



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

	<b>Requested Document</b>	<b>Provided (Y/N)</b>
1	Please provide a copy of the job description for each of the new jobs created.	
2	Please provide a copy of the policy or procedure requiring provider staff training.	
3	Please provide a copy of the Plan's training schedule.	
4	Please provide a copy of the Plan's draft of the beneficiary handbook.	
5	Please provide the link to the Plan's webpage with the current Provider Directory or planned DMC-ODS Provider Directory.	
6	Please provide a copy of the Plan's Practice Guidelines.	
7	Please provide a copy of the procedure addressing selection and retention of network providers.	
8	Please provide a copy of the Plan's policy and procedure for credentialing and re-credentialing its providers.	
9	Please provide a copy of the single case agreement, in the event that a NTP beneficiary goes out-of-town on vacation and can continue receiving their dosing from an out-of-network provider.	
10	Please provide a copy of all executed Memorandums Of Understanding with the managed care plan(s) in the County.	
11	Please provide a copy care coordination procedures.	
12	Please provide a copy of the Plan's written grievance and appeals procedure.	
13	Please provide a copy of the Plan's Quality Management Work Plan.	
14	Please provide the Plan's process for detecting underutilization and overutilization of services.	
15	Please provide the Plan's process for assessing beneficiary/family satisfaction.	
16	Please provide the Plan's process for monitoring the safety and effectiveness of medication practices.	
17	Please provide the Plan's process for monitoring appropriate and timely intervention of occurrences that raise quality of care concerns.	
18	Please provide the Plan's Compliance Officer name and contact information.	
19	Please provide the procedure for prompt reporting of all overpayments identified or recovered, specifying the overpayments due to potential fraud.	
20	Please provide completed "Provider List for Network Adequacy Certification" Excel Sheet	