



DATE: April 24, 2026

Medi-Cal Eligibility Division Information Letter No.: 26-13

TO: ALL COUNTY WELFARE DIRECTORS
ALL COUNTY ADMINISTRATIVE OFFICERS
ALL COUNTY MEDI-CAL PROGRAM SPECIALISTS/LIAISONS

SUBJECT: Requirements for Release of Information (ROI) Forms for Medi-Cal
(REFERENCE: ALL COUNTY WELFARE DIRECTORS LETTER: 24-21)

The purpose of this Medi-Cal Eligibility Division Informational Letter is to provide counties with policy clarification and guidance on the use of Release of Information (ROI) forms for Medi-Cal. This letter supplements existing guidance outlined in [All County Welfare Directors Letter \(ACWDL\) 24-21](#), which speaks to the ROI process established for Community Based Organizations (CBOs) using BenefitsCal.

Background

Counties regularly receive ROI forms developed by third parties when members are seeking to authorize the disclosure of their Medi-Cal Personally Identifiable Information (PII) to a third-party. These ROI requests may be for coordination of care, social service program benefits determination, or legal proceedings. To protect Medi-Cal member privacy and ensure compliance with the Medi-Cal Privacy and Security Agreement (PSA) and applicable law, it is essential that counties only accept ROI forms that meet all required elements under state and federal law. Counties should consult with their legal counsel to determine if such forms comply with state and federal laws and the policies in this letter, in addition to whether any laws prohibit such disclosures.

Although counties are not considered covered entities under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) when performing Medi-Cal eligibility determinations, the Medi-Cal member data they maintain is still subject to strict privacy protections. These include Welfare and Institutions Code provisions and certain applicable federal rules related to Medi-Cal information.

Note: This policy applies to the release of Medi-Cal eligibility-related information maintained by the county. Counties should not release health care service or treatment information, including behavioral health, substance use disorder treatment, or reproductive health information, unless explicitly authorized by DHCS and in accordance with other applicable laws.

Legal Authority

Federal law requires Medicaid customer information to be kept confidential, and state Medicaid agencies must provide safeguards to restrict the use or disclosure of such information to purposes directly connected with the administration of the state Medicaid program. (42 U.S.C.§1396a(a)(7)).

State law requires the same protections for Medi-Cal information (Welfare & Institutions Code §14100.2). However, a Medi-Cal member or designated signer may provide a ROI to grant access to the member's specified case information for the limited purpose outlined in the ROI. Members may give a county consent to release their case record or specific case-level information to an Agency, institution, or individual provider. The member must sign and date their consent, which clearly identifies the customer releasing information, the Agency, institution, or individual provider to whom information is released, and the reason for sharing this information. Once consent is given, the member has released their case record or specific case-level information.

ROI forms for Medi-Cal

As noted in [ACWDL 24-21](#), counties may not accept the *ABCDM 228- Applicant's Authorization for Release of Information* for Medi-Cal members due to non-compliance with HIPAA as of May 12, 2023. Counties should utilize the [DHCS 6236 Authorization for Release of Protected Health Information](#) as an approved ROI form for Medi-Cal customers to use to consent for counties (or DHCS) to release their PII, case record, or specific case information to a third-party.

ACWDL 24-21 also introduces *ABCDM 229- Applicant/Recipient's Authorization for Release of Information to CBOs in BenefitsCal*. The ABCDM 229 was created to facilitate a ROI to CBOs using BenefitsCal. This feature in BenefitsCal will allow primary applicants to execute an ROI via the ABCDM 229 which will allow a CBO to view authorized Medi-Cal PII within the CBO account of BenefitsCal.

Alternative Written Document as ROI

In addition to the ABCDM 229 and the DHCS 6236, a member may also sign and date their consent on an alternative written document that clearly identifies the customer releasing information and the agency, institution, or individual provider to whom information is released, and the reason for sharing this information.

If all the required details are included, including the elements listed below, counties should accept this as a valid ROI form. All ROI forms must include the following required components in order to be allowed:

1. Name of the County disclosing the information.
2. Name of the entity/organization receiving the information.
3. Description of the information to be disclosed (e.g., eligibility history, aid code, application status)
4. Purpose of the disclosure (e.g., care coordination, benefits determination, or legal action).
5. Disclosure period (e.g., January 2023 through March 2024), including the expiration date or specific event that ends the authorization (e.g., 12/31/2025 or completion of appeal).
6. Signature and date of the member, authorized representative, or their legal representative.
7. Description of and documentation to support the legal authority of representative, if applicable (e.g., guardian, conservator, or other authorized representative).
8. Three written statements that communicate the following concepts, regardless of the exact wording.
 - **Right to Revoke.** The form must include a written statement informing the individual that they may revoke the authorization at any time, verbally or in writing. The statement must also explain revocation stops future disclosures but does not affect information already released under the authorization.
 - **Voluntary Nature / No Impact on Eligibility.** The form must include a statement indicating that signing the authorization is voluntary and that

choosing not to sign will not affect the individual's eligibility for Medi-Cal or access to Medi-Cal benefits.

- **Redisclosure Warning.** The form must include a statement warning that information disclosed under the authorization may be redisclosed by the recipient and may no longer be protected by privacy laws.

The above framework could be used to develop a ROI form. Counties should work with their county counsel to ensure that any form developed it meets the applicable privacy rules.

Invalid or Incomplete ROIs

If any required elements or statements listed above are missing, the ROI form is considered invalid, and no Medi-Cal PII may be released. Counties must inform the requester that the form is incomplete, clearly identify the missing elements, and help the member address the incomplete areas of the ROI. Counties may assist the member in completing the missing fields by phone, obtaining written consent, and utilizing telephonic signature procedures. Alternatively, the individual may submit a corrected form by mail, fax, in person, or through any other accepted method.

If the Medi-Cal member can provide all required information to supplement the original ROI form, the county may document the complete authorization in the case file, consider the ROI valid, and proceed with releasing the requested Medi-Cal eligibility information.

Signature Requirements

Only the member or a designated signer authorized to act on behalf of the member may sign a ROI form. The county must accept the signatures on ROI forms through any available means, including wet, telephonic, or electronic, as described in and in accordance with [ACWDL 19-17E](#), [MEDIL I 21-38](#), and [ACWDL 24-18](#).

Revoking a ROI

A Medi-Cal member may revoke a completed ROI form or ROI authority at any time in writing. Written requests can be made by regular mail or via other commonly used forms of written communication (i.e. email, fax, scanned, etc.). Telephonic signatures may also be used when such requests are made over the phone authorizing the

revocation of the ROI form, if done in accordance with [ACWDL 19-17E](#) or in any related errata or superseding ACWDLs. If a written or telephonically signed authorization is not obtained from the member, the ROI authorization remains in place. Upon receiving a written revocation notice, the county must immediately cease any further disclosure of information based on that authorization and document the revocation in the case record, including the date and who received the notice.

ROI Form Retention and Documentation

Counties must document in the case record both the receipt of the completed ROI form and the approval decision. ROI forms accepted for Medi-Cal must be retained by the county for a minimum of six years from the date of creation or the date the form was last in effect, whichever is later, consistent with standard records retention practices. Expired or revoked authorizations must also be retained with documentation of the date and reason for revocation.

For questions about ROI for Medi-Cal or to request further information, please email us at CountyPSA@dhcs.ca.gov.

Sincerely,

Sarah Crow, Chief
Medi-Cal Eligibility Division
Department of Health Care Services