



Part 1: Pilot Outcomes Data Report ***Part 2: Pilot Evaluation***

MARCH 2023

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ASCFI PILOT REPORTING FRAMEWORK

Overview of the ASCFI Pilot

DHCS is piloting the ASCFI Form and a consent management service (collectively referred to as the "Pilot" hereafter). The ASCFI Form is a universal release of information (ROI) form designed to facilitate sharing of a Medi-Cal Member's physical, mental, and social health information through a standardized consent process. A consent management service will be used to store and manage Medi-Cal Member consent and can be accessed and amended by Members and service Providers via a website and/or their existing electronic health record (EHR) system.

Each Pilot is a collaborative partnership consisting of a health information exchange/community information exchange (HIE/CIE), a county health system, and managed care plans (MCPs), to provide support to enrolled Providers (e.g., ECM Providers, Community Supports Providers, physical and behavioral health Providers, hospitals). For more information on the ASCFI Pilot, visit the [DHCS ASCFI webpage](#).

Purpose of Reporting

DHCS intends to leverage the one-time evaluation report to identify best practices, issues, and operational complexities of implementing the ASCFI Form and consent management service to inform a broader rollout in the future. The primary goals of the ASCFI Pilot include the following:

1. Market Adoption	<ul style="list-style-type: none">• Establish robust user base to collect data and feedback on the Form and its implementation
2. Care Coordination	<ul style="list-style-type: none">• Support data exchange between MCPs and county agencies—Specialty Mental Health Services (SMHS), Drug Medi-Cal (DMC), Drug Medi-Cal Organized Delivery System (DMC-ODS), correctional institutions, etc.• Support CalAIM initiatives aimed at delivering whole-person care, including Enhanced Care Management (ECM) and Community Supports services
3. Infrastructure Development	<ul style="list-style-type: none">• Build capacity for a centralized consent management service• Identify infrastructure gaps and technical assistance needs in the market ahead of a broader rollout

Reporting Structure

The ASCMI Pilot report is comprised of two components:

- 1. **Pilot Outcomes Data Report:** This report component seeks to quantify market adoption of the ASCMI Form and consent management service and identify barriers to market adoption.
 - Table 1. Individual Provider Data Report includes the data elements that each Provider will need to collect and report to the HIE/CIE.
 - The HIE/CIE may determine the methodology, format, and frequency used to collect data from each Provider.
 - Table 2. Pilot Outcomes Aggregate Data Report includes the data elements that HIE/CIE will need to report to DHCS.
 - The HIE/CIE will need to aggregate the data elements from each Provider as outlined in Table 1.

- 2. **Pilot Evaluation:** This report component seeks to evaluate the impact of the ASCMI Form and consent management service on care coordination and provide information about the experience of Pilot participants.
 - Table 3. Pilot Evaluation: Provider includes the ASCMI Pilot evaluation questions DHCS intends to ask Providers.
 - Table 4 Pilot Evaluation: MCP and County includes the ASCMI Pilot evaluation questions DHCS intends to ask MCPs and county agencies.
 - Table 5 Pilot Evaluation: HIE/CIE includes the ASCMI Pilot evaluation questions DHCS intends to ask HIEs/CIEs.
 - Table 6 Pilot Evaluation: Member includes a Member experience survey DHCS intends to ask Medi-Cal Members who were asked to sign the ASCMI Form to complete. The survey will be anonymous and optional for the Member.

Instructions for Part 1: Pilot Outcomes Data Report

Table 1

The HIE/CIE should outline the methodology, format, and frequency Providers are expected to use to submit data as part of consent management service training and onboarding. Providers will collect the data elements in Table 1 and submit the data to the HIE/CIE in accordance with the methodology, format, and frequency set by the HIE/CIE.

Table 2

DHCS will distribute an Excel template with the data elements in Table 2. The HIE/CIE will aggregate the data from Providers and submit the Pilot Outcomes Aggregate Data

Report to DHCS using the DHCS Excel template. This will be a one-time report at the end of the Pilot. See the “Key Dates and Deadlines” section for more information.

Instructions for Part 2: Pilot Evaluation

Tables 3 – 5

DHCS will distribute three unique survey links in June to all organizations participating in the Pilot.

- Provider organizations will respond to the survey that corresponds with Table 3.
- MCPs and county agencies will respond to the survey that corresponds with Table 4.
- HIEs/CIEs will respond to the survey that corresponds with Table 5.

Table 6

DHCS will create the Member survey link (to be used in digital materials) and QR code (to be used in paper materials).

- HIEs/CIEs, MCPs, and counties must include the survey link/QR code on the consent management service and any Member-facing materials (i.e., ASCMI Form informational pamphlet).
- After the Provider has discussed the ASCMI Form and consent management service with the patient, they will then direct all patients to complete the survey, regardless of whether they signed the ASCMI Form.

Key Dates and Deadlines

1. **Pilot Outcomes Data Report:** The cutoff for Provider data will be Friday, June 23, 2023. The Pilot Outcomes Aggregate Data Report is due on Friday, June 30, 2023.
2. **Pilot Evaluation:** All Pilot participants must complete their respective evaluation surveys by Friday, June 30, 2023, using a SurveyMonkey link that DHCS will send out.

PART 1: PILOT OUTCOMES DATA REPORT ELEMENTS

Table 1. Individual Provider Data Report¹ Source: Providers Recipient: HIE/CIE	
Column	Data Element
A.	Clinic Name
B.	Provider First Name ²
C.	Provider Last Name
D.	Provider’s National Provider Identifier (NPI)
E.	Member Client Index Number (CIN)
F.	Member First Name
G.	Member Last Name
H.	Visit Date (MM/DD/YYYY) ³
I.	Did the Member sign the ASCMI Form? <i>(Yes/No)</i>
J.	If the response in Column I is “Yes,” did the Member check the box in <u>ASCMI Form Section 7 “Authorization,”</u> authorizing the disclosure of their substance use disorder information from Providers subject to 42 C.F.R. Part 2? <i>(Yes/No)</i>
K.	If response in Column I is “No,” why did the Member decline to sign the Form? <i>(Select)</i> <ol style="list-style-type: none"> 1) Member did not want their information to be used one for one or more purposes listed in <u>ASCMI Form Section 1 “Purposes.”</u> 2) Member did not want to share one or more types of information listed in <u>ASCMI Form Section 2 “Types of Your Information that You Authorize to be Shared.”</u> 3) Member did not want to share their information with one or more care partners listed in <u>ASCMI Form Section 3 “Sources and Recipients of Your Information.”</u> 4) Other/Member did not provide a reason.

Table 2. Pilot Outcomes Aggregate Data Report⁴

Source: HIE/CIE

Recipient: DHCS

Column	Data Element
A.	Pilot Site (<i>Select</i>)
B.	Pilot Start Date ⁵ (MM/DD/YYYY)
C.	Pilot End Date ⁶ (06/30/2023)
D.	HIE/CIE Name
E.	All County Agency Names ⁷
F.	All County Agency Network Providers Using ASCMI Form Names ⁸
G.	All MCP Names ⁹
H.	All MCP Network Providers Using ASCMI Form Names ¹⁰
I.	Total Number of Unique Members Asked to Sign ASCMI Form
J.	Total Number of Unique Members Who Signed the ASCMI Form (Denominator for this count is column I.)
K.	Total Number of Unique Members Who Signed the ASCMI Form and checked the box in ASCMI Form Section 7 “Authorization,” authorizing the disclosure of their substance use disorder information from Providers subject to 42 C.F.R. Part 2 (Denominator for this count is column J.)

¹ Providers will need to record a data entry containing all elements in Table 1 for every patient encounter. “Patient encounter” is defined as when a Provider requests a patient’s signature on an ASCMI Form.

² Record the name and NPI number of the Provider who asked the Member to sign the ASCMI Form.

³ Record the date on which the Provider asked the Member to sign the ASCMI Form.

⁴ The data elements in this report refer to “total number of unique Members.” A Member may be approached by more than one Provider to sign the ASCMI Form. These duplicates should be excluded.

⁵ Record the launch date of the ASCMI Form and consent management service.

⁶ DHCS has set June 30, 2023, as the end date for the Pilot evaluation period.

⁷ List each county agency that is part of the Pilot site, separated by a semicolon.

⁸ List the name of each Provider organization, separated by a semicolon.

⁹ List each MCP that is part of the Pilot site, separated by a semicolon.

¹⁰ List the name of each Provider organization, separated by a semicolon.

Table 2. Pilot Outcomes Aggregate Data Report⁴

Source: HIE/CIE

Recipient: DHCS

L.	Total Number of Unique Members Who signed the ASCMI Form and Later Revoked Their Consent ¹¹ (Denominator for this count is column J.)
M.	Total Number of Unique Members Who Declined to Sign the ASCMI Form (Denominator for this count is column I.)
N.	Total Number of Unique Members Who Declined to Sign the ASCMI Form Because: <i>1) Member did not want their information to be used one for one or more purposes listed in <u>ASCMI Form Section 1 "Purposes."</u></i> (Denominator for this count is column M.)
O.	Total Number of Unique Members Who Declined to Sign the ASCMI Form Because: <i>2) Member did not want to share one or more types of information listed in <u>ASCMI Form Section 2 "Types of Your Information that You Authorize to be Shared."</u></i> (Denominator for this count is column M.)
P.	Total Number of Unique Members Who Declined to Sign the ASCMI Form Because: <i>3) Member did not want to share their information with one or more care partners listed in <u>ASCMI Form Section 3 "Sources and Recipients of Your Information."</u></i> (Denominator for this count is column M.)
Q.	Total Number of Unique Members Who Declined to Sign the ASCMI Form Because: <i>4) Other/Member did not provide a reason.</i> (Denominator for this count is column M.)

¹¹ Record the number of individuals who revoked their consent before their authorization expired. See ASCMI Form Section 4 "Expiration, Revocation, Or Change Of This Form" for more information on how long their authorization via the ASCMI Form is in effect.

PART 2: PILOT EVALUATION ELEMENTS

Table 3. Pilot Evaluation: Provider

Source: Provider
Recipient: DHCS

Number	Question
<p>#1 – 5 are multiple-choice questions. Providers should select the answer or answers that best fit.</p>	
1.	<p>Prior to the ASCMI Pilot, how did your organization document consent to share a Medi-Cal Member’s information?</p> <ul style="list-style-type: none"> a. Hard copy of signed consent form b. Digital copy of signed consent form c. Both A and B d. Other
2.	<p>Prior to the ASCMI Pilot, when did your organization document consent to share a Medi-Cal Member’s information?</p> <ul style="list-style-type: none"> a. At intake of any new patient b. At the request of the patient c. When required for referral and/or care coordination d. Other
3.	<p>Prior to the ASCMI Pilot, how often did your organization require a Member to “renew” their consent?</p> <ul style="list-style-type: none"> a. Every year b. Somewhere between every 2 and every 5 years c. Never d. Other
4.	<p>Prior to the ASCMI Pilot, how did your organization most commonly communicate consent to share a Medi-Cal Member’s information with the Member’s other care partners?</p> <ul style="list-style-type: none"> a. Fax (or other transmittal involving hard copy) b. Electronically via secure messaging (e.g., encrypted email) c. Electronically via shared digital platform (e.g., HIE/CIE) d. Other

Table 3. Pilot Evaluation: Provider

Source: Provider

Recipient: DHCS

5.	<p>Prior to the ASCMI Pilot, what was the primary challenge your organization experience with obtaining and documenting consent to share a Medi-Cal Member’s information? (Select all that apply.)</p> <ul style="list-style-type: none"> (a) Confusion with legal requirements (for information sharing consent) (b) Lack of standard tools (e.g., consent form used) between organizations (c) Lack of standard practices (e.g., documentation methodology) between organizations (d) Other
<p>#6 – 12 are statements. Rate how strongly you agree with each statement by selecting one of the following:</p> <ul style="list-style-type: none"> a. Strongly Agree b. Agree c. Neutral d. Disagree e. Strongly Disagree 	
6.	As a Provider, using the ASCMI Form was helpful and improved my organization’s consent management process.
7.	As a Provider, using the consent management service was helpful and improved my organization’s consent management process
8.	As a Provider, having a standardized universal ROI form improved my ability to coordinate care for my patients who signed the ASCMI Form.
9.	As a Provider, I felt equipped with the appropriate knowledge, training, and tools to understand how to use the ASCMI Form.
10.	As a Provider, I felt equipped with the appropriate knowledge, training, and tools to communicate the purpose of the ASCMI Form to my patients.
11.	As a Provider, I felt equipped with the appropriate knowledge, training, and tools to understand how to use the consent management service.
12.	As a Provider, I felt equipped with the appropriate knowledge, training, and tools to communicate the purpose of the consent management service and to provide instructions on using the consent management service to my patients.

Table 3. Pilot Evaluation: Provider

Source: Provider

Recipient: DHCS

#13 – 17 are open-ended questions. Respond to each question in 500 words or less.

13.	Describe your organization’s experience utilizing the ASCMI Form. In your response, describe best practices, pain points, and impacts on operations.
14.	Describe your organization’s experience utilizing the consent management service. In your response, describe best practices, pain points, and impacts on operations.
15.	Are there any other updates or changes to the ASCMI Form that your organization would recommend?
16.	Are there any other updates or changes to the consent management service that your organization would recommend?
17.	Is there any other guidance or technical assistance on the ASCMI Form and/or the consent management service that would be helpful? In your response, specify who should provide the guidance or technical assistance (DHCS, HIE/CIE, county, or MCP).

Table 4. Pilot Evaluation: MCP and County

Source: MCP and County

Recipient: DHCS

Number	Question
<p>#1 – 3 are statements. Rate how strongly you agree with each statement by selecting one of the following:</p> <ul style="list-style-type: none"> a. Strongly Agree b. Agree c. Neutral d. Disagree e. Strongly Disagree 	
1.	The ASCMI Pilot provided a clear and efficient process for obtaining consent information.
2.	The ASCMI Pilot improved the exchange of information between MCP and SMHS as well as between MCP and DMC/DMC-ODS .
3.	The ASCMI Pilot improved care coordination overall for Members by facilitating the exchange of patient information.
4.	The ASCMI Form and consent management service should be rolled out more broadly
<p>#4 – 7 are open-ended questions. Respond to each question in 500 words or less.</p>	
5.	How did your organization use the ASCMI Form? In your response, list each use case and describe its pros and cons.
6.	How did your organization use the consent management service? In your response, describe how it changed workflows.
7.	What was your organization’s Provider onboarding and training process? In your response, include your organization’s specific role and lessons learned in designing the training program and conducting the trainings.
8.	What ongoing technical assistance did your organization provide? In your response, include what types of technical assistance were most helpful for Providers.
9.	What lessons have you learned from the Pilot that would inform how your organization would do a broader rollout? In your response, describe Pilot implementation challenges, resource gaps, and any considerations for scaling the ASCMI Form and consent management service.

Table 5. Pilot Evaluation: HIE/CIE

Source: HIE/CIE
Recipient: DHCS

Number	Question
#1 – 4 are open-ended questions. Respond to each question in 1,000 words or less.	
1.	What was your organization’s Provider onboarding and training process? In your response, include your organization’s specific role and lessons learned in designing the training program and conducting the trainings.
2.	What lessons did you learn from the Provider onboarding and training process? In your response, discuss any consistent feedback received from Providers and what parts of your onboarding and training process you would keep and what parts you would modify.
3.	What ongoing technical assistance did your organization provide? In your response, discuss what types of technical assistance were most helpful for Providers.
4.	What lessons have you learned from the Pilot that would inform how your organization would do a broader rollout? In your response, describe Pilot implementation challenges, resource gaps, and any considerations for scaling the ASCMI Form and consent management service.
#5 requires the HIE/CIE to attach documentation	
5.	The HIE/CIE must develop and issue a Provider survey after conducting consent management service trainings and attach those survey results as part of their Pilot evaluation submission. The survey results should inform the response to questions #1 – 2.

Table 6. Pilot Evaluation: Member

Source: Member

Recipient: DHCS

Number	Question
<p>#1 – 4 are multiple-choice questions. Member should select the answer or answers that best fit.</p>	
1.	<p>Did you sign the ASCMI Form?</p> <ul style="list-style-type: none"> a. Yes b. No (Skip to Question #3.)
2.	<p>If your answer to #1 was <u>yes</u>, did you opt in to having your substance use disorder (42 C.F.R. Part 2) information shared? (This is the checkbox in Part 7 of the ASCMI Form.)</p> <ul style="list-style-type: none"> a. Yes b. No
3.	<p>If your answer to #1 was <u>no</u>, which of the following best explains why? (Select all that apply.)</p> <ul style="list-style-type: none"> (a) I did not understand or agree with the purposes of the ASCMI Form. (b) I did not want to share some of the types of information listed on the ASCMI Form. (c) I did not want my information shared with some of the organizations listed on the ASCMI Form. (d) Other reason (please describe—optional).
4.	<p>Do you feel that your Provider explained the ASCMI Form and consent management service in a way that was easy to understand and provided enough information for you to make a decision?</p> <ul style="list-style-type: none"> a. Strongly Agree b. Agree c. Neutral d. Disagree e. Strongly Disagree
<p>#5 is an open-ended question. Respond to the question in 200 words or less.</p>	
5.	<p>Do you have any questions or concerns about the ASCMI Form or consent management service that your Provider was not able to address?</p>