

I. PURPOSE

To outline responsibilities for confidentiality and data exchange between the MCP and MHP and/or DMC-ODS.

II. BACKGROUND

On October 12, 2023, DHCS released BHIN [23-056](#) Memorandum of Understanding Requirements for Medi-Cal Managed Care Plans and Medi-Cal Mental Health Plans and [Attachment 1](#) and BHIN [23-057](#) Memorandum of Understanding Requirements for Medi-Cal Managed Care Plans and Drug Medi-Cal Organized Delivery System Counties and [Attachment 1](#). Both BHINs provide guidance to county Mental Health Plans (MHP) and Drug Medi-Cal Organized Delivery Systems (DMC-ODS) entering a Memoranda of Understanding (MOU) with Managed Care Plans (MCP). The MOU template outlines the responsibilities and obligations of each party to coordinate and facilitate the provision of services to members where they are served by both parties. In addition, the BHIN specifies the oversight, compliance, and reporting requirements.

III. POLICY

Pursuant to DHCS APL 23-029 MOU Requirements, the Parties established and implemented policies and procedures to ensure that the minimum necessary Member information and data to accomplish the goals of this MOU are exchanged timely and maintained securely and confidentially and in compliance with the requirements set forth below to the extent permitted under applicable state and federal law. The Parties will share protected health information (“PHI”) for the purposes of medical and behavioral health care coordination pursuant to [MHP] Cal. Code Regs. tit. 9, Section 1810.370(a)(3) and/or [DMC-ODS] Welfare and Institutions § 14184.102(j), and to the fullest extent permitted under the Health Insurance Portability and Accountability Act and its implementing regulations, as amended (“HIPAA”), 42 Code Federal Regulations Part 2, and other local, state and federal privacy laws. For additional guidance, the Parties should refer to the CalAIM Data Sharing Authorization Guidance.¹

IV. SCOPE

The scope of this policy applies to County BHP, MCP, and their providers who work directly with members, caregivers, and providers.

V. PROCEDURES

Both Parties’ Responsibilities:

- A. Data Exchange.** Except where prohibited by law or regulation, both Parties’ must share the minimum necessary data and information to facilitate referrals and coordinate care under this MOU. The Parties must support the timely and frequent exchange of Member information and data, including behavioral health and physical health data; maintaining the confidentiality of exchanged information and data; and obtaining Member authorization, when required. The minimum necessary information and data elements to be shared as agreed-upon by the Parties are set forth in [Exhibit M](#) of the MOUs. To the extent permitted under applicable law, the Parties must share, at a minimum, Member demographic information, behavioral and physical health information, diagnoses, assessments, medications prescribed, laboratory results, referrals/discharges to/from inpatient or crisis services and known changes in condition that may adversely impact the Member’s health

¹ CalAIM Data Sharing Authorization Guidance VERSION 2.0 June 2023 available at: <https://www.dhcs.ca.gov/Documents/MCQMD/CalAIM-Data-Sharing-Authorization-Guidance-Version-2-Draft-Public-Comment.pdf>

and/or welfare. The Parties must annually review and, if appropriate, update Exhibit M of the MOUs to facilitate sharing of information and data. County BHS and MCPs will:

1. Follow a process for timely exchange of information about Members eligible for ECM, regardless of whether the MHP and/or DMC-ODS Provider is serving as an ECM Provider;
2. Follow a process for MHP and/or DMC-ODS to send regular frequent batches of referrals to ECM and Community Supports to MCP in as close to real time as possible;
3. Follow a process for MHP and/or DMC-ODS to send admission, discharge, and transfer data to MCP when Members are admitted to, discharged from, or transferred from facilities contracted by MHP (e.g., psychiatric inpatient hospitals, psychiatric health facilities, residential mental health facilities) and/or by DMC-ODS (e.g., residential SUD treatment facilities, residential SUD withdrawal management facilities) and for MCP to receive this data. This process may incorporate notification requirements as described in the Care Coordination P&P;
4. Follow a process to alert the other Party of behavioral health crises (e.g., MHP alerts MCP of Members' uses of mobile health, psych inpatient, and crisis stabilization and MCP alerts MHP of Members' visits to emergency departments and hospitals and/or DMC-ODS alerts MCP of uses of SUD crisis intervention); and
5. Follow a process for MCP to send admission, discharge, and transfer data to MHP and/or DMC-ODS when Members are admitted to, discharged from, or transferred from facilities contracted by MCP (e.g., emergency department, inpatient hospitals, nursing facilities), and for MHP and/or DMC-ODS to receive this data. This process may incorporate notification requirements as described in the Care Coordination P&P.

B. Behavioral Health Quality Improvement Program. If MHP and/or DMC-ODS is participating in the Behavioral Health Quality Improvement Program, then both Parties' are encouraged to execute a DSA. If both Parties' have not executed a DSA, MHP and/or DMC-ODS must sign a Participation Agreement to onboard with a Health Information Exchange that has signed the California Data Use and Reciprocal Support Agreement and joined the California Trusted Exchange Network.

C. Interoperability.

- a. [MHP] Both Parties' must make available to Members their electronic health information held by MCP pursuant to 42 Code of Federal Regulations Section 438.10 and in accordance with APL 22-026 or any subsequent version of the APL. MCP must make available an application programming interface ("API") that makes complete and accurate Network Provider directory information available through a public-facing digital endpoint on MCP's and MHP's respective websites pursuant to 42 Code of Federal Regulations Sections 438.242(b) and 42 Code of Federal Regulations Section 438.10(h).
- b. [DMC-ODS] Both Parties' must exchange data in compliance with the payer-to-payer data exchange requirements pursuant to 45 Code of Federal Regulations Part 170. MCP must make available to Members their electronic health information held by the Parties and make available an application program interface that makes complete and accurate Network Provider directory information available through a public-facing digital endpoint on MCP's and DMC-ODS's respective websites pursuant to 42 Code of Federal Regulations Section 438.242(b) and 42 Code of Federal Regulations Section 438.10(h). The Parties must comply with DHCS interoperability requirements set forth in APL 22-026 and BHIN 22-068, or any subsequent version of the APL and BHIN, as applicable.

VI. REVIEW STATEMENT

The Medi-Cal Behavioral Health policies and procedures are subject to amendment at any time at the discretion and mutual agreement of the County of San Diego Behavioral Health Services Division and Managed Care Health Plans.

VII. REFERENCES

- A. MCP's Medi-Cal Managed Care Contract Exhibit A, Attachment III
- B. MHP Contract
- C. DMC-ODS Intergovernmental Agreement
- D. California DHCS Behavioral Health Information Notice (BHIN) [23-056](#) Memorandum of Understanding Requirements for Medi-Cal Managed Care Plans and Medi-Cal Mental Health Plans and [Attachment 1](#)
- E. California DHCS Behavioral Health Information Notice (BHIN) [23-057](#) Memorandum of Understanding Requirements for Medi-Cal Managed Care Plans and Drug Medi-Cal Organized Delivery System Counties and [Attachment 1](#).
- F. CalAIM Population Health Policy Guide

VIII. ATTACHMENTS

N/A

IX. REVIEW/REVISION HISTORY

First Issued: September 30, 2025