ASCMI SmartCare Training

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Agenda

■ **Introductions**

■ **Recap of Last Week's Training**

■ **ASCMI in SmartCare**

■ **Implementation Timeline**

■ **Q & A**

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Recap of Last Week's Training

Recap

- What is the ASCMI ("Ask-Me")?

  – *The "Authorization to Share Confidential Member Information" (ASCMI) form is a release-of-information form that can be used to request an ndividual's consent to share a variety of types of information, held by a variety of provider types, when required by federal or state law.*

- Why is the ASCMI?

  – *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.*

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Recap

- What forms exist?
  - ASCMI AB 133: meant for Medi-Cal beneficiaries only
  - ASCMI Non-AB 133: meant for non-Medi-Cal beneficiaries, but is more universal
  - ASCMI Revocation form: used to remove all previous authorizations

- If there is more than 1 ASCMI for a client, which is valid?
  - The most recent that you are aware of
  - Once CMP (Consent Management Platform) is live, BHPs can query the CMP to determine what's on file for the client

- What about other languages?
  - DHCS has translated the ASCMI forms into multiple languages

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ASCMI in SmartCare

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- AB-133 v. Non-AB 133 Forms
  - CalMHSA has elected to implement the non-AB 133 form for all clients, as it can be used for any client, regardless of their insurance.
  - CalMHSA does not intend on creating the AB-133 form in SmartCare at this time.
- Revocation Form
  - Revocation changes all sharing preferences to "No."
  - CalMHSA is working to develop this form in SmartCare.
  - A new ASCMI with all sharing preferences set to "no" is the same as using the revocation form (same as existing Coordinated Care Consent revocation process).
- Languages
  - Currently only in SmartCare in English (in part due to SmartCare limitations)
  - CalMHSA is working to get Spanish and other languages into SmartCare
  - Use existing scanned document association workflow for now

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ASCMI in SmartCare: Operationalizing the DHCS Form

- Organization Name
  - Added field to populate the form due to SmartCare limitations
  - Auto-populates with agency name (county name) from Agency table
  - Is editable in case the ASCMI was done on paper and needs to be transcribed exactly
- Client Information
  - Auto-populates from Client Information, but is also editable for paper transcriptions
- Care Partner Information
  - Auto-populates the author and uses organization name
  - NPI, TIN, Phone, etc. may be organization's, program's, or practitioner's. Info boxes provide NPI/TIN information for all 3, and user can choose which to enter.
- Formatting
  - Attempted to match formats as much as possible
  - Footnotes show at end of section (screen) or end of document (PDF)

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- Workflow is the same as the Coordinated Care Consent:
  - Complete the document in SmartCare per county policy.
  - Document is not considered complete until client or guardian signs (only 1 signature is necessary but both are added as co-signers automatically).
  - If completed on paper, use the existing scanned document association workflow.
- Client wants to update sharing preferences:
  - Create a new ASCMI document: newest ASCMI is the valid one and previous ASCMI will be superseded.
  - DO NOT "edit" the existing ASCMI.
- Revocation workflow:
  - Create a new ASCMI with all sharing options set to "No."
  - Requires client/guardian signature

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- The ASCMI will replace the Coordinated Care Consent.
  - CCC will be deactivated as part of ASCMI implementation. This will not hinder a user's ability to see previously completed CCCs.
- ASCMI will govern CDAG rules just like the CCC does now.
  - CDAG rules will only drop if SUD sharing = Yes. Other sharing options do not impact CDAG.
  - If a CCC exists for a client and CDAG rules have dropped, CDAG rules will not immediately be reinstated, as a CCC is still a valid authorization.
- ASCMI is fully universal, meaning also allows sharing with others outside of SmartCare.
  - Did not create a method of sharing only within SmartCare so as to not alter the ASCMI
  - Working to tie this into Connex and interoperability rules

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- ASCMI does not replace the standard ROI.
  - The SmartCare core ROI will still be available.
  - A standard ROI should be used for narrower scoped authorizations, such as to a single entity.

- ASCMI does not replace the existing Consent for Text Communication.
  - CalMHSA will not be removing the existing Consent for Text Communication.
  - Your county may choose to use the ASCMI line about phone/text as a full consent or not, but since clients can opt to not sign the ASCMI, the standalone consent will be helpful.

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- ASCMI
  - Connex will act as a passthrough for ASCMI forms to be sent to the state's Consent Management Platform (CMP).

- CMP Query/Response
  - Connex users will be able to initiate a query to the CMP to view any existing ASCMI forms for a given client.
  - Counties can then decide if existing ASCMI is sufficient, or if a new form is necessary.

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Implementation Timeline

- Training
  - Knowledge Base articles available today.
  - LMS course is being updated (new videos are in-progress).
- Phase 1: Initial Rollout
  - ASCMI document is present in production environments now.
  - ASCMI will be permissioned to user roles on Wednesday, Feb. 11.
  - CCC will be deactivated on Tuesday, March 31 EOD.
- Phase 2: Spanish version and other languages
  - Awaiting technical design (ETA Q2 CY 2026)
- Phase 3: Revocation form
  - Will submit to Streamline for development this week (ETA Q2-3 CY 2026)
- Phase 4: CMP connections
  - Currently working with DHCS (ETA July 1, 2026)

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- Easily see whether a legal document is valid on list pages and the document itself.
  - Show alert if client/guardian has not yet signed OR has revoked
  - Should not have to unhide or scroll to determine this
  - Document should not be considered "signed" until the client/guardian has signed
- Client signature on paper/verbal should include entry of signature/agreement date.
  - Be able to back-date the client's signature to match actual paper document
- Able to add guardian as a co-signer after document is created
- Critical dates based on the client's signature date
  - May include effective date and expiration date
- Use amendments when updating back-end information
  - If client revokes a legal document, the new "end date" for tracking should be revocation date, but the original "end date" should be maintained.

Status: Submitted to Streamline for development, No ETA

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Q&A

For additional questions, reach out to
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