Health Care Agency
Behavioral Health Plan (BHP)
Intake/Advisement Checklist

Client Name
DOB
MRN

I prefer to receive informing materials in the following language:_____
(BHP staff must review and complete this form with client, legal conservator or legal guardian.)

Informing materials offered in audio format

I was offered/asked if I wanted the Medi-Cal Behavioral Health Plan (BHP) Member Handbook in an audio recording posted on the HCA website in my preferred threshold language. ☐ **Yes** ☐ **No**

☐ I declined receiving a link to the audio version of the handbook on the HCA website
☐ I requested and received the link to the audio recording on the HCA website

Informing Materials (check applicable boxes below)

1. ☐ I received Member Handbook and Provider Directory links:
   Specialty Mental Health Services handbook: http://www.ochealthinfo.com/bhs/about/medi_cal
   OR
   Drug Medi-Cal-Organized Delivery System handbook: http://www.ochealthinfo.com/DMC-ODS
   AND
   Provider Directory link: https://BHPProviderDirectory.ochca.com
   OR
2. ☐ I requested the Medi-Cal BHP Member Handbook and Provider Directory be sent to my residence within 5 days of today's date (Mailed out: _____(date)_____ (Staff's initials)
   OR
3. ☐ I received the Medi-Cal BHP Member Handbook and Provider Directory (Hard copy)
   ☐ Regular Print ☐ Large Print

I received a copy of the _____ (Program Name) Notice of Privacy Practices ☐ **Yes** ☐ **No**

I completed the receipt of the Notice of Privacy Practices ☐ **Yes** ☐ **No**

I (or accompanying adult of non-driving minor) was advised of and provided with written information on the car seat law. ☐ **Yes** ☐ **No**

I am 18 years of age or older and was offered Voter Registration. If under 18, it was offered to the accompanying adult(s). ☐ **Yes** ☐ **No**

Advance Health Care Directive (AHCD) (clients 18 years of age and older)
(CYS providers: Complete this section at next review after the client turns 18 years old)

I was given the Advance Health Care Directive (AHCD) information form
Date: _____/____/_____ ☐ **Yes** ☐ **No**

I provided a copy of my AHCD today: ____/____/_____(Date) _____(Client's Initials)

Signatures

Client or Legal Guardian/Conservator Signature: _____ Date: ____/____/____

BHP Staff Signature: _____ Date: ____/____/____