



Medi-Cal Documents Checklist

Date:

Verified By:

Forms to be **readily available** in waiting area:

<input checked="" type="checkbox"/>	State Mandated Forms <i>Are the following forms accessible without having to request from staff?</i>
<input type="checkbox"/>	Grievance Forms (English) (Spanish)
<input type="checkbox"/>	Second Opinion Forms (English) (Spanish)
<input type="checkbox"/>	Change of Provider Request - (English) (Spanish)
<input type="checkbox"/>	Action Appeal Forms (English) (Spanish)
<input type="checkbox"/>	Mailing Envelopes addressed to ACCESS UNIT*
<p>* Please address envelopes as follows:</p> <p style="text-align: center;">County of San Bernardino Department of Behavioral Health ACCESS UNIT 268 W. Hospitality Lane, Suite 400 San Bernardino, CA 92415</p>	

Forms to be **displayed** in waiting area:

<input checked="" type="checkbox"/>	State Mandated Forms <i>Are the following items easily found in the waiting area?</i>
<input type="checkbox"/>	Grievance Poster (English & Spanish)
<input type="checkbox"/>	Advance Health Care Directive Brochure (English) (Spanish)
<input type="checkbox"/>	MD Posting (if providing any type of Medication Support Services)
<input type="checkbox"/>	Notice of Privacy Practices NOPP (English) (Spanish)
<input type="checkbox"/>	State Fair Hearing Rights Poster (English/Spanish)
<input type="checkbox"/>	Patients' Rights Poster Handbooks and Posters Order Form at Department of State Hospitals Website
<input type="checkbox"/>	Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Brochure (English) (Spanish)

Forms to be **provided** to all Medi-Cal clients:

<input checked="" type="checkbox"/>	State Mandate <i>Is it a regular practice to provide the following to all Medi-Cal clients?</i>
<input type="checkbox"/>	Guide to Medi-Cal Mental Health Services (English) (Spanish) (Large Fonts) Revised July 01, 2005
<input type="checkbox"/>	Fee-For-Service Provider List (Upon Request) Provider's by Area (English) / Proveedores Por Area (Spanish)

Forms to be **issued under special circumstances**: (Please refer to the [Medi-Cal FFS Provider Manual](#) and the [Standard Practice Manual](#) or contact the Access unit for assistance.)

<input checked="" type="checkbox"/>	State Mandated Forms <i>Is it a regular practice to issue the following forms when merited to all Medi-Cal clients**</i>
<input type="checkbox"/>	Notice of Actions - A (English) (Spanish)
<input type="checkbox"/>	Notice of Actions - E (English) (Spanish)
<p>** When NOAs are issued, a copy should be placed in the beneficiary's record, a copy should be placed in a centralized binder (on-site, at the clinic and available upon request by the MHP), and logged in the clinic's NOA Log. NOA copies should be sent at least monthly to:</p> <p style="text-align: center;">County of San Bernardino Department of Behavioral Health QUALITY MANAGEMENT DIVISION Attention: Mardy Godinez 850 East Foothill Boulevard Rialto, CA 92376</p>	

PLEASE NOTE: All State Informing materials can be downloaded and printed via the following link:

<http://www.sbcounty.gov/dbh/ConsumerInformation/ConsumerInfo.asp#>