CalAIM Support

Contingency Management Pilot Program County Webinar

January 19, 2022

9:00am-10:00am PT // 12:00pm-1:00pm ET

DHCS

Agenda

- Pilot Program Overview
- RFA Process and Timeline
- Application Requirements & County Responsibilities
- Next Steps
- Q&A

Why Contingency Management?

Contingency management (CM) is an evidence-based practice that recognizes and reinforces individual positive behavior change consistent with stimulant non-use.

- **CM provides motivational incentives for non-use of stimulants as evidenced by negative drug tests.** The immediate delivery of a motivational incentive helps tip decision-making toward avoiding stimulant use to manage difficult periods
- CM repeatedly has demonstrated robust outcomes, including **reduction or cessation of drug use for individuals with stimulant use disorder (StimUD) and longer retention in treatment**
- To expand access to evidence-based treatment for StimUD, **DHCS intends to pilot Medi-Cal coverage of CM beginning July 1, 2022**
- **CM is intended to support DHCS' goals**:
  - Address the ongoing and shifting SUD crisis in California through the implementation of evidence-based treatments and practices
  - Improve the health and wellbeing of Medi-Cal beneficiaries diagnosed with StimUD, as measured by a reduction or cessation of drug use and longer retention in treatment
- DHCS intends to use the pilot as a basis for **informing the design and implementation of a statewide CM benefit** pending budgetary and statutory authority

Pilot Program Overview

In December 2021, DHCS received first-in-the-country approval from the Centers for Medicare and Medicaid Services (CMS) to cover CM as a Medicaid benefit. DHCS intends to pilot Medi-Cal coverage of CM in participating DMC-ODS counties from July 2022-March 2024. The current design anticipates that eligible Medi-Cal members will:

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

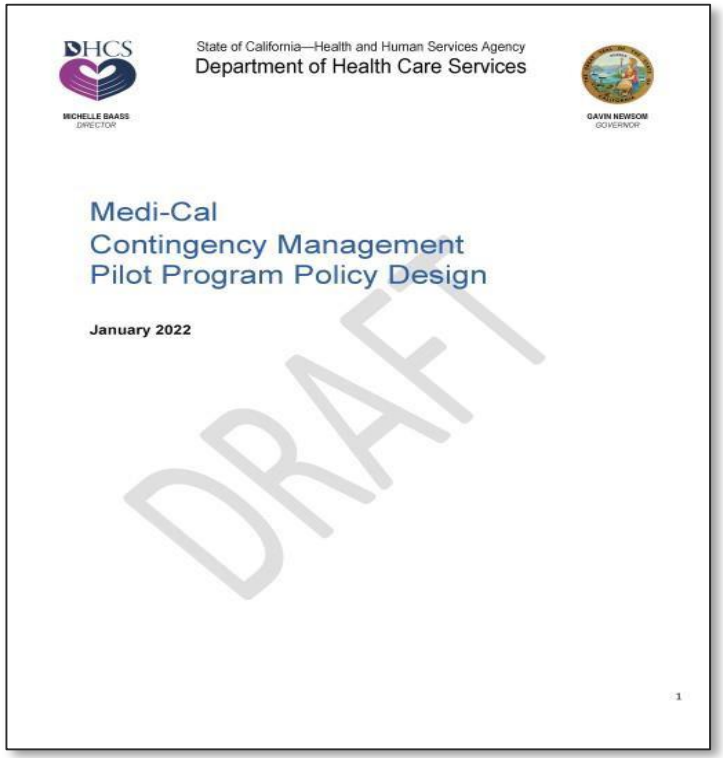
Earn incentives over the treatment period in the form of low-denomination gift cards

Track progress using either a **web-based or** (beginning July 2022) **mobile CM vendor** (by December 2022)

CM Policy Design Paper

On January 3, 2022, DHCS released a draft contingency management policy design paper for stakeholder feedback, which outlines initial policy and operational decisions.

- The CM policy design paper was **developed in partnership with nationally recognized experts** from the University of California, Los Angeles (UCLA) Integrated Substance Abuse Programs and key stakeholders.
- Following the January 3 – January 14 public comment period, **DHCS has begun incorporating stakeholder feedback** into a final policy design paper.
- The **final policy design paper** will serve as a guide for participating DMC-ODS counties, DMC-ODS providers, external incentive manager vendors and other key stakeholders on the implementation of the CM pilot program.



**Additional details about the proposed policy design are included in the Appendix.*

RFA Process for DMC-ODS Counties

On January 3, 2022 DHCS released an RFA for counties participating in the Drug Medi- Cal Organized Delivery System (DMC-ODS) program to provide CM services.

- All counties that DHCS determines meet the participation criteria will be approved to participate in the CM pilot program.
- DHCS anticipates offering a two-phased implementation with:
  - **Phase I counties**:
    - Application due February 15, 2022
    - Notification of participation February 28, 2022
    - Begin to offer the benefit in July 2022
  - **Phase II counties**:
    - Letter of Interest due February 15, 2022
    - Application due April 15, 2022
    - Notification of participation May 2, 2022
    - Begin to offer the benefit between September 1, 2022 and December 31, 2022

Timeline

Timeframe	Milestone
January 2022	DMC-ODS county RFA issued: January 3, 2022
	Questions due to DHCS: January 24, 2022
February 2022	DHCS posts responses to questions: February 1, 2022
	County applications due for Phase I: February 15, 2022
	County letters of interest due for Phase II: February 15, 2022
	★ **Notification of Phase I counties: February 28, 2022**
April 2022	**County applications due for Phase II: April 15, 2022**
	Phase I county initial provider contracts complete: April 30, 2022
May 2022	★ **Notification of Phase II counties: May 2, 2022**
	DHCS-sponsored CM provider training begins: May 2, 2022
July 2022	Federal authorization for the Medi-Cal CM benefit begins: July 1, 2022
	Phase I county initial provider deadline to start services: July 31, 2022
September 2022 – December 2022	Phase II counties begin to offer CM: September 1, 2022-December 31, 2022
March 2024	Pilot completion: March 31, 2024

Application Requirements

DMC-ODS counties wishing to participate in the CM pilot program must complete the full program application and submit the following documents:

- ✓ **Letter of Intent (Phase II counties only)**
- ✓ **Proposal Cover Letter (RFA Attachment B)**
- ✓ **Letter of Attestation (RFA Attachment C**) to confirm compliance with the state and federal pilot requirements including:
  - Data collection to support evaluation
  - Staffing requirements
  - Training requirements for CM providers and staff
  - Adhering to DHCS standardized protocols for delivering CM
- ✓ **Application Narrative Questions (RFA Attachment D)** includes information on:
  - Current care options for individuals diagnosed with StimUD
  - Proposed Provider Network, including the county's preferred implementation date (phase 1 or phase 2), and information about DMC-ODS providers who plan to participating in the pilot program.
  - Technical assistance that would be helpful for implementation
  - Information technology implementation plan for updating IT systems to incorporate coding requirements
- ✓ **Letter of Commitment** from each provider organization that plans to participate in the pilot if selected

**Additional details and templates are available in the application materials.*

County Responsibilities

Counties will be responsible for working with DHCS and providers to organize CM training and evaluations, implement CM services, and provide ongoing oversight.

- **Implementation Schedule.** Counties must provide an Implementation Schedule within 30 days of contract execution that sets forth the anticipated dates for conducting pilot required pilot program activities.
- **Provider network and contracts.** Each participating county must establish a provider network to deliver CM services in accordance with DHCS requirements and develop and execute formal contracts with the providers participating in the pilot.
- **Program financing.** Counties are responsible for reimbursing contracted providers for CM services. DHCS will reimburse the nonfederal share of CM, training costs, drug testing and other administrative costs.
- **Training.** County representatives must participate in required CM trainings and must verify that providers have completed all requisite T/TA and meet readiness review requirements.
- **Reporting.** Using data provided by the incentive manager vendor, counties will submit quarterly reports and a brief final report with information about participating providers and Medi-Cal members to support the CM program evaluation.
- **Monitoring.** Counties will be responsible for working with DHCS to monitor providers during the CM pilot program. DHCS will release additional guidance that details county expectations related to provider oversight.

**Additional details about county responsibilities are included in the Appendix.*

Next Steps

RFA Process

- ❑ Send questions to DHCS via countysupport@dhcs.ca.gov by **January 24, 2022**
- ❑ Review DHCS' posted responses to questions on **February 1, 2022**
- ❑ Phase I counties:
  - ❑ Submit applications to DHCS via countysupport@dhcs.ca.gov no later than 11:59 pm (PT), **February 15, 2022**
- ❑ Phase II counties:
  - ❑ Submit letters of intent to DHCS via countysupport@dhcs.ca.gov no later than 11:59 pm (PT), **February 15, 2022**
  - ❑ Submit applications to DHCS via countysupport@dhcs.ca.gov no later than 11:59 pm (PT), **April 15, 2022**

Reminder: DHCS will notify counties selected to participate in Phase I on **February 28, 2022**,
and counties selected to participate in Phase II on **May 2, 2022**.

FAQs as of January 2022

Counties are invited to submit questions to countysupport@dhcs.ca.gov through January 24, 2022. FAQs will be posted on the DHCS website on February 1, 2022.

- ✓ **Will incentive payments be counted as taxable income? Could the receipt of incentives impact a participant's Medi-Cal, SNAP, or TANF eligibility?**
  - ✓ DHCS is working with the IRS to answer this question and will follow up with additional guidance.
- ✓ **Are CM services restricted to adults aged 18+? Are adolescents eligible to participate?**
  - ✓ There is no age restriction for contingency management services. Medi-Cal beneficiaries, including adolescents, who meet eligibility criteria (listed on page 14 of the draft policy design) will be able to participate in the pilot. Minors are eligible to participate with parental consent. Minors aged 12 and older who participate in the Minor Consent program do not need parental consent to participate in CM.
- ✓ **Does county participation in the CM pilot program contribute to PIP as required for DMC- ODS and EQR?**
  - ✓ DHCS is conducting internal conversations and will follow up with additional guidance.

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Q & A

Appendix

CM Pilot Program Deeper Dive

Additional details on DHCS' proposed program design can be found in the draft CM pilot program policy design. DHCS is actively reviewing and incorporating stakeholder feedback into the final policy design, which will be released in early February 2022.

Pilot Program Beneficiary and Provider Eligibility

Medi-Cal Beneficiary Eligibility

- Members must be assessed and diagnosed with a StimUD for which CM is medically necessary.
- Reside in a participating DMC-ODS county that DHCS has approved to pilot CM
- Not be enrolled in another contingency management program for substance use disorder.
- Receive services from a non-residential DMC-ODS provider that offers the contingency management benefit in accordance with DHCS policies and procedures.

If a beneficiary chooses to participate in only some of the services identified in their treatment plan (e.g., they only participate in CM), they will not be penalized or discharged from the CM program.

Provider Eligibility and Requirements

- DMC-ODS providers offering outpatient, intensive outpatient and/or partial hospitalization services, and/or NTPs will be eligible to offer CM.
- Providers will be required to offer complementary services and evidence- based practices for StimUD in addition to CM (e.g., individual and group counseling, MAT, peer supports).
- Providers will need to develop a documented treatment approach that include other behavioral interventions designed to support beneficiaries to reduce stimulant use.
- Providers will need verify beneficiaries' Medi-Cal eligibility before permitting them to enroll in CM.
- Providers will also need to obtain beneficiary consent for the CM treatment.

Role of the CM Coordinator

Participating providers will be required to have a designated CM coordinator who will lead the tracking and delivery of all CM services, including drug screens and incentive distribution.

- **Core competencies of the CM coordinator** include:
  - Excellent organizational skills
  - Skills in following laboratory sample handling/disposal procedures
  - Excellent computer skills
  - Excellent communications skills
- CM coordinators **will receive comprehensive training** and be responsible for:
  - Collecting UA samples
  - Inputting test results into the designated database
  - Supporting delivery of incentives
  - Meeting with program participants to discuss progress and goals
- **Professionals who can serve as CM coordinators include**:
  - LPHAs
  - SUD counselors that are either certified or registered by an organization that is recognized by DHCS and accredited with the National Commission for Certifying Agencies
  - Certified peer support specialists
  - Other trained staff under supervision of an LPHA

Basic Treatment Approach

While the details of the duration and size of incentive payments may undergo further refinement, DHCS anticipates that the basic design will be a 24-week outpatient treatment experience divided in half followed by a recommended six months or longer period of aftercare and recovery support services.

Initial 12-Week Period (Weeks 1-12)

- Two treatment sessions in person per week where members can receive incentives
- The size of incentives an individual will be eligible to receive will increase each week they demonstrates nonuse of stimulants.
- A **"reset"** will occur when an individual submits a positive sample or has an unexcused absence.
- The next time they submit a stimulant-negative sample, their incentive amount will return to the initial value.
- A **"recovery**" of the pre-reset value will occur after two consecutive stimulant-negative urine samples

Maintenance Period (Weeks 13 – 24)

- Once weekly in-person visits where members can receive incentives for submitting a stimulant free sample
- Incentive limits may change throughout the weeks

Incentive Distribution

DHCS will procure and work with web-based and mobile incentive management vendor(s) to design, implement and support the distribution incentives to qualifying CM program participants.

- **Incentive Trigger.**
  - The CM coordinator will enter the results of the member's urine drug tests results in a secure CM database that will calculate and report the amount of any incentive the participant should receive per the protocol.
  - The database will alert the incentive manager to distribute the incentive
- **Incentive Distribution.**
  - DHCS will first implement CM using a **web-based incentive manager vendor** (with printable gift cards)
  - DHCS anticipates phasing in **a mobile incentive manager vendor** no later than December 31, 2022
- **Incentive Types.**
  - Includes options from a variety of retail stores, grocery stores and gas station outlets
  - Individuals will not be able to use the gift cards to purchase cannabis, tobacco, alcohol or lottery tickets

Funding Strategy

DHCS will cover start-up and ongoing county and provider administrative and benefit expenses related to the provision of CM services. Additional details on DHCS' reimbursement approach will be released in a forthcoming guidance

- DHCS anticipates having $58.5M in Home and Community-Based Services funding available for the CM pilot program
- DHCS intends to reimburse the counties' **administrative expenses** associated with allowable activities including:
  - Staff recruitment and hiring costs;
  - Personnel costs
  - Technology costs: hardware or software;
  - Project management and planning costs, including use of consultants and coordination with local organizations;
  - Purchase of supplies or equipment;
  - Other administrative costs
- DHCS is **designating the code H0050** to cover all CM services provided by the CM coordinator.
- DHCS is also developing a strategy to **determine a suggested rate range** for counties to use when reimbursing CM activities.
- The reimbursement range will include the following activities:
  - Staffing costs (salaries and benefits) and inclusive of supervisor's time
  - Productivity assumptions
  - Caseload size (number of individuals that can be on a CM Coordinator's caseload)
  - Urine drug testing

Other Program Elements

CM services will be complemented by ongoing training and technical assistance and a robust evaluation process, while protecting against fraud, waste, and abuse.

Training

- Participating counties and SUD providers will be required to participate in start-up training, and ongoing technical assistance
- Synchronous, live trainings will be offered beginning May 2022

Evaluation

- The impact of the pilot program will be measured through a robust evaluation process
- DHCS will release an interim and a final evaluation report, along with quarterly reports to inform future budget decisions

Oversight

- Each treatment program will have a policies and procedures manual
- All providers will be required to complete readiness reviews
- The program will provide protections to avoid using incentives for recruitment or rebates, refunds, or kick-back offers
- DHCS and counties will conduct robust monitoring and oversight of CM providers, including audits

County Responsibilities

Additional details on county responsibilities can be found in the DMC-ODS CM application

County Responsibilities (1 of 4)

Counties will be responsible for working with DHCS and providers to organize CM training and evaluations, implement CM services, and provide ongoing oversight.

Implementation Schedule

- Counties must provide an Implementation Schedule within 30 days of contract execution that sets forth the anticipated dates of pilot activities, including:
  - Network development
  - Execution of provider contracts
  - Process for facilitating and verifying training
  - Managing claims and reimbursement
  - Monitoring plan development

Provider Network

- Counties must establish a provider network to deliver CM services in accordance with DHCS requirements
- DHCS, trainers and evaluators will assist counties to determine provider readiness to offer CM, including staggering onboarding of providers
- Counties will also be responsible for coordinating provider training and readiness reviews with DHCS

Contracting With Providers

- To formalize their provider networks, counties must develop and execute contracts with the providers participating in the pilot
- Counties must ensure each provider is compliant with contractual obligations
- Phase I counties must develop and execute contracts or contract amendments with initial providers by July 31, 2022

County Responsibilities (2 of 4)

Counties will be responsible for working with DHCS and providers to organize CM training and evaluations, implement CM services, and provide ongoing oversight.

Program Financing

- Counties are responsible for reimbursing contracted providers for CM services, submitting CM claims to DHCS, and ensuring that each provider receives funding in a timely fashion and pursuant to contractual obligations
- DHCS will reimburse the nonfederal share of CM, training costs, drug testing and other administrative costs, including start-up and ongoing funding

Training and Technical Assistance (T/TA)

- Counties must verify that providers and staff have completed all requisite T/TA and meet readiness review requirements
- County representatives must participate in DHCS's required trainings to enable them to manage CM services delivered through the pilot and facilitate the provision of T/TA for participating providers

Project Management

- Counties must project manage implementation of the pilot in their geographic area, and other project deliverables.
- Counties are responsible for ongoing communication with DHCS throughout the pilot

County Responsibilities (3 of 4)

Counties will be responsible for working with DHCS and providers to inform program evaluation.

Data Collection

- Counties must collect OMS and claims information from contracted providers
- Contracted providers will enter data directly into an incentive distribution interface
- All data analysis will be completed by the state's contracted program evaluator

Quarterly Reporting

- Counties will submit quarterly reports with information about participating providers and Medi-Cal members
- Counties will encourage providers and enrollees to participate in ongoing surveys and interviews conducted by program evaluators
- Counties must also comply with all federal reporting requirements

Final Report

- Counties will submit a brief final report following the end of the pilot program
- DHCS anticipates counties' final reports will be incorporated into the final evaluation report conducted by the state's contracted program evaluator
- Additional guidance is forthcoming

County Responsibilities (4 of 4): Monitoring

Counties will be responsible for working with DHCS to monitor providers during the CM pilot program. DHCS will release additional guidance that details county expectations related to provider oversight.

- County monitoring activities may include **onsite visits** and **desk reviews**
- DHCS will disseminate a **standard auditing tool** l for counties to use to monitor providers. This tool will align with the fidelity review tools will be developed by the state's contracted trainer and program evaluator who will train counties on the use of the tool
- Counties shall conduct a sampling of onsite visits and/or desk reviews of providers
- Each provider shall receive two audits in the first six months and one audit every six months thereafter for the duration of the CM pilot program