



JENNIFER KENT
DIRECTOR

State of California—Health and Human Services Agency
Department of Health Care Services



GAVIN NEWSOM
GOVERNOR

Drug Medi-Cal Organized Delivery System (DMC-ODS) Waiver
Provider Selection Review Form

Pursuant to Attachment Y of the Special Terms and Conditions of the DMC-ODS Waiver, providers who have been denied a contract to provide DMC-ODS Waiver services may request DHCS review of that county's provider selection process to ensure that the county is adhering to the provider selection criteria required in the State and County Intergovernmental Agreements and Title 42, Code of Federal Regulations, Section 438.214. A provider that has been denied a contract must exhaust the county's protest procedure before requesting DHCS review.

The provider must notify the county of its intent to request DHCS review via certified mail, facsimile, or personal delivery within thirty (30) calendar days from the date of the county's appeal decision. A Proof of Service must accompany the notice.

The provider must request DHCS review of a county's DMC-ODS provider selection process by completing and electronically submitting this DMC-ODS Waiver Provider Selection Review Form along with the required supporting documents to ODSSubmissions@dhcs.ca.gov within thirty (30) calendar days from the date of the county's appeal decision. Failure to provide DHCS with the required documents may cause a delay or denial of the request for review. Upon receiving the required documents, DHCS will send the provider and county an Acknowledgement Letter.

The county shall have ten (10) working days from the date set forth on the provider's Proof of Service to submit a written response, with supporting documents, to the provider via certified mail, facsimile, or personal delivery and to DHCS via email to ODSSubmissions@dhcs.ca.gov.

Within ten (10) calendar days of receiving the county's written response to the provider's request for review, DHCS shall set a date for a facilitated discussion with the parties to discuss their respective positions set forth in the review documentation.

If you have any questions regarding your request for review, please contact Cynthia Hudgins, Quality Monitoring Section Chief, at Cynthia.hudgins@dhcs.ca.gov.

PROVIDER INFORMATION

PROVIDER NAME	CORPORATE ADDRESS (PHYSICAL)	CORPORATE ADDRESS (MAILING)
NATIONAL PROVIDER IDENTIFIER (NPI) NUMBER	PROGRAM ADDRESS (PHYSICAL)	PROGRAM ADDRESS (MAILING)
PROVIDER DIRECTOR NAME	E-MAIL ADDRESS	PHONE
PROVIDER POINT OF CONTACT	E-MAIL ADDRESS	PHONE

COUNTY INFORMATION

COUNTY NAME	COUNTY DEPARTMENT (IF APPLICABLE)

COUNTY INFORMATION (CONTINUED)

DATE OF ORIGINAL DENIAL	DATE OF DECISION FOR ORIGINAL APPEAL
BRIEF EXPLANATION FOR DHCS APPEAL	

Please attach the following documents in separate, clearly designated, electronic file attachments. All documents listed below are required in order for the request for review to proceed.

REQUIRED DOCUMENTS	THIS DOCUMENT HAS BEEN ATTACHED AS A SEPARATE DOCUMENT/PDF TO THIS EMAIL	
Proof of Service of notification to county of intent to appeal county's decision to DHCS	YES	NO
County's solicitation documents for ODS-DMC Waiver services	YES	NO
Provider's Response to the county's solicitation document (original submission)	YES	NO
County's Decision Not to Contract with the provider for ODS-DMC Waiver services	YES	NO
County Level Protest Documents submitted to the county to support the original appeal	YES	NO
County Level Protest Response provided to the provider as a result of the original appeal	YES	NO
Evidence for DHCS Review that will be used by DHCS to review the county's provider selection process	YES	NO