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

The Department of Health Care Services (DHCS) is required to conduct an onsite Readiness Review prior to entry into the DMC-ODS Waiver [42 CFR 438.66(d)]. Responses below must be evaluated in accordance with the Intergovernmental Agreement (IA), federal, and state requirements. Counties are considered Prepaid Inpatient Health Plans (Plans) and referred to as such throughout this document. References adjacent to the questions can be found in the IA Boilerplate on the DHCS DMC-ODS webpage.

1. Administration

Hiring plan including job descriptions

What new jobs have been added as a result of the waiver?	
Please provide a copy of the job description for each of the new jobs created.	
How does the County ensure that professional staff are licensed, registered, certified, or recognized under California scope of practice?	*Exhibit. A, Attachment. I: III.A.1.i.a*
What is the Plan's process for ensuring that professional staff (LPHAs) receive a minimum of five (5) hours of continuing education related to addiction medicine each year?	*Ex. A, Att. I: III.A.1.iv*

Building readiness including work space and accessibility

How is the Plan ensuring that buildings and work spaces are able to accommodate new staff?	

System capacity to report member service calls and issues daily

Does the Plan have a call center / centralized phone line to take beneficiary calls?	*Ex. A, Att. I: III.F.3.x*
How does the County provide assistance to non-English speaking clients?	*Ex. A, Att. I: II.B.2.ix*
Does the call center / phone line track the number of calls and topics discussed during the call?	

What is the Plan's process for addressing issues that arise through the call center / centralized phone line?	
What is the Plan's call center / centralized phone number?	

Training schedule and materials prepared

How has the Plan prepared its staff and its providers for the new DMC-ODS Waiver?	
What is the Plan's process for ensuring that all staff have the appropriate experience and necessary training upon hiring? Is there a new provider orientation?	*Ex. A, Att. I: II.H.5.ii.a.iv* *Ex. A, Att. I: III.GG.3.i* *Ex. A, Att. I: III.A.1.ii-iii* *Ex. A, Att. I: III.PP.6.iv.c*
What is the Plan's process for documenting trainings, certifications, and licenses within personnel files?	*Ex. A, Att. I: III.PP.6.i.g*
How does the Plan train providers and staff on the American Society of Addiction Medicine (ASAM)?	*Ex. A, Att. I: III.GG.3.ii*
Are the two e-Trainings utilized? How is it documented that provider staff have taken these training?	*Ex. A, Att. I: III.GG.3.ii*
How does the Plan ensure providers are trained on at least two Evidence-Based Practices?	*Ex. A, Att. I: III.AA.3.iii*
How will the Plan be monitoring its providers to ensure that at least two Evidence Based Practices are being used?	*Ex. A, Att. I: III.AA.3.iii*
Is there a process or procedure in place that requires provider staff to be trained prior to delivering services?	*Ex. A, Att. I: II.H.5.ii.a.iv* *Ex. A, Att. I: III.A.1.iii*
Please provide a copy of the procedure requiring provider staff to be trained.	*Ex. A, Att. I: II.H.5.ii.a.iv* *Ex. A, Att. I: III.A.1.iii*
Please provide a copy of the Plan's training schedule.	

2. Enrollment-Related Functions

Member materials developed and approved by the state

Has the Plan finalized the Notice of Adverse Benefit Determination letter templates?	*Ex. A, Att. I: II.B.2.ii.b*
Aside from the Member Handbook, the Notice of Adverse Benefit Determinations, and Provider Directory, has the Plan developed any additional member materials regarding the DMC-ODS Waiver? If so, please describe these materials and provide a copy of the materials for DHCS review.	

Call center scripts developed and approved and staff trained on benefits

Does the Plan have call center scripts developed?	

Call center contingency plans

Does the Plan have a call center contingency plan in place in the event that the call center is inundated with calls?	

Compliance officer hired and employee fraud prevention and notification materials signed

Does the Plan have a Compliance Officer?	*Ex. A, Att. I: II.H.5.ii.a.ii*
Who does the Compliance Officer report to?	*Ex. A, Att. I: II.H.5.ii.a.ii*
Does the Plan have a system for training and education for the Compliance Officer?	*Ex. A, Att. I: II.H.5.ii.a.iv*

3. Member Services

Member handbook developed and approved by the state

Has the Plan finalized the beneficiary handbook with Plan-specific contact information and a logo?	*Ex. A, Att. I: II.B.2.ii.b* *Ex. A, Att. I: II.B.2.xiv.a*
Please provide a copy of the Plan's draft of the beneficiary handbook.	
When will the handbook be posted on the Plan's website?	*Ex. A. Att. I: II.B.2.xiv.d.i-iv*
Please provide the link to the web page where the beneficiary handbook will be posted.	*Ex. A. Att. I: II.B.2.xiv.d.i-iv*

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How does the Plan intend on distributing beneficiary handbooks to beneficiaries?	*Ex. A. Att. I: II.B.2.xiv.d.i-iv*
What is the Plan's process to ensure the beneficiary handbook is distributed to each beneficiary within a reasonable time after receiving notice of the beneficiary's enrollment?	*Ex. A, Att. I: II.B.2.xiv.b*
How does the Plan ensure current beneficiaries receive the handbook?	*Ex. A, Att. I: II.B.2.xiv.b*
How is the Plan notifying current beneficiaries of the change to their services?	

Continuously updated provider directory for call center staff to reference

What is the Plan's process for updating the Provider Directory?	*Ex. A, Att. I: II.B.2.xv.c*
How often is the Provider Directory updated?	*Ex. A, Att. I: II.B.2.xv.c*
Is the Provider Directory posted on the Plan's website?	*Ex. A, Att. I: II.B.2.xv.d*
Please provide the link to the Plan's webpage with the current Provider Directory or planned DMC-ODS Provider Directory.	*Ex. A, Att. I: II.B.2.xv.d*
Does the Plan's Provider Directory indicate whether the provider's office/facility has accommodations for people with physical disabilities; including offices, exam room(s), and equipment?	*Ex. A, Att. I: II.B.2.xv.a.viii*

4. Service Provisions

Practice guidelines developed and approved for use by the state

Has the Plan developed Practice Guidelines?	*Ex. A, Att. I: II.E.9.i*
Please describe the Plan's Practice Guidelines.	*Ex. A, Att. I: II.E.9.i*
Please provide a copy of the Plan's Practice Guidelines.	*Ex. A, Att. I: II.E.9.i*
How are the Practice Guidelines disseminated to the Plan's provider network?	*Ex. A, Att. I: II.E.9.ii*

5. Access

Provider Selection

Please describe the Plan's process for selecting network providers.	*Ex. A, Att. I: II.E.5.i*

Provider outreach performed to enroll providers and provide assistance through the credentialing process

What outreach activities has the Plan done and is conducting to enroll providers as in-network providers?	
Has the Plan offered any assistance in getting a provider interested in becoming a network provider DMC certified through the DHCS Provider Enrollment Division? If so, please explain the assistance the Plan is offering.	

Accurate information collection during provider credentialing process to ensure Provider Directory is accurate and includes information such as cultural competency, disability accessibility, and open panels

How does the Plan validate that accurate information is collected and included with the Plan's Provider Directory, particularly regarding cultural competency and disability accessibility?	

Policies and Procedures developed on provider credentialing process and ability for credentialing committee to meet more frequently if necessary

Does the Plan have a policy and procedure in place that addresses selection and retention of network providers? Please explain this process.	*Ex. A, Att. I: II.E.5.i.a*
Please provide a copy of the procedure addressing selection and retention of network providers.	*Ex. A, Att. I: II.E.5.i.a*
Does the Plan have a policy and procedure for credentialing and re-credentialing its providers? Please explain this process.	*Ex. A, Att. I: II.E.5.i.a*
Please provide a copy of the Plan's policy and procedure for credentialing and re-credentialing its providers.	*Ex. A, Att. I: II.E.5.i.a*
Has the Plan established a Quality Management Program that includes a mechanism to monitor provider credentialing? If so, please explain the monitoring process.	*Ex. A, Att. I: III.CC.5*

Single case agreement process developed to handle out of network providers

In the event that a NTP beneficiary goes out-of-town on vacation, does the Plan have a single case agreement process developed to ensure the beneficiary can continue receiving their medication while they are out-of-network? Please explain this process.	
Please provide a copy of the single case agreement, in the event that a Narcotic Treatment Program (NTP) beneficiary goes out-of-town on vacation and can continue receiving their medication from an out-of-network provider.	

6. Care Coordination

Develop care coordination plans between various levels of care utilizing the ASAM criteria

Please explain the Plan's process for coordinating beneficiaries' care between levels of care utilizing the ASAM criteria.	*Ex. A, Att. I: II.E.3.iii.a-b* *Ex. A, Att. I: III.G.1 & III.G.2*
Within what timeframe does the Plan require its providers to conduct an initial screening of a beneficiary's need?	
Who does the coordination of care?	*Ex. A, Att. I: II.E.3.iii.a*
How can the beneficiary contact the designated person who coordinates care?	*Ex. A, Att. I: II.E.3.iii.a*

Provide training to all providers in ASAM criteria and care coordination systems

How has the Plan trained its care coordinator on care coordination?	*Ex. A, Att. I: II.E.3.iii*
How has the Plan trained its providers on care coordination?	*Ex. A, Att. I: II.E.3.iii*

Execute Memorandum of Understanding (MOU) with all Medi-Cal Managed Care Plans in the Plan's county of operation

Has the Plan executed an MOU with the Medi-Cal managed care plan(s) within the county?	*Ex. A, Att. I: III.G.3*
Please provide a copy of any executed MOU with the managed care plan(s) in the County.	*Ex. A, Att. I: III.G.3*

Ensure systems are in place to follow the care coordination procedures outlined in the IA and by the state to ensure claims and services are not denied for the incorrect reasons

Does the Plan have care coordination procedures its providers must follow?	
Please provide a copy of the care coordination procedures.	*Ex. A, Att. I: II.E.3.iii*
How will the Plan monitor its providers to ensure they are following the county-developed care coordination procedures, and ensure that claims and services are not denied for incorrect reasons?	

7. Grievance, Appeal, and Fair Hearing Process

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

What training is provided to call center staff regarding grievances and appeals?	*Ex. A, Att. I: II.G.3.i* *Ex. A, Att. I: II.H.5.ii.a.iv* *Ex. A, Att. I: III.A.1.ii*
How do call center staff know who to refer calls to?	

Track when a grievance or appeal is filed with internal notifications for processing

What will be the Plan's process for tracking grievances and appeals?	*Ex. A, Att. I: II.E.10.i* *Ex. A, Att. I: IV.A.41*
Is there a formal written process or procedure for handling grievances and appeals? Please explain this process.	*Ex. A, Att. I: II.E.7*
Please provide a copy of the Plan's written grievance and appeals procedure.	*Ex. A, Att. I: II.E.7*

8. Quality

Quality management plan developed and staff trained on the management plan

Does the Plan have a Quality Management (QM) Work Plan developed?	*Ex. A, Att. I: III.CC.11*
Please describe the QM Work Plan.	*Ex. A, Att. I: III.CC.11*
Please provide a copy of the Plan's QM Work Plan.	*Ex. A, Att. I: III.CC.11*
How are Quality Assurance staff trained on the QM Work Plan?	

Policies and Procedures created related to the quality systems in place

Does the Plan have a written process for detecting both underutilization of services and overutilization of services? Please describe this process.	*Ex. A, Att. I: III.CC.7*
Please provide the Plan's process for detecting underutilization of services and overutilization of services.	*Ex. A, Att. I: III.CC.7*
Does the Plan have a written process to assess beneficiary/family satisfaction? Please describe this process.	*Ex. A, Att. I: III.CC.8*
Please provide the Plan's process for assessing beneficiary/family satisfaction.	*Ex. A, Att. I: III.CC.8*
Does the Plan have a written process to monitor the safety and effectiveness of medication practices? Please describe this process.	*Ex. A, Att. I: III.CC.9*
Please provide the Plan's process for monitoring the safety and effectiveness of medication practices.	*Ex. A, Att. I: III.CC.9*
Does the Plan have a written process to monitor appropriate and timely intervention of occurrences that raise quality of care concerns? Please describe this process.	*Ex. A, Att. I: III.CC.10*
Please provide the Plan's process for monitoring appropriate and timely intervention of occurrences that raise quality of care concerns.	*Ex. A, Att. I: III.CC.10*

Performance Improvement Projects developed and committees set up to measure any improvements as they relate to the new benefits

Has the Plan established an ongoing quality assessment and performance improvement program?	*Ex. A, Att. I: III.LL.1*
Who at the Plan is responsible for the Quality Improvement (QI) program?	*Ex. A, Att. I: III.LL.5*
Does the Plan have a QI committee established?	*Ex. A, Att. I: III.LL.6*
What activities is the QI committee responsible for?	*Ex. A, Att. I: III.LL.6*
How often does the QI committee meet?	*Ex. A, Att. I: III.LL.7*
Does the QI Program include a Licensed SUD staff person?	*Ex. A, Att. I: III.LL.8*
Has the Plan began planning or strategizing for the Plan's Quality Improvement projects? Please explain.	*Ex. A, Att. I: III.LL.10-11* *Ex. A, Att. I: III.LL.13*

9. Program Integrity

Develop systems to track and collect Program Integrity issues

Does the Plan have a system to track and collect Program Integrity issues? Please describe.	*Ex. A, Att. I: III.BB.1*
Does the Plan have procedures for providers to determine beneficiary eligibility each month? Please explain.	*Ex. A, Att. I: III.BB.2.ii.*

Hire compliance officer, and train staff on identification of fraud and abuse as it relates to the new benefits

Who is the Plan's Compliance Officer? Please provide their name and contact information.	*Ex. A, Att. I: II.H.5.ii.a.ii*
Does the Plan and the Plan's subcontractors follow Plan implemented procedures for detecting and preventing fraud, waste, and abuse?	*Ex. A, Att. I: II.H.5.i-ii.a*
Has the Plan established a Regulatory Compliance Committee?	*Ex. A, Att. I: II.H.5.ii.a.iii*
Who is on the Regulatory Compliance Committee and when do they meet?	*Ex. A, Att. I: II.H.5.ii.a.iii*

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What is the Plan's process for monitoring and auditing all providers for potential compliance problems?	*Ex. A, Att. I: II.H.5.ii.a.vii*

Develop reporting structure for the state when issues are identified

What is the Plan's process for reporting any potential fraud, waste, or abuse to DHCS?	*Ex. A, Att. I: II.H.5.ii.g*

Develop a plan to report any collection of overpayment to the systems process

Does the Plan have a written procedure for the prompt reporting of all overpayments identified or recovered, specifying the overpayments due to potential fraud to DHCS?	*Ex. A, Att. I: II.H.5.ii.b*
Please provide the procedure for prompt reporting of all overpayments identified or recovered, specifying the overpayments due to potential fraud to DHCS.	*Ex. A, Att. I: II.H.5.ii.b*
What is the Plan's process for a network provider to report to the Plan when it has received an overpayment?	*Ex. A, Att. I: II.H.5.v.a-c*

10. Finance

Test claims payment functions and have working Policies and Procedures on timely payment of claims

How does the Plan ensure timely payment to Providers?	

If necessary, train staff on other areas of Third Party Liability to ensure appropriate billing of third parties

How does the Plan train its staff to ensure that DMC funds are used as a payment of last resort?	