ENCLOSURE 6

Readiness Review – DHCS Requirements
Drug Medi-Cal Organized Delivery System (DMC-ODS)

DHCS is required to assess the readiness of counties opting into the DMC-ODS. To demonstrate readiness, a county opting into the DMC-ODS must meet the criteria in the table below. A non-exhaustive list of example materials or documents to demonstrate readiness in each category is listed in the "Example Action Steps" column below. Specific readiness review requirements are listed in the following regulations:

- CMS' Managed Care Final Rule, published November 13, 2020
- 42 CFR 438.66(d) State Monitoring Requirements
- Department of Health Care Services BHIN 24-001.
- DMC-ODS Contract (Intergovernmental Agreement)

Functional Area	Operation Activities for Assessment	Example Action Steps
1. Administration	○ Program Operations ○ Interagency Coordination ○ Compliance	• Develop a written hiring plan including job descriptions. • Evaluate building readiness including workspace and accessibility and prepare a written report with findings. • Ensure system capacity to report member service calls and issues daily during the transition period. Prepare a written report detailing the system capacity. • Develop a written training schedule and prepare written training materials. • Develop member materials and submit to the state for technical assistance, if needed. • Develop call center scripts and train call center staff on available benefits. • Develop written call center contingency plans. • Hire a compliance officer and develop a process for reporting any potential fraud, waste, or abuse.

Functional Area	Operation Activities for Assessment	Example Action Steps
2. Member Services	○ Beneficiary Handbook Development ○ Enrollee Services and Supports	• Develop beneficiary handbook utilizing the DHCS required template listed as BHIN 23-048, Enclosure 2: DMC-ODS Beneficiary Handbook. • Post the beneficiary handbook to the county's website. • Develop the provider directory based on the requirements listed in BHIN 18-020, and any subsequently issued BHINs that supersede BHIN 18-020. • Post the provider directory to the county's website.
3. Service Provisions	○ Utilization Management ○ Service Delivery ○ Service Planning	• Develop practice guidelines for DHCS review.
4. Access	○ Provider Network Adequacy ○ Access and Availability ○ Access for People with Disabilities or Other Special Needs ○ Contracts with Network Providers	• Perform provider outreach to enroll providers and assist them throughout the DMC certification and plan credentialing processes. • Collect accurate information during the provider credentialing process to ensure Provider Directory is accurate and includes information such as cultural competency, disability accessibility, and open panels. • Develop Policies and procedures (P&Ps) regarding the provider credentialing process and ability for credentialing committee to meet more frequently if necessary. • Develop P&Ps regarding Network Adequacy. • Develop a single case agreement process to handle out of network providers. • Report provider network data. • Provide executed contracts for language line services and 24/7 access line.

Functional Area	Operation Activities for Assessment	Example Action Steps
5. Continuity and Coordination of Care	○ Develop and Monitor Care Coordination Plan to Facilitate Successful Transitions Between Levels of Care	• Develop care coordination plans between various levels of care utilizing the ASAM criteria. • Provide training plans or schedules for 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 services are not denied for the incorrect reasons.
6. Grievance, Appeal, and Fair Hearing Process	○ General Requirements ○ Enrollee Reporting of Grievances and Appeals ○ Handling of Grievances and Appeals ○ Monitoring of Grievances and Appeals	• Train 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. • Establish a written tracking system allowing all staff to track when a grievance or appeal is filed with internal notifications for processing. • Implement state specific reporting mechanisms. • Develop grievance and appeal member notice templates per MHSUDS 18-010E, and any subsequently issued BHINs that supersede MHSUDS 18-010E.
7. Quality	○ Structural and Operational Standards ○ Quality Assessment and Performance Improvement ○ External Quality Reviews	• Develop a QM plan and train staff on the management plan. • Create P&Ps related to the quality systems in place. • Develop Performance Improvement Projects and establish committees to measure any improvements as they relate to the new benefits.

Functional Area	Operation Activities for Assessment	Example Action Steps
8. Program Integrity	○ Payment Systems ○ Eligibility and Enrollment ○ Third Party Liability (TPL) ○ Information Systems, including Provider Payment Systems ○ Communication and Reporting ○ Finance, Data, and Systems Assurance ○ General Oversight ○ Provider Screening and Enrollment in DMC program	• Provide example finance and encounter data/reports. • Develop systems to identify program integrity issues. • Hire compliance officers and train staff on identification of fraud and abuse as it relates to the new benefits. • Develop a P&P for reporting payment issues. • Develop a P&P to track and report overpayments due to potential fraud to DHCS.
9. Finance	○ General Financial Oversight ○ Payments to Providers ○ TPL and Coordination of Benefits	• Develop P&Ps on timely payment of claims to the provider network. • Provide training plans for staff on TPL to ensure appropriate billing.