

ASCFI Form Training

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ASCFI Overview

What is the ASCMI (“Ask-Me”) Form?

- The “Authorization to Share Confidential Member Information” (ASCMI) form is a release-of-information form that can be used to request individual’s consent to share a variety of types of information, held by a variety of provider types, when required by federal or state law.
- The ASCMI form is part of a statewide effort to promote and standardize the exchange of individuals’ health and social services information among care partners. California is in the process of developing an electronic consent management platform (the “CMP”), into which ASCMI consent preferences will be loaded, such that care partners can query the system to see if there is consent on file to share certain types of information.
- California behavioral health plans and managed care plans will be **required** to use the ASCMI form this year, but DHCS recommends that all care partners adopt the ASCMI form as their standard consent form.
- Benefits of the form include: (1) legal compliance; (2) plain language; and (3) reduction in administrative burden.

What is the ASCMI (“Ask-Me”) Form? (cont.)

AUTHORIZATION TO SHARE CONFIDENTIAL MEMBER INFORMATION (ASCMI) FORM: NON-AB 133 (VERSION 2.0)

Section 1: Overview of Sharing Your Personal Information

1.1 Purpose of Information-Sharing

Your personal information listed in Section 1.3 below may be shared for many reasons, including:

- » Coordinating your care. For example, helping you schedule an appointment, helping you request housing support, or helping you find a therapist.
- » Providing you with medical, dental, mental health, and substance use disorder treatment and services.
- » Obtaining payment from your insurance carrier for the treatment and services provided to you.
- » Connecting you to programs, services, and resources that can help improve your health and wellbeing.
- » Collecting information so that _____ can help improve the care you are receiving.

1.2 Who Can Share and Receive Your Information

Care Partners may share your information. Care Partners are providers and organizations you have seen before, are seeing now, or may see in the future. These Care Partners may include:

- » Health care providers, including primary care providers and mental health providers.
- » Substance use disorder providers, such as opioid treatment programs and residential treatment programs.
- » Community-based organizations and homeless service providers.
- » Health insurance plans, including Medi-Cal managed care plans and behavioral health plans.
- » County health and human services agencies.
- » Qualified health information organizations.
- » State health and human services agencies.

Why Does DHCS Have Two ASCMI Forms – AB 133 and non-AB 133?

- AB 133 is a California law that permits the sharing of health and social services information for purposes of implementing CalAIM, notwithstanding state laws that are more restrictive with respect to consent.
- This means that, for Medi-Cal members, authorization to share, for example, data covered by the Lanterman-Petris-Short Act, or California's SUD law, is **not** necessary.
- The ASCMI form, however, is intended for use both by Medi-Cal members and non-Medi-Cal members. As a result, there are two forms, for two different populations – AB 133 for Medi-Cal, and non-AB 133 for non-Medi-Cal.
- For organizations that treat clients who are not enrolled in Medi-Cal, or may go on and off Medi-Cal with some regularity, it is more administratively simple and efficient to use the non-AB 133 form. As a result, CalMHSA has elected to use **only** the non-AB 133 form, which has the more granular consent options.
- Importantly, even if consent is not required under AB 133, consent preferences expressed on the non-AB 133 form will be honored even if an individual is subsequently enrolled in Medi-Cal.

What Types of Information-Sharing Does the (non-AB 133) Form Authorize?

- Federal and state law require consent to disclose certain types of information held by certain providers.
- The ASCMI form can be used to authorize the sharing of:
 - Substance use disorder information protected by Part 2 (e.g., diagnoses, prescription details, treatment records).
 - Housing information collected by housing providers (e.g., housing assessment completed by a Coordinated Entry).
 - Mental health information protected by the Lanterman Petris Short Act (LPS) (e.g., treatment records, assessments).
 - Intellectual and developmental disability information protected by LPS (e.g., developmental service records, Individual Program Plan, Regional Center eligibility assessment).
 - HIV test results.
 - Genetic test results.

Administering the ASCMI Form

How to Deliver and Complete the ASCMI Form

- DHCS defers to individual care partners on how to administer the form, depending on workflows and the context in which services are being provided. For example, the form can be delivered at the point of intake, or in the course of providing services. It can also be administered when there has been a request for an individual's data to be shared.
- The form cannot be amended – it must be administered as-is. However, an organization-specific release of information form could be added to the ASCMI form as an addendum, or presented to an individual in conjunction with the ASCMI form.
- The individual care partner must fill out certain mandatory fields on the ASCMI form. Counties can populate fields with organization-level identifiers (e.g., county name, county NPI, county phone number), but an individual provider name should be included for care coordination purposes.
- ASCMI forms remain valid for **one year**.

How to Deliver and Complete the ASCMI Form, cont.

- Patient education is a key component of the ASCMI form, and DHCS envisions that the care provider administering the form will walk the individual through the form to help them understand what it is, what types of information require their consent to be shared, the benefits of signing, what happens if they don't sign the form, etc.
- The individual should understand that signing the form is **optional** and that they can change their mind and revoke the form at any time.
- Care partners should make clients aware that even if they decline to authorize the sharing of their information via the ASCMI form, some information may still be shared, and the client may be asked again to complete the form in the future.

Frequently Asked Questions

Does the Form Apply to Providers or Data?

- The form allows an individual to authorize the sharing of certain data types held by certain providers, even if the provider administering the form does not hold that type of information.
- **Example:** A mental health provider operating out of a mental health clinic treats a patient who has a substance use disorder. After administering the ASCMI form, the mental health provider sees that the individual checked “no” next to the “substance use disorder” box on the form. The individual also checked “yes” next to housing information.
 - The mental health provider is not a Part 2 provider, nor is she subject to California’s SUD law. As a result, the SUD-related information she obtained from the patient becomes part of the patient’s mental health record. Such information may be shared without consent, in accordance with HIPAA.
 - If a provider who IS subject to either Part 2 or California’s SUD law wants to disclose SUD information that they hold, and they check the CMP for ASCMI consent preferences, they cannot share that individual’s information without obtaining consent.
 - A housing provider operating out of a local Continuum of Care that requires individual consent to upload information into the HMIS can do so without obtaining additional consent.

What Happens if There Are Multiple ASCMI Forms for a Single Client?

- The most recent ASCMI form governs.
- **Example:** A behavioral health provider, who is not a Part 2 provider, administers an ASCMI consent form for a client, who checks “yes” next to every category of health information, granting permission to disclose all types of data listed on the form. Several months later, the same client receives SUD treatment from a Part 2 provider. The behavioral health provider wants access to those records for care coordination purposes. The Part 2 provider sees that the client has previously granted consent to share Part 2 data, but wants to obtain her own, current consent rather than rely on the previous consent. She administers a new ASCMI form, on which the client checks “yes” to disclosing Part 2 information, mental health information, and HIV test results, but “no” to housing information.
 - The ASCMI form administered by the Part 2 provider governs.
 - If a housing provider providing services to the client wants to use his housing information for HMIS-related purposes, he cannot do so without obtaining the client’s consent.

The floor is yours!