

**Acknowledgement and Provision of the  
Drug Medi-Cal Organized Delivery System (DMC-ODS) Beneficiary Handbook  
and BHS Provider Directory Instructions**

**REQUIRED FORM:** This form is required within the client file for all Medi-Cal and Medi-Cal eligible clients.

**WHEN:** To be completed when the Beneficiary Handbook and BHS Provider Directory is offered to a client either during the screening and/or upon admission to program.

**PURPOSE:** All programs are required to offer the Drug Medi-Cal Organized Delivery System (DMC-ODS) Beneficiary Handbook and BHS Provider Directory link to all Medi-Cal and Medi-Cal eligible clients. This form establishes both Beneficiary Handbook and BHS Provider Directory link was provided/offered to the client.

Programs shall serve as community referral resources, directing individuals in need of other services beyond the scope of the program. Per 42 CFR 438, Medi-Cal beneficiaries are to be offered a copy of the Beneficiary Handbook describing their rights, including grievance and appeal rights related to their SUD services as well as making a provider directory available should they require services beyond the scope of the program. This form documents compliance with these requirements.

**REQUIRED ELEMENTS:**

- **Please identify which printed version of the handbook you would prefer:** Ensure client checks the appropriate box (e.g., English, Farsi, etc.)

**Acknowledgement**

- **Client Name:** Enter client's full name
- **Client Signature/Date:** Client enters signature with date
- **Counselor Printed Name/Signature/Date:** Enter Counselor's printed name with signature and date
- Offer client a copy of this form and keep original form in client chart

\*If the client is offered and refuses to accept, either the Beneficiary Handbook and/or BHS Provider Directory link, or refuses to sign the form, document the refusal on the form and file within the client chart.