

**ATTACHMENT D**  
**Frequently Asked Questions (FAQs) for Medi-Cal Members**

***FAQs: Overview of ASCMI Form***

**1. What is the ASCMI Form?**

The ASCMI Form is a document requesting your consent to allow your health care providers, including your doctors and case managers (also known as your Care Partners), to share your information with each other. This can help you avoid having to share the same information multiple times or sign a new consent form each time your Care Partners need to share your information. It also can make referrals and appointments with other health care providers faster.

**2. Why am I being asked to sign the ASCMI Form?**

Your Care Partners will be able to better identify, refer you to, and help coordinate other services and supports that could meet your health care or other needs. For example, if you need support with finding housing and you have signed the ASCMI Form, your primary care doctor may be able to connect you to a housing provider in your community and give them information to begin the process of helping you.

**3. Who may sign the Form?**

The ASCMI Form is being piloted in Santa Cruz, San Diego, and San Joaquin counties. All Medi-Cal Members residing in one of the pilot counties are encouraged to sign the ASCMI Form.

**4. Why should I sign this Form?**

Signing the ASCMI Form enables your Care Partners to share your information in order to coordinate your care and connect you to health care treatment, benefits, programs, social services, case management, community resources, and other supports. It will prevent delays and having to sign more paperwork in order to get services.

**5. Do I have to sign this Form?**

No. Signing the ASCMI Form is optional.

**6. What happens if I do not sign this Form? Will I be denied services if I do not sign this Form?**

If you choose not to sign the Form, you will not be denied care or services. However, if you sign the ASCMI Form, your Care Partner may have better access to your health information and be better able to coordinate your care and help you get connected to other services quicker. It will reduce the number of times you must share your medical history.

**7. Does signing this Form enroll me in Medi-Cal or other programs and services?**

No. Signing the ASCMI Form does not enroll you in Medi-Cal or other programs and services. However, if you sign the ASCMI Form, your Care Partners will be able to better identify programs and services for which you may qualify.

**8. Do I need a representative to sign this Form for me?**

Medi-Cal Members under age 18: Both the minor and the minor's parent or guardian should sign the Form.

Medi-Cal Members age 18 or over: If you are age 18 or over, you are the only person who needs to sign the Form unless you have a guardian who acts on your behalf.

**9. What happens after I sign the ASCMI Form?**

A record of your signature is stored in the "consent management service," a secure online platform. You and your Care Partners can access the consent management service to change or revoke your authorization at any time. Your Care Partners will provide instructions on how you can access the consent management service.

**10. If I change my mind, how do I change or revoke my authorization?**

You can change or revoke your authorization by contacting your Care Partners and informing them of your desire to do so. See FAQ 15 for additional information on revoking your authorization over telehealth. You may also revoke, change, or remove your authorization by logging in to the consent management service and updating your preference.

**11. How do I get a copy of this Form?**

You can request a copy from your Care Partners. You may also log in to the consent management service and download an electronic copy.

**12. What is the difference between protected health information (PHI), mental health information, and substance use disorder information?**

PHI typically encompasses your health information that is held by your health care providers and your health plan, including physical health information, mental health information, and substance use disorder information. All PHI is protected by the Health Insurance Portability and Accountability Act of 1996 (HIPAA). To learn more about HIPAA, visit [HHS.gov](https://www.hhs.gov). Mental health information and substance use disorder information are types of PHI that may be subject to additional protections under federal law.

**13. Can my confidential information be shared even if I do not sign this Form?**

Yes, some of your information may be shared even if you do not sign. For example, physicians providing treatment to you typically can share your information to help provide that treatment.

**14. If I sign this Form, can all of my confidential information be shared?**

Even if you sign this Form, there is some confidential information that will not be shared without additional consent.

- PHI that is related to substance use disorder treatment cannot be shared unless you give specific written consent by checking the box in Part 7: Authorization of the ASCMI Form.
- Certain mental health information, such as notes from sessions with your therapist, also require your specific consent in order to be shared.

**15. Can I sign this Form over telehealth or during a telehealth visit, and if so, how?**

Yes. An electronic signature is valid, and under federal law an electronic signature can include an oral recording. Your Care Partners may send you an electronic copy to sign. Your Care Partners may also read the ASCMI Form to you and record your verbal consent.

***FAQs: Information being disclosed***

**16. What if I do not want to share all the types of information listed in Part 2: Types of Your Information that You Authorize to be Shared of the ASCMI Form? Can I select which types of information I would like to have disclosed?**

At this time, you only have the option to select if you would like to have your substance use disorder information shared or not by checking the box in Part 7: Authorization of the ASCMI Form.

You do not have the option to make other selections at this time.

**17. If I sign this Form, will my reproductive health information be shared with my Care Partners? Will my reproductive health information be able to be shared with providers or government agencies outside California?**

Your reproductive health information, such as information related to fertility, birth control, pregnancy, and abortion, is PHI. By signing this Form, you are permitting your reproductive health information to be shared between Care Partners and their contractors only for purposes described in Part 1: Purposes of the ASCMI Form and only as permitted by federal and state law.

For example, if your doctors know that you are pregnant, they can ensure you receive the proper medical care. This Form does not allow for this information to be shared with government agencies outside California.

***FAQs: Organizations sending and receiving my information***

**18. Who is sending my data? Who is receiving my data?**

Your Care Partners, listed under Part 3: Sources and Recipients of Your Information of the ASCMI Form, will be sharing your data. For example, your primary care physician could share your housing information with your managed

care plan, so your plan can help enroll you in services known as Community Supports to receive housing services.

**19. What if I do not want to share my information with all the organizations listed in Part 3: Sources and Recipients of Your Information? Can I select which organizations my information can be shared with?**

You do not have the option to select only certain organizations that your information will be shared with at this time. Your consent will apply to all Care Partners listed under Part 3: Sources and Recipients of Your Information of the ASCMI Form. These organizations are all providers that help with health care and other community supports, and they must follow all laws that protect your information.

**20. Can my information be shared with organizations not listed under Part 3: Sources and Recipients of Your Information in the ASCMI Form?**

There are some cases where your information may be shared with other organizations but only when allowed by law. For example, some public health agencies may have a legal right to obtain your information, even if you do not sign a form that permits them to see information about you.

**21. By signing this Form, would I be giving police or immigration authorities access to my confidential information?**

No, by signing the ASCMI Form you are not permitting police or immigration authorities to access or receive your confidential information. If those organizations want to obtain your information, they would need to rely on other legal authorities for doing so (for example, by obtaining a court order).

**22. If I am under 18, will my confidential information be shared with my parent or legal guardian?**

In some cases, your confidential information can be shared with your parent or legal guardian. Parents and guardians often have a right to see information about their children who are under the age of 18.

However, for services for which a minor has a right to consent without parental involvement – such as some reproductive health services, mental health treatment, and substance use disorder treatment – the parent or guardian will not have the right to see the records. For example, if you are 12 or older and you obtain birth control, your parent will not have a right to see your birth control records.

**23. Can I find out who my confidential information was shared with?**

Yes, you may obtain a list of your Care Partners to which your information has been disclosed by contacting the health information exchange or community information exchange that is allowing for the exchange of data in your county.

## **ATTACHMENT E**

### **Glossary**

- **42 C.F.R. Part 2:** Federal regulation intended to protect the confidentiality of substance use disorder treatment information and to ensure that such information is not used against a patient in criminal, child custody, divorce, or employment proceedings. See [here](#) for the full federal statute ([\*“Disclosure of Substance Use Disorder Patient Records,” Substance Abuse and Mental Health Services Administration\*](#)).
- **California Advancing and Innovating Medi-Cal (CalAIM):** DHCS’ multiyear initiative to implement overarching policy changes across all Medi-Cal delivery systems with the following objectives:
  - Identify and manage comprehensive needs through whole person care approaches and social drivers of health.
  - Improve quality outcomes, reduce health disparities, and transform the delivery system through value-based initiatives, modernization, and payment reform.
  - Make Medi-Cal a more consistent and seamless system for enrollees to navigate by reducing complexity and increasing flexibility.([CalAIM, DHCS](#))
- **Care Partners:** Organizations and entities from which you have received, are receiving, or will receive benefits, treatment, or services. See [Part 3: Sources and Recipients of Your Information](#) of the ASCMI Form for more information.
- **Community Information Exchange (CIE):** Allows networks of multidisciplinary providers and partners to appropriately access, integrate, and securely share physical, social, and human service information to coordinate care and provide proactive, whole person-oriented care for Members.
- **Health Information Exchange (HIE):** Electronic HIE allows doctors, nurses, pharmacists, other health care providers, and patients to appropriately access and securely share a patient’s vital medical information electronically – improving the speed, quality, safety, and cost of patient care ([U.S. Office of the National Coordinator for Health Information Technology](#)).
- **Individualized Education Program (IEP):** A written statement for a child with a disability that is developed, reviewed, and revised in accordance with [§§ 300.320 through 300.324](#) ([34 CFR § 300.22 - Individualized education program](#)).
- **Medi-Cal Managed Care Plan (MCP):** A health plan that has a contract with DHCS to deliver physical health care and mild-to-moderate mental health care services to Medi-Cal beneficiaries through a network of providers at a capitated rate. Managed care plans emphasize primary and preventive care ([CalAIM Proposal, January 2021](#)).

- **Population Health Management (PHM):** A cohesive, statewide approach that ensures Medi-Cal Members have access to a comprehensive program that leads to longer, healthier, and happier lives. PHM will establish a comprehensive, accountable plan of action for addressing Member needs and preferences across the continuum of care ([CalAIM PHM Initiative - DHCS Webpage](#)).
- **Protected Health Information (PHI):** Health information created or stored by covered entities (e.g., health plans and health care providers) that is generally confidential under federal law. PHI can be shared without your consent only in certain circumstances, such as between covered entities (and their business associates) for purposes of treatment, payment or health care operations, or to comply with applicable law. You have certain rights to your PHI, including but not limited to:
  - You can ask to see or get a copy of your medical record and other health information.
  - You can learn how your health information is used and shared by your doctor or health insurer.
  - You can let your providers or health insurance companies know if there is information you do not want to share.([“What is PHI?”](#) and [“Your Health Information Privacy Rights.”](#) U.S. Department of Health and Human Services)