

# Real Time Behavioral Health Data Sharing Behavioral Health Information Notice and All Plan Letter

All Comer Webinar

April 2, 2026

2:00pm – 3:00pm PDT

# Objectives

- » Review Department of Health Care Services (DHCS) Goals for Real Time Behavioral Health (BH) Data Sharing
- » Provide an Overview of Real Time BH Data Sharing Behavioral Health Information Notice (BHIN) and All Plan Letter (APL)
  - Existing BH Data Sharing Requirements
  - Updated Procedural BH Data Sharing Requirements
  - New BH Data Sharing Requirements
  - Key Implementation Timeline and Milestones
- » Q&A

# Department of Health Care Services (DHCS) Data Exchange Goal

DHCS is prioritizing real time\* data exchange to enable care coordination and population health management.

## The Issue

Consistent and real time\* data exchange across physical, behavioral, and social service sectors remains a big challenge

## The Solutions

- » Guidance and toolkits on data sharing privacy rules
- » Data sharing requirements for County BH\*\* and Managed Care Plans (MCPs)
- » ASCMI Form and Consent Management Platform (CMP)

## The Outcome

- » Interoperable systems that help coordinate care, reduce duplication of services, and improve outcomes
- » Ability to monitor, evaluate, and ensure continuous quality improvement

*\*'Real time' exchange is the sharing of "Health and Social Services Information (inclusive of behavioral health and housing data) to other Participants in a timely manner," meaning as soon as the information becomes available and without intentional or programmatic delay, to support important care decisions benefiting all Californians.*

*\*\*County BH is inclusive of Mental Health Plans, Drug Medi-Cal Organized Delivery Services, and Drug Medi-Cal*

# Summary of Real Time BH Data Sharing BHIN/APL

The Real Time BH Data Sharing BHIN and APL clarify DHCS BH data exchange requirements and expectations for County BH and Medi-Cal MCPs.

## Existing Data Sharing Requirements

- » MCPs and County BH must:
  - Bidirectionally share all necessary and requested member data with each other;
  - Execute data sharing Memoranda of Understanding (MOUs) with each other;
  - Use consent forms to enable sharing of protected information when required; and
  - Share member health and encounter data for quality reporting.

## Updated Program Procedural Responsibilities

- » County BH must **adopt certain Data Exchange Framework (DxF) Policies and Procedures (P&Ps), including real time data exchange.**

## NEW Requirement

- » MCPs and County BH must **adopt the Authorization to Share Confidential Medi-Cal Information (ASCFMI) Form, to enable sharing of sensitive information** – including substance use information subject to Part 2 – to facilitate real-time data exchange.

*More details about existing, updated, and new requirements can be found on subsequent slides.*

# Existing Data Sharing Requirements

County BH and MCPs are already required to share data according to state and federal regulations, contracts with DHCS, guidance, and MOUs.

## **County BH and MCPs must currently:**

- » **Share data necessary to support timely care coordination** regularly with each other, providers, community-based organizations, and Medi-Cal Partners in compliance with federal and state privacy laws
- » **Establish MOUs with each other** to share health information, including admission, discharge, and transfer event notifications
  - To facilitate this, they can share monthly updated member rosters with each other on, at a minimum, a monthly basis
- » **Obtain consent to share protected health information (PHI)**, as needed
- » **Share member and encounter data** as required for state and federal reporting including but not limited to:
  - » DHCS Managed Care and Behavioral Health Plan Accountability Reporting
  - » CMS Core Set Measures
  - » Comprehensive Quality Strategy Performance Measures
  - » External Quality Review of Quality Performance Measures

# Updated Procedural Data Sharing Requirements

To align County BH and MCP care coordination and data exchange requirements, DHCS is requiring adoption of certain DxF standards.

County BH and MCPs must exchange data “timely and frequently” per federal and state rules.

- » The BHIN and APL clarify that such **“timely and frequent” exchanges must now follow the [DxF Real-Time Data Exchange Policies and Procedures \(P&P\)](#) ([Operational P&P 12](#))**
- » The BHIN also requires **County BH to adopt:**
  - [Operational P&P 8: Data Elements to Be Exchanged](#) **to clarify specific data that must be included in exchange**
  - [Operational P&P 9: Technical Requirements for Exchange](#) **to standardize County BH shares member rosters and admission, discharge, and transfer (ADT) event notifications with MCPs**

County BH is strongly encouraged to become signatories of the DxF Data Sharing Agreement (DSA) to share necessary member data in compliance with the requirements outlined in this BHIN.

# New Data Sharing Requirement

To standardize consent to share member information, when member consent is required, County BH, MCPs, and their network providers must adopt the DHCS Authorization to Share Confidential Member Information (ASDMI) Form.

## What is the ASCMI Form?

- » The ASCMI Form is a **tool that informs Medi-Cal members\* of their rights to share or withhold sensitive information.**
- » It allows members to **choose which providers can access their data** and allows care partners to **obtain consent for sharing sensitive data.**
- » The ASCMI form **supports compliance with Part 2 consent rules and federal interoperability standards** for data sharing for care coordination.

\*The ASCMI Form can also be used to obtain consent to share sensitive information from individuals who are not Medi-Cal members

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**AUTHORIZATION TO SHARE CONFIDENTIAL MEMBER INFORMATION (ASDMI) FORM: AB 133<sup>1</sup> (VERSION 2.0)**

First Name      Middle Name      Last Name      Date of Birth      Medi-Cal Client Index Number (as applicable)

\_\_\_\_\_

The “ASDMI Form: AB 133” can be used to authorize data sharing for the following individuals:

1. Individuals enrolled in a Medi-Cal managed care plan.
2. Individuals receiving behavioral health services under Medi-Cal.
3. Individuals involved in the criminal legal system that qualify for pre-release Medi-Cal benefits.

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**AUTHORIZATION TO SHARE CONFIDENTIAL MEMBER INFORMATION (ASDMI) FORM: NON-AB 133<sup>1</sup> (VERSION 2.0)**

First Name      Middle Name      Last Name      Date of Birth      Medi-Cal Client Index Number (as applicable)

\_\_\_\_\_

The “ASDMI Form: Non-AB 133” can be used to authorize data sharing for individuals residing in California who do not meet the criteria to use the ASCMI Form: AB 133. This includes all individuals that are:

1. Not enrolled in a Medi-Cal managed care plan.
2. Not receiving behavioral health services under Medi-Cal.
3. Not involved in the criminal legal system that qualify for pre-release Medi-Cal benefits.



*Click the images to access the ASCMI Forms.*

# Why Adopt a Standardized Consent Form?

Consent for data sharing supports whole person care and effective care coordination.

## When is Consent Required to Share Data?

- » Member consent **is required** to share Part 2 protected substance use disorder (SUD) information, housing data beyond the Continuum of Care notice, or treatment information for minors who consented.
- » Member consent **is not** needed to use or share PHI for treatment, payment, and health care operations, such as coordinating managed care or connecting individuals to services after jail release.

## Why is standardizing consent forms important?

- » Standardized consent forms can:
  - Help members avoid multiple signatures and forms
  - Ease provider workload
  - Enhance real time service access
  - Address privacy concerns
  - Improve efficiency and streamline consent to share information processes
  - Support ongoing quality improvement

## Looking ahead

- » DHCS is developing a CMP to:
  - **Store, maintain, and share members' consent preferences** electronically and securely.
  - **Help Care Partners use standardized tools to obtain consent and maintain consent** records in a secure database that other Care Partners can access to facilitate real time data exchange in compliance with federal and state privacy laws and federal interoperability rules.

# ASCFI Form Expiration and Revocation

DHCS developed an ASCFI Revocation Form for members to complete if they wish to revoke their consent for all information types on the ASCFI Form.

**Unless a member submits an ASCFI Revocation Form, their consent will be valid for one year\* from the date of signature.**

*\*If a member turns 18 within one year of signing the Form, their consent will expire on their 18<sup>th</sup> birthday.*



Click here to access the ASCFI Revocation Form:

<https://www.dhcs.ca.gov/CalAIM/Documents/CALAIM/ASCFI-Revocation-Form-English.pdf>

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### AUTHORIZATION TO SHARE CONFIDENTIAL MEMBER INFORMATION (ASCFI) REVOCATION FORM

Use this Form if you want to take back your consent for Care Partners to share certain types of your information.  
The ASCFI Revocation Form should only be used if you have previously signed the ASCFI Form (either AB 133 or Non-AB 133) consenting to sharing your information.

**Client Information**  
Client Name: \_\_\_\_\_ Date of Birth (mm/dd/yyyy): \_\_\_\_\_  
Medi-Cal Client Index Number (as applicable)<sup>1</sup>: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code<sup>2</sup>: \_\_\_\_\_  
Residential Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code (optional): \_\_\_\_\_  
Phone Number (optional): \_\_\_\_\_ E-mail Address (optional): \_\_\_\_\_

By completing the ASCFI Revocation Form, any data that you selected “Yes” to sharing in the ASCFI Form will be changed to “No / Does not apply to me.” This may include any of the following types of information listed below. If you are interested in changing only some of your consent preferences, complete a new ASCFI Form.

**ASCFI Form (AB 133 and Non-AB 133)**

- » Substance use disorder information that is protected by 42 C.F.R. Part 2.
- » Housing information, including your housing status, history, and supports.

**ASCFI Form (Non-AB 133 only)**

- » Some mental health information.
- » Intellectual and developmental disability information.
- » HIV test results.
- » Genetic test results.

<sup>1</sup> The Client Index Number is the first nine characters of the identification number located on the front of the Medi-Cal Member’s Benefits Identification Card.  
<sup>2</sup> This can be any address where you can receive mail, including the address of a friend, shelter, or family member.

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### AUTHORIZATION TO SHARE CONFIDENTIAL MEMBER INFORMATION (ASCFI) REVOCATION FORM

Client Name	Client Signature	Date (mm/dd/yyyy)
Parent/Guardian/Legal Representative Name	Parent/Guardian/Legal Representative Signature	Date (mm/dd/yyyy)

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# Timeline for Implementation of Requirements

Publication of Real Time BH Data Sharing BHIN and APL

**MARCH 2026**

**APRIL 1, 2026**

MCP Adoption of Real Time Data Sharing Requirements

Adoption of ASCMI Form by MCPs and County BH, and enforcement of Real Time Data Sharing Requirements for County BH

**JANUARY 1, 2027**

# Questions?

Please contact:

BHIN: [BHCalAIM@dhcs.ca.gov](mailto:BHCalAIM@dhcs.ca.gov)

APL: [MCQMD@dhcs.ca.gov](mailto:MCQMD@dhcs.ca.gov)

ASCMI: [DHCSDataSharing@dhcs.ca.gov](mailto:DHCSDataSharing@dhcs.ca.gov)

# Appendix

# Other Data Sharing Resources

## » **DHCS General Data Resources**

- [DHCS Data Exchange and Sharing](#) including resources for:
  - [Medi-Cal Members](#)
  - [Managed Care Plans and Behavioral Health Plans/Counties](#)
  - [Community Based Organizations and Providers](#)
- [Data Sharing Authorization Guidance 2.1](#)
- [Data Sharing Authorization Guidance Toolkits](#)
- [Medi-Cal Transformation](#)
- [MOU Templates](#)

## » **ASCFI Resources**

- [ASCFI Forms and Revocation Form](#)
- [ASCFI FAQs](#)

## » **CalHHS Data Resources**

- [State Health Information Guidance \(SHIG\) – CDII](#)

## » **Department of Health Care Access and Information Resources**

- [California Data Exchange Framework & Data Sharing Agreement](#)