

Drug Medi-Cal Organized Delivery System (DMC-ODS)

Beneficiary Material Order Form

This form is for hard copy requests only.

All forms are available in electronic format on www.optumsandiego.com.

Complete the form below by indicating the number of copies you would like to receive in the designated box for each threshold language.

Program Name:		Contact Person:					
Email Address:		Phone Number:					
PLEASE CHECK:	<input type="checkbox"/> Residential <input type="checkbox"/> Outpatient <input type="checkbox"/> Withdrawal Management <input type="checkbox"/> OTP (Opioid Treatment Provider)						
County of San Diego DMC-ODS Materials		<i>Specify the number of copies below</i>					
		English	Spanish	Vietnamese	Arabic	Tagalog	Farsi
County of San Diego Drug Medi-Cal Organized Delivery System (DMC-ODS) Beneficiary Handbook							
County of San Diego Drug Medi-Cal Organized Delivery System (DMC-ODS) Quick Guide							
Grievance and Appeal Procedures Brochure							
Grievance and Appeal Client Form		<p style="text-align: center;"><u>Only</u> available for printing at www.optumsandiego.com (On the Beneficiary Tab on the "Drug Medi-Cal Organized Delivery System" page)</p>					
Self-Addressed Envelopes for Grievances and Appeals		<p style="text-align: center;">Contact the Advocacy Agencies (JFS or CCHEA) directly. They will provide programs with postage paid self-addressed envelopes for clients. Postage paid self-addressed envelopes are required to be provided to clients for mailing grievances and appeals.</p> <p style="text-align: center;">For Residential Services, call JFS at 800-479-2233 For Outpatient Services, call CCHEA at 877-734-3258</p>					
Grievance and Appeal Poster							
Access and Crisis Line Poster							
Limited English Proficiency (LEP) Posters							
Behavioral Health Services Provider Directory		<p style="text-align: center;">The English Provider Directory and link for threshold languages Provider Directory are available at the link below: http://sandiego.networkofcare.org/mh/services/content.aspx?id=6572</p>					
<p>Send all request forms to QIMatters.hhsa@sdcounty.ca.gov or fax to 619-236-1953</p>							

