

**County of San Diego Behavioral Health Services  
Acknowledgement and Provision of the  
Drug Medi-Cal Organized Delivery System (DMC-ODS) Beneficiary Handbook and BHS 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.

To download the electronic PDF version of the Handbook, please visit the link below:

[https://www.optumsandiego.com/content/dam/san-diego/documents/dmc-ods/beneficiary/Beneficiary\\_Handbook\\_-\\_English.pdf](https://www.optumsandiego.com/content/dam/san-diego/documents/dmc-ods/beneficiary/Beneficiary_Handbook_-_English.pdf)

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

- |   |                                     |
|---|-------------------------------------|
| <input type="checkbox"/> English  | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Spanish  | <input type="checkbox"/> Arabic     |
| <input type="checkbox"/> Tagalog  | <input type="checkbox"/> Farsi      |
| <input type="checkbox"/> I request a large print format of the Handbook |                                     |
| <input type="checkbox"/> I decline a printed copy of the Handbook       |                                     |

The **BHS Provider Directory** provides information on all County operated and contracted programs that both 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.

To view the Provider Directory, please visit the link below:

<http://sandiego.networkofcare.org/mh/services/content.aspx?id=6572>

Acknowledgement

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 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.**