

Authorization to Share Confidential Member Information (ASCMI) Tools Overview

ASCMI Design Overview



ASCFI Initiative

The ASCFI (pronounced “ask me”) initiative seeks to promote coordinated, person-centered care for all Californians by streamlining consent to share HSSI.

The Issue

Broad and secure access to HSSI is limited, in part, by:

- » Complex privacy rules governing consent and data exchange
- » Outdated technology and use of paper forms
- » Fragmented and incomplete HSSI exchange ecosystem

Source: [Why California Needs Better Data Exchange](#) (CHCF)

The ASCFI Approach

Care partners can use standardized tools for obtaining a Client’s consent to share data, and store that consent record in a secure database that other Care Partners can access.

1



ASCFI Form describes what information a Client agrees (or does not want) to have shared about them and how it may be shared and used with other partners

2



Consent Management Platform stores and manages Clients’ consent preferences electronically

3



Care Partners (e.g., health plans, providers) access and update Clients’ consent preferences via the consent management service



ASCM Form Overview

Section 1. What types of information may be shared?

Section 2. Which of these require consent...

...when AB 133 applies?

...when AB 133 does not apply?

Why is the Form divided into two sections?

- ✓ Clearly delineate the types of information that can be shared without consent versus what types of information require consent to share (e.g., Part 2 information)
- ✓ Clarify why consent is not always required for data sharing
- ✓ Only request consent when it is required
- ✓ Reinforce messaging that choosing to not sign the form will **not** impact access to services

Who does AB 133 apply to?

1. Individuals enrolled in a Medi-Cal managed care plan;
2. Individuals receiving behavioral health services under Medi-Cal; and
3. Individuals involved in the criminal-legal system that qualify for pre-release Medi-Cal benefits.

[California Assembly Bill \(AB\) 133](#)

Assembly Bill (AB) 133, enacted in July 2021, limits the application of certain state privacy laws so that information can be shared more easily in order to coordinate care. See [CalAIM Data Sharing Authorization Guidance \(October 2023\)](#) for more information

ASCM Form Proposed Outline and Use Cases

What types of information may be shared?

- » Medical, mental health, and substance use disorder (SUD) status and treatment information
- » Health insurance information
- » Housing and income status, history, and supports
- » Limited criminal legal information, including booking data, dates and location of incarceration, and parole status
- » Individualized Education Programs, and other information about health and social services provided in schools.

Which types of information require consent?

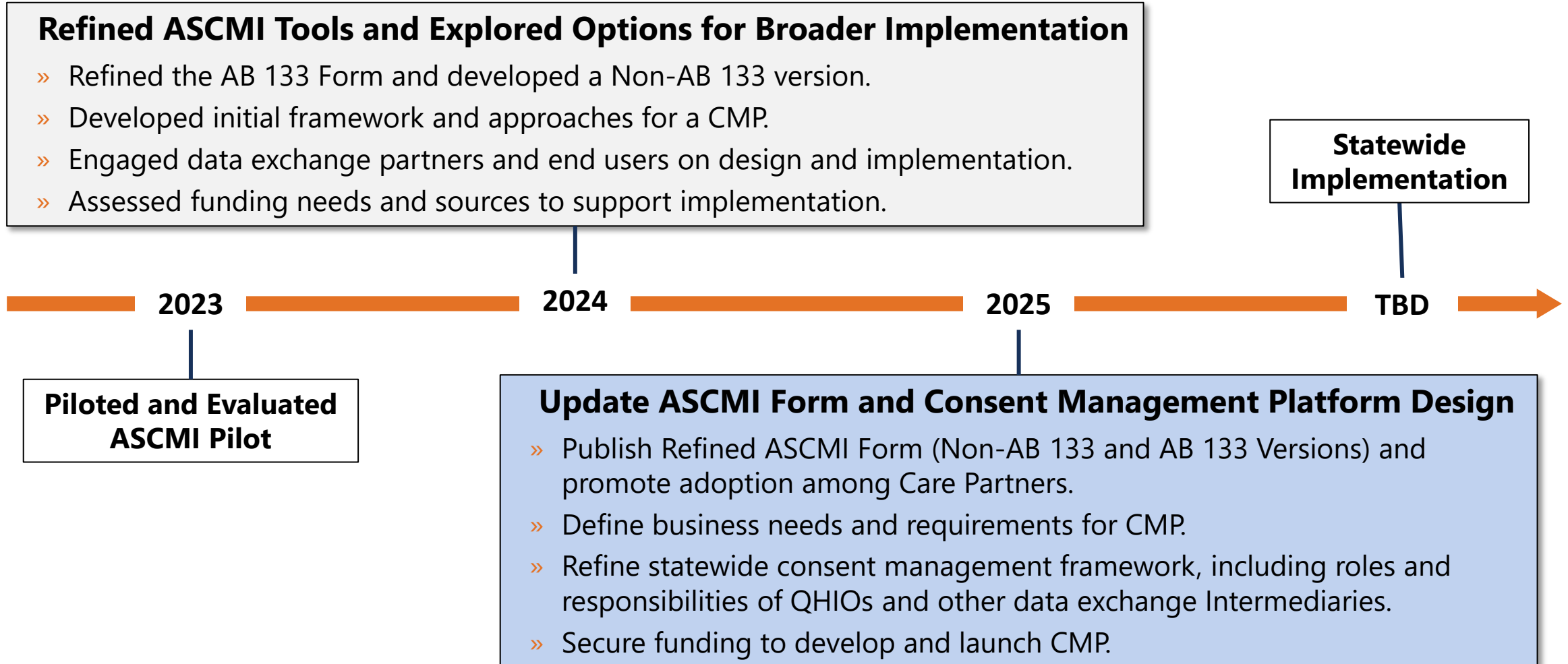
AB 133

Non-AB 133

» SUD information protected by 42 CFR Part 2	✓	✓
» Housing-related personal information when sharing with HMIS	✓	✓
» Mental health treatment information protected by Lanterman-Petris-Short Act (LPS)		✓
» Some medical information (HIV test results, genetic testing)		✓

Recap and Preview of Activities in 2025

DHCS will seek broader input on the design of ASCMI Tools to inform implementation and support needs and requirements.



2023 ASCMI Pilot



2023 ASCMI Pilot in Medi-Cal

DHCS launched 3 pilot sites (San Diego, San Joaquin, and Santa Cruz) in 2023 to test receptivity and interest in the ASCMI tools and solicit feedback from pilot participants.

ASCMI Pilot Overview

- » **Each pilot group consisted of:**
 - » Health information exchange/community information exchange (HIE/CIE)
 - » Medi-Cal managed care plan
 - » County agencies (including behavioral health)
 - » Health and social services providers
- » **All pilot sites used the standardized ASCMI Form but developed a local consent management service**
- » **The HIE/CIE served as the pilot lead in each county.** Responsibilities included:
 - Recruiting, training, and providing technical assistance to other pilot participants
 - Building, launching, and operating the consent management service
 - Fulfilling all administrative and management functions

ASCMI Pilot Groups

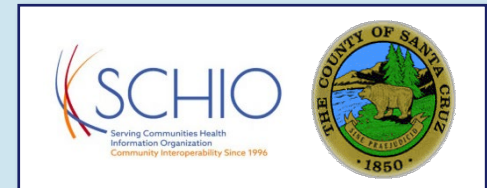
San Diego Pilot



San Joaquin Pilot



Santa Cruz Pilot

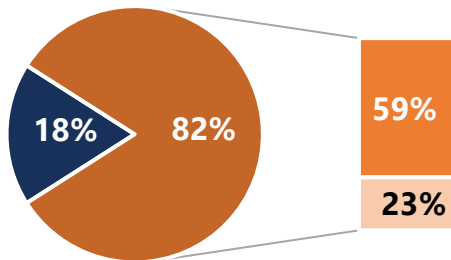


ASCEM Pilot Outcomes and Findings

The Pilot validated receptivity by Medi-Cal Members and interest by Medi-Cal Partners in the ASCEM tools.

Pilot Outcomes

Percentage of Individuals
Signed or Declined
ASCEM Form



Out of 310 Members asked to sign the form...

18%	Declined to sign the Form
59%	Agreed to full disclosure of their personal information including SUD information
23%	Agreed to disclosure of their personal information, excluding SUD information

Due to time constraints, Pilot sites only collected signatures and did not use the ASCEM Form to authorize data sharing

Long-Term Interest in Pilot Tools

- » **82%** of MCPs and county agencies supported a broader rollout of the ASCEM tools
- » **53%** of providers found the ASCEM Form helpful and that it improved their organization's consent management process*
- » **59%** of providers found the consent management service helpful*

*All other providers were neutral. No providers found the ASCEM Form or consent management service to not be helpful. See [ASCEM Pilot Evaluation Report](#) for more information.



*"Having a standardized consent and standardized process **approved at the state level** for use and access would decrease administrative burden and improve timely access across the continuum of care... We can focus more on meeting the needs and overall health and well-being of [Medi-Cal Members]."* – Provider, San Diego Pilot

