



Readiness Reviews and the DMC-ODS Pilot Program

Frequently Asked Questions

January 2018

The following answers to frequently asked questions are intended to provide clarification regarding the readiness review process required for all Drug Medi-Cal Organized Delivery System (DMC-ODS) pilot program counties.

This document will be updated as necessary.

For additional information regarding the DMC-ODS pilot program:

- Visit <http://www.dhcs.ca.gov/provgovpart/Pages/Drug-Medi-Cal-Organized-Delivery-System.aspx>
- Contact us as DMCODSWAIVER@dhcs.ca.gov

1. What is the readiness review?

The Centers for Medicare and Medicaid Services (CMS) require counties opting into the DMC-ODS pilot to demonstrate readiness by meeting a specific set of criteria. The readiness review requirement is authorized under the Medicaid Managed Care Final Rule, and goes into effect beginning July 1, 2017.¹ It applies to all managed care contracts with the Department of Health Care Services (DHCS).

2. What are the criteria that DHCS will be reviewing?

DHCS will assess activities in 11 functional areas to determine readiness.

1. Administrative: Program operations, interagency coordination, and stakeholder engagement.
2. Enrollment Related Functions: Beneficiary support system, enrollment systems, outreach, enrollee information, and fraud and abuse.
3. Member Services: Member handbook, and enrollee services and supports.
4. Service Provision: Utilization management, service delivery, and service planning.
5. Access: Provider network adequacy, access and availability, access for people with disabilities or other special needs, and contracts with network providers.

¹ 42 Code of Federal Regulations §438.66(d)

6. Continuity and Coordination of Care: Care coordination plan to facilitate successful transitions between levels of care.
7. Grievance, Appeal, and Fair Hearing Process: General requirements, enrollee reporting of grievances and appeals grievances and appeals process, and monitoring of grievances and appeals.
8. Quality: Structural & operational standards, quality assessment and performance improvement, and external quality reviews.
9. Systems: Payment systems, eligibility and enrollment, third party liability (TPL), information systems, including provider payment systems.
10. Program Integrity: Communication and reporting, finance, data, and systems assurance, general oversight, provider screening and sub-contract approval.
11. Finance: General financial oversight, payments to providers, TPL, and coordination of benefits.

3. What types of documents will be reviewed to determine readiness?

A list of documents that will be requested is outlined in the readiness review. A link to the “Readiness Review Checklist” for this process can be found under Question 8, at the end of this document.

4. What needs to be in the “plan training schedule?” How detailed should it be?

DHCS is looking for the type / names of trainings, how frequently the county is planning to provide them, and the training audience (e.g., Licensed Practitioners of the Healing Arts, County Staff, Quality Assurance staff). Especially important are trainings that are mandatory to participate in waiver services like evidence-based practices selected by counties and the American Society of Addiction Medicine (ASAM) Criteria.

5. How much notice will counties get once their readiness review is scheduled?

DHCS is scheduling out reviews as far in advance as possible to give counties ample time should they need to create documents, processes, and other required elements.

6. When DHCS contacts the county to schedule a readiness review, can we decline until we believe we are ready for the review?

Counties have the option to decline, but DHCS cannot guarantee there will be review staff available at a later date, which may in turn postpone the county’s target date for entering the waiver. Several counties have participated in readiness reviews knowing they did not have all the requirements in place. The results of the review, shared during the exit, allowed counties to focus on specific requirements they needed to complete rather than attempting to review and interpret DMC-ODS Intergovernmental Agreement (contract) language for themselves.

7. What happens if the readiness review determines that a county does not meet all the readiness criteria?

Counties must address the deficiencies identified during the review in order to demonstrate they can adhere to the state and federal managed care requirements contained in the DMC-ODS Intergovernmental Agreement. CMS requires the deficiencies identified during the readiness review be remediated prior to their final approval of a county entering the DMC-ODS. Along with the results of the review, CMS may request documents the county provided to DHCS during the review.

8. Where can I find more information about how to prepare for the readiness review?

A table of criteria for the readiness review can be found on the DHCS website, at:
http://www.dhcs.ca.gov/provgovpart/Documents/DMC-ODS_Waiver/DMC-ODS_Readiness_Review_Requirements.pdf

DHCS has also created Readiness Review Questions, available at:
http://www.dhcs.ca.gov/provgovpart/Documents/DMC-ODS_Waiver/DMC_ODS_Readiness_Review_Questions.pdf

DHCS has also created a Readiness Review Checklist, available at:
http://www.dhcs.ca.gov/provgovpart/Documents/DMC-ODS_Waiver/DMC-ODS_Readiness_Review_Checklist.pdf