Department of Health Care Services
Drug Medi-Cal Organized Delivery System (DMC-ODS) Waiver Readiness Reviews

The Center for Medicaid and Medicare Services (CMS) requires Counties opting into the DMC-ODS Waiver demonstrate *readiness* through meeting the following criteria in the table below. The readiness review requirement is part of CMS' recent Managed Care Final Rule, 42 Code of Federal Regulations §438.66(d), effective on or after July 1, 2017, for all managed care contracts with Department of Health Care Services.

Functional Area	Operation Activities for Assessment	Action Steps
1. Administration	o Program Operations o Interagency Coordination o Stakeholder Engagement	Plan functions: • Hiring plan including job descriptions • Building readiness including work space and accessibility • System capacity to report member service calls and issues daily during the transition period • Training schedule and materials prepared
2. Enrollment-Related Functions	o Beneficiary Support System o Enrollment Systems o Outreach o Enrollee Information o Fraud and Abuse	Plan functions: • Member materials developed and approved by the state • Call center scripts developed and approved and staff trained on benefits • Call center contingency plans developed • Compliance officer hired and employee fraud prevention and notification materials signed
3. Member Services	o Member Handbook o Enrollee Services and Supports	Plan functions: • Develop member handbook approved by DHCS • Continuously updated provider directory for call center staff to reference
4. Service Provision	o Utilization Management o Service Delivery o Service Planning	Plan functions: • Practice guidelines developed and approved for use by DHCS

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5. Access	o Provider Network Adequacy o Access and Availability o Access for People with Disabilities or Other Special Needs o Contracts with Network Providers	Plan functions: • Plans conduct provider outreach to enroll providers and provide assistance through DMC certification and plan credentialing process • Work with providers to ensure appropriate and accurate information collected during credentialing process to ensure provider directory is accurate and can include information like cultural competency and disability accessibility • Policies and procedures (P&Ps) developed on provider credentialing process and ability for credentialing committee to meet more frequently if necessary • Single case agreement process developed to handle out of network providers
6. Continuity and Coordination of Care	o Develop and Monitor Care Coordination Plan to Facilitate Successful Transitions Between Levels of Care	Plan functions: • Develop care coordination plans between various levels of care utilizing the ASAM criteria • Provide training to all providers in ASAM criteria and care coordination systems • Execute MOU with all Medi-Cal Managed Care Plans in the county of operation • Ensure systems are in place to follow continuity of care procedures outlined in the contract and by DHCS to ensure claims and

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		services are not denied for the incorrect reasons
7. Grievance, Appeal, and Fair Hearing Process	o General Requirements o Enrollee Reporting of Grievances and Appeals o Handling of Grievances and Appeals o Monitoring of Grievances and Appeals	Plan functions: • Training of call center and other enrollee facing staff to recognize when an issue is a grievance or appeal and when it should be referred to other staff at the plan to handle • Tracking system allowing all staff to track when a grievance or appeal is filed with internal notifications for processing • Implement state specific reporting mechanism
8. Quality	o Structural and Operational Standards o Quality Assessment and Performance Improvement o External Quality Reviews	Plan functions: • Quality management plan developed and staff trained on the management plan • P&Ps created related to the quality systems in place • Performance Improvement Projects developed and committees set up to measure any improvements as they relate to the new benefits
9. Systems	o Payment Systems o Eligibility and Enrollment o Third Party Liability (TPL) o Information Systems, including Provider Payment Systems	See finance and encounter data Provide status of system readiness based on testing
10. Program Integrity	o Communication and Reporting o Finance, Data, and Systems Assurance o General Oversight o Provider Screening and Enrollment in DMC program	Plan functions: • Develop systems to track and collect program integrity issues • Hire compliance officer, and train staff on identification of fraud and abuse as it relates to the new benefits • Develop reporting structure to the state when issues are identified

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		• Develop plan to report any collection of overpayment to the systems process
11. Finance	o General Financial Oversight o Payments to Providers o Third Party Liability (TPL) and Coordination of Benefits	Plan functions: • Test claims payment functions and have working P&Ps on timely payment of claims to provider network • If necessary, train staff on other areas of TPL to ensure appropriate billing of third parties