

## ASCFI – Additional Information

### AB-133 & CalMHSAs Data Sharing: What You Need to Know

- **Law:** AB-133 requires real-time data exchange under the Data Exchange Framework (DxF).
- **Who:** All Medi-Cal behavioral health and SUD providers.
- **Action Steps:**
  - Sign the **Data Sharing Agreement (DSA)**.
  - Use **Non-AB-133 ASCFI form** for all clients.
  - Explain consent options clearly; document choices.
  - Store forms in EHR; prepare for CMP integration.
  - Train staff on DxF, ASCFI, and sensitive data rules.
- **Sensitive Data:** SUD (Part 2), LPS mental health, HIV, genetic data, housing data → needs explicit consent.

### FAQs AB-133, ASCFI & CalMHSAs Data Sharing Requirements

#### Q1: What is AB-133 and why does it matter to us?

AB-133 is a California law requiring health and behavioral health providers to share health and social services information electronically under the state's Data Exchange Framework (DxF). This includes substance use and mental health providers.

#### Q2: What is the Data Sharing Agreement (DSA)?

The DSA is a statewide agreement that sets the rules for secure data exchange. All Medi-Cal behavioral health providers must sign and comply.

#### Q3: What is ASCFI?

ASCFI stands for "Authorization to Share Confidential Member Information." It's a standardized consent form that lets clients choose what information can be shared across care teams. An easy way to think of the acronym is "Ask Me".

#### Q4: Do clients have to sign ASCFI?

No. Consent is voluntary. Clients can allow full sharing, partial sharing, or decline entirely. They can revoke consent at any time.

#### Q5: Which form should we use?

Use the **Non-AB-133 ASCFI form** for all clients. It works for Medi-Cal and non-Medi-Cal and is recommended by CalMHSAs.

#### Q6: What data categories need special consent?

Sensitive areas like SUD (Part 2), LPS mental health, HIV, genetic data, and housing data require explicit consent.

**Q7: How do we store and track consent?**

Scan or enter the signed ASCMI into your EHR. When the state launches their Consent Management Platform (CMP) for storing completed ASCMI Forms , you will be able to check and update consent electronically.

**Q8: What happens if we don't comply?**

Non-compliance can affect contracts and funding. AB-133 is mandatory for Medi-Cal providers.

**Q9: Does this replace a standard ROI**

No, the ASCMI form is replacing the Coordinated Care Consent (CCC). A Release of Information is required.

**Q10: How long is the Client's consent active? When does their consent expire?**

Generally, consent will expire one year from the date of signature for both forms. However, if your client is 17, their consent will only last until they turn 18 or until their guardianship changes, which may be less than one year. However, Clients or their parent, guardian, or legal representative retain the right to revoke their consent or modify their consent preferences before it expires if they choose to.

**Q11: Do I have access to all information that my Client has consented to sharing on the Form?**

No. You will have access to the minimum necessary information that you need in order to provide your Clients with care or services. You will not have access to information they have consented to sharing unless it is necessary for the care or services you seek to provide. Care Partners are expected to share and request information in accordance with the minimum necessary [standards](#) under the HIPAA Privacy Rule.

**Q12: Can I share my Client's substance use disorder counseling notes with a signed Form?**

No. Disclosure of substance use disorder counseling notes is outside the scope of this Form. Consent to share this type of information requires a separate, specific consent. Consult your organization's counsel and/or privacy office to determine the appropriate consent to release information form to use.