REAL TIME BEHAVIORAL HEALTH DATA SHARING BHIN AND APL Q&A

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The following Q&A includes responses to key questions raised during the Department of Health Care Service's (DHCS') April 2nd, 2026 All Comer Webinar announcing the publication of the Real Time Behavioral Health Data Sharing Behavioral Health Information Notice (BHIN) and All Plan Letter (APL). The answers are intended to provide guidance to Behavioral Health Plans (BHPs), Drug Medi-Cal (DMC) Counties, and Managed Care Plans (MCPs) implementing the requirements outlined in the BHIN and APL. We encourage you to confirm this information with your organization's own legal counsel. For more information about the ASCMI Initiative, please see the ASCMI Initiative Overview, which includes links to the ASCMI Form and ASCMI FAQs.

Real Time Data Sharing

1. **Are County BHPs and DMC Counties required to sign on to the California Data Exchange Framework (DxF) Data Sharing Agreement (DSA) and comply with all DxF Operating Policies and Procedures (OPPs)?**

   County BHPs and DMC Counties are not required DxF DSA signatories per Health and Safety Code section 130290(f). However, to ensure consistency in application of data exchange policies, DHCS' BHIN 26-013 requires BHPs and DMC Counties to adopt DxF OPPs 8, 9, and 12 which specify technical requirements, real-time data exchange requirements, and data elements for exchange requirements. County BHPs and DMC Counties are strongly encouraged to become signatories of the DxF DSA to share necessary Member data in compliance with the requirements outlined in this BHIN.

2. **What is "real time data sharing" and what data elements need to be shared in real time?**

   DHCS is adopting the Data Exchange Framework (DxF) OPPs for real time data exchange, data elements to be exchanged, and technical requirements for exchange for all BHPs and DMC counties. This is intended to help make sure that all MCPs and all counties use the same standards to exchange data.

   - 'Real time' exchange is the sharing of any Health and Social Services Information in a timely manner, upon receipt of a request for that information,

without intentional or programmatic delay – meaning as soon as the information becomes available to the BHP or DMC county – to support care coordination and other care decisions.

- Both the BHIN and APL also require the real time sharing of Admission, Discharge, and Transfer (ADT) event notifications, pursuant to the DxF Data Elements to be Exchanged OPP.
- Joining a Qualified Health Information Exchange Organization (QHIO) is one way a county can get support it may need to comply with these requirements.

Authorization to Share confidential Member Information (ASCMI)

1. **How often are care partners required to obtain signed data sharing ASCMI consent forms from Clients?**

   Generally, consent will expire one year from the date of signature, in accordance with Confidentiality of Medical Information Act (CMIA) requirements. However, if a Client is 17, their consent will only last until they turn 18, or until their guardianship changes, which may be less than one year. This means that, in most cases, Clients will only need to sign one ASCMI Form per year. However, California law requires that a separate authorization be obtained every time a disclosure of an HIV test result is made.

   - Clients or their parent, guardian, or legal representative retain the right to revoke their consent or modify their consent preferences before it expires if they choose to.
   - We understand that current workflows may include collecting authorization to share more frequently. However, in the future, care partners can instead first query DHCS' Consent Management Portal (CMP) to retrieve existing, valid, and active consent information before a Client's visit to determine if a new authorization to share needs to be collected.

2. **Can the ASCMI Form be used to share data with non-HIPAA covered entities such as community-based organizations and social service organizations?**

   Yes, the ASCMI Form can be used to authorize disclosure of protected information to non-HIPAA covered entities.

   - In most cases, HIPAA permits a covered entity to disclose protected health information (PHI) without individual authorization for purposes of treatment,

payment, or health care operations even when the recipient is not a HIPAA-covered entity (45 C.F.R. § 164.506(c)(1)).

- However, in some instances, consent is needed to share PHI
  - Certain medical (e.g., HIV test results)
  - Mental health information protected by Lanterman-Petris-Short Act (LPS)
  - Substance use disorder (SUD) status and treatment information
  - Health insurance information
  - Housing and income status, history, and supports when not otherwise permitted by a Continuum of Care's Notice of Privacy Practices
  - Limited criminal legal information, including booking data, dates and location of incarceration, and parole status).

In these cases, Care Partners can use the ASCMI Form to capture a Client's consent preferences to authorize such disclosure

3. **Is a written revocation required?**

   Yes, a Client must either sign the ASCMI Revocation Form to revoke their consent to share all information included on the ASCMI Form or complete a new ASCMI Form with new consent preferences in order to revoke their consent to share certain types of information.

Data Sharing for State and Federal Reporting

1. **Are any claims or encounters considered protected health information (PHI) that require obtaining individual Member consent in order to be shared between BHPs and MCPs for Behavioral Health Accountability Set (BHAS), Managed Care Accountability Set (MCAS) and other state and federal performance measures and reporting**

   Typically, sharing PHI for the purposes of state and federal quality reporting between covered entities (such as BHPs and MCPs) falls under the definition of "operations" in the HIPAA Privacy Rule and is permissible without patient consent, provided it follows the minimum necessary standard.

   However, if the BHP is sharing Member information that includes individual level information protected under Part 2, the individual must first sign an ASCMI Form. This Form must be signed with the individual's Part 2 provider and authorize the BHP or DMC County to redisclose the individual's Part 2 protected

data for purposes of health care operations — a requirement met by the ASCMI Form.

2. **Which documents outline requirements for sharing data between BHPs and MCPs for BHAS and MCAS reporting?**

   DHCS has enumerated the required state and federal quality reporting requirements for BHPs and MCPs (see APL 24-004 and BHIN 24-004 and the state's Comprehensive Quality Strategy) which includes the BHAS measure slate. As such, necessary data exchange between MCPs and BHPs to calculate and report on these measures is required. This existing requirement was specifically emphasized in the recently released BHIN 26-013 and APL 26-004 (See the section titled "Data-Sharing for Required State and Federal Reporting and Assessments.")This includes MCPs sharing encounter data and PHI with the BHPs in the MCPs' service area necessary to calculate BHP BHAS measures' numerators and denominators that the BHPs cannot access from their own data systems or the DHCS data feed. Note also that BHIN 24-004 calls out specifically that BHPs "shall utilize data exchange capabilities with the MCPs operating within their counties to sufficiently calculate and report the quality performance measures."

3. **Does the required data sharing for state and federal reporting need to happen in real time?**

   No, BHIN 26-013 and APL 26-004 explicitly exempt the required data sharing for state and federal reporting from complying with the DxF Real Time Data Sharing standards. However, while there are no specific parameters across all reporting requirements, there is a requirement that entities share data with each other to support timely submission of reports.

4. **How will DHCS hold BHPs, DMC Counties, and MCPs responsible for sharing data in real time, when needed?**

   DHCS may request documentation or establish audit measures as part of regular compliance reviews to confirm that Plans are complying with the required data exchange requirements. The real time data sharing BHIN 26-013 and APL 26-004 state that starting on January 1, 2027, DHCS may impose corrective action plans and administrative and/or monetary sanctions for non-compliance with the requirements laid out in the BHIN and APL. For more information on enforcement actions see: BHIN 25-023 and APL 25-007.