exchange of BH housing.

Milestone 3, implied consent and controls. This is a one-time payment of $130,000 upon operational functionality to receive, maintain, segment, or otherwise restrict and support authorized exchange of part 2 and other protected data.

Milestone 4, data exchange ongoing real-time exchange of behavioral health housing and other data health and social service data protected data only after CMP consent query. Payable $1 per successful sharing following the transaction.

Milestone 5. Rosters and ADT, managed County member rosters and deliver real-time admission and discharge notifications, paid quarterly. Payment of $1 up to $220 per quarter for each notification of admission or discharge from qualifying institutions.

Importantly, to continue to receive payments after December 2027, must indicate QHIO and remain in good standing with the DXF. Each is planning to release information about a new round of applications in 2027.

So, moving on to the application and submission process.

The RFA includes templates and applications to complete. Those are in the chat at the top. Counties submit the County application template A 1, and County budget template attachment B 1. Intermediaries submit the intermediary application attachment A 2, and the intermediary budget template attachment B 2. Please submit only the templates for your applicant category.

Dr. Uma Chandavarkar – Slide 4

All applications must be completed and submitted to the DHCS data-sharing email address in the chat by November 20, 2026, 5:00 p.m. to be considered. Use the required email subject line convention. Submit only the template applicable to the applicant category. Incomplete applications will not be considered. Please be sure your application and budget are complete before submitting.

Dr. Uma Chandavarkar – Slide 5

So here is a snapshot of the timeline for round one grants noted applications due November 20, 2026, review and evaluate the applications by late December, grant awards expected to be announced early January 2027 with funds awarded in mid-January 2027.

With that, I would like to open it up for Q and A, but I see there are questions in the chat. We'll talk about what the first questions will be.

Q&A Session

Dr. Uma Chandavarkar

The first question in the chat about the evaluator: can it contract with CalMSHA? Anything related to BS measures is not intended for that use. Anything related to that is not supported through these funds.

Elison Alcovendaz

These are only for supporting care coordination. I hope this answers your question, Louise. If not, we'll try to answer more specifically.

We have a question from Crystal. Can we pay for any PI with this and cover any subsequent monthly payments with these funds?

To answer the last part first, these funds expire in December 2028. Whether the funds are encumbered or not, there are no payments related to BH-CARE after December 2027.

If it's related to API, if it's required in a federal statute, I think we are going to say no to that. If I'm wrong, teammates, let me know.

There are Prop 30 funds available for that. So I would imagine that you would try to get the Prop 30 funds for that before you would think about using BH-CARE funds for anything API not related to BH care.

And team, I see there is a question that Nicholas had in the chat about a potential typo in the tier 4. If someone can clarify that, that would be great.

Dr. Uma Chandavarkar

It should be 457,000. The typo is in the slides. Sorry about that. It's correct on the RFA. What else?

Let me see; I guess the links didn't work.

Elison Alcovendaz

They already provided the correct links.

They are the right on

Dr. Uma Chandavarkar

County through an intermediary milestone one.

Elison Alcovendaz

Good question, Dan. I don't have an immediate answer for you. We'll take that back and put it in an FAQ. That's a question others will have too.

Dr. Uma Chandavarkar

There was a question about flyer exchange; does it have to be fire to meet the milestone? Yes.

A question about the HQIO applications, the timeline on it. Our understanding is that HQIO intends to make changes to the program, and they are intending on opening up new applications during 2027, but we don't have additional details as far as when that will actually start. But I would expect the HQIO to be delivering that information.

Elison Alcovendaz

A question from Nicholas. Is there a timeline for expenditure of the funds?

We have to issue payments by December 2028. So that is our timeline.

And then, the timeline for milestone completion- the milestone, different milestones. Some milestones have specific dates. So, milestone 0 is like 90 days; other milestones don't have dates. So the RFA, the information we provided earlier, will have that information in terms of which milestones have specific timelines and which ones don't.

Dr. Uma Chandavarkar

Looks like there is another question about the early adopter cohort. Let me see where that is.

Yeah, Dan, so that was not a pilot. The pilot was in 2023. This was an early adopter cohort. So, remembering that technology adoption curve, the pilot was way before RD established there was a need, and it expanded on the ASCMI form, and this is the initial part that has a curve: early adopter.

We do plan to expand it to the majority cohort, which will be the next phase before statewide launch. But in terms of publishing any results, we didn't have any plans to publish anything in respect to that, but, of course, things can be changed, and we will definitely have more materials published to the site that will, in general, give more

information about how to operationally work through the CMP and incorporate what we learned from the EAC into the CMP.

Elison Alcovendaz

To reconfirm, I think this relates to the closest question on timeline for the milestones. Milestone 0 has a 90-day requirement; all the other milestones don't have a timeline for them. Other than December 2028. There is no specific timeline to meet each milestone.

Dr. Uma Chandavarkar

Dan, to answer the second part of your question. The last ASCMI form. We do plan on having a new ASCMI form with the housing chatbox removed and sunsetting the AB 133 form so it's just one form, which is currently the non-AB 133 form. That would just be the ASCMI form. We would have one ASCMI form and a revocation form.

That way, the data categories are just on one ASCMI form. So you wouldn't have to worry about figuring out is this client getting the AB form and non-AB. We expect that to come out at the beginning of the year, hopefully January. We are working on that process currently.

Elison Alcovendaz

To the question about the Path-cited funding, we'll make this clear.

As long as the funding the County is applying for BH-CARE doesn't duplicate or overlap with any funding you receive through PATH or any other initiative. You should be fine.

If there is a question about it, whether it's a question on your end or we have a question about it, we need to have some communication or discussion about how this is either it's enhancing that funding and we need to know that it's not duplicative. Before we have these discussion before you start implementing to be sure that we can get to a place where you have invoiced us for something and we say no because it's duplicative. It's important to have that discussion ahead of time.

As you are thinking about that, if there are considerations you are having about something that might be considered to be similar, as long as it's complementary or enhancing and you can make that distinction clear, we'll be fine, but we do need to be able to make that distinction.

Dr. Uma Chandavarkar

The question about the Sutter youth behavioral health operating as a single bi-county, that's a good question about how to reflect serving both counties in terms of funding eligibility and allocation.

We are going to definitely need to take that back and see how grant awards have been done for joint counties in the past. Also, we need to figure out how to work with you given that you are transitioning into a new EHR system. We'll be in contact.

Elison Alcovendaz

Did we answer Leslie's question?

No, apologies.

No, we didn't. I will answer your second question first.

No, the CMP, access to the CMP won't only be available to organizations participating in this grant. It will be available to organizations who want to connect to the CMP. In terms of when it will provide specs for connecting, Uma, were you talking about

Dr. Uma Chandavarkar

Something else. It's a popular question, and we understand. We want to see the specs, and we are not ready to share that at the moment. We want to be sure that, with any technology process, there are things that happen. We work on them and constantly improving and want to be sure we are providing you the best most accurate specs for you instead of making corrections down the road. You will be the first ones to know about this. Stay tuned for that. We are really sorry that we can't give it right now, but it will happen.

Elison Alcovendaz

I think there was a similar question. To refer back to the early cohort mentioned earlier, where we launched the CMP with those four counties, as an early adopter, we are hoping or talking and planning for our next group, cohort, if you will, of counties to onboard with the CMP.

If it helps, if someone is speaking out of turn, you can mute me. We are not going from CMP to the wide rollout. It's not the next step. We are trying to figure out the next cohort in how we are going to roll that out.

Based on the EAC, we have learned there are some different functionalities, some capabilities that we didn't think about or that are not working correctly. We want to be sure those are all good before we decide to roll out to the next group of counties.

So that's why there is, you are not hearing concrete dates from us in this meeting or other meetings to this question if they are asked. I really apologize for that. But we are working on that, and it will come soon.

Dr. Uma Chandavarkar

There was a comment about the draft, the document that says draft on it. We are going to work on getting that corrected. But don't worry about it. It's not a draft. It's already been approved. Another question about the new ASCMI form: will it allow the individual to specify different types of consent, for example, part 2 of HIV, etc.

Information protected: information protection for developmental disability, HIV, and results. We are removing the housing checkbox. For the time being, on the current form that exists, it's still there, but it will get removed.

Oh yes, there was a question, and I put it in the chat also. For the requirement about the update to the County behavioral health contracts to be able to have the provider use the ASCMI form, can you clarify the use for services? This should at least provide this to the providers for the counties that provide mental health services.

Anything else we are missing? A definition of protected data, good question, Dan.

Ordinarily, I would think of it as information that requires explicit consent to share information beyond the bounds of what is allowed under the privacy rule for HIPAA. But there may be varying information about that. For intents and purposes, pursuant to state and federal privacy laws.

There is a question: can you confirm if CMP integration will support query response and our ability to push incentive updates?

It will support query response, but we are not implementing any push consent updates to respect how a client may interact with the system in general. For example, if a client separates their relationship from a prior provider, we may not, and they may not want consent preferences specifically shared for that prior provider. So we are not; the intent behind the CMP is to be an active repository that can be queried in real-time. It would not need to provide those updates.

A question about providing the list of the states to providers. I don't know how we would do that because there appears to be a certain rate of turnover there. But I do know that each County is required to post their directory.

Elison Alcovendaz

I think we have captured all the questions. If there is one we missed, please let us know if there is anything additional. We have a few more minutes if needed.

Dr. Uma Chandavarkar

The question about where the funding is coming from. It's specifically coming from Prop 35 funds, related through BH input. Prop 35. It's Prop 35, yeah.

Elison Alcovendaz

Yes, Prop 35 for this. Prop 30 is for funds that are available for linking interoperability compliance. That money has been available to meet the interoperability requirements and to use any plans for using that pot of funds for that purpose. I think there was a question earlier about API and whether this specific funding for BH-CARE could be used for them.

Again, related to BH-CARE, specifically, yes, if it's related but not specific and required elsewhere, like the inner on operability, and these prop funds used for anything related to BH-CARE.

I think we have captured everything. I think there was one question from Dan that we needed to take back. I don't know if we answered that or not.

We'll go through the questions to see if there is anything we didn't answer. Also, please feel free to reach out if you think of anything after this. You have our email here at DHCSdata.gov. I can't see anyone's faces. I hope people are excited about this. We have been talking about trying to get funding to advance data exchange. We finally have some. I know we are excited, and I look forward to receiving applications and working with you.

We have one last question from Ken. Can counties engage with multiple intermediaries, especially with different partners? I don't have the answer to that. Uma, do you know?

Dr. Uma Chandavarkar

Not right now. We might be able to get one for connections.

Yeah, I think you can get funding for one connection, Ken.

If you can connect with multiple, if you would like, but we only pay for one connection. Yeah. Thanks, Louise. It is a big lift, but we have two years to do this.

Again, we didn't put timelines on any of the milestones except milestone zero. So we acknowledge that some counties are going to have a longer pathway to this. We didn't want to say yes, do this in a month. We do have this pot of funds available and want to be sure we are giving folks ample time to get it done. To reiterate, December of 2028.

There is going to be no extensions to this, to be clear. As you plan for the work, please keep that as a hard deadline. So, we can actually get this done.

Round 1 cycles depend on the demand of round one. So, one thing I didn't say earlier is that we had originally planned to have the County behavioral contract with providers, continuums of care also eligible for funding, and we do anticipate having a round 2 that may include those organizations. It also may include these round one organizations as well, with additional milestones or different milestones. So, we do, to answer your question, we have to see how round one goes.

We have to see who has applied, how much funding is going to be used with round one, and sort of forecast that to see what is doable for round 2. We do anticipate having a round 2. If that makes sense, but it does depend on round 1.

Dr. Uma Chandavarkar

Thank you, everyone. We look forward to hearing from you, and a reminder that the applications are due November 20th. Definitely check the website for any more updates and any questions that continue to come in and we can answer there.

All right. With that, we'll close for today. Thanks so much.

Have a great day.

[End of Realtime Captioning]