CalAIM Data Sharing Authorization Guidance All Comer Webinar

10/30/2023, 10:30 – 11:30 AM PST

DHCS
CALIFORNIA DEPARTMENT OF
HEALTH CARE SERVICES

Continuous Coverage Unwinding

- **The continuous coverage requirement ended on March 31, 2023**
- **Medi-Cal redeterminations began on April 1, 2023, and will continue for all Medi-Cal members through May 2024 based on the individuals established renewal date.**
- **Top Goal of DHCS:** Minimize member burden and promote continuity of coverage.
  - DHCS implemented several federal flexibilities to make the renewal process simpler during the continuous coverage unwinding.
- **How you can help:**
  - Become a **DHCS Coverage Ambassador**
  - Join the DHCS Coverage Ambassador mailing list to receive updated toolkits as they become available
  - Check out the Medi-Cal COVID-19 PHE and Continuous Coverage Unwinding Plan (Updated March 7, 2023)

Continuous Coverage Unwinding Communications Strategy

- On February 8, 2023, DHCS launched the Medi-Cal renewal campaign, a broad and targeted public information, education, and outreach campaign to raise awareness among Medi-Cal members about the return of Medi-Cal redeterminations when the continuous coverage requirement ended March 31, 2023. The campaign will complement the efforts of the **DHCS Coverage Ambassadors** that was launched in April 2022.

- **DHCS launched the Keep Your Community Covered Resources Hub** which includes resources in all 19 threshold languages.

- **DHCS released the new, interactive Medi-Cal Continuous Coverage Unwinding Dashboard** that will allow you to gain demographic and geographic insights to enrollment and renewal data.

- **Direct Medi-Cal members to KeepMediCalCoverage.org or MantengaSuMedical.org**, which includes resources for members to update their information and find their local county offices. It will also allow them to sign up to receive email or text updates from DHCS.

Agenda

- Introductions
- Overview of DSAG 2.0 Purpose and Intended Audience
- Key Privacy Laws Under DSAG 2.0
- AB 133 Data Sharing Provisions
- Consent and Authorization Guidance
- Data Sharing Use Case Scenario Examples
- Next Steps
- Q&A

Introductions

- Dr. Linette Scott, Deputy Director & Chief Data Officer, Enterprise Data and Information Management, DHCS

Overview of the CalAIM Data Sharing Authorization Guidance (DSAG) 2.0

CalAIM DSAG: Background & Context

Context: Assembly Bill 133 (1/3)

Recognizing the importance of information sharing for the successful implementation of CalAIM, AB 133 added new provisions to California's Welfare and Institution Code (WIC) and Penal Code to promote care coordination by allowing data exchange even in cases where state privacy laws otherwise might prohibit such data exchange.

California WIC Section 14184.102(j)

Notwithstanding any other state or local law, including but not limited to Section 5328 of this code and Sections 11812 and 11845.5 of the Health and Safety Code, ***the sharing of health, social services, housing, and criminal justice information, records, and other data*** *with and among the department [of health care services], other state departments, including the State Department of Public Health and the State Department of Social Services, Medi-Cal managed care plans, Medi-Cal Behavioral Health Delivery Systems, counties, health care providers, social services organizations, care coordination and case management teams, and other authorized provider or plan entities, and contractors of all of those entities,* ***shall be permitted to the extent necessary to implement applicable CalAIM components*** *described in this article and the CalAIM Terms and Conditions, and to the extent consistent with federal law.* ***The department [of health care services] shall issue guidance identifying permissible data sharing arrangements to implement CalAIM.***

Context: Assembly Bill 133 (2/3)

- California Welfare and Institutions Code (WIC) Section 14184.102(j) is referred to as the "**AB 133 State Law Applicability Provision**" in the DSAG.
- AB 133 obligated DHCS to develop the DSAG to help organizations understand what information they may disclose under CalAIM.
- The DSAG bridges the gap between existing guidance that was developed prior to AB 133 (e.g., "State Health Information Guidance (SHIG)" documents), and the modified application of certain California laws as a result of AB 133.

Context: Assembly Bill 133 (3/3)

California Penal Code Section 4011.11(h)

(4) (B) Notwithstanding any other law, the department, counties, county sheriffs, and county probation agencies shall share the information and data necessary to facilitate the enrollment of inmates in health insurance affordability programs on or before their date of release and to appropriately suspend and unsuspend Medi-Cal coverage for beneficiaries.

(5) (A) No sooner than January 1, 2023, the State Department of Health Care Services, in consultation with counties, Medi-Cal managed care plans, and Medi-Cal Behavioral Health Delivery Systems, shall develop and implement a mandatory process by which county jails and county juvenile facilities coordinate with Medi-Cal managed care plans and Medi-Cal Behavioral Health Delivery Systems to facilitate continued behavioral health treatment in the community for county jail inmates and juvenile inmates that were receiving behavioral health services prior to their release.

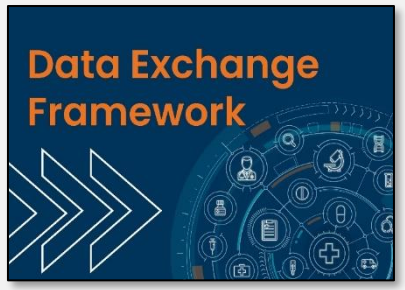
AB 133 adds a new subdivision to the Penal Code that permits the disclosure of personally identifiable information (PII)—even when it would otherwise conflict with state privacy laws—when data sharing is for the purposes of:

1. **Assisting jail and youth correctional inmates with applying for health insurance affordability programs** (Medi-Cal, the Children's Health Insurance Program [CHIP], and qualified health plans offered through Covered California; this may include applying for those programs while incarcerated or after release); and
2. Ensuring those **inmates have access to behavioral health services post-release**.

Background Context On the DSAG

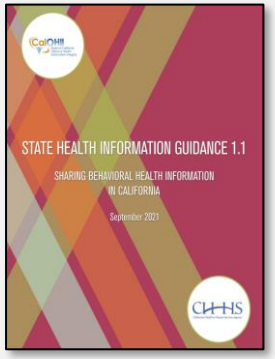
The CalAIM Data Sharing Guidance is different than other guidance documents (particularly the State Health Information Guidance) because it focuses on the "CalAIM" population, which was specified in AB 133.

CalHHS



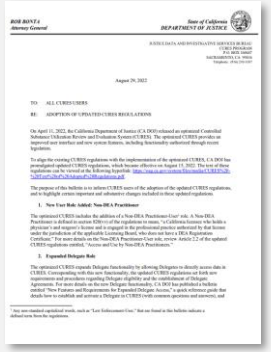
California Data Exchange Framework (DxF) and Single Data Sharing Agreement (DSA)

CDII



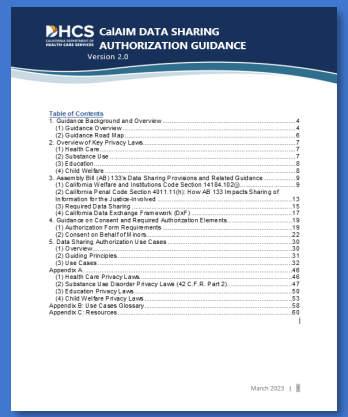
State Health Information Guidance (SHIG)

DOJ



Updated Controlled Substance Utilization Review and Evaluation System (CURES) Regulations

DHCS



CalAIM Data Sharing Authorization Guidance (DSAG)

What is different?

This guidance document was created to help bridge the gap between the laws in California that changed as a result of CalAIM implementation and the existing guidance, which was developed outside the context of AB 133.

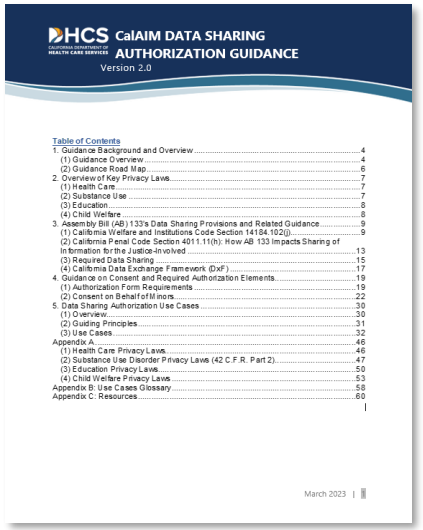
The DSAG is not intended to be and should not be construed as legal advice. As the state's Medi-Cal agency, DHCS does not have the authority to interpret or enforce many of the federal privacy laws that apply to the disclosure of information under CalAIM.

CalAIM DSAG 2.0

DHCS published DSAG 1.0 in March 2022. The forthcoming 2.0 version was published this month.

Version 2.0 includes additional information on:

1. The disclosure of a minor's records to support ECM for children/youth populations of focus
2. Behavioral health use cases to help stakeholders understand federal substance use disorder privacy regulations (42 CFR Part 2) and the No Wrong Door for Mental Health Services Policy


DHCS CalAIM DATA SHARING AUTHORIZATION GUIDANCE
Version 2.0

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March 2023

The final DSAG 2.0 is posted here.

Contents of Guidance

✓ **Key Privacy Laws**
- Health care
- Substance use disorder (SUD)
- Education – *NEW*
- Child welfare – *NEW*

✓ **Assembly Bill 133**
- Guidance on how Assembly Bill 133 limits certain state privacy laws to enable data sharing for care coordination under CalAIM

✓ **Consent and Required Authorizations**
- Authorization forms
- Consent on behalf of minors – *NEW*

✓ **Data Sharing Use Cases**
- Scenario-based examples of when personally identifiable information can be disclosed under CalAIM for
  - Enhanced Care Management (ECM)
  - MCP and County Behavioral Health coordination – *NEW*

**NEW* = *New section in Version 2.0 not previously in the first version released in March 2022*

DISCLAIMER: The CalAIM DSAG is not intended to be and should not be construed as legal advice. As the state's Medi-Cal agency, DHCS does not have the authority to interpret or enforce many of the federal privacy laws that apply to the disclosure of information under CalAIM.

CalAIM DSAG: Intended Audience

For Whom Is This Guidance Intended?

CalAIM DSAG is intended to provide guidance to a wide range of individuals and organizations who are providing or overseeing the delivery of health or social services under CalAIM ("Medi-Cal Partners") to Medi-Cal Members (defined on the next slide).

Who are "Medi-Cal Partners?"

Medi-Cal Partners include, but are <u>not limited</u> to:

- ✓ Medi-Cal Managed Care Plans (MCPs)
- ✓ Tribal Health Programs
- ✓ Health care providers
- ✓ Community-based social and human service organizations and providers
- ✓ Local health jurisdictions
- ✓ Correctional facility health care providers
- ✓ County and other public agencies that provide services and manage care for individuals enrolled in Medi-Cal.

How can Medi-Cal Partners use the DSAG?

Examples:

- » Legal and other advisors who work with Medi-Cal Partners may find this guidance (especially Chapters 2, 3, and 4) helpful when determining how to counsel a care manager on the laws protecting such information and whether consent from the individuals enrolled in Medi-Cal must be obtained by the care manager.
- » Care managers may leverage the data sharing use cases (Chapter 5) to better understand how to operationalize applicable laws.

For Whom Does This Guidance Apply?

This guidance applies to individuals for whom data sharing is governed by AB 133; i.e., "Medi-Cal Members." For simplicity, we use the term "Members" in the DSAG.

Who are "Members?"

Members include individuals enrolled in Medi-Cal who meet any of the following criteria:

1. Enrolled in a Medi-Cal Managed Care Plan
2. Receiving any form of behavioral health services, including services from:
   - ✓ County mental health plans (MHPs);
   - ✓ Drug Medi-Cal (DMC) / Drug Medi-Cal Organized Delivery Systems (DMC-ODS); ***or***
   - ✓ Any behavioral health services under the fee-for-service (FFS) system and/or Drug Medi-Cal Organized Delivery Systems (DMC-ODS).
3. Justice-involved populations that qualify for Justice-Involved Reentry Initiative pre-release services

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X This guidance does not apply to those who receive care exclusively under the Medi-Cal fee-for-service system who are neither recipients of behavioral health services nor qualified inmates receiving targeted pre-release Medi-Cal benefits. In practice, this is a small percentage of Medi-Cal Members.

Statutory Reason for Limiting This Guidance to Certain Populations

AB 133 defines CalAIM components to apply to various Medi-Cal programs, which include Medi-Cal managed care, behavioral health programs, and Justice-Involved Reentry Initiative pre-release services.

DSAG Topics of Focus

Privacy Laws: Overview

The DSAG provides background on the legal and regulatory requirements that may be applicable to CalAIM to help Medi-Cal Partners better understand applicable privacy and consent laws across four areas of data privacy.

Health Care	» Health Insurance Portability and Accountability Act (HIPAA) » Confidentiality of Medical Information Act (CMIA) » Lanterman-Petris Short Act
Substance Use	» 42 C.F.R. Part 2 (often referred to as "Part 2") » California Health and Safety Code Section 11845.5
Education	» Family Educational Rights and Privacy Act (FERPA) » California "Pupil Records" Law » Individuals with Disabilities Education Act (IDEA), Parts B and C
Child Welfare and other Social Service Records	» California WIC Section 827 » California WIC Section 10850

Note: While this isn't a comprehensive list of laws, Appendix A in the DSAG contains a more detailed summary of data privacy laws in each of the four areas listed above.

Privacy Laws: Key Terms

The key terms below provide context for the nuances described in key privacy laws.

- **Treatment/Care Coordination Consent Exception**
  - Generally, the state and federal laws discussed in the DSAG 2.0 have exceptions. This term is used when describing whether there is an exception to state and federal laws that permits disclosures without consent in order to coordinate care or treat a Medi-Cal Member.

- **Personal Identifiable Information (PII)**
  - Any information about an individual maintained by an organization, including, but not limited to, education, financial transactions, medical history, and criminal or employment history, or other information that can be used to distinguish an individual's identity, such as their name, social security number, date and place of birth, mother's maiden name, biometric records, etc.

- **Protected Health Information (PHI)**
  - A subset of PII that consists of personally identifiable health information that is created or received by a **covered entity**. If a covered entity engages a **business associate** to help it carry out its health care activities and functions, the covered entity must have an arrangement that establishes what the business associate is required to do in compliance with HIPAA.

Privacy Laws: Health Care

The DSAG 2.0 outlines important state and federal laws that protect the health information of Members and applicable treatment/care coordination consent exceptions.

Health Care Privacy Laws

Health Insurance Portability and Accountability Act (HIPAA)

- Federal law that regulates protected health information and permits disclosure of PHI for certain purposes (e.g., treatment, payment, etc.)
- Treatment/care coordination consent exception: Yes

Confidentiality of Medical Information Act (CMIA)

- California state health privacy law that mirrors HIPAA in many ways
- Differs from HIPAA by extending to certain organizations, like personal health record vendors that may not be subject to HIPAA
- Treatment/care coordination consent exception: Yes

Lanterman-Petris-Short Act

- California's mental health privacy law that applies to many providers of mental health services
- Aligns closely with HIPAA
- Has different requirements for consent forms compared to HIPAA
- Treatment/care coordination consent exception: Yes

Privacy Laws: Substance Use (1/2)

Medi-Cal Partners who provide substance use disorder diagnosis, treatment, or referral for treatment must comply with 42 C.F.R. Part 2 regulations and California's Health and Safety Code provisions.

Substance Use Laws

42 C.F.R. Part 2 ("Part 2")

- Federal regulations that protect the confidentiality of some **but not all** types of substance use disorder (SUD) information.
- When Part 2 applies, it's often stricter than HIPAA because the regulations do not permit disclosures of information for treatment or care coordination purposes **without patient consent.**
- Part 2 programs need their patients to provide written consent if they want to submit claims to their patients' health insurers, including Medi-Cal.
- According to recent proposed federal regulations, if the patient signs an authorization for one disclosure one time, the patient's information could be redisclosed for treatment, payment, and health care operations.
- Providers often **avoid sharing SUD information because 42 C.F.R. Part 2 is widely misunderstood.**
- Treatment/care coordination consent exception: No

Privacy Laws: Substance Use (2/2)

Substance Use Laws
California Health and Safety Code Section 11845.5 » California's state SUD privacy law mirrors Part 2 in many ways but **applies to a larger class of providers.** » Treatment/care coordination consent exception: No

Privacy Laws: Education Records

Medi-Cal Partners seeking access to school records of minor Members must comply with various federal and state laws that protect the confidentiality of such information. These include laws that protect education records generally, as well as laws that apply to certain types of education records.

Education Privacy Laws

Family Educational Rights and Privacy Act (FERPA)

- Federal law protecting the privacy of certain education records maintained by an educational agency or institution, or a person acting on behalf of an educational agency or institution
- California "Pupil Records" Law is California's education record privacy law and largely mirrors FERPA
- Treatment/care coordination consent exception: No

Individuals with Disabilities Act (IDEA) Parts B and C

- Federal law protecting the education records of children with disabilities, including Individualized Education Programs (IEPs) and early intervention program records
- Treatment/care coordination consent exception: No

Privacy Laws: Child Welfare Records (1/2)

California has multiple laws that address when child welfare records may be disclosed. Medi-Cal Partners may be able to access child welfare records for purposes of coordinating care under CalAIM if such Medi-Cal Partners become part of the child's multidisciplinary team and in other limited circumstances.

Child Welfare Privacy Laws

California Welfare and Institutions Code Section 827

- Protects "juvenile case files," which may include data in a child welfare case file.
- Under Section 827, multidisciplinary teams, persons, or agencies providing treatment or supervision of the minor may "**inspect**" these protected records without a court order.
  - Some individuals who may be members of the multidisciplinary team members—such as child protective agency employees, California Department of Social Services (CDSS), employees, and staff of CDSS licensees—may receive copies of such records.
- Treatment/care coordination consent exception: Yes, but typically only applies to multidisciplinary team members.

California Welfare and Institutions Code Section 10850

- Protects the confidentiality of certain records maintained in connection with the administration of federally funded public social services.
- The protections of Section 10850 apply both to child welfare records and other categories of social service records (i.e., CalFresh or CalWORKs assistance).
- Treatment/care coordination consent exception: Only in limited cases.

Please see section 2 (Key Privacy Laws) of the DSAG for more information on these laws.

Privacy Laws: Child Welfare Records (2/2)

- Given the requirements of federal law regarding the need for privacy protections for records related to child abuse and neglect and other child welfare records, **DHCS does not interpret the AB 133 State Law Applicability Provision as waiving all state laws that protect the confidentiality of child welfare records**.

- **There may be circumstances under which Medi-Cal Partners can exchange child welfare data—such as Child and Adolescent Needs and Strengths (CANS) assessments** maintained by county child welfare agencies—without relying on the AB 133 State Law Applicability Provision.
  - For instance, state guidance has permitted the disclosure of CANS assessments between child welfare agencies and mental health plans.

For more information about privacy laws, please see Section 2 of the DSAG.

Data Sharing Provisions

AB 133's Data Sharing Provisions and Related Guidance (1/3)

AB 133 limits the application of certain state privacy laws so information can be shared more easily to coordinate care.

Modification of California Welfare and Institutions Code Section 14184.102(j)		
Purpose: This law permits sharing of health, social services, housing and criminal justice information, records and other data with and among DHCS, plans, counties, providers and other entities to help implement CalAIM.	**AB 133 Modification:** AB 133 modifies this law to permit Medi-Cal Partners to disclose PII among one another for purposes of providing services or coordinating care for Members, receiving reimbursement for such services or care coordination, or improving the quality of care delivered to Members, as long as such disclosure is consistent with federal law.	**Importance of AB 133 Modification:** Disclosures are permitted because one of the primary goals of CalAIM is to "identify and manage the risk and needs of Medi-Cal beneficiaries through whole person care approaches and addressing social determinants of health" as well as to improve quality outcomes and reduce health disparities.

AB 133's Data Sharing Provisions and Related Guidance (2/3)

Modification of Penal Code Section 4011.11(h)		
Purpose: This state law requires the department, counties, county sheriffs, and county probation agencies to share information and data necessary to facilitate enrollment of inmates in health insurance affordability programs. Additionally, the law requires MCPs and Medi-Cal Behavioral Health Delivery Systems to develop a process requiring jails to coordinate with them to facilitate data exchange.	**AB 133 Modification:** AB 133 modifies this law by permitting the disclosure of PII when it is done for the purpose of (1) assisting jail and youth correctional inmates with applying for health insurance affordability programs (Medi-Cal, the Children's Health Insurance Program (CHIP), and qualified health plans offered through Covered California (which may include applying for those programs while incarcerated or after release), and (2) ensuring those inmates have access to behavioral health services post-release.	**Importance of AB 133 Modification:** Disclosures of PII, including health information, may be made while the individual is incarcerated, or they may be made post-release.

For more information about AB 133 data provisions and guidance, please see Section 3 of the DSAG.

AB 133's Data Sharing Provisions and Related Guidance (3/3)

Medi-Cal Partners should examine their policies and procedures, as well as any other data sharing practices and standard contractual terms, to ensure they are not unnecessarily restrictive and ensure compliance with sharing electronic health information. This is critical because Medi-Cal Partners could fall within the definition of "health information network", "health information exchange", or "health IT developer".

State and Federal Data Sharing Requirements

- **Under the new penal code sections**, counties may not withhold information based on their own policies, procedures, or preferences if those are more restrictive than the requirements under Penal Code Sections 4011.11(h)(4) or (5) or federal law.
- Health care providers must also comply with the **federal information blocking rule.**
  - Information blocking is a practice by a health IT developer of certified health IT, health information network, health information exchange or health care provider that is likely to interfere with access, exchange, or use of electronic health information.
  - The federal information blocking rule defines certain categories of information blocking exceptions that may apply.
- **The 21st Century Cures Act** made sharing electronic health information the expected norm in health care by authorizing the US Department of Health and Human Services to identify reasonable and necessary activities that do not constitute information blocking.

For more information about data sharing requirements under AB 133, please see Section 3 of the DSAG.

Guidance on Consent and Authorizations

Guidance on Consent and Authorizations (1/3)

Federal requirements remain applicable to disclosures under both the new Welfare and Institutions Code and Penal Code sections added by AB 133. In the next few slides, DHCS will interpret AB 133 in the context of consent (electronic and verbal) as it relates to health care, SUD, and consent on behalf of minors.

Use of Electronic Signatures and Verbal Consent

- In some cases, an individual's authorization is required for the disclosure of information under CalAIM.
- The new AB 133 provisions allow Medi-Cal Partners to use electronic signatures on data sharing authorization forms. Both federal and California laws allow the utilization of electronic signatures if they meet certain standards (e.g., HIPAA permits using electronic signatures as long as their use complies with other applicable laws).

Guidance on Consent and Authorizations (2/3)

Permissible Authorization Forms

- Medi-Cal Partners may use permissible authorization forms to secure consent for data sharing, including the Authorization to Share Confidential Medi-Cal Information (ASCMI) form and Medi-Cal Partner forms.
  - **ASCMI Form:** DHCS piloted the ASCMI Form and consent management service (collectively referred to as the "ASCMI Pilot") in 2023. The ASCMI Form is a voluntary release of information that supports the sharing of Members' physical, behavioral, and social health information through a standard consent process. The form is designed to comply with all applicable legal requirements, including those under HIPAA, Part 2, FERPA, and IDEA. The consent management service is an electronic service that can store and manage consent forms of individuals enrolled in Medi-Cal. More information on the ASCMI pilot can be found here.
  - **Medi-Cal Partner Forms:** Medi-Cal Partner authorization forms should comply with applicable laws. Authorization forms may be administered by MCPs, providers, or other Medi-Cal Partners that will be responsible for ensuring that the authorization forms comply with applicable law.

Guidance on Consent and Authorizations: Health Care and SUD (3/3)

Key Privacy Laws and Verbal Consents

- Health care privacy laws HIPAA and Part 2 **require the inclusion of certain components in authorization forms**, including the specific type of data being shared, potential uses of data, and right to revocation.
- HIPAA and Part 2 authorization form rules are similar; however, **Part 2 has stricter requirements.**
  - Both HIPAA and Part 2 permit the use of electronic signatures, and audio recordings of a verbal consent can qualify as electronic signatures in some cases. **However, Part 2, unlike HIPAA, specifies that authorization forms must be written.**
- Medi-Cal Partners should make sure to use written forms if they intend for those forms to be used for the disclosure of data subject to Part 2.
- An audio recording without a written form may be sufficient if the information being shared is subject to HIPAA only and not Part 2.

For more information about health care, SUD, and education privacy laws related to consent and authorization, please see Section 4 of the DSAG.

Consent on Behalf of Minors

If an individual receiving services under CalAIM is a minor and an authorization form is needed for disclosure of that person's personal information, a Medi-Cal Partner must determine from whom to obtain consent.

Sharing records of health care services a minor lawfully consented to receive:

General principles:

- Typically, the parent/guardian has the right to consent to sharing their child's health and other personal information. Under HIPAA, the parent/guardian of an unemancipated minor has authority to consent to the release of PHI if the parent/guardian has the authority to act on behalf of the minor in making health care decisions.
- In California, in certain circumstances (e.g., for reproductive health care for adolescents) minors have the legal authority to consent to receive a service. In those cases, the minor will sign the authorization form to permit the disclosure of information about that service.

Sharing records of health care services a minor did not independently consent to receive:

General principles:

- Most of the time, a parent/guardian will sign the authorization for disclosure of information about health care provided to a minor.

Special exception: Health-related information in education records

- Unlike HIPAA, parental/guardian consent is required under FERPA and IDEA even if the record relates to a service for which the minor provided consent.

Examples of Consent on Behalf of Minors

Who Needs To Consent	In What Circumstance
Parent/Guardian Only	If the records being disclosed are not health care records subject to HIPAA but instead are **education records subject to FERPA or IDEA, then only the parent/guardian needs to sign any authorization form permitting the disclosure of such education records.**
Minor Only	Some services do allow minor consent and do not require parent consent. For example, **children in California have the right to consent to reproductive health services without the parent/guardian's authorization.**
Parent/Guardian and Minor	Under Part 2 and California law, providers furnishing substance use treatment to minors under the age of 12 must obtain consent from both the minor and their parent/guardian. Such cases are referred to as "dual consents."

In cases of suspected abuse or neglect where **a parent/guardian does not retain the right to consent to health care services for a child, a court may place limits on the parent's/guardian's right to consent** to the child's medical care, and others—such as juvenile judges, social workers, foster parents, relatives—may instead provide such consent in place of the parent/guardian.

For more information consent on behalf of minors, please see Section 4 of the DSAG.

Data Sharing Use Cases

Data Sharing Use Case Example

The DSAG 2.0 includes use case scenarios to assist Medi-Cal Partners in understanding the circumstances under which PII, including PHI subject to HIPAA, may be disclosed under CalAIM. The use cases assume that the AB 133 state law applicability provision applies, and the use cases focus on federal law requirements that are applicable to disclosure of PII. The example below illustrates a use case scenario.

Use Case 5-1: MCP sends referral to county MHP or DMC/DMC-ODS

Data Allowed to be Shared

Start

Has the Member or the Member's Personal Representative signed a data sharing authorization form that allows for disclosures from the MCP to the MHP or DMC/DMC-ODS?

Yes →

- ✓ Demographic information
- ✓ Physical health encounters/claims
- ✓ Developmental services encounters/claims
- ✓ Mental health encounters/claims (including inpatient)
- ✓ Part 2 claims

No →

- ✓ Demographic information
- ✓ Physical health encounters/claims
- ✓ Developmental services encounters/claims
- ✓ Mental health encounters/claims (including inpatient)
- X Part 2 claims

For more information on use case examples, please see Section 5 of the DSAG.

Next Steps

DSAG Next Steps

DHCS will publish DSAG 2.0 and then develop DSAG Toolkits (i.e., DSAG 3.0) that include more detailed, operational use cases and scenarios intended for Medi-Cal Partners.

	Proposed Toolkits
Audience	Medi-Cal Partners including counties, community-based organizations, program managers, providers, and MCPs
Populations of Focus	• Individuals Transitioning from Incarceration • Unhoused Populations • Children and Youth with complex needs • Individuals with serious mental illness/SUD
Content	Additional use cases that provide real-world examples to help providers and program managers navigate complex rules
Format	Each toolkit would include detailed visuals of data and process flows with narratives describing specific scenarios

These updates will make the DSAG 2.0 **more accessible to Medi-Cal Partners on the ground who need to make decisions that implicate complex privacy rules.** The toolkits would be **scenario based, describe specific situations that providers in the field will confront on data sharing issues**, and support their decision-making processes using clear examples.

DSAG 2.0 Resource

You can find the link to the DSAG 2.0 here.

For questions, please email: DHCSPrivacyOfficer@dhcs.ca.gov.

Q&A

The Department of Health Care Services (DHCS) will now take questions/comments from stakeholders.

- **Q&A Box.** All information and questions received through the Q&A box will be recorded as questions/comments
- **Spoken.** Participants must "raise their hand" for Zoom facilitators to unmute the participant to share their question/comment

  If you logged on via phone-only
  - Press "*9" on your phone to "raise your hand"
  - Listen for your phone number to be called by moderator
  - After selected to share your question/comment, please ensure you are "unmuted' on your phone by pressing "*6"

  If you logged on via Zoom interface and/or registered via email
  - Press "Raise Hand" in the "Reactions" button on the screen
  - After selected to share your question/comment, please ensure you are "unmuted" on your audio
- **Please limit comments to two minutes.**

Appendix

Summary of DSAG Public Comments

On June 8, 2023, DHCS released Version 2.0 for public comment which concluded on June 29th.

DHCS received **96 public comments from 21 organizations**, including local health jurisdictions, county behavioral health agencies, MCPs, and community-based providers. Feedback from stakeholders included requests to:

- **Add more detailed data sharing use cases on specific populations and consider implications on privacy laws,** including:
  - Justice-Involved Populations
  - Unhoused Populations
  - Children and Youth with Complex Needs
- **Provide technical assistance** to address data sharing implementation challenges:
  - Data sharing between providers with different platforms
  - Separating Lanterman-Petris-Short Act data from substance use disorder data
- **Provide additional information and linkages to other DHCS and statewide data exchange initiatives**:
  - Authorization to Share Confidential Medi-Cal Information (ASCMI) Pilot
  - CalHHS Data Exchange Framework