



Drug Medi-Cal Organized Delivery System Member Handbook Summary & Acknowledgement Form

A STATE CERTIFIED AND COUNTY CONTRACTED AGENCY

WHAT IS A BENEFICIARY HANDBOOK?

The Drug Medi-Cal Organized Delivery System (DMC-ODS) Member Handbook (also called [Beneficiary Handbook](#)) describes how to access care under San Bernardino County’s County Substance Use Disorder (SUD) DMC-ODS, including: *who* is eligible; *what* services are available at no-charge; *how to get help* accessing services; and *how to resolve a problem* or submit a complaint.

You may ask your treatment provider for a free copy of the complete Beneficiary Handbook at any time, or you can download an electronic copy on the Department of Behavioral Health (DBH) website at: <http://wp.sbcounty.gov/dbh/ads/>. Please refer to Language Taglines [last two (2) pages of this document] to request the Beneficiary Handbook in your preferred language.

Available SUD DMC-ODS Treatment Services

SUD DMC-ODS treatment services are NO-COST for San Bernardino County residents who are eligible or enrolled in Medi-Cal. To review a full list of the services available, please refer to the Beneficiary Handbook.

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| <ul style="list-style-type: none"> ✓ Outpatient Treatment ✓ Intensive Outpatient Treatment ✓ Residential Treatment ✓ Withdrawal Management (Detox) ✓ Adolescent Treatment (Ages 12-17) ✓ Medication Assisted Treatment | <ul style="list-style-type: none"> ✓ Opioid Treatment Programs ✓ Case Management and Care Coordination ✓ Recovery Support Services Post Discharge ✓ Recovery Bridge Housing (Time-Limited) |
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Non-Discrimination Statement

The County DBH Substance Use Disorder and Recovery Services (SUDRS) program, and its Network Providers (also referred to as your “treatment providers”), comply with all applicable Federal and State non-discrimination civil rights laws and do not discriminate because of race, color, national origin, sex, gender identity, age, disability, sexual orientation, or limited English proficiency. You may report any violations to:

DBH Office of Cultural Competence
Attn: ACA 1557 Coordinator
303 E. Vanderbilt Way
San Bernardino, CA 92415

ACA 1557 Coordinator
Office: (909) 386-8223 • TTY: 7-1-1
Email: ACA1557@dbh.sbcounty.gov



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Client Assistance Services	
<p>Contact your treatment provider or DBH Access Unit (1-888-743-1478) if you need assistance with:</p> <ul style="list-style-type: none"> • Transferring to another provider or different service type (also known as level of care). • Informing materials, such as the Beneficiary Handbook or Grievance and Appeals forms, in the language you understand best. • Reading or other assistance to better understand any of the documents you were given or need to sign. This may include receiving materials in larger print, etc. • Interpreter services if English is your second language or are limited in understanding English material. Verbal interpretation and reading translation services are available to you at no additional cost. • Auxiliary aids to help you participate in services for visual, hearing and/or physical disabilities or limitations. Additional assistance is available at no additional cost. 	
Grievances and Appeals	
<p>Grievance: an expression of unhappiness about anything regarding your SUD treatment, other than an Adverse Benefit Determination.</p> <p>Appeals: a review of a decision (denial or changes to services) that was made about your SUD treatment services by the County or your provider.</p> <p>Submission deadlines and processes are described in the Beneficiary Handbook. You may change your mind and withdrawal a grievance/appeal/complaint at any time. Forms are available at: http://wp.sbcounty.gov/dbh/ads/.</p>	
Complaints	
<p>If you wish to file a complaint about a licensed, certified AOD drug service provider OR a registered or certified counselor, you may complete the form on the Department of Health Care Services website at: https://www.dhcs.ca.gov/individuals/Pages/Sud-Complaints.aspx</p>	
<p style="text-align: center;">Treatment Provider Contact Information</p> <p>{Enter Agency Name Here} {Enter Contact Name Here} {Enter Street Address Here} {Enter City, State and Zip Code Here}</p> <p>{Enter Email Address Here} Phone: {Enter Phone number Here} Fax: {Enter Fax Number Here}</p>	<p style="text-align: center;">County Contact Information</p> <p>Department of Behavioral Health Quality Management Division Attn: Access Unit 303 E. Vanderbilt Way San Bernardino, CA 92415</p> <p>DBH-ACCESS@dbh.sbcounty.gov Phone: 1(888) 743-1478 Fax: (909) 890-0353</p>



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Acknowledgement		
<p>Before I signed this form, my intake counselor/staff talked to me about what benefits I am allowed to access for free, how I can submit a complaint or grievance, and where I can look in the Beneficiary Handbook for more information: Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>I received my free copy of the Beneficiary Handbook as follows (check one):</p> <ul style="list-style-type: none"> <input type="checkbox"/> Staff gave me a printed copy. <input type="checkbox"/> Staff emailed me a copy (signed electronic release is on file). <input type="checkbox"/> By downloading a copy on the DBH website at http://wp.sbcounty.gov/dbh/ads/. <p>Note: All clients must receive the Beneficiary Handbook in their preferred language and format within five (5) days of first service or admit date.</p>		
Client		
Print Name:	Signature:	Date:
Provider Staff		
Print Name:	Signature:	Date:



LANGUAGE ASSISTANCE

Send with all notices

English

ATTENTION: If you speak another language, language assistance services, free of charge, are available to you. Call *1-888-743-1478* (TTY: *7-1-1*).

ATTENTION: Auxiliary aids and services, including but not limited to large print documents and alternative formats, are available to you free of charge upon request.

Call *1-888-743-1478* (TTY: *7-1-1*).

Español (Spanish)

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al *1-888-743-1478* (TTY: *7-1-1*).

Tiếng Việt (Vietnamese)

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số *1-888-743-1478* (TTY: *7-1-1*).

Tagalog (Tagalog– Filipino)

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa *1-888-743-1478* (TTY: *7-1-1*).

한국어 (Korean)

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. *1-888-743-1478* (TTY: *7-1-1*)번으로 전화해 주십시오.

繁體中文 (Chinese)

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 *1-888-743-1478* (TTY: *7-1-1*)。

Հայերեն (Armenian)

ՈՒՇԱԴՐՈՒԹՅՈՒՆ՝ Եթե խոսում եք հայերեն, ապա ձեզ անվճար կարող են տրամադրվել լեզվական աջակցության ծառայություններ: Չանգահարեք *1-888-743-1478* (TTY (հեռատիպ)՝ *7-1-1*).

Русский (Russian)

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните *1-888-743-1478* (телетайп: *7-1-1*).



LANGUAGE ASSISTANCE

Send with all notices

فارسی (Farsi)

زبان فارسی ن سړه ټولټاکنه ن هډه، می گ ن ن گون اړسی زبانه ان به اگ ر : ځان په صورت شم به اړی اړی گان به صورت به گ ږی دن ماس (1-888-743-1478 (TTY: 7-1-1) به اړی اړی دن ماس

日本語 (Japanese)

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-888-743-1478 (TTY: 7-1-1) まで、お電話にてご連絡ください。

Hmoob (Hmong) LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-888-743-1478 (TTY: 7-1-1).

ਪੰਜਾਬੀ (Punjabi)

ਧਿਆਨ ਧਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ ਲਈ ਸੰਪਰਕ ਕਰ ਰਹੇ ਹੋ, ਤਾਂ ਸਾਨੂੰ 1-888-743-1478 (TTY: 7-1-1) 'ਤੇ ਕਾਲ ਕਰੋ।

العربية (Arabic)

بمقامك من أصل بلدي، يمكنك المساعدة في اللغة، إن لم تتمكن من فهم اللغة، يمكنك الاتصال بـ 1-888-743-1478 (TTY: 7-1-1) للحصول على المساعدة.

हंदी (Hindi) ध्यान दें: यदि आप हंदी बोलते हैं तो आपको लक्षित मुफ्त में भाषा सहायता सेवकों उपलब्ध हैं। 1-888-743-1478 (TTY: 7-1-1) पर कॉल करें।

ภาษาไทย (Thai)

เรียน: ถ้าภาษาไทยของคุณสามารถรับการช่วยเหลือทางภาษา โทร 1-888-743-1478 (TTY: 7-1-1).

ខ្មែរ (Cambodian)

អ្នកប្រើភាសាខ្មែរ: បើសិនជាអ្នក កាន់ច្រើន ភាសាខ្មែរ, រសវត្សរ៍ យមន្តកភាសា ព័ត៌មានមិនគិតថ្លៃ ឆ្លុះ គឺអាចមានសេវា រំលឹក អ្នក ចូល 1-888-743-1478 (TTY: 7-1-1)។

ພາສາລາວ (Lao)

ໂປດຊາບ: ຖ້າ ວ່າ ທ່ານ ອໍ ພາສາລາວ, ອດ ານພາສາ ໂດຍ ບໍ່ ມີ ຈ່ າ ການ ບໍ່ ມີ ການ ຈ່ າ ວຍ ຈຳ ນວນ ຈຳ ນວນ ຈຳ ນວນ ຈຳ ນວນ 1-888-743-1478 (TTY: 7-1-1).