

**Drug Medi-Cal Organized
Delivery System (DMC-ODS) &
Substance Use Disorder (SUD)
Intake/Advisement Checklist**

I prefer to receive the Informing Materials in the following language: _____
(The DMC-ODS staff must review and complete this form with beneficiary or legal guardian)

Assessment of need for Informing Materials on CD or other audio format

I was offered/asked if I wanted the Medi-Cal DMC-ODS (the plan) Beneficiary Handbook on either a CD or an audio recording posted in the HCA website in my preferred threshold language. Yes No
 I decline getting a CD/county link to the HCA website
 I requested and received the CD or the county link to the HCA website

Informing Materials

DMC-ODS Beneficiaries (check applicable boxes below)

I received the link <http://www.ochealthinfo.com/DMC-ODS>
(For Medi-Cal DMC-ODS Beneficiary Handbook and Provider Directory
OR
 I requested Medi-Cal DMC-ODS Beneficiary Handbook and Provider Directory be sent to my residence within 5 days of today's date. (Mailed out:____(Date)_(Staff Initials))
OR
 I received the Medi-Cal DMC-ODS Beneficiary Handbook and Provider Directory
(Hard copy) Regular Print Large Print

I received a copy of _____ (Program Name) Notice of Privacy Practices **Yes** **No**

I completed the receipt of Notices of Privacy Practices **Yes** **No**

I received a copy of the Human Immunodeficiency Virus (HIV) Information Form **Yes** **No**

I (or if non-driving minor, the accompanying adult) was advised of and provided written information on the Car Seat regulation. **Yes** **No**

I was offered Voter Registration. If I am under 18, it was offered to the accompanying adults. **Yes** **No**

Advance Health Care Directive (AD) – Only for Consumers 18 years old and older

I was given the Advance Health Care Directive Information Sheet Date Given:_____/_____/_____ **Yes** **No**

I gave the plan staff my AD today:_____/_____/_____(Date)_____(Initials)

Signatures

Beneficiary/Legal Guardian Signature:_____ Date Signed:_____/_____/_____

DMC-ODS Staff Signature:_____ Date Signed:_____/_____/_____