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**DATE:** March 16, 2026

ALL PLAN LETTER 26-004

**TO:** ALL MEDI-CAL MANAGED CARE PLANS

**SUBJECT:** MEDI-CAL MANAGED CARE PLAN RESPONSIBILITIES FOR BEHAVIORAL HEALTH DATA-SHARING

**PURPOSE:**

The purpose of this All Plan Letter (APL) is to provide Medi-Cal Managed Care Plans (MCPs) with clarified guidance regarding their existing responsibilities for data sharing, including ensuring data privacy and security of Members'<sup>1</sup> behavioral health data with Medi-Cal Third-Party Entities<sup>2</sup> in real time<sup>3</sup> pursuant to Assembly Bill (AB) 133 (Chapter 143, Statutes of 2021), Health and Safety Code (H&S) section 130290, the California Health and Human Services Data Exchange Framework (DxF) Policies and Procedures (P&Ps), MCP contract requirements,<sup>4</sup> relevant APLs,<sup>5</sup> and other state and federal statutes and guidance including Health the Insurance Portability and Accountability Act (HIPAA), recent updates to the 42 Code of Federal Regulations (CFR) Part 2 (Part 2) regulations, Information Blocking, Centers for Medicare & Medicaid Services (CMS) Interoperability

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<sup>1</sup> "Medi-Cal Member(s)" and "Member(s)" are used interchangeably to refer to individuals enrolled in the Medi-Cal Program.

<sup>2</sup> "Medi-Cal Third-Party Entities" broadly refers to Medi-Cal MCPs, Medi-Cal behavioral health delivery systems, Tribal Health Programs, health care providers, community-based social and human service organizations and providers, local health jurisdictions, Correctional Facility Health Care Providers, and county and other public agencies that provide services and manage care for Medi-Cal Members.

<sup>3</sup> "Real-Time" is explained in the DxF as the sharing of "Health and Social Services Information [inclusive of behavioral health data] to other Participants in a timely manner to support important care decisions benefiting all Californians." DxF P&P available at: [https://www.cdii.ca.gov/wp-content/uploads/2023/07/CalHHS\\_Real-Time-Exchange-PP\\_Final\\_v1\\_7.21.23.pdf](https://www.cdii.ca.gov/wp-content/uploads/2023/07/CalHHS_Real-Time-Exchange-PP_Final_v1_7.21.23.pdf).

<sup>4</sup> DHCS MCP contract requirements can found at: <https://www.dhcs.ca.gov/provgovpart/Pages/MMCDBoilerplateContracts.aspx>.

<sup>5</sup> APLs are searchable at: <https://www.dhcs.ca.gov/formsandpubs/Pages/AllPlanLetters.aspx>.



and Patient Access Final Rule (May 2020),<sup>6</sup> and CMS Interoperability and Prior Authorization Final Rule (January 2024) (collectively, the Federal Interoperability Rules).<sup>7</sup>

**BACKGROUND:**

Currently, data-sharing requirements and guidance for MCPs, Behavioral Health Plans (BHPs),<sup>8</sup> and Drug Medi-Cal (DMC) Counties are distributed through policy memoranda, federal and state statutes and regulations, Behavioral Health Information Notices (BHINs)/APLs, and contracts. This APL, and the accompanying BHIN 26-013, summarizes and clarifies MCPs' existing and updated requirements for exchanging MCP Member behavioral health data with BHPs, DMC Counties, and Medi-Cal Third Party Entities in real time for the purposes of care coordination, referrals (including closed loop referrals, as applicable, and in accordance with the No Wrong Door policy<sup>9</sup>), service delivery,

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<sup>6</sup> CMS Interoperability and Patient Access Final Rule (2020), available at:

<https://www.federalregister.gov/documents/2020/05/01/2020-05050/medicare-and-medicaid-programs-patient-protection-and-affordable-care-act-interoperability-and>.

<sup>7</sup> CMS Interoperability and Prior Authorization Final Rule (2024), available at:

<https://www.federalregister.gov/documents/2024/02/08/2024-00895/medicare-and-medicaid-programs-patient-protection-and-affordable-care-act-advancing-interoperability>.

<sup>8</sup> "Behavioral Health Plan" (BHP refers to County Mental Health Plans ("MHPs") and Drug Medi-Cal Organized Delivery Systems ("DMC-ODS") counties).

<sup>9</sup> MCPs must have the ability to send and receive referrals (inclusive of protected health information (PHI) and personally identifiable information (PII) with BHPs and DMC Counties in compliance with "No Wrong Door" policy, inclusive of mental health services and treatment, substance use disorder treatment, Medications for Addiction Treatment, and/or emergency services to stabilize the Member. MCPs must also have the ability to coordinate, in a closed-loop referral, with MHPs to facilitate care transitions and referrals for Members receiving non-specialty mental health services to a specialty mental health services provider. The processes and data sharing requirements for these referrals must be described in the required MOUs between MCPs and BHPs and DMC Counties. More information about the "No Wrong Door" policy can be found in APL 22-005, available at:

<https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2022/APL22-005.pdf>, and APL 22-006, available at:

<https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2022/APL22-006.pdf>. For a detailed Use Case focused on this notification, please see Use Case 5-1 in the Data Sharing Authorization Guidance available at:

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

ensuring non-duplication of services, population health management, and quality improvement, and to comply with the DxF and required reporting obligations.<sup>10</sup>

Existing MCP responsibilities described in this guidance include:

- **Bidirectionally sharing minimum necessary<sup>11</sup> Member data** with BHPs and DMC Counties for care coordination in real time;<sup>12</sup>
- **Executing Memoranda of Understanding (MOUs) with BHPs and DMC Counties** that contain the processes necessary to facilitate the required timely and frequent exchange of Member information, including Admission, Discharge, and Transfer (ADT) event notifications;<sup>13</sup>
- **Using a consent to share information form when consent is needed, in compliance with applicable federal and state data privacy regulations;**<sup>14</sup> and
- **Sharing all necessary Member and encounter data with BHPs** to meet required state and federal quality and monitoring and reporting obligations.<sup>15</sup>

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<sup>10</sup> Behavioral health data must be exchanged in accordance with 45 CFR 164.502 and 42 CFR Part 2.

<sup>11</sup> 45 CFR section 164.502(b). The HIPAA minimum necessary standard requires covered entities to disclose protected health information only when it is necessary to satisfy a particular purpose. This does not apply to disclosures for treatment purposes or disclosures to the individual who is the subject of the information or made pursuant to that individual's authorization.

<sup>12</sup> In accordance with contracts and state and federal law; Medi-Cal Managed Care Boilerplate Contract, Section 4.4.12(4), available at: <https://www.dhcs.ca.gov/provgovpart/Documents/2024-Managed-Care-Boilerplate-Contract.pdf>; 42 CFR 438.242(c)(2); Real time data exchange requirements are also outlined in DxF P&P OPP-12, Real Time Exchange. Available at: [https://www.cdii.ca.gov/wp-content/uploads/2023/07/CalHHS\\_Real-Time-Exchange-PP\\_Final\\_v1\\_7.21.23.pdf](https://www.cdii.ca.gov/wp-content/uploads/2023/07/CalHHS_Real-Time-Exchange-PP_Final_v1_7.21.23.pdf).

<sup>13</sup> In accordance with MOUs and state and federal law. MOU requirements for MCPs are outlined in <https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2023/APL23-029.pdf> and corresponding Enclosures; Applicable care coordination requirements and data sharing requirements are also set forth in MCP contracts and federal regulation, including 42 CFR section 438.242(b).

<sup>14</sup> <https://www.ecfr.gov/current/title-42/chapter-I/subchapter-A/part-2/subpart-C/section-2.31>; Medi-Cal Managed Care Boilerplate Contract Exhibit E Section 1.1.23, available at <https://www.dhcs.ca.gov/provgovpart/Documents/2024-Managed-Care-Boilerplate-Contract.pdf>.

<sup>15</sup> The BHP, DMC County and MCP state and federal reporting requirements are required per the following citations, therefore the data exchange necessary to provide the data for the required reporting is also required. MHP Contract. Exhibit A, Attachment 14 Reporting Requirements,

This APL also describes updated procedural requirements for data exchange that have not been detailed in previous MCP guidance, which MCPs must now adopt to comply with existing law and to ensure that care coordination is timely to meet the needs of Members when and where they need care.

The updated procedural MCP responsibility and requirement described in this guidance is:

- **Adopting the Authorization to Share Confidential Medi-Cal Information (ASCMI) form as a statewide standardized “consent to share information” form**, to collect Member consent to share protected health information (PHI), when necessary.

The Department of Health Care Service (DHCS) is issuing this APL under its authority to implement California Advancing and Innovating Medi-Cal (CalAIM) Section 1115 waiver, as codified by AB 133 (California W&I section 14184.102(d)). This provides for new data sharing permissions (Cal. W&I Section 14182.102(j)), new data responsibilities (Cal. Penal (Pen.) Code Section 401.11 (h)), and other state and federal statutes, regulations, and guidance, as applicable.

## **POLICY:**

### Data Sharing Requirements

MCPs must implement the data sharing requirements detailed in this section to the extent allowed by federal and state law, and subject to HIPAA’s minimum necessary standard when applicable.<sup>16</sup> The data sharing obligations detailed in this and the following sections are clarifications of existing federal care coordination laws and state guidance including the Federal Interoperability Rules, MCP contracts, their MOUs, the No Wrong Door policy, and the DxF. This APL provides additional procedural details to

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available at: <https://www.dhcs.ca.gov/Documents/2022-27-MHP-Contract-Exhibit-A-B-E-PSS-Amendment.pdf>; DMC-ODS Plan Contract. Exhibit A, Attachment 1, MM Reporting Requirements: <https://www.dhcs.ca.gov/Documents/Exhibit-A-Attachment-I-DMC-ODS-Exhibit-B-ODS-2022-2023.pdf>; DMC Contract. Document 1F(a) County Reporting Requirement Matrix, available at: [https://www.dhcs.ca.gov/Documents/Document-1F\(a\)-County-Reporting-Requirement-Matrix.pdf](https://www.dhcs.ca.gov/Documents/Document-1F(a)-County-Reporting-Requirement-Matrix.pdf); MCP Boilerplate Contract. Exhibit A, Attachment III, available at: <https://www.dhcs.ca.gov/provgovpart/Documents/2024-Managed-Care-Boilerplate-Contract.pdf>; <https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL%202024/APL24-004.pdf>; <https://www.dhcs.ca.gov/provgovpart/Documents/BHIN-24-004-Quality-Measures-and-Performance-Improvement-Requirements.pdf>.

<sup>16</sup> 45 CFR section 164.502(b).

assist MCPs in implementing these laws and guidance to facilitate timely, coordinate care.

MCPs must have the ability to receive and send referrals (inclusive of PHI and personally identifiable information (PII))<sup>17</sup> with the BHPs and DMC Counties in compliance with the No Wrong Door Initiative, including the ability to identify and refer Members requiring substance use disorder (SUD)<sup>18</sup> treatment to BHPs or DMC Counties, as appropriate. The processes and data sharing requirements for these referrals must be described in the required MOU between MCPs, BHPs, and DMC Counties as outlined in this APL.<sup>19</sup>

### Real Time Data Sharing Requirements

MCPs, as well as BHPs and DMC Counties,<sup>20</sup> are required to implement data sharing P&Ps and adhere to required state and federal care coordination rules and regulations. This necessitates bidirectionally sharing the minimum necessary Member data in “real time” with each other and also with Network Providers, CBOs, and other Medi-Cal Third Party Entities in real time, to support service delivery, care coordination, referrals, closed loop referrals, and care transitions, in accordance with the DxF Real Time Exchange P&P (OPP-12) and contracts.<sup>21</sup> “Real time” is explained in the DxF P&P as the sharing of

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<sup>17</sup> PHI is a subset of PII that consists of personally identifiable health information that is created or received by a covered entity or its business associate. For more information on PHI, PII, covered entities, and business associates, please see the Data Sharing Authorization Guidance here: <https://www.dhcs.ca.gov/CalAIM/ECM/Documents/CalAIM-Data-Sharing-Authorization-Guidance.pdf>.

<sup>18</sup> This APL uses “SUD” as preferred clinical terminology, consistent with the current edition of the Diagnostic and Statistical Manual of Mental Disorders, medical societies, professional organizations, recovery advocates, and <https://obamawhitehouse.archives.gov/sites/whitehouse.gov/files/images/Memo%20-%20Changing%20Federal%20Terminology%20Regrading%20Substance%20Use%20and%20Substance%20Use%20Disorders.pdf> regarding the use of non-stigmatizing, person-centered language.

<sup>19</sup> For more information regarding the data sharing requirements between MCPs and county SUD, please see MCP contract Exhibit A, Attachment III 4.3.13. <https://www.dhcs.ca.gov/provgovpart/Documents/2024-Managed-Care-Boilerplate-Contract.pdf>.

<sup>20</sup> 45 CFR sections 160 and 164; 42 CFR section 438.208; 42 CFR section 484.60; Cal. Code Regs. Tit. 22, section 58005; DHCS-provided MOU templates can be found here: <https://www.dhcs.ca.gov/Pages/MCPMOUS.aspx>. These MOU templates are binding.

<sup>21</sup> DxF P&P, Real-Time Exchange OPP-12, available at: <https://www.cdii.ca.gov/wp-content/uploads/2023/07/CalHHS-Real-Time-Exchange-PP-Final-v1-7.21.23.pdf>; Medi-Cal Managed Care contract (5.6 MOUs with Local Government Agencies, County Programs, and

Health and Social Services Information (HSSI) (inclusive of behavioral health and housing data) to other Participants in a timely manner. This means exchanging data “as soon as the information becomes available and without intentional or programmatic delay” to support important care decisions benefiting all Californians.<sup>22</sup> MCPs, BHPs, and DMC Counties must ensure that the minimum necessary Member information is exchanged in real time, as defined by the DxF Real Time Exchange P&P, for care coordination purposes. That information includes, but is not limited to, Member demographic information, ADT event notifications, services and treatment rendered, diagnoses, assessments, medications prescribed, and laboratory results. It must also include – where applicable – other minimum necessary data elements described in the DxF Data Elements to Be Exchanged Operating Policy and Procedure (OPP-8) and must conform to the data standards and formats defined in that P&P.<sup>23</sup>

The accompanying BHIN 26-013 outlines the requirement for BHPs and DMC Counties to adopt the DxF Real Time Exchange P&P as the definition of “timely and frequent,” thereby aligning real time data exchange requirements with those of MCPs, to the extent allowed by federal and state law.

#### Memorandum of Understanding Requirements

In accordance with the requirements outlined in the MCP contract<sup>24</sup> and in APL 23-029,<sup>25</sup> MCPs must establish an MOU with any BHP and DMC County that serves their Members to ensure Member care is coordinated.<sup>26</sup> This includes establishing P&Ps for real time sharing of Member data to support coordination and continuity of care. DHCS

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Third Parties), available at: <https://www.dhcs.ca.gov/provgovpart/Documents/2024-Managed-Care-Boilerplate-Contract.pdf>.

<sup>22</sup> The DxF Real Time data exchange policy and procedure is available at: [CalHHS Real-Time-Exchange-PP\\_Final\\_v1\\_7.21.23.pdf](https://www.dhcs.ca.gov/provgovpart/Documents/2024-Managed-Care-Boilerplate-Contract.pdf).

<sup>23</sup> DxF P&P OPP-8, Data Elements to Be Exchanged. Available at: <https://dxf.chhs.ca.gov/wp-content/uploads/2025/07/CHHS-Data-Elements-to-Be-Exchanged-PP-v1.2-1.pdf>

<sup>24</sup> MCP Boilerplate Contract. Exhibit A, Attachment 3, 4.3.10 (A)(9), available at: <https://www.dhcs.ca.gov/provgovpart/Documents/2024-Managed-Care-Boilerplate-Contract.pdf>.

<sup>25</sup> For more information regarding the MOU Requirements for MCPs and Third-Party Entities policy, see <https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2023/APL23-029.pdf>. APLs are searchable at: <https://www.dhcs.ca.gov/formsandpubs/Pages/AllPlanLetters.aspx>.

<sup>26</sup> For more information regarding the MCP Contracts, see Medi-Cal Managed Care Boilerplate Contracts available at: <https://www.dhcs.ca.gov/provgovpart/Pages/MMCDBoilerplateContracts.aspx>.

provided MCPs, BHPs, and DMC Counties with MOU templates<sup>27</sup> to assist with structuring their agreements. This APL, and the accompanying BHIN 26-26-013, interprets the “timely and frequent” data sharing outlined in the MOUs to be consistent with the DxF definition of “real time” and as outlined in the previous section of this APL, Real Time Data Sharing Requirements.

### Admission, Discharge, and Transfer Event Notifications

The MOUs that MCPs are required to establish with BHPs and DMC Counties must include P&Ps for MCPs to share and access in real time any ADT event notification for a Member who is also receiving services from that BHP or DMC County, in compliance with applicable law.<sup>28</sup> MCPs are also required to have P&Ps in place to share and accept in real time any ADT event notifications with their Network Providers<sup>29</sup> that currently maintain electronic records to receive ADT event notifications and are subject to federal and state ADT event notification requirements.<sup>30</sup> If an agreement is not in place with the contracted provider at the time of an ADT event, the MCP shall establish that agreement with that provider within six months. MOU requirements for plan-to-plan ADT event notifications are inclusive of, but not limited to, notifications the plans receive from Network Providers that are facility types subject to ADT requirements under federal interoperability rules and the DxF. These facilities include acute care hospitals, psychiatric inpatient hospitals, and critical access hospitals that maintain electronic medical record systems or electronic administrative systems.<sup>31</sup>

MOU guidance and this APL requires ADT event notification requirements to all inpatient and residential facilities contracted by the MCP and that maintain electronic medical record systems or electronic administrative systems. This includes facilities not necessarily subject to the ADT event notification requirements under the Federal Interoperability Rules, including, but not limited to, psychiatric health facilities, psychiatric residential treatment facilities, residential mental health facilities, SUD

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<sup>27</sup> DHCS-provided MOU templates can be found here:

<https://www.dhcs.ca.gov/Pages/MCPMOUS.aspx>. These MOU templates are binding.

<sup>28</sup> The “admission, discharge, and transfer data” described in the MOU is clarified in this APL as ADT event notifications, to align with the terminology utilized by DxF.

<sup>29</sup> Provider types are outlined in the CalAIM: Population Health Management (PHM) Policy Guide Chapter IX, available at: <https://www.dhcs.ca.gov/CalAIM/Documents/PHM-Policy-Guide.pdf>.

<sup>30</sup> Interoperability and Patient Access Final Rule set forth at CMS-9115-F.

<sup>31</sup> The patient event notification requirement is limited to those hospitals, psychiatric inpatient hospitals, and critical access hospitals that utilize electronic medical record systems or other electronic administrative systems that are conformant with the context exchange standard in 45 CFR section 170.205(d)(2).

treatment facilities, and skilled nursing facilities.<sup>32</sup> These notifications are essential to ensure real time communication and care coordination between entities. MCPs must already have the capability to share data with these entities via the technical requirements for exchange outlined in DxF OPP-9,<sup>33</sup> but they may need to adjust these mechanisms to ensure they facilitate the receipt and sharing of ADT event notifications in real time as required by this APL and DxF OPP-12.

As outlined in BHIN 26-013, the MOU shall also require that BHPs and DMC Counties share any ADT event notification the BHP or DMC County receives with the MCP for any Member who is also a Member of the MCP or DMC County in accordance with the DxF Real Time Exchange P&P and any applicable federal and state laws and regulations.

### Sharing Member Rosters

For MCPs to share and receive ADT event notifications in real time, MCPs must provide up-to-date<sup>34</sup> member rosters<sup>35</sup> to all BHPs, DMC Counties, and Third-Party Entities that maintain electronic records on, at a minimum, a monthly basis. This allows the MCP to send and receive ADT event notifications from those entities, and in accordance with the DxF Technical Requirements for Exchange P&P.<sup>36</sup> Likewise, BHPs and DMC Counties must also provide up-to-date member rosters with MCPs on, at a minimum of, a monthly basis, to facilitate bidirectional data sharing. This also ensures that those BHPs, DMC Counties, and other Third-Party Entities can send ADT event notifications (inclusive

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<sup>32</sup> More information regarding ADT notification requirements can be found in the Interoperability Final Rules, available at <https://www.federalregister.gov/documents/2020/05/01/2020-05050/medicare-and-medicaid-programs-patient-protection-and-affordable-care-act-interoperability-and>, MOUs, and outlined in <https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2023/APL23-029.pdf> and corresponding Enclosures.

<sup>33</sup> DxF P&P OPP-9, Technical Requirements for Exchange, available at: <https://www.cdii.ca.gov/committees-and-advisory-groups/data-exchange-framework/#policies-and-procedures>.

<sup>34</sup> "Up-to-date" is defined as a list of those individuals who have received services within the last 90 days.

<sup>35</sup> As defined in Member Level Information Sharing Between MCPs and Enhanced Care Management (ECM) Providers, available at: <https://www.dhcs.ca.gov/Documents/MCQMD/Member-Level-Information-Sharing-Between-MCPs-ECM-Providers.pdf>.

<sup>36</sup> Data Exchange Framework Policy and Procedure OPP-9, Technical Requirements for Exchange, available at: <https://www.cdii.ca.gov/committees-and-advisory-groups/data-exchange-framework/#policies-and-procedures>.

of facilities that are subject to ADT requirements in federal interoperability rules and facilities that are not, as described above) to the MCP whenever such an event occurs, as described in the section of this APL, Admission, Discharge, and Event Notifications.<sup>37</sup>

To meet this requirement, MCPs may submit rosters and receive ADT event notifications from “intermediaries,” such as a Qualified Health Information Exchange Organizations (QHIOs),<sup>38</sup> health information exchanges (HIEs), or other technology vendor that assists Third Party Entities in the exchange of HSSI.

#### Compliance with Consent Requirements and Adoption of a Standardized Consent Form

In most instances, Member consent is not needed to share HSSI. Under the HIPAA Privacy Rule, Members’ consent is **not** required for the use and disclosure of PHI for treatment, payment, and health care operations.<sup>39</sup> Examples of data-sharing for the purposes of treatment, payment, or health care operations (TPO) include: (1) coordinating care for individuals enrolled in managed care, and (2) connecting an individual with health insurance or behavioral health services following release from jail. Further, AB 133 provisions<sup>40</sup> limit the application of certain state privacy laws to allow for data sharing to support initiatives under CalAIM without Member consent, as appropriate under federal and state law.<sup>41</sup>

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<sup>37</sup> If the provider does not have a compliant part 2 consent on file for this individual, the MCP, BHP, or DMC County may not disclose this information in a Member roster. For detailed use cases, please see Use Cases in the Data Sharing Authorization Guidance available at: <https://www.dhcs.ca.gov/CalAIM/ECM/Documents/CalAIM-Data-Sharing-Authorization-Guidance.pdf>.

<sup>38</sup> Data Exchange Framework Policy and Procedure Qualified Health Information Organization available at [https://www.cdii.ca.gov/wp-content/uploads/2023/07/CalHHS\\_QHIO-PP\\_Final\\_v1\\_7.12.23.pdf](https://www.cdii.ca.gov/wp-content/uploads/2023/07/CalHHS_QHIO-PP_Final_v1_7.12.23.pdf).

<sup>39</sup> 45 CFR section 506(c)(1).

<sup>40</sup> AB 133 added new provisions to California state law under the Welfare and Institutions Code (W&I) and the Penal Code in order to promote data exchange and care coordination by allowing such data exchange even in cases where state privacy laws otherwise might prohibit such disclosures without signed consent. AB 133 therefore overrides the application of certain more restrictive state privacy laws with respect to consent requirements.

<sup>41</sup> W&I section 14184.102(j). More information about how AB 133 limits certain state privacy laws is available in the California Data Sharing Authorization Guidance, Section 3, available at: <https://www.dhcs.ca.gov/CalAIM/ECM/Documents/CalAIM-Data-Sharing-Authorization-Guidance.pdf>. AB 133 data sharing provisions do not override federal data sharing and privacy regulations.

When Member consent is required, such as for sharing Part 2 SUD information or, in some cases, for sharing housing information,<sup>42</sup> MCPs and their Network Providers must use consent to share information forms that comply with federal and state data sharing and privacy laws, including HIPAA and Part 2.

To facilitate compliance and statewide consent management and to coordinate care under CalAIM and Behavioral Health Transformation (BHT), including population health management,<sup>43</sup> **DHCS is requiring that MCPs, as well as BHPs and DMC Counties as outlined in BHIN 26-013, adopt the ASCMI Form as the statewide, standardized consent-to-disclose information form.**<sup>44</sup>

The ASCMI Form has been developed by DHCS with broad stakeholder input. It is intended for third-party care entities, such as behavioral health, reentry, or housing providers, to obtain consent from Members for the sharing of certain sensitive information, including Part 2 information, and to inform individuals of their privacy rights and the process to express their consent preferences for data disclosures. The ASCMI Form is in line with updated Part 2 regulations that allow Members to authorize

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<sup>42</sup> Consent to share information is required for the disclosure of housing information only in instances in which such disclosure type is not outlined in the local Continuum of Care's notice of privacy practices (NPP). Further resources on Homeless Management Information System (HMIS) data and privacy regulations and implementation can be found in the HUD HMIS Data and Privacy Security Toolkit, available at: <https://www.hudexchange.info/resource/7250/hmis-data-and-privacy-security-toolkit/>; 69 Fed. Reg. 45888 (July 30, 2024), at 45930.

<sup>43</sup> Aligning with DHCS's goal of transforming Medi-Cal into a more coordinated health system for all Californians and supporting data sharing needed for Enhanced Care Management, Population Health Management, Community Supports, Justice-Involved Reentry Initiative, and others.

<sup>44</sup> The ASCMI Form and ASCMI Revocation Form, and associated FAQs, are available at: <https://www.dhcs.ca.gov/CalAIM/Pages/ASCMI-CalAIM.aspx>. MCPs must adopt the ASCMI Form in order to request information from BHPs and DMC Counties to satisfy payer-to-payer interoperability requirements and to request Part 2 data for other care coordination purposes. Further details about the roles and responsibilities for collecting consent, maintaining, and sharing the ASCMI form and tracking revocations of individual's consent will be provided in a forthcoming ASCMI policy and operations guide.

disclosures for TPO using a single form.<sup>45</sup> Sharing Part 2 data outside of the scope of TPO under CalAIM must comply with applicable law.<sup>46</sup>

Both federal and state law give individuals the right to revoke an authorization to share data.<sup>47</sup> If a Member has previously consented to share their HSSI via the ASCMI Form, and later elects to revoke that consent, the Member can fill out the ASCMI Revocation Form. The revocation only applies to data sharing from the date the revocation form is signed by the Member and received by the provider; data shared before the revocation, in reliance upon the prior consent, will not be affected and may be subject to redisclosure. The proactive application of a revocation means that data collected prior to revocation that has not yet been shared would be protected from disclosure by the revocation.<sup>48</sup> MCPs must also recognize electronic signatures if their use complies with applicable laws.<sup>49</sup>

MCPs must have mechanisms in place to ingest and store the ASCMI form data at the plan level to allow for integration with provider-level submissions.

When providing or coordinating services for a minor or other individual under various forms of conservatorship, MCPs and providers must determine from whom (the minor, the parent/guardian, or other legal representative) consent shall be obtained to share health records and coordinate services.

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<sup>45</sup> 89 Fed. Reg. 12472 (Feb. 2024). More information about Part 2 data sharing outside the context of CalAIM can be found in the CalAIM Data Sharing Authorization Guidance, available at: <https://www.dhcs.ca.gov/CalAIM/ECM/Documents/CalAIM-Data-Sharing-Authorization-Guidance.pdf> and in the Data Sharing Authorization Guidance Toolkits, available at: <https://www.dhcs.ca.gov/dataandstats/Pages/Data-Sharing-Authorization-Guidance-Medi-Cal-Housing-Support-Services-and-Reentry-Initiative-Toolkits.aspx>.

<sup>46</sup> See California SUD data sharing law, H&S section 11845.5.

<sup>47</sup> 42 CFR 2.31; 45 CFR section 164.508(b)(5); Cal. Civ. Code section 56.11(h).

<sup>48</sup> DHCS will issue an ASCMI policy and operations guide by July 1, 2026.

<sup>49</sup> How do HIPAA authorizations apply to an electronic health information exchange environment? Office of Civil Rights, HHS, available at: <https://www.hhs.gov/hipaa/for-professionals/faq/554/how-do-hipaa-authorizations-apply-to-electronic-health-information/index.html>; California's Uniform Electronic Transactions Act (UETA), Civ. Code, § 1633.7.

MCPs may coordinate some services for a minor for which the minor may provide consent and other services for which the parent/guardian must provide consent. Such cases are referred to as "dual consents."<sup>50</sup>

### Data Sharing for Required State and Federal Reporting and Assessments

MCPs must share all necessary Member and encounter data requested by BHPs with which they share Members or service areas (as appropriate and as required, in compliance with state and federal law) to meet required state and federal quality, accountability, and monitoring reporting obligations.<sup>51</sup> This includes, but is not limited to, data necessary for:

- DHCS Managed Care and Behavioral Health Plan Accountability Reporting<sup>52</sup>
- CMS Core Set Measures<sup>53</sup>
- Comprehensive Quality Strategy Performance Measures<sup>54</sup>

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<sup>50</sup> APL 24-019 available at

<https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2024/APL24-019.pdf>; 45 C.F.R. section 164.502(g); California Data Sharing Authorization Guidance, Section 4.2, available at: <https://www.dhcs.ca.gov/CalAIM/ECM/Documents/CalAIM-Data-Sharing-Authorization-Guidance.pdf>.

<sup>51</sup> The BHP, DMC County and MCP state and federal reporting requirements are required per the following citations, therefore the data exchange necessary to provide the data for the required reporting is also required. MHP Contract. Exhibit A, Attachment 14 Reporting Requirements, available at: <https://www.dhcs.ca.gov/Documents/2022-27-MHP-Contract-Exhibit-A-B-E-PSS-Amendment.pdf>; DMC-ODS Plan Contract. Exhibit A, Attachment 1, MM Reporting Requirements: <https://www.dhcs.ca.gov/Documents/Exhibit-A-Attachment-I-DMC-ODS-Exhibit-B-ODS-2022-2023.pdf>; DMC Contract. Document 1F(a) County Reporting Requirement Matrix, available at: [https://www.dhcs.ca.gov/provgovpart/Documents/Substance%20Use%20Disorder-PPFD/SUD%20PPFD%20Contracts/Document\\_1Fa\\_County\\_Reporting\\_Requirement\\_Matrix\\_4.21.17.pdf](https://www.dhcs.ca.gov/provgovpart/Documents/Substance%20Use%20Disorder-PPFD/SUD%20PPFD%20Contracts/Document_1Fa_County_Reporting_Requirement_Matrix_4.21.17.pdf); MCP Boilerplate Contract. Exhibit A, Attachment III, available at: <https://www.dhcs.ca.gov/provgovpart/Documents/2024-Managed-Care-Boilerplate-Contract.pdf>; <https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL%202024/APL24-004.pdf>; <https://www.dhcs.ca.gov/provgovpart/Documents/BHIN-24-004-Quality-Measures-and-Performance-Improvement-Requirements.pdf>.

<sup>52</sup> For more information regarding the DHCS Managed Care and BHP Accountability Reporting, see: <https://www.dhcs.ca.gov/dataandstats/reports/Pages/MgdCareQualPerFEAS.aspx>

<sup>53</sup> For more information regarding the CMS Core Set Measures Reporting, see: <https://www.dhcs.ca.gov/dataandstats/Pages/Core-Set-Measures-Reporting.aspx>

<sup>54</sup> For more information on the DHCS Comprehensive Quality Strategy, see: <https://www.dhcs.ca.gov/services/Documents/Formatted-Combined-CQS-2-4-22.pdf>.

- External Quality Review of Quality Performance Measures<sup>55</sup>
- Population Needs Assessments<sup>56</sup>

This information may include, but is not limited to, Member demographic information, ADT event notifications, services and treatment rendered, diagnoses, assessments, medications prescribed, pharmacy claims data from Medi-Cal Rx, and laboratory results. As outlined in BHIN 26-013, BHPs and DMC Counties must also share all necessary Member, encounter, and claims data requested by MCPs to meet required state and federal quality, accountability, and monitoring reporting obligations, in compliance with federal and state law. Unlike data-sharing to support care coordination, data-sharing to support state and federal reporting need not occur in real-time. Plan-to-plan sharing of Member rosters between MCPs, BHPs, and DMC Counties is also necessary to support data-sharing for reporting purposes.

### **COMPLIANCE, OVERSIGHT, AND MONITORING:**

As described above, several core data-sharing requirements in this APL are already effective as of the date of APL publication. This guidance further requires MCPs to adopt specified procedures to effectively implement those core requirements. To the extent the MCP is not already in compliance with the clarified data exchange implementation requirements in this APL, **it must establish or begin to revise its data exchange policies and processes and implement these policy updates no later than April 1, 2026.**

MCPs have until **January 1, 2027, to adopt the ASCMI Form** as the standardized consent to disclose information form. MCPs must communicate the requirements listed above to their subcontractors and Network Providers.

In alignment with the enforcement deadline for the Interoperability and Prior Authorization Final rule, **beginning on January 1, 2027, DHCS will implement focused monitoring and enforcement of these requirements, including corrective action plans and administrative and/or monetary sanctions as needed for non-compliance.** DHCS conducts annual compliance and performance audits on the

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<sup>55</sup> For more information on the External Quality Review Organization and the DHCS Medi-Cal Managed Care Quality Improvement Reports. External Quality Review Technical Reports with Plan-Specific Evaluation Reports can be found at:

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

<sup>56</sup> For more information on the BHPA Public Needs Assessments Data Sharing Requirements, see: [https://policy-manual.mes.dhcs.ca.gov/behavioral-health-services-act-county-policy-manual/V1.0.0/3-county-integrated-plan#id-\(V1.0.0\)3.CountyIntegratedPlan-B.2.3CountyRequirements](https://policy-manual.mes.dhcs.ca.gov/behavioral-health-services-act-county-policy-manual/V1.0.0/3-county-integrated-plan#id-(V1.0.0)3.CountyIntegratedPlan-B.2.3CountyRequirements).

Healthcare Effectiveness Data and Information Set (HEDIS)<sup>57</sup> initiatives and will include data exchange requirements defined in this APL and other directives as part of the oversight, monitoring, and enforcement activity. DHCS may also establish further monitoring or audit measures as part of regular compliance reviews or MCP reporting to confirm that MCPs are complying with the required data exchange requirements summarized in this APL.

#### MCP Responsibilities for Policies and Procedures, Subcontractors, and Enforcement Actions

MCPs must review their contractually required policies and procedures (P&Ps) to determine if amendments are needed to comply with this APL. If the requirements contained in this APL, including any updates or revisions to this APL, necessitate a change in an MCP's contractually required P&Ps, the MCP must submit its updated P&Ps to the Managed Care Operations Division (MCP Submission Portal)<sup>58</sup> within 90 calendar days of the release of this APL. If an MCP determines that no changes to its P&Ps are necessary, the MCP must attach an attestation to the Portal within 90 calendar days of the release of this APL, stating that the MCP's P&Ps have been reviewed and no changes are necessary. The attestation must include the title of this APL as well as the applicable APL release date in the subject line.

MCPs are responsible for ensuring that their Subcontractors, Downstream Subcontractors, and Network Providers comply with all applicable state and federal laws and regulations, Contract requirements, and other DHCS guidance, including APLs and Policy Letters. These requirements must be communicated by each MCP to all Subcontractors, Downstream Subcontractors, and Network Providers.

DHCS may impose enforcement actions, including corrective action plans, as well as administrative and/or monetary sanctions for non-compliance. MCPs should review their Subcontractor, Downstream Subcontractor, and Network Provider and/or Subcontractor Agreements as appropriate, to ensure compliance with this APL.

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<sup>57</sup> For more information on the HEDIS Measure, see:

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

<sup>58</sup> The MCP Submission Portal is located at: <https://cadhcs.sharepoint.com/sites/MCOD-MCPSubmissionPortal/SitePages/Home.aspx>.

For additional information regarding enforcement actions, see APL 25-007. Any failure to meet the requirements of this APL may result in enforcement actions.

If you have any questions regarding this APL, please contact your MCO Contract Manager.

Sincerely,

Original signed by Bambi Cisneros

Bambi Cisneros, Assistant Deputy Director

Managed Care, California Department of Health Care Services