

County of San Diego Behavioral Health Services

Acknowledgement of DMC-ODS Beneficiary Handbook, Practice Guidelines, and Provider Directory

As a beneficiary, you have certain rights and responsibilities, which are described in the Drug Medi-Cal Organized Delivery System (DMC-ODS) Beneficiary Handbook. It is important that you understand how the Drug Medi-Cal Organized Delivery System (DMC-ODS) works so you can get the care you need. This handbook explains your benefits and how to get care. It will also answer many of your questions.

Please identify which printed version of the Handbook you would prefer:

- English, Spanish, Tagalog, Arabic, Farsi, Vietnamese

- I request a large print format of the Handbook
I decline a printed copy of the Handbook

The General Practice Guidelines provide a general overview of clinically appropriate substance use care for clients in the County of San Diego DMC-ODS services and are available for you to review. Although each person seeking services is unique and there are many things that impact care, these guidelines are a helpful way to outline generally accepted clinical standards.

The BHS Provider Directory provides information on all County operated and contracted programs that provide Mental Health Services and Substance Use Disorder Services. The listing includes type of service, program names, administrative phone numbers, hours of operation, and populations served.

Acknowledgement and Electronic Access

To access an electronic copy of the DMC-ODS Beneficiary Handbook, General Practice Guidelines in DMC-ODS, and BHS Provider Directory, please visit the link below and click their corresponding links under the "Popular Services" menu on the right-hand side:

https://www.sandiegocounty.gov/content/sdc/hhsa/programs/bhs/alcohol_drug_services/dmc_ods_consumer.html

I, _____, have been personally advised about and have been offered
(Client's Full Name)

a copy of the Drug Medi-Cal Organized Delivery System (DMC-ODS) Beneficiary Handbook in my preferred format and have been personally advised about and provided with access to the General Practice Guidelines and the BHS Provider Directory.

(Client's Signature)

(Date)

(Counselor's Printed Name)

(Counselor's Signature)

(Date)

*Note: Client is to be provided a copy of this document and original document is to be kept in client's chart.