

**- MEMORANDUM -**

**DATE:** February 21, 2024

**TO:** ACBH Specialty Mental Health Service (SMHS) & Drug Medical Organized Delivery System (DMC-ODS) Providers

**FROM:** Torfeh Rejali, Quality Assurance Division Director *Torfeh Rejali*

**SUBJECT: Application Programming Interface (API)- NEW INFORMATION**

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The purpose of this memo is to notify providers of new information ACBH has received that clarifies the requirements related to Department of Health Care Services (DHCS) [BHIN 22-068](#) and implementation of a secure, standards-based Patient Access and Provider Directory Application Programming Interfaces (APIs).

**DHCS Clarification Regarding API Requirements**

- Although ACBH as the Behavioral Health Plan (BHP) will need to create the capability to provide consumers with access to their health records using a digital device, providers with their own Electronic Health Record (EHR) are not required to create their own API.
- ACBH is only responsible to provide the data that is stored in the County EHR, Clinicians Gateway (CG). Clinical documentation not provided to CG by contracted providers that use their own non-County EHR will not be included in the API. Any core USCDI<sup>1</sup> data supplied to ACBH County EHR will be included in the API data.
- Metrics provided to the State will only include statistics from the ACBH API. Non-CG Providers do not need to submit any metrics reports to ACBH, or directly to DHCS.

**Requirements for CG Users:** Given the above clarification, providers utilizing their own EHR will *not be* impacted by the API implementation. Providers utilizing CG will be impacted in the following ways:

- Utilize the Potential Harm Flag in CG to restrict notes, as appropriate, dating back to 2016.
- Respond to consumer requests for re-review of restricted notes, as appropriate, when API is implemented.

**Implementation Timeframe:** ACBH is planning to pilot this process with select county-operated programs starting in April 2024 and fully implement the process on October 1, 2024.

**Next Steps:** To prepare for this implementation, providers using CG are encouraged to review the following two ACBH training modules that can be found on the [QA Training](#) page:

- 1) *Application Programming Interface (API) and CG Potential Harm Field* which includes a) A review of the Potential Harm Field in CG b) Acceptable reasons for restricting a note c) Reasons that allow for re-review of a note restriction.
- 2) *Documentation Training*
  - a. The training is a review of documentation best practices, the use of which can minimize the need for note restriction.

**Support and Resources**

For questions, please contact  
[QATA@acgov.org](mailto:QATA@acgov.org)

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<sup>1</sup> [United States Core Data for Interoperability \(USCDI\) | Interoperability Standards Advisory \(ISA\) \(healthit.gov\)](#)