

**Drug Medi-Cal Organized Delivery  
System (DMC-ODS)  
Intake/Advisement Checklist**

Beneficiary's name

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 declined 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.ohealthinfo.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 the Notice of Privacy Practices Yes  No

I completed the receipt of Notices of Privacy Practices 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 Yes  No   
Date Given: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

**Signatures**

Beneficiary/Legal Guardian Signature: \_\_\_\_\_ Date Signed: \_\_\_\_/\_\_\_\_/\_\_\_\_

DMC-ODS Staff Signature: \_\_\_\_\_ Date Signed: \_\_\_\_/\_\_\_\_/\_\_\_\_