

SUD Program Admission Checklist

Admission Item	Date
Admission Agreement/Consent for Treatment reviewed and signed on	
Notice of Privacy Practices/HIPAA reviewed and provided on	
42 CFR Written Summary Requirements reviewed and signed on	
Grievance and Appeal Process explained and brochure with form and envelope offered on	
Client Rights explained on	
Drug Medi-Cal Organized Delivery System (DMC-ODS) Beneficiary Handbook explained and offered on	
Provider Directory explained and provided on	
Community Resource List explained and provided on (e.g. different levels of care, medical, dental, mental health, social services and where to apply for State, Federal, or county entitlement programs)	
Language/Interpretation Service availability reviewed and offered on (if applicable)	
Voter Registration material offered to client at intake or change of address on	
Primary Counselor & Care Coordinator (LPHA) names and contact information provided to the client on Primary Counselor Name: _____ Care Coordinator (LPHA) Name: _____	
Financial Responsibility Information and Medi-Cal Share of Cost form completed and a copy provided to the client on	
Orientation on Program , including expectations of clients and staff, provided to client within 72 hours of admission on the following date	
MAT Education resources explained and provided on	

(Counselor's Printed Name)

(Counselor's Signature)

(Date)