The California Contingency Management Pilot

Phase I Kick-Off Meeting

March 23, 2022, 10am-11am PT

UCLA David Geffen School of Medicine Integrated Substance Abuse Programs

PRISM COLLABORATIVE

Welcoming Remarks - Setting the Context

- California has had a major stimulant problem for 30+ years and there have been no evidence-based treatments with demonstrated efficacy for stimulant use disorders (StimUD) available.
- More Californians were admitted into a treatment program for a stimulant-related problem than any other substance in 2020 and the first quarter of 2021.
- No FDA-approved medications exist.
- Contingency Management (CM) has dozens of studies and six meta-analyses supporting the efficacy of CM for StimUD.

Welcoming Remarks - CM in California

- The California CM Pilot will be the first large-scale implementation of CM for treating stimulant use disorder outside the VA.
- CM implementation will require a very new set of procedures and knowledge and skills.
- The successful use of CM will require the implementation of a very specific protocol/methodology.
- All providers/personnel delivering CM will be required to vigorously follow the procedures of the protocol.
- The methods of delivering and accounting for incentives will be very similar to procedures used for dispensing medications.

Welcoming Remarks - The CM Coordinator

- The key to the successful implementation is the CM Coordinator.
- Individuals trained as CM Coordinators will be the only individuals to conduct CM-related activities.
- CM Coordinators will be regularly audited by a CM Supervisor.
- The project will require buy-in and oversight of agency/county leadership.
- All staff will participate in promoting recruitment of patients with StimUD into the CM pilot.

Key Elements of the CM Pilot Program

Participate in a **structured 24-week outpatient CM program**, followed by 6+ months of additional recovery support

Receive incentives for **testing negative for stimulants only**, even if they test positive for other illicit drugs

Earn a maximum of $599 over the 24-week program period in the form of low-denomination gift cards

Track progress using **Incentive Manager** service

Phase I Counties and Providers

County	Number of Providers
Los Angeles	31
Marin	4
Orange	5
Riverside	17
Sacramento	4
San Francisco	3
Ventura	6
TOTAL	**70**

Phase II Counties – Projected (Applications Due April 15th)

Phase II County Letters of Intent	
Alameda	San Diego
Contra Costa	San Joaquin
El Dorado	San Luis Obispo
Fresno	San Mateo
Imperial	Santa Barbara
Kern	Santa Clara
Merced	Santa Cruz
Nevada	Shasta
Placer	Tulare
San Bernardino	Yolo

Core Training and Implementation Team

- **Thomas E. Freese**, PhD, **Beth Rutkowski**, MPH, **Brandy Oeser**, MPH, and **Lupe Cortez** – UCLA Integrated Substance Abuse Programs and Pacific Southwest Addiction Technology Transfer Center (ATTC)
- **Richard A. Rawson**, PhD – University of Vermont/UCLA Integrated Substance Abuse Programs
- **Michael McDonell**, PhD, and **Sara Parent**, ND – Washington State University
- **Sara Becker**, PhD – Brown University and New England ATTC
- Additional UCLA-based team members to be hired soon

Overview of the Onboarding Processes and Timeline

Acceptance into Pilot Phase 1
(Feb 2022)

Hire CM Coordinator (May 2022);
Add Billing Code and Install Incentive Manager
(March – June 2022)

Complete Self-Paced 2-hour CM Overview Training (May 2022)

Participate in 6-Hour CM Live Virtual Nuts and Bolts Training
(May-June 2022)

Complete CM Readiness Assessment
(June+ 2022)

Launch CM Services (July+ 2022)

Coaching/Implementation Calls 1x/Month;
Ongoing Fidelity Assessment

CM Coordinator – Core Competencies

- Excellent organizational skills
- Effective skills in following lab and specimen handling procedures
- Good computer skills and ability to learn new computer programs
- Excellent communication skills

CM Coordinator – Key Responsibilities (1)

- Explain and collect the CM consent form
- Enter information for reimbursement and reporting purposes
- Enter test results into the CM incentive manager, understanding the incentive amount and being able to explain it to the participant
- Ensure delivery of the incentive to the participant
- Communicate with clinical staff regarding UDT results and any information of clinical relevance
- Effectively and safely interact with participants who are intoxicated

CM Coordinator – Key Responsibilities (2)

- Collect UDT samples and recognize sample tampering efforts
- Effectively communicate with participants about the need for a new sample
- Refer individuals to treatment and recovery staff for follow-up treatment
- Follow proper laboratory procedures to ensure good lab practice
- Try to contact participant in case of missed session
- Provide praise for stimulant-negative test; provide encouragement in the case of stimulant-positive test

Additional CM Team Members

- CM Coordinator is one member of overall Treatment Team
  - Counselor to provide other behavioral treatments
  - Care manager
  - Recovery support provider/referrals
  - Medical care/referrals
  - Other service providers as needed
- Back-up CM Coordinator
- CM Supervisor
- County Auditor

CM Overview Training – Core Focus Areas

- Key elements of CM
- Types of reinforcers
- Common misconceptions about CM
- Research support for CM
- OIG Final Rule

CM Overview Training – Format

- Self-paced online course housed on PSATTC e-Learn Site
- Two hours in length
- Continuing education credit available for a variety of disciplines (physicians, psychologists, nurses, marriage and family therapists, social workers, counselors)
- Open to the community at large
- Serves a pre-requisite to attend the 6-hour live virtual CM Nuts and Bolts training

CM Implementation (Nuts & Bolts) Training – Core Focus Areas

- In Depth Review of CM Protocol
- CM implementation Tasks
  - UDT Procedures
  - Using the Incentive Manager
  - Client flow and scheduling
  - Readiness and Fidelity Monitoring Procedures
- Understanding the OIG's Final Rule and Operational Guidelines
- Effective CM Conversation Demonstrations/Role Plays

CM Implementation (Nuts & Bolts) Training – Format

- Two-part live virtual training (6 hours of content)
  - Offered in two 3-hour sessions
- Continuing education credit available for a variety of disciplines (physicians, psychologists, nurses, marriage and family therapists, social workers, counselors)
- Required for CM Coordinator/Back-up and Supervisor
- Must show proof of competing CM Overview Training to register

Core CM Element
Escalation, Reset, and Recovery

- Initial incentive value for first sample negative for stimulants in a series is $10. For each week the participant demonstrates non-use of stimulants (2 consecutive (-) UDTs), the value of the incentive is **increased by** $1.50.
- A **“reset”** will occur when an induvial submits a positive sample or has an unexcused absence. The next time a (-) UDT is submitted, the incentive amount will return to the initial value (i.e., $10)
- A **“recovery”** of the pre-reset value will occur after two consecutive stimulant (-) urine samples. At that time, the participant will recover their previously earned incentive level without having to restart the process.

Full Incentive Schedule with 100% Negative UDT

Week	Incentive (2x/week)	Weekly Total
1	10.00 + 10.00	20.00
2	11.50 + 11.50	23.00
3	13.00 + 13.00	26.00
4	14.50 + 14.50	29.00
5	16.00 + 16.00	32.00
6	17.50 + 17.50	35.00
7	19.00 + 19.00	38.00
8	20.50 + 20.50	41.00
9	22.00 + 22.00	44.00
10	23.50 + 23.50	47.00
11	25.00 + 25.00	50.00
12	26.50 + 26.50	53.00
Total		**438.00**

Week	Incentive (1x/week)	
13	15.00	
14	15.00	
15	15.00	
16	15.00	
17	15.00	
18	15.00	
19	10.00	
20	10.00	
21	10.00	
22	10.00	
23	10.00	
24	21.00	
Total	**161.00**	**599.00**

CM Coding Guidance

- Program, in collaboration with LGFD, identified a HCPCS code and modifier to bill contingency management services.
- Providers will bill H0050, the modifier (HF), and one of two diagnosis codes for each visit:
  - R82.998 – Primary diagnosis for positive urine test
  - Z71.51 – Primary diagnosis for negative urine test

CM Reimbursement Guidance

- DHCS created a recommended interim rate range for DHCS payment to counties of $35.83 to $39.42 per 15-minute unit of service.
- The interim rates include expected staffing costs, indirect overhead, expected productivity, and costs of the urine drug testing supplies (e.g., testing cups and strips).
- Counties may choose to submit a higher interim rate to DHCS, using the standard process.

Communication Plan

- DHCS will develop a communications “toolkit” for use by participating counties and providers with the goal of reaching:
  - Medi-Cal enrolled individuals currently receiving treatment for StimUD
  - Medi-Cal enrolled individuals diagnosed with StimUD who are not currently receiving treatment

What communications collateral might be helpful? What communication tools have been successful in reaching Medi-Cal beneficiaries in the past?

- Toolkit components:
  - Key messages related to the efficacy and availability of contingency management services (see details below).
  - Sample social media posts for counties and provider organizations.
  - Sample pamphlet to distribute to interested participants with program details.
  - Email content for providers to introduce the program to interested participants.
  - Website content for county and provider websites.
  - Program details and referral instructions for county, provider, and other staff.

Getting Started: The Readiness Review

Readiness Review

- After completing the required CM training, provider organizations will be required to successfully complete a readiness review to administer CM. The review will include:
  - Reviewing site-specific CM processes and procedures, including staff hiring, UDT set-up and procedures, managing client flow/schedule, incorporating incentive manager, billing, and documentation procedures
  - Entering pilot CM cases into incentive manager to demonstrate proficiency with the tools
  - Understanding and demonstrating standard response to negative and positive UDT
  - Demonstrating responses to pre-set scenarios, including how to handle disputes over test results, tampered samples, and positive results for drugs other than stimulants.

Incentive Manager Service (Proposal Deadline April 8th)

- Delivery of an Incentive Management (IM) service that meets DHCS specifications, including the ability to:
  - Register providers
  - Calculate beneficiary incentives
  - Distribute beneficiary incentives
- Development of a schedule for implementation of the IM service.
- Development and delivery of training on the IM service for participating counties and providers.
- Provision of technical assistance and support for IM service end users.
- Provision of beneficiary, payment, and programmatic data to DHCS.
- Generation of reports to DHCS, counties, and providers on incentive distribution and other key activities.
- Compliance with and demonstration of DHCS' required privacy, security, risk, and compliance requirements and processes.

Urine Drug Testing Vendor Recommendations

- UCLA is working with an expert pharmacologist to develop a list of recommended vendors who meet a minimum set of requirements set forth by DHCS
- Samples will be collected 2x per week in first 12 weeks; weekly in weeks 13-24
- Point of care test cups will be utilized and immediate results for recent stimulant use will be obtained

Ongoing Support

Coaching and Implementation Support

Fidelity Monitoring

Implementation Coaching Support

- Monthly Coaching Calls
- Individualized onsite or virtual implementation support available by request
- Additional Training
- Fidelity Monitoring
- CM Implementation Webpage on UCLA ISAP website
  - Warm line for ongoing consultation, questions, problem solving
  - Resources for training, implementation, readiness review, and fidelity monitoring

Fidelity Monitoring

- Conducted 2x in first six months of implementation and 1x every six months thereafter
- UCLA team will teach county auditing staff how to conduct fidelity monitoring after the conclusion of the pilot program

Evaluation

- **Existing data** – DMC Claims, CalOMS, Incentive Manager Data

- **Provider and Client Surveys & Interviews** - Perceptions, implementation recommendations, etc.
  - UCLA will send an online survey link
  - We need help from counties to get it to your CM provider organizations (Counties provide UCLA with provider e-mail addresses or send the link to them directly)
  - We need providers to give the link to their CM clients
  - We'll take it from there!

Next Steps – Counties

- Initiate changes to information systems to accommodate billing code and modifier
- Develop a disbursement strategy for start-up funds (SAMHSA and BHQIP)
- Identify CM lead for county
- Execute contracts with CM providers
- Participate in required trainings/TA
- Test IT Changes
- Begin marketing/communicating availability of CM

Next Steps – Providers

- Initiate changes to information systems to accommodate billing code and modifier
- Develop CM coordinator job description
- Hire and onboard staff
- Participate in required trainings/TA
- Participate in Readiness Review
- Begin marketing/communicating availability of CM
- Participate in Coaching Calls and Fidelity Monitoring

Open Discussion

Key Contacts for Onboarding Assistance

- Thomas E. Freese, PhD: tfreese@mednet.ucla.edu
- Beth Rutkowski, MPH: brutkowski@mednet.ucla.edu

Thank You For Your Time!