MEETING TRANSCRIPT

DATA SHARING AUTHORIZATION GUIDANCE TOOLKITS AND ASCMI FORM

Date:	July 29, 2025
Time:	3:00-3:50pm
Number of Speakers:	Three
Duration:	50 minutes

Speakers:

- Linette T. Scott, MD, MPH, Deputy Director and Chief Data Officer, Enterprise Data and Information Management
- Brian Hansen, Policy Advisor to the Directorate
- Glenn Tsang, Policy Advisor for Homelessness and Housing

TRANSCRIPT:

00:02:00—Linette Scott—Slide 1

Alright, I think we are just about ready to get started. Okay, so Glenn will be joining us shortly. We're going to help him get logged in here in the background, but in the interest of time, I'm going to go ahead and get started. Again, thank you all for joining, and we're very, really excited to be able to have this opportunity today to provide these updates. I see that there's, I think, over 300 people on the call so far, so we do appreciate your participation. I think we're just about to go over 400 [participants].

00:02:41—Linette Scott—Slide 1

Alright, so in terms of kicking things off, this is an update around our Data Sharing Authorization Guidance toolkits and the ASCMI form, Authorization to Share Confidential Medical Information and we're going to step through each of these three items, and I'm joined today by Brian Hansen and Glenn Tsang who will also be presenting. So, in terms of some housekeeping, we again will be stepping through these three areas, but please put your questions in the chat and we'll be working on getting those answered, either as we go or at the end. And then we will also have a Q and A session at the end of the presentation. Any questions we don't get to during the presentation, we'll look to see if we can follow up on those afterwards. And also, as noted in the chat, the slide deck will be shared after the webinar. Alright, so I think we can go to the next slide.

00:03:41—Linette Scott—Slide 2

Great. So, these are your speakers for today. To introduce myself, I'm Linette Scott, the Deputy Director for our Enterprise Data and Information Management team at the Department of Health Care Services and the Chief Data Officer, and I'm very pleased to have Glenn Tsang, Policy Advisor for Homelessness and Housing, and Brian Hansen, who is the Policy Advisor to the Directorate, joining me as we share these updates. Next slide.

00:04:03—Linette Scott—Slide 3

So, today's agenda, again, we'll be giving a brief overview of the work that we're doing around data exchange initiatives, and then we'll dive into the data sharing authorization Toolkits specifically and finish up with a conversation around the ASCMI initiative and the ASCMI form in particular. Next slide.

00:04:35—Linette Scott—Slide 4

Again, in terms of questions, please use the chat and we'll have a Q and A at the end of the session as well. Going to the next slide.

00:04:56—Linette Scott—Slide 5

and the next slide.

00:04:58—Linette Scott—Slide 6

All right, so, just to provide some high-level overview around our data sharing work here at the Department of Health Care Services. As an overarching goal, we really want to advance the secure and appropriate sharing of physical health, behavioral health, housing and social service information across the delivery system to improve care coordination, health equity, and outcomes for Medi-Cal members. We know that this has been a consistent issue that we've heard across our many programs and partners, and that it continues to be a challenge. As part of implementing CalAIM—California Advancing and Innovating Medi-Cal—we have set goals that require us and you, our partners, to share data and to share data in a way that allows for services and support to our Medi-Cal members and to drive improved outcomes for them. In order to address the data sharing components specifically, we have looked at a number of solutions to try to help support this. So, one aspect is developing practical guidance that can be used by our Medi-Cal partners, their legal counsels, and other members related to data sharing privacy laws and regulations. Also, [we are] trying to really clarify state and federal data sharing requirements as well as implementation expectations for our Medi-Cal partners. And then the third piece of this, really developing a standardized consent form to share information and consent management services to facilitate real time data exchange. This is the story that we'll be telling around the ASCMI, and again many of the people on this webinar, I know, have been following this journey with us and giving us feedback and input along the way. And so, we really appreciate that support and the partnership. So, the goal—our outcome—that we're trying to achieve: timely coordinated care, improving outcomes for our members, and the ability to monitor evaluate, and ensure continuous quality improvement of programs and services. This cannot be understated, really, is this goal of putting our members at the center and how we provide services to them in the most effective way and the most coordinated way to achieve outcomes. Alright, as we go to the next slide…

00:07:33—Linette Scott—Slide 7

Impetus of DHCS Data Sharing Activities. So where does this all come from? So, this piece of our work, because we've actually been working on data sharing for many years, but this most recent piece of our work began with Assembly Bill 133, which again was the authorizing statute for CalAIM. As part of that, there were components of AB 133 that specifically addressed data sharing to help implement initiatives. So, [our data sharing activities are] very much focusing on what we need to do to drive the goals of CalAIM to provide services to our members.

00:08:19—Linette Scott—Slide 7

So, AB 133 limits the application of state privacy laws for certain populations so that information can be shared to better support the provision of services under CalAIM. So, so what does that mean, and why are we doing that?

00:08:35—Linette Scott—Slide 7

The *why* is because our key goal again: Identify and manage risks and needs of Medi-Cal members through whole person care and strategies. The only way to do that is to have appropriate data shared between our Medi-Cal partners that are providing services to support our members. What AB 133 does is it allows us and our partners to share information even when state law would otherwise prohibit it. So, this is where the AB 133 statute really does come into play. It doesn't make any changes to federal rules, but it does address state law and supports this concept of sharing data. Another component of AB 133 relates to the Data Exchange Framework. Some of you may be familiar with the Data Exchange Framework. It may be new to others. But this is a completely different part of the AB 133 statute, separate from CalAIM, but it sets up the requirements for data sharing across our state with requirements for our managed care plans, for providers, hospitals, clinical laboratories, skilled nursing facilities, and others to be able to share data in real time taking advantage of the data sharing agreements as well as policies and procedures around data exchange. And then the third piece that that that ties into this was that AB 133, as part of the CalAIM component, did require Department of Health Care Services to issue guidance, identifying permissible data sharing under CalAIM, and that's the Data Sharing Authorization Guidance document that we've released, and we have version one and version two. If we go to the next slide.

00:10:29—Linette Scott—Slide 8

So, again, as part of the Data Sharing Authorization Guidance, we have DSAG, for short, and version two we released last year. We do expect to publish another updated version this summer and that will also address some of these additional components related to changes both at the state and federal side. We also have, which is the other piece that will be of focus for this conversation today, is the DSAG toolkits, in particular around the Housing Toolkit and the Justice-Involved Reentry Toolkit. We have in our work plan a Children and Youth toolkit that we would expect to be publishing in 2026. We go to the next slide.

00:11:32—Linette Scott—Slide 9

Alright, so as we shift gears a little bit here. We're going to start diving into those Toolkits.

00:11:40—Linette Scott—Slide 9

And to provide a little bit of context before I turn this over to my colleagues, the, tool kits themselves – again, focusing one on housing, one on justice involved reentry – the idea around the toolkits is to have real world scenarios that help our Medi-Cal partners navigate this really complex data privacy and data sharing legal laws and regulations related to CalAIM. So, each toolkit is divided into consistent sections. There's an overview of applicable laws and regulations. So, things like HIPAA (Health Insurance Portability and Accountability Act), as well as 42 CFR Part 2, sometimes called Part 2, related to substance use disorder treatment, as well as other components of AB 133. So, and then the second main part of the toolkits is around data exchange scenarios, so [we are] really trying to provide those hands-on scenarios that will help you navigate when consent is needed to share sensitive information with partners.

00:12:52—Linette Scott—Slide 9

And in the context of the DSAG toolkit, when we talk about consent, we're referring to an individual's consent to share their information, not consent to treatment or services. So again, in the context of our conversation today, when we talk about consent, it's about consent to share information, sometimes called a release of information, not related to consenting for specific treatments. And, and whether you consent to share your information or not does not have an impact on your ability to receive treatment or services. Okay, going to the next slide.

00:13:38—Linette Scott—Slide 11

Alright, in terms of applicable federal laws and regulations, HIPAA is one of the overarching laws that certainly we live under here at Department of Health Care Services. So, HIPAA federal law that regulates protected health information and also a subset of personally identifiable information, often called PHI, PII, and really the HIPAA statute puts this context around that confidential information, that personally identifying information, and protective health information in the context of the services we deliver. So, HIPAA does permit the disclosure of PHI for certain purposes including treatment, payment, and care coordination. So often this is called TPO, but it gets at the context of the different functions in delivering health care services, including again treatment payment and care coordination, and in that context, specific patient authorization is not required. So as you can see, this is an example of a scenario that walks through a HIPAA covered entity, sharing with a non-covered entity in terms of an example, and then there's also this aspect about what is the purpose, so if it's for treatment, payment, or care coordination, consent is not specifically needed. If it were for purposes anything other than that, then consent would be needed. Right, going to the next slide.

00:15:25—Linette Scott—Slide 12

All right. In terms of Part 2, so again, we're focusing in on just these two particular laws, but the guidelines in the toolkits touch many more laws that relate to data privacy. In the context of Part 2—this is 42 CFR Part 2—again, a set of federal regulations that protect the confidentiality of substance use disorder information. And Part 2 applies to information that has been obtained by a Part 2 provider or a Part 2 program that would identify an individual as having or having had a substance use disorder. So, it's very specific, it's a very specific subset of our providers within the program. Part 2 does not permit disclosures of information for treatment, payment, or care coordination without patient consent. So, this is why we focus on making sure that that consent can be obtained.

00:16:16—Linette Scott—Slide 12

So, in this scenario flow diagram is a provider or entity subject to Part 2 and is a decision point. So, does the provider entity hold itself out as providing substance use disorder services and provide substance use disorder diagnosis treatment or referral and doesn't receive federal assistance? That is a key component as well. If the answer is yes, they are a Part 2 provider. If no, they are not. All right, going to the next slide.

00:17:00—Linette Scott—Slide 13

So, at this point I'm actually going to turn this over to Glenn Tsang, and he's going to talk a little bit more about the Medi-Cal Housing Support Services Toolkit in particular. Glenn?

00:17:00—Glenn Tsang—Slide 13

Thanks Linette, and hi everyone, Glen Tsang, Policy advisor for Homelessness and Housing here at the Department of Health Care Services, so, very glad to be here. And on this slide, you know, I just want to present a few things and just to kind of lay the groundwork, you know, through the community supports offered by our Medi-Cal managed care plans, you know, these community supports many of them can provide, you know, housing services to eligible members, and it is clear from research that securing housing leads to better health outcomes. So often in coordinating these services between healthcare and housing, you know, data sharing is required to facilitate the care coordination and referrals and reduce duplication of services. So, all that said, the Medi-Cal Housing Supports Services Toolkit outlines how state and federal data sharing regulations might apply to the types of entities that participate in the delivery of housing supports, the purpose of sharing member information, and the type of member information that is shared to deliver these services. So, this slide includes a few, just high-level examples of data scenarios in the toolkit.

00:18:23—Glenn Tsang—Slide 13

And as you can see, there are key considerations in these scenarios that necessitate the needs of shared data and to understand whether consent is needed by the member before doing so. I'll try not to go through each of these scenarios in great detail but just wanted to point out that like, you know, for example, if a sending organization is an SUD provider and they're sharing, you know, treatment records for an individual to an enhanced care management provider, so a contracted ECM provider with a plan, you know, is consent needed to share data? And that really depends if consent is needed based on the sub providers subject to Part 2, as Linette outlined. Another thing I wanted to point out, you know, on this example here we have housing navigation, organizations, tenancy sustaining organizations. This is meant to be, you know, contracted Community Support providers by the plan. And in this bottom right box here, you'll notice that community supports organizations that are contracted by plans, they are not subject to HIPAA. So, in this bottom scenario, if we have a housing navigator and they're doing a warm handoff, and, you know, we were able to secure a housing for a member and we're doing a warm handoff to another organization perhaps to help keep that member housed, consent is not needed because again those community supports providers are not subject to the HIPAA. And go to the next slide, please.

00:19:57—Glenn Tsang—Slide 14

So, looking deeper into one of the scenarios from the toolkit, you know, this slide highlights the scenario of a managed care plan referring a member to Community Supports. In this scenario May-Lin is experiencing homelessness and has been referred to a housing navigation organization. She experiences a mental health crisis and after an involuntary hold is returned to the homeless shelter. May-Lin's managed care plan would like to share information about May-Lin's mental health crisis with her housing navigation organization. In this situation, no consent is needed from to make this disclosure. AB 133 overrides the Lanterman-Petris-Short act to allow the disclosure to May-Lin's Housing Navigation Organization. Additionally, HIPAA allows disclosure because it is for the purposes of treatment or care coordination.

00:20:57—Glenn Tsang—Slide 14

Okay. The rest of the scenarios in the toolkit are similar to this with different situations that Medi-Cal partners might face or encounter in your day-to-day. So, we recommend anyone providing or supporting connections to the housing community supports to review the toolkit and see how it can support care coordination for your organization. So that said, I'll pass things over to Brian Hansen, who's our policy advisor as well, to walk through a similar overview of the Justice Re-entry Initiative Toolkit.

00:21:29—Brian Hansen—Slide 15

Hello everyone. The California CalAIM Reentry Initiative establishes a coordinated community reentry process that helps people leaving incarceration to connect with the physical and behavioral health services they need prior to release and when reentering their communities. The reentry process requires a lot of data sharing between Medi-Cal partners, such as the correctional facility, case managers, and community-based organizations to coordinate these services and ensure continuity of care post incarceration. The Justice Involved Reentry Toolkit provides nine different scenarios to demonstrate the various situations Medi-Cal partners might encounter to understand whether consent is needed by the member to share data in those scenarios. This slide includes a few high-level examples of data scenarios in the toolkit.

00:22:27—Brian Hansen—Slide 15

And with that, we see the first one here is a scenario whereby the correctional facility clinical staff is wanting to share PII and qualifying clinical conditions to enroll in Medi-Cal pre-release services and they're sharing that information with DHCS. In that scenario consent is not needed because the disclosure is for care coordination purposes. In the next item, post-release care manager is sharing name demographic information and relevant health status to coordinate housing post release, and they're sharing that information with the a COC Coordinated Entry CBO. And in that scenario, consent is not needed because, again, the disclosure is for care coordination. In the third scenario here, an In-Reach Specialty SUD Part 2 provider is providing information on behavioral health diagnoses, recommended treatment, and relevant clinical information so that correctional facility staff can prescribe medications for SUD and they're sharing that information with a correctional facility provider. In that situation, consent is needed because the Specialty Provider is subject to Part 2, which requires specific consent. Next slide.

00:24:00—Brian Hansen—Slide 16

Okay, looking deeper into one of the scenarios from the toolkit, this slide highlights how care management services are used to connect an individual to pre-release services under the Reentry Initiative. In this scenario, Dana becomes eligible for pre-release services and works with her care manager to conduct a health risk assessment to determine what services she might need. Dana's care manager reaches out to obtain any pertinent records from Dana's prior treatment provider. In this case, Dana's consent is not needed unless that prior provider is subject to Part 2. The rest of the scenarios in the toolkit are similar to this with different situations that Medi-Cal partners might face. We recommend anyone supporting the Reentry Initiative to review the toolkit and see how it can support care coordination for your organization. Next slide.

00:25:07—Brian Hansen—Slide 17

Moving away from the justice Involved works, specifically, we are excited to share that we have another toolkit in the works focused on data sharing consent involving children and youth. This toolkit is in the early stages of development. But stakeholder engagement is planned to begin in the fall of 2025. With that, I'm going to pass it back to Dr. Scott to discuss the ASCMI form. Thank you.

00:25:12—Linette Scott—Slide 17 and 18

Great. Thank you so much Glenn and Brian. Really appreciate that. You can go to the next slide and go to the next slide.

00:25:35—Linette Scott—Slide 19

So, the ASCMI initiative, just to go back a little bit in time here, it's a great acronym, Authorization to Share Confidential Medical Information, but pronounced “ask me”.

00:17:00—Linette Scott—Slide 19

And again, this is the goal with the ASCMI Initiative is really to try to streamline the process of obtaining a client's consent so that we can share their sense of information when required as part of delivering services to those members.

00:26:01—Linette Scott—Slide 19

So currently, we know that the process and the activities related to obtaining consent is complex, it varies from location to location, and it's really challenging. So, it's a very fragmented environment. We've heard from some of our stakeholders that they may end up sitting down with a member and have to go through four, five, six, seven different consent forms because of the different coordination that needs to occur. So, the goal with the ASCMI form is to have a consistent form to provide consent for sharing sensitive information.

00:26:44—Linette Scott—Slide 19

The approach, as we think about this again, is to have, is to take the lessons learned from the pilot that we did in 2023, to think about how we can use this form in a way that supports exchange across different partners, including our plans, our counties, our providers, our various care partners, as well as with data exchange entities such as our health information exchanges and community information exchanges across the state.

00:27:19—Linette Scott—Slide 19

So, the ASCMI form describes what information a client agrees or does not want to have shared about them and how it may be shared and used with other providers. So, if we go to the next slide...

00:27:38—Linette Scott—Slide 20

To provide an overview, we have been through a number of different versions, again, receiving input along the way. So, the first version that we had for the ASCMI form was in 2023 that we used as we piloted it across the San Diego, Santa Cruz, and San Joaquin.

00:27:56—Linette Scott—Slide 20

Based on feedback both from that experience as well as other stakeholder feedback, we moved to form version 2.0, which had the refined language, structure, and formatting, and then also really wanted to include aspects that allow for compliance with Part 2, that we've talked about before, also with housing provisions, the Lanterman-Petris-Short Act, and criminal/legal data sharing and consent laws. So really trying to hit those, those key areas, as well as looking at having an expanded user base. So, when we started looking at this ASCMI consent form. We had a version that was particularly focused around AB 133. And as you may recall, we talked about the fact that AB 133 as part of CalAIM allows us to share data without explicit consent, where that would have otherwise been required with state law. But recognizing that we do have some of our members and people we serve within Department of Health Care Services that do not fall under AB 133, we need to have a version that would support them as well. And then by having both an AB 133 version and a non-AB 133 version, it gives it more applicability to be used more broadly.

00:29:26—Linette Scott—Slide 20

In terms of the next version that we anticipate in the future, this would be version 3.0. Again, we anticipate that while we're settling on a, a final version that we're releasing now as we speak, there are components that it doesn't address. So, in particular, things around FERPA, minor, and conservatorship consent laws would be things that we would look to incorporate into the next version.

00:29:53—Linette Scott—Slide 20

One of the things that I hope you'll see about this, in this context, is that we do see that the work around consent to share information is evolving both here within the state, as well as federally, and we want to be able to incorporate those changes and respond as needed as we go forward, as we've had a few versions. Going to the next slide.

00:30:13—Linette Scott—Slide 21

All right, in terms of the ASCMI form, again, this idea of both an AB 133 and a non-AB 133 form. So, what is the difference?

00:30:36—Linette Scott—Slide 21

So, in terms of whom AB 133 applies to, these are individuals that specifically are receiving services under CalAIM. And so, these are individuals who are enrolled in a Medi-Cal managed care plan. Individuals receiving behavioral health services under Medi-Cal and individuals involved in the criminal legal system that qualify for pre-release Medi-Cal benefits.

00:30:59—Linette Scott—Slide 21

So, again, a number of ways that people fall into, and, and get support from our CalAIM programs. And for those individuals, the AB 133 version would apply. For those that don't, then we would be able to use the non-AB 133 version.

00:31:22—Linette Scott—Slide 21

One of the things we want to really reinforce is this idea though that not signing the form or not agreeing to share data does not impact access to services. Really important. The other thing that I will just highlight here briefly is that as we think about the ASCMI form, again, we're looking to have consistent processes, but again, if somebody does not agree to consent to sharing data using the ASCMI form. They could still consent to share a subset or a specialized consent separate from ASCMI, just as they do today. If we can go to the next slide, please.

00:32:06—Linette Scott—Slide 22

Alright, in terms of development and rollout, again, we've been working on this for a number of years with robust stakeholder feedback and working with different teams across the organization and across our sister departments and agencies. And in this process, we've had feedback from the housing continue of care, county behavioral health programs, county councils, Department of Corrections and Rehabilitation, Department of Social Services county jails, and our CalAIM Data Sharing Advisory Committee. This represents many of the people who have been on this journey with us, and yet there's many more that aren't listed here, and so we thank everybody who's been part of this process.

00:32:56—Linette Scott—Slide 22

In terms of a rollout plan, again, we'll be releasing the form. We are replacing the form publicly, and the idea is that it will be able to be used then across our Medi-Cal programs. It can also be used by non-Medi-Cal programs; there's no limitation on that.

00:33:18—Linette Scott—Slide 22

But we are planning a phased rollout in terms of continuing to gather feedback, understanding and learning from clients and providers to inform later phases. And then we'll also be looking to have technical assistance and training as well as educational resources that can help support implementation. So, more to follow on that. Going to the next slide.

00:33:39—Linette Scott—Slide 23

Alright so in terms of some of the key benefits and the role that the ASCMI form will play. So, when, part of this again really is to help facilitate that real time data sharing and recognizing again that we're trying to streamline the process that has been very complex and burdensome for many, and part of this gets at piggybacking on the work that we did with the data sharing authorization guidance and the tool kits that Brian and Glenn described. So, and that gives us the tools to help understand when consent is needed to share data.

00:34:26—Linette Scott—Slide 23

So, when is member consent required to share data? It is not required for the use and disclosure of PHI for treatment payment and health care operations, such as coordinating care for individuals, connecting individuals to specific services following released from jail. But it is required for sharing SUD—substance use disorder—information protected by Part 2, for sharing housing-related information and for sharing information related to treatment of a minor to which that minor consented.

00:34:59—Linette Scott—Slide 23

So, there are times where consent is absolutely needed. So, what will be the role of the ASCMI form? Again, it's a voluntary release of information and the purpose is to inform individuals of their rights to share or not share information, to reduce the need for the clients to sign multiple consents to share information for the same purpose, to enable care partners to obtain consent from individuals for the sharing of certain sensitive information and enable compliance with updated Part 2 guidance. Going to the next slide.

00:35:36—Linette Scott—Slide 24

So. one of the things that we have included as we've published the ASCMI form, this version 2.0, is a set of frequently asked questions to help support the use of the form. So, there are two sets of frequently asked question documents, one for individuals signing the form and another for care partners that are administering the form. So, in terms of FAQs for individuals signing the form, it covers potential questions an individual may have about the contents of the form, the implications of choosing to sign or not sign the form, and it covers these topics that are listed here.

00:36:20—Linette Scott—Slide 24

In terms of FAQs for Medi-Cal Care Partners, again, providing additional information for our partners with respect to the overview and purpose of the form, how to administer it, considerations for minors and clients with legal representatives and data privacy issues for different types of care partners, recognizing that there may be differences. So, in terms of the FAQs, we have some samples at the bottom, and again we look forward to your use and review of those, and we will certainly look to expand on those as we learn of more questions that people are frequently asking.

We go to the next slide.

00:37:02—Linette Scott—Slide 25

All right, so as we conclude, this concludes the formal presentation, but we will also be taking a look at, answering questions that you have now. So, I know there has been some actually there's been quite a bit of activity in the chat. I know we've also had a little bit of crossover between the translator channel in the chat, so appreciate everybody's patience with that. And our team has been responding to some of the questions in the chat as we've been going through as well. So, but that being said, let me just check in and we'll see if we have specific questions queued up, to start with.

00:38:04—Linette Scott—Slide 25

Okay, so one of the questions in the chat is, w*here does the ASCMI form ultimately live, and where's the 1st point of contact with the patient?* And I think maybe a follow-on set of questions to that is around questions related to the idea of a consent management platform, and how does that relate? So let me just take a few moments to talk about that. We did not include specific slides talking about this aspect of a more kind of the technical implementation of the consent form of the ASCMI form, but I will provide just some highlights now. One of the things, as we've been working on the ASCMI form, is we've been trying to be very conscientious about what would it take to implement it on the back end. And when we say the back end, this means in the context of our health information exchanges, our qualified health information organizations, community information exchanges, or other organizations that help facilitate data exchange.

00:39:20—Linette Scott—Slide 25

We need to be able to essentially turn data sharing on and off as appropriate based on the consent obtained. In order to do that, we need to ask for consent from our members in a way that maps to the kinds of information and data we have about them. So, as you look at the ASCMI form, we have tried to keep it relatively simple and streamlined, but in a way that can tie back to this kind of specific information that needs to have specific consent. So again, that distinguishing between data sharing that is allowed under HIPAA for treatment payment and care coordination as opposed to data sharing that ties to things like Part 2. So, in doing so, again, we have been thinking about this concept of having, essentially what was referred to in the chat as a consent management platform or a way of storing that consent electronically so that the consent could be gathered at the provider that's seeing the patient by the plan who's caring for the patient, by the care coordinator who's seen the patient, whoever it is that has that touch point, what we're looking forward to in the future is the potential of using the ASCMI form to collect that consent and then store it somewhere that it can be accessed so that we don't have to continually ask the question. The same way that electronic health records helped to start to store your medical record information, so you didn't have to carry it around and answer the same questions over and over again. We'd like to bring that to the consent form.

00:41:08—Linette Scott—Slide 25

So more on that in the future. I don't want to overcomplicate it right now, but just, just know that we're continuing to think about that and where we'll be able to, to work on that.

00:41:26—Linette Scott—Slide 25

So, I guess some of the other questions are about integrating the ASCMI form into systems or software platforms. So, at this point, I don't believe anybody has done that yet, especially since we're just rolling out this version. However, we are hoping to work closely with those of you in the field and our partners to be able to help think about how that would work in the future.

Yeah, I'm looking through the chat to see if I can pull out some questions.

00:42:11—Linette Scott—Slide 25

See, and I'm looking through some of these, we can take back and then look to add to. So, let me pull out this one though: *If a member declines to sign the ASCMI form but still requests services, do counties have to have alternative consent forms?* So, the answer to that would be yes. So, counties or SUD providers today have consents that they use to be able to get consent to share data for payment purposes and so they would need to continue to use those consents or a similar version in order to get consent to share the data for payment purposes.

00:42:50—Linette Scott—Slide 25

ASCMI does not distinguish and provide a choice between sharing for broader care coordination and such, as opposed to specifically for payment purposes, so therefore yes, people will, our providers may need to have a separate consent that's more specific to payment purposes if the consent on ASCMI is not obtained. So, if somebody says yes, I consent for data sharing on ASCMI, it would include consent for payment purposes. If they say no, I don't want to give a broader consent, then the provider will need to have a separate consent just as they do today to get consent for payment purposes.

00:43:46—Linette Scott—Slide 25

Okay. So, one of the other questions that folks asked was related to our Medi-Cal Connect system. And so Medi-Cal Connect is a, a service that ties into our Population Health Management program and work that allows for managed care plans in the near term to be able to view various measures, quality measures and such. It will also become available for behavioral health plans. So, there's an extended rollout plan related to the use of Medi-Cal Connect.

00:44:37—Linette Scott—Slide 25

And so, it is a particular service that helps support population health management, and so in that context, it's not specifically a data sharing entity in the way that a health information exchange is. So the DSAG—Data Sharing Authorization Guidance—that should be considered though, no matter how you get to data or information, whether you're getting it through the services that you deliver directly, whether it's through the Medi-Cal Connect service, or through data that's going through the data exchange framework, whether you reshare that data, you need to take into account where you need to have consent, where you can move the data forward without consent, and the data sharing authorization guidance helps you think through that.

00:45:42—Linette Scott—Slide 25

Alright, and apologies partly because of the mix up we're having around the chat chains. [We are] taking a look to pull out questions that we can answer now.

00:46:17—Linette Scott—Slide 25

Let's see, ok, so here's another. Thank you to the team that's helping me pull out questions. *For housing information, is consent only needed if, if it is not part of care coordination?*

00:46:38—Linette Scott—Slide 25

It is a question that's been coming up. So, one of the challenges with the housing information is that there is a federal component as well as the state component. So again, CalAIM can only, AB 133 can only address state laws that may be more restrictive in terms of saying that the data sharing is allowed, whereas federal law, we can't affect obviously from a state perspective. So, the way the ASCMI form addresses housing-related personal information, is that there is a specific call out to that to have people say that they specifically give consent. I give permission from my local housing provider to share personal information about me related to housing, including my housing status history and supports with its homeless management information system and other care partners such as my healthcare provider. And then we ask on the ASCMI Form for people to say yes, no, or does not apply to me.

00:47:55—Linette Scott—Slide 25

So, there is that component, and then and especially right now, there's a lot of focus again around housing and where the data is going, making sure people understand how data will be shared.

00:48:12—Linette Scott—Slide 25

Yeah, but in the context of coordination for housing services, especially in the context of services that are paid for under the Medi-Cal program, it would be, that would be work that would be considered care coordination under treatment, payment, and health care operations. Alright and again sorry. Thank you to the team for helping me pull out questions.

00:48:49—Linette Scott—Slide 25

So, another question that comes up is, *can DHCS help us with a notice of privacy practices template as well?* Right now, this… I'm reading the comment… concerns about any information being protected, etc. So, and then the context of AI and others' questions about notice of privacy practices. Definitely appreciate that question. We don't have plans to put out a template at this point in time but do appreciate the question, and we can take that back to take a look at. [We] just don't have a plan at this moment.

00:49:28—Linette Scott—Slide 25

Alright, so I think I tried to pull out a number of different questions that had come through in the chat. Apologies that we didn't get to all of them. And, and again, if we didn't get to your question, we will look to answer those either through, again, adding to the FAQs or providing additional information. So, we'll be capturing the chat so we know who asked questions, so we will look to give you additional information as we are able to. Again, really appreciate people's participation. Clearly this is a hot topic as there's more than 460 people that participated, and again, we can look forward to continuing to work with you to support data sharing and improving outcomes and services for the members we serve. Have a wonderful day.