To:	**BHS Contracted Service Providers**
From:	**Behavioral Health Services**
Date:	**March 23, 2026**
Title	**Transition to Authorization to Share Confidential Member Information (ASCMI) Form - Deactivation of the Coordinated Care Consent Form**

Effective **March 31, 2026**, the Coordinated Care Consent (CCC) form created by CalMHSA will be deactivated in SmartCare. Counties will transition to the DHCS "Authorization to Share Confidential Member Information" (ASCMI) form.

ASCMI vs. CCC

- The CCC allows information sharing only among providers within the SmartCare EHR.
- The ASCMI is a statewide, multi-provider authorization that supports information sharing across agencies, including providers outside SmartCare. It also governs what information may be shared between electronic health records under DHCS interoperability requirements.
- Within SmartCare, both forms control whether the CDAG wall is "raised or dropped" to allow sharing of substance use information.

ASCMI Overview

The ASCMI Initiative streamlines consent to share sensitive information, including 42 CFR Part 2 and housing information, to support coordinated, person-centered care across sectors (physical health, behavioral health, social services, and county agencies). Behavioral health plans and Medi-Cal managed care plans must use the ASCMI.

The ASCMI specifies what a client chooses to share and with whom. It outlines which data requires consent (e.g., 42 CFR Part 2 information) and which does not. All BHS clients should complete an ASCMI even if they opt not to share information; Medi-Cal beneficiaries' preferences will appear in the DHCS database once it has been developed.

The ASCMI documents are available for download form the DHCS website if providers need to complete a paper copy of the ASCMI: https://www.dhcs.ca.gov/CalAIM/Pages/ASCMI-CalAIM.aspx

ASCMI AB-133 vs ASCMI Non-AB-133

- ASCMI AB-133
  - For Medi-Cal beneficiaries only; obtains consent to share:
- ASCMI Non-AB 133
  - For all Californians regardless of Medi-Cal status; obtains consent to share:

Both ASCMI AB-133 and ASCMI Non-AB 133 meet all legal requirements for HIPAA and 42 CFR Part 2.

For More Information:
- Contact QIMatters.HHSA@sdcounty.ca.gov.

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CalMHSA determined that SmartCare will use the ASCMI Non-AB 133 version only to reduce confusion and ensure applicability to all clients.

Expiration and Revocation

The ASCMI is valid for one year from the client's signature. The ASCMI is a client-level document. Each new ASCMI replaces the previous one; the most recent version governs consent. When an ASCMI expires in SmartCare, the CDAG wall automatically goes back up.

Until a SmartCare Revocation Form is available, CalMHSA recommends completing a new ASCMI and selecting "No" for all sharing options when a client requests revocation.

Completing the ASCMI in SmartCare

Organization Name: SmartCare auto-populates the Organization Name from the Agency Table (default: "County of San Diego"). **Providers should edit this field to indicate their Program Name.** This will then populate to the Care Partner Information. We are currently working with CalMHSA to determine if this field can be left blank rather than auto-populate.

Care Partner Information: Some fields auto-populate, including Organization Name and the author's name. For all other fields in the Care Partner section, provider should enter the Program-level information. CalMHSA has provided Hover Help test boxes which will display the Program's NPI and TIN numbers to assist providers to enter these into the ASCMI form.
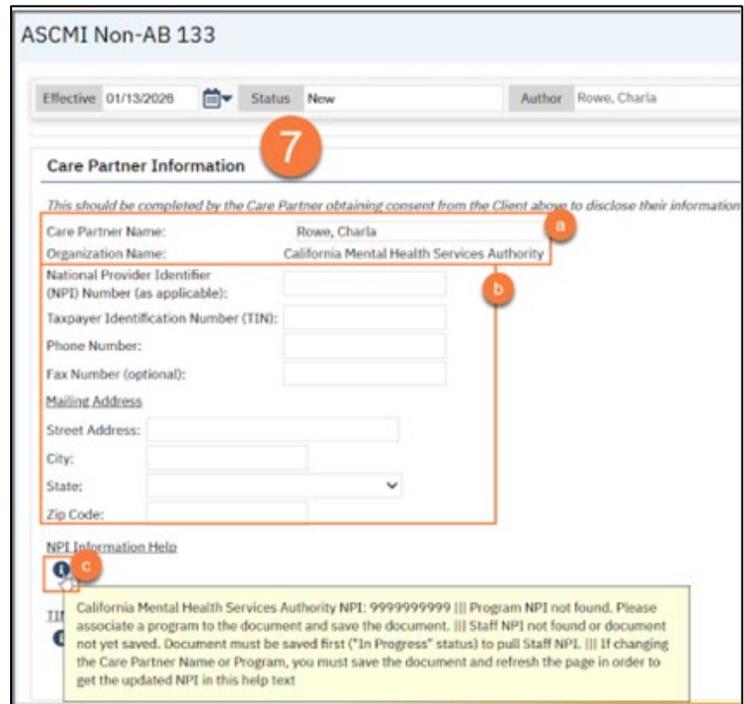
Providers should enter their **Program** NPI/TIN, not their individual NPI/TIN. Program mailing address and main phone number should be entered for Care Partner mailing address and phone number in the Care Partner information fields. **Note:** If the Program NPI isn't displayed in the Hover Help, save the document and re-hover.

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Client Information: Auto-populates from the Client Information Screen; fields remain editable to match the paper/PDF version as needed.

Edits to ASCMI Form

If an ASCMI form needs any sort of edit or change to any information, a new ASCMI form will need to be created. **No edits should be made to a completed/signed ASCMI form.** SmartCare is unable to differentiate edits which can create issues when pushing to the DHCS Consent Management Platform.

Multi-Language Options

DHCS provides ASCMI forms in multiple languages. SmartCare currently supports only English, but counties should use DHCS PDF forms in the appropriate language, upload them into SmartCare, and link them to the electronic ASCMI. The SmartCare electronic version must be completed for CDAG and interoperability functions.

DHCS currently offers the ASCMI in the following languages (San Diego threshold languages in bold): **Arabic**, Armenian, Cambodian, Chinese-Simplified, **Chinese-Traditional**, **English, Farsi**, Hindi, Hmong, Japanese, Korean, Laotian, Mien, Punjabi, **Russian, Spanish, Tagalog**, Thai, Ukrainian, **Vietnamese**. DHCS has not yet provided the form in Somali; BHS is working to address this.

Consent Management Platform (CMP)

The State is developing an electronic Consent Management Platform (CMP) to store completed ASCMI Forms. DHCS envisions Care Partners will be able to access the platform to verify if their clients have a consent record on file before presenting them with the Form. Concurrently, DHCS is exploring methods to support Care Partners with facilitating health and social services information exchange. Additional details on the design and launch of the consent management platform are forthcoming.

Training Materials:

CalMHSA provides training guides on completing the ASCMI, including:

- [How to Complete the ASCMI – 2023 CalMHSA](#)
- [How to Document an ASCMI Done on Paper or PDF – 2023 CalMHSA](#)
- [ASCMI-Care-Partner-facing_final-01.27.2026.pdf](#)

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