ENCLOSURE 7

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

DHCS is required to conduct both a desk review of documents and an onsite Readiness Review prior to a county's entry into the DMC-ODS[1]. The questions below are examples of the types of abilities counties must possess prior to implementing DMC-ODS services. Please note that this is not an exhaustive list of questions or abilities the county must demonstrate during their Readiness Review. The county's responses to the questions must be evaluated in accordance with the IA, and federal and state requirements. Counties are considered Plans and are referred to as Plans throughout this Attachment.

1. Administration

Hiring Plan

1. What new jobs have been added as a result of planning for the implementation of DMC-ODS services?
2. Please provide a copy of the job description for each of the new jobs created.
3. How does the county ensure that professional staff are enrolled and/or approved licensed, registered, certified, or recognized under California's scope of practice?
4. What is the Plan's process for ensuring that professional staff (Physicians, LPHAs) receive a minimum of five (5) hours of continuing education related to addiction medicine each year?

Building Readiness

1. How is the Plan ensuring that buildings and workspaces are able to accommodate new staff and expanded member services?

Member Services System Capacity

1. Does the Plan have a call center and/or centralized phone line to take member calls? If yes, please provide the call center phone line/number. If no, what is the Plan's process to develop the call center phone line prior to the DMC-ODS implementation date?
2. Does the Plan have call center scripts developed?
3. How does the county provide assistance to non-English speaking clients?
4. How will the call center and/or phone line track the number of calls and topics discussed during the call?

[1] 42 CFR 438.66(d).

5. What is the Plan's process for addressing member complaints, grievances and/or appeals that may arise through the call center and/or centralized phone line?
6. Does the Plan have a call center contingency plan in the event that the call center is inundated with calls?

Training Schedule

1. How has the Plan prepared its staff and its providers for the implementation of new DMC-ODS services?
2. 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?
3. What is the Plan's process for documenting trainings, certifications, and licenses within personnel files?
4. How does the Plan train providers and staff on the ASAM?
5. What type of ASAM trainings are utilized? How is it documented that providers and staff have taken these trainings?
6. How does the Plan ensure providers are trained on at least two Evidence-Based Practices?
7. How will the Plan be monitoring its providers to ensure that at least two Evidence-Based Practices are being used?
8. Does the Plan require providers and staff to be trained prior to delivering DMC-ODS services? If so, please explain this process. If not, what processes does the Plan require providers and staff to complete prior to delivering DMC-ODS services?
9. Please provide a copy of the procedure requiring provider and staff training.
10. Please provide a copy of the Plan's training schedule.

2. Member Services

Beneficiary Handbook Development

1. Has the Plan developed and finalized the beneficiary handbook with Plan-specific contact information and a logo using the template provided via BHIN 23-048, Enclosure 2: DMC-ODS Beneficiary Handbook?
2. Please provide a copy of the Plan’s beneficiary handbook.
3. When will the handbook be posted on the Plan’s website?
4. Please provide the link to the web page where the beneficiary handbook will be posted.
5. When will the 30-day notice of significant changes be distributed to beneficiaries? How will this notice be distributed?
6. How does the Plan intend on distributing beneficiary handbooks to beneficiaries?
7. 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?
8. How does the Plan ensure current beneficiaries receive the handbook?

Provider Directory

1. What is the Plan’s process for continuously updating the Provider Directory (e.g., at a minimum of every 30 days)?
2. What is the Plan’s process for ensuring the call center staff have the most updated version of the Provider Directory to reference?
3. Is the Provider Directory posted on the Plan’s website? If yes, please provide the Plan's webpage with the current Provider Directory. If not posted, please provide the planned webpage.
4. Does the Plan’s Provider Directory include all the State and Federal requirements per BHIN 18-020?

3. Service Provisions

Practice Guidelines

1. What are the Plan’s developed Practice Guidelines? Please briefly describe the Plan’s Practice Guidelines.
2. How are the Practice Guidelines disseminated to the Plan's provider network?
3. Please provide a copy of the Plan's Practice Guidelines.

4. Access

Provider Outreach

1. What is the Plan's process for selecting network providers?
2. What outreach activities has the Plan completed to enroll providers as in-network providers?
3. Has the Plan offered any assistance in getting a provider interested in becoming a DMC certified network provider through the DHCS Provider Enrollment Division? If so, please explain the assistance the Plan is offering.
4. 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?

Provider Policies and Procedures

1. Does the Plan have a policy and procedure in place that addresses selection and retention of network providers? Explain this process.
2. Provide a copy of the procedure addressing selection and retention of network providers.
3. Does the Plan have a policy and procedure for credentialing and re-credentialing its providers? Please explain this process.
4. Please provide a copy of the Plan's policy and procedure for credentialing and re-credentialing its providers.

Network Adequacy

1. Does the Plan have policies and procedures in place that address network adequacy requirements, including Network Adequacy Monitoring, Out of Network Access, Timely Access, Service Availability, Physical Accessibility, Telehealth Services, 24/7 Access Line, and 24/7 Language Assistance?
2. Please provide a copy of the policies and procedures for network adequacy.
3. Please report data on the Plan's network providers.
4. Please provide executed contracts for the Plan's language line services and 24/7 access line.

Single Case Agreement Process

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

5. Continuity and Coordination of Care

Care Coordination Plans

1. Please explain the Plan's process for coordinating members' care between levels of care utilizing the ASAM criteria.
2. Within what timeframe does the Plan require its providers to conduct an initial screening of a member's need?
3. Who does the coordination of care?
4. How can the member contact the designated person who coordinates care?

Memorandum of Understandings (MOUs) with Medi-Cal Managed Care Plans

1. Has the Plan executed an MOU with the MCPs within the county of operation based on the requirements listed in BHIN 23-057?
2. Please provide a copy of any executed MOU with the managed care plan(s) in the county.

Care Coordination Procedures

1. Does the Plan have care coordination procedures its providers must follow? If yes, provide a copy of these procedures.
2. 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?

6. Grievance, Appeal, and Fair Hearing Process

Call Center Training

1. What training is provided to 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?
2. How do call center staff know who to refer calls to?
3. What training is provided regarding the grievances and appeals processes?

Internal Tracking System

1. What will be the Plan's process for tracking grievances and appeals?
2. Please provide a brief description of the written process for handling grievances and appeals?
3. Please provide a copy of the Plan's P&P for grievance and appeals.

State Specific Reporting

1. How will the Plan implement the state specific grievance and appeals reporting mechanism?
2. Has the Plan developed and finalized the Notice of Adverse Benefit Determination (NOABD) letter templates (e.g., Enclosures listed via BHIN 18-010E)?
3. Please provide a copy of the Plan’s NOABD templates to DHCS for review.

7. Quality

Quality Management Plan

1. Does the Plan have a QM Work Plan developed? Please describe the QM Work Plan.
2. Has the Plan established a QM Program that includes a mechanism to monitor provider credentialing? If so, please explain the monitoring process
3. How are Quality Assurance staff trained on the QM Work Plan?
4. Please provide a copy of the Plan's QM Work Plan.

Policies and Procedures

1. Briefly describe the Plan's process for detecting both underutilization and overutilization of DMC-ODS services? Please provide a copy of this P&P.
2. What is the Plan's process for assessing member/family satisfaction? Please provide a copy of this P&P.
3. Does the Plan have a mechanism in place to monitor the safety and effectiveness of medication practices? Please explain this process.
4. What is the Plan's process for monitoring appropriate and timely intervention of occurrences that raise concerns about the quality of care? Please provide a copy of this P&P.

Performance Improvement Projects

1. Has the Plan established an ongoing quality assessment and performance improvement program?
2. Who at the Plan is responsible for the QI program?
3. Does the Plan have a QI committee established to measure any improvements as they relate to the new benefits?
4. What activities is the QI committee responsible for?
5. Does the QI Program include a Licensed SUD staff person?
6. Has the Plan began planning or strategizing for any SUD QI projects? If so, please briefly explain.

8. Program Integrity

Systems Development

1. Does the Plan have a system to track and collect Program Integrity issues? Describe this system.
2. Does the Plan have a mechanism in place to determine member eligibility prior to rendering service? Is there a mechanism in place to determine member eligibility prior to billing for services every month? Describe these procedures.

Compliance

1. Who is the Plan's Compliance Officer? Please provide their name and contact information.
2. Does the Plan and the Plan's subcontractors follow Plan implemented procedures for detecting and preventing fraud, waste, and abuse?
3. Has the Plan established a Regulatory Compliance Committee?
4. Who is on the Regulatory Compliance Committee and when do they meet?
5. What is the Plan's process for monitoring and auditing all providers for potential compliance problems?

6. How does the Plan train staff on identification of fraud and abuse as it relates to new benefits?
7. What is the Plan's process for reporting any potential fraud, waste, or abuse to DHCS?

Overpayments Processes

1. 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?
2. Please provide the procedure for prompt reporting of all overpayments identified or recovered, specifying the overpayments due to potential fraud to DHCS.
3. What is the Plan's process for a network provider to report to the Plan when it has received an overpayment?

9. Finance

1. How does the Plan ensure timely payment to provider networks?
2. How does the Plan train its staff on other areas of TPL to ensure appropriate billing of third parties to ensure that DMC funds are used as a payment of last resort?
3. Please provide the Plan’s P&P on processes to ensure payment of claims to provider networks.