



COUNTY OF HUMBOLDT

For the meeting of: 7/7/2026

File #: 26-591

To: Board of Supervisors

From: DHHS: Behavioral Health

Agenda Section: Consent

Vote Requirement: Majority

SUBJECT:

Attestation of Intent Regarding the Implementation and Utilization of the Authorization to Share Confidential Member Information Form Within the SmartCare Electronic Health Record System

RECOMMENDATION(S):

That the Board of Supervisors:

1. Authorize the Humboldt County Department of Health and Human Services - Behavioral Health Director, or a designee thereof, to execute, the attached Attestation of Intent regarding the implementation and utilization of the Authorization to Share Confidential Member Information Form within the SmartCare electronic health record system; and
2. Authorize the Department of Health and Human Services - Behavioral Health Director, or a designee thereof, to execute any and all subsequent certifications, attestations and other documents directly associated with the implementation and utilization of the Authorization to Share Confidential Member Information Form within the SmartCare electronic health record system, after review and approval by County Counsel, Risk Management and the County Administrative Office; and
3. Direct the Clerk of the Board to electronically provide the Department of Health and Human Services - Contract Unit with one (1) fully executed certified copy of the Board order related to this item.

STRATEGIC PLAN:

The recommended actions support the following areas of the Board of Supervisors' Strategic Plan:

Area of Focus: Safe & Healthy Communities

Strategic Plan Category: 1002- Remove barriers to quality healthcare

DISCUSSION:

The Authorization to Share Confidential Member Information Initiative is a statewide effort to promote and standardize the exchange of sensitive information, including, without limitation, certain physical health, behavioral health and social services records, amongst care partners such as providers, health plans, county agencies and social services organizations. The Authorization to Share Confidential Member Information Initiative presents the opportunity to invest in and strengthen inter-system

interoperability, reduce administrative burden across the state and support key CalAIM programs, including, but not limited to, Enhanced Care Management and Community Supports, that are designed to break down the traditional walls of health care and foster integrated, person-centered care.

The Authorization to Share Confidential Member Information Form is a standardized tool designed to overcome persistent barriers, including, without limitation, complex privacy rules governing consent and data exchange, outdated technology and paper-based processes and a fragmented, incomplete information-sharing ecosystem that limit broad and secure access to sensitive information. By addressing these challenges, the Authorization to Share Confidential Member Information Form helps lay the groundwork for a more connected and person-centered system of care. Care Partners may use the Authorization to Share Confidential Member Information Form to obtain an individual's consent for real-time data sharing. Although the ASCMI Form is initially being implemented for Medi-Cal beneficiaries, it is designed for use by all individuals in California.

Building on the success of the 2023 Authorization to Share Confidential Member Information Pilot Program, the California Department of Health Care Services is releasing the final Authorization to Share Confidential Member Information Form, which outlines the information an individual agrees or does not agree to share, as well as how it may be shared and used with other care partners. The Authorization to Share Confidential Member Information Form has been refined in language, structure and formatting based on robust stakeholder feedback, ensuring compliance with applicable state and federal laws, regulations and standards.

Accordingly, the Humboldt County Department of Health and Human Services (DHHS - Behavioral Health) recommends that the Humboldt County Board of Supervisors (Board) approve, and authorize the DHHS - Behavioral Health Director, or a designee thereof, to execute, the attached Attestation of Intent regarding the implementation and utilization of the Authorization to Share Confidential Member Information Form within the SmartCare electronic health record system. It is also recommended that the Board authorize the DHHS - Behavioral Health Director, or a designee thereof, to execute any and all subsequent certifications, attestations and other documents directly associated with the implementation and utilization of the Authorization to Share Confidential Member Information Form within the SmartCare electronic health record system, after review and approval by County Counsel, Risk Management and the County Administrative Office, in order to avoid any unnecessary delays in the exchange of sensitive information amongst care partners.

SOURCE OF FUNDING:

Behavioral Health Fund (1170)

FINANCIAL IMPACT:

There are no direct costs associated with the attached Attestation of Intent regarding the implementation and utilization of the Authorization to Share Confidential Member Information Form within the SmartCare electronic health record system.

STAFFING IMPACT:

Execution of the attached Attestation of Intent regarding the implementation and utilization of the Authorization to Share Confidential Member Information Form within the SmartCare electronic health record system will not impact current staffing levels.

OTHER AGENCY INVOLVEMENT:

California Department of Health Care Services; California Mental Health Services Authority

ALTERNATIVES TO STAFF RECOMMENDATIONS:

The Board may choose not to authorize the DHHS - Behavioral Director, or a designee thereof, to execute the attached Attestation of Intent regarding the implementation and utilization of the Authorization to Share Confidential Member Information Form within the SmartCare electronic health record system. However, this alternative is not recommended as it would limit DHHS -Behavioral Health's ability to exchange sensitive information with other care partners.

ATTACHMENTS:

1. Attestation of Intent Regarding the Implementation and Utilization of the Authorization to Share Confidential Member Information Form Within the SmartCare Electronic Health Record System

PREVIOUS ACTION/REFERRAL:

Meeting of: 7/19/2022

File #: 26-591

File No.: 22-930