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Medi-Cal Contingency Management Request for Applications (RFA) **Phase II**

Revised March 2022

Updates to the RFA are in **bold underlined** font.

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**Request for Applications:
DMC-ODS Contingency Management Pilot Program**

A. Purpose and Background

1. Purpose

The Department of Health Care Services (DHCS) is soliciting applications from Drug Medi-Cal Organized Delivery System (DMC-ODS) counties to implement a pilot program to provide contingency management (CM) services for Medi-Cal beneficiaries. Applications must address all the services described throughout this Request for Applications (RFA).

2. Background

DHCS invites interested DMC-ODS counties to participate in a pilot program to provide CM services for Medi-Cal enrollees with stimulant use disorder (StimUD) from July 1, 2022, through March 31, 2024. DHCS intends to use the pilot to inform the expansion of the benefit to additional counties.

The primary goal of the pilot is to determine how to scale an evidence-based treatment for StimUD in Medi-Cal in a large, complex state while supporting DHCS' policy goals, including:

- Address the ongoing and shifting substance use disorder (SUD) crisis in California through the implementation of evidence-based treatments and practices; and
- Improve the health and well-being of Medi-Cal beneficiaries living with StimUD, as measured by a reduction or cessation of drug use and longer retention in treatment.

DHCS will approve DMC-ODS counties to participate, oversee, and manage the administration of the pilot program as a DMC-ODS Medi-Cal benefit for beneficiaries who reside in the approved county as long as they meet state and federal requirements. All counties that DHCS determines are able to meet the criteria for participation in the CM pilot program by the implementation date will be approved to participate in the CM pilot Program.. To ensure that counties and CM providers are sufficiently trained and equipped to deliver CM in accordance with DHCS-developed protocols, DHCS anticipates offering a two-phase implementation, with an initial cohort of counties and select providers beginning in July 2022 (Phase I) and others between September and December 31, 2022 (Phase II). **Counties approved for Phase II of the pilot must complete planning activities during summer/fall 2022 and launch the pilot with at least one participating provider/site between September 1 and December 31, 2022.**

The approved county shall be responsible for all elements of the CM Pilot Program, including the startup, implementation, and ongoing operation of the CM program. DHCS will fund the costs of the pilot through the [Home and Community-Based Services Spending Plan](#). The county application and the Scope of Work (SOW) included in this RFA will establish the basis for the Agreement between DHCS and an approved county, effective as of the date that the RFA is approved for Phase II pilot implementation.

DMC-ODS-certified providers selected by the approved county for this pilot program shall provide CM services to qualifying Medi-Cal beneficiaries diagnosed with StimUD in accordance with federal and DHCS requirements. DHCS anticipates that it may be able to provide counties with some funding to distribute to DMC-ODS providers for startup costs associated with preparing for participation in the pilot. If and when this occurs, additional details will be provided.

B. Project Timeline

Below is the tentative schedule for implementation of the pilot.. If DHCS determines a need to alter the timelines listed herein, DHCS will issue an amended timeline. DHCS will release additional details regarding Phase II dates in the future.

- County RFA issued: January 3, 2022
- Informational webinars:
 - For counties: Wednesday, January 5, 2022: 2 p.m.– 3 p.m. PT
Zoom Link [Here](#)
 - For counties: Wednesday, January 19, 2022: 9 a.m.–10 a.m. PT
Zoom Link [Here](#)
 - For public: Thursday, January 20, 2022 2 p.m. – 4 p.m. PT Zoom Link [Here](#)
- Questions due to DHCS (via email to countysupport@dhcs.ca.gov): January 24, 2022, by 5 p.m. PT
- DHCS posts responses to questions: February 1, 2022
- Phase I County applications due: February 15, 2022
- Notification of participating counties in Phase I: February 28, 2022
- Phase I dates:
 - Phase I county initial provider contracts complete: April 30, 2022
 - Phase I pilot program launch: July 1, 2022
 - Phase I county initial provider deadline to start services: July 31, 2022
- **Phase II County applications due: April 15, 2022**
- **Notification of participating counties in Phase II: May 2, 2022**
- **Phase II dates:**
 - **Phase II county launch: September 1, 2022, to December 31, 2022**
- Pilot completion: March 31, 2024

C. Program Term and Amount

The term of the agreement will be through March 31, 2024, subject to the authorization of and provisions within the State Budget Act of 2021.

The total funding amount allocated to this project is an anticipated \$58.5 million approved by the Centers for Medicare & Medicaid Services (CMS) for this pilot through the Home and Community-Based Services Spending Plan in the American Rescue Plan Act.

D. Scope of Work

Counties shall complete all deliverables as identified and described in the Scope of Work document (SOW) contained as an attachment to the RFA.

E. Qualification Requirements

Failure to meet the following requirements by the application submission deadline will render the county ineligible to participate in the pilot. By submitting an application, each applicant certifies that it meets the following requirements:

1. The county must participate in DMC-ODS.
2. The county must commit to the implementation of the CM pilot protocol according to the guidance issued by DHCS and the approved California Advancing and Innovating Medi-Cal (CalAIM) Section 1115(a) Demonstration Waiver (Project Number 11-W-00193/9) (hereinafter referred to as the “1115 Waiver”) CMS special terms and conditions for the CM benefit included in the CalAIM 1115 demonstration.
3. The county’s application must include a letter of attestation (see Attachment C) from the county’s Behavioral Health Director confirming compliance with all state and federal laws, the 1115 Waiver, and CM Guidelines, including, but not limited to:
 - Allowing only contracted DMC-ODS providers enrolled/certified in Medi-Cal (new or existing) to participate in the pilot.
 - Maintaining a network of providers that meet the requirements set forth in the 1115 Waiver and the DHCS CM Pilot Guidance.
 - Maintaining a network of providers that are capable of providing CM in accordance with the 1115 Waiver and the DHCS CM Guidance.
 - Ensuring that CM is never used in place of medications for the treatment of opioid use disorders.
 - Limiting CM services to Medi-Cal-eligible beneficiaries who meet the requirements set forth in the 1115 Waiver and the DHCS CM Guidelines, and who are:

- Assessed and diagnosed with a StimUD for which CM is medically necessary. The presence of additional SUDs and/or diagnoses does not disqualify an individual from receiving CM. Likewise, beneficiaries who are receiving other treatments for SUD, including medications for addiction treatment (MAT), are eligible to receive CM;
- Residing in a participating DMC-ODS county that DHCS has approved to pilot CM;
- Consistent with the county's DMC-ODS Intergovernmental Agreement (IA) and the Behavioral Health Information Notices (BHIN) 21-075 requirements, have an American Society of Addiction Medicine (ASAM) multidimensional assessment completed within 30 days (or within 60 days if under 21 years old or experiencing homelessness) of treatment onset that indicates they can appropriately be treated in an outpatient treatment setting (i.e., ASAM levels 1.0–2.5);
- Not enrolled in another CM program for SUD; and
- Receiving services from a nonresidential DMC-ODS provider that offers the CM benefit in accordance with DHCS policies and procedures.

F. Questions

Direct questions about the services or about the instructions herein to DHCS as indicated below. Questions are due to DHCS by Monday, January 24, 2022, at 5 p.m. PT.

Please include the following in an inquiry:

- Respondent's name, mailing address, area code, telephone number, and email address.
- A description of the subject or issue in question or discrepancy found.
- RFA section, page number, or other information useful in identifying the specific problem or issue in question.

Email Inquiries

Email Address: countysupport@dhcs.ca.gov

Subject: Questions—DMC-ODS Contingency Management Pilot

DHCS will add all questions and answers to a publicly available Frequently Asked Questions (FAQ) document available on or before February 1, 2022. This document will be updated as needed until the deadline for submission of the application.

DHCS will share additional information about the CM program design and respond to questions from interested counties at two informational webinar sessions. The webinars will take place on January 5, 2021, and January 19, 2022. Additional details on the webinar are included in Section B. Project Timeline above. The webinars are intended to inform DMC-ODS counties as representatives complete the submission of applications. The webinars will be recorded and made available on DHCS' website.

G. Reasonable Accommodations

For individuals with disabilities, DHCS will provide assistive services such as reading or writing assistance, conversion of the RFA, questions/answers, RFA addenda, or other guidance or administrative notices. To request copies of written materials in an alternate format, please use one of the following methods to arrange for reasonable accommodations.

Reasonable Accommodation Requests
<p>Email Address: countysupport@dhcs.ca.gov</p> <p>Subject: Reasonable Accommodations—DMC-ODS Contingency Management Pilot</p> <p>(TTY) California Relay Telephone Number: 1 (800) 735-2929</p>

H. State's Rights

1. DHCS may collect additional applicant documentation, signatures, missing items, or omitted information during the response review process. DHCS will advise the applicant by email of any documentation that is required and the submission timeline. Failure to submit the required documentation by the date and time indicated may cause a respondent to be deemed unresponsive and their application to be deemed ineligible for participation.
2. The submission of a response to this RFA does not obligate DHCS to approve an application.
3. DHCS reserves the right to deem incomplete responses nonresponsive to the RFA.
4. DHCS may modify or cancel the RFA process at any time.
5. The following occurrences may cause DHCS to reject a response so that it does not receive further consideration:
 - a. Failure to meet the state application requirements by the submission deadline.
 - b. Failure to comply with a request to submit additional documentation in a timely manner.
 - c. Failure to comply with all performance requirements, terms,

conditions, and/or exhibits that will appear in the resulting Agreement.

I. Narrative Format and Content Requirements

1. General Instructions

- a. Each county may submit only one proposal. If a county submits more than one proposal, DHCS will consider only the first proposal submitted. The proposal must include a cover page with the requested information in Attachment B.
- b. All narrative portions should be responsive, detailed, and precise. DHCS will determine the responsiveness of an application by the quality of its content, not its volume, packaging, or displays.
- c. DHCS recommends that applicants use the template provided in Attachment D to record all responses.

2. Format Requirements

The narrative portion of the application shall be formatted as follows:

- a. Use one-inch margins at the top and bottom and on both sides.
- b. Use a font size of no less than 12 points.
- c. Sequentially paginate the pages in each section.

3. Content Requirements

Applications must conform to the page and word count limitations specified in this section and be assembled in the following order:

a. Proposal Cover Page (One page maximum)

Include the name of the county and the primary contact information. The Behavioral Health Director or an authorized representative must sign the proposal cover page (electronic signatures are accepted).

b. Current State (400 words maximum)

In preparing this section, do not simply restate or paraphrase information in this RFA. Describe, in the applicant's own words, the following information:

- A brief summary describing the applicant's current care options for individuals diagnosed with StimUD (including any CM programs currently operational using grant funding).

- Why the proposing entity is choosing to participate in the CM pilot at this time.

c. Proposed Provider Network (500 words maximum)

In preparing this section, please provide information to address the following questions.

Which current or new DMC-ODS-certified providers has the county confirmed plan to participate in the pilot?

- Include the name of the provider organizations, **whether they are for-profit or non-profit**, contact information for the provider point person, a description of all current CM activities (if any), an estimate of the number of CM coordinators per site, and an estimate of the number of participants who could be seen in the first 12 months of the program. Describe how these estimates were determined.

Note: Counties must include as an attachment a confirmation from each provider organization's executive leader (executive or medical director) that the provider plans to participate in the pilot if selected. This confirmation is required in order for the provider to be eligible for startup funding. Confirmation can be in the form of an email or letter indicating a commitment by that provider organization to participate.

- Include the other DMC-ODS services and evidence-based practices the provider organization will offer alongside CM.

d. Organizational Capacity and Provider Oversight (1,000 words maximum)

Describe the county's capacity to implement the CM Pilot Program—who (names and roles) will administer the program, recruit the provider network, oversee the provider implementation to ensure the quality of service delivery and fidelity to the CM benefit, and submit invoices and evaluation data to DHCS and the state's contracted program evaluator? How is the county proposing to monitor the providers to ensure they are delivering the service in compliance with state and federal requirements? Include whether the CM oversight will be integrated into existing provider oversight activities or will be a separate function, as well as whether oversight will be in-person or virtual. While a DHCS contractor will provide a readiness review and fidelity review for every provider, DHCS also expects counties to oversee the CM benefit as part of its DMC-ODS monitoring and oversight responsibilities.

e. Technical Assistance (400 words maximum)

What support or technical assistance would benefit the county and providers in implementing this project? When would this support be needed (pre-implementation and post-implementation)?

Note: The need for training or technical assistance will be used for DHCS planning purposes and will not be used to rate or prioritize applications.

d. Information Technology Implementation Plan (500 words maximum)

Describe how the county will effectively ensure that its information technology systems are equipped to incorporate CM coding requirements to bill DHCS for services and reimburse SUD providers for delivering CM. Include a timeline for making changes to incorporate these requirements.

e. Outreach Plan (500 words maximum)

DHCS recognizes that stimulant use disorder does not affect all population groups in California equally. According to the most recent evaluation of the DMC-ODS, overdose rates from psychostimulants are higher for the AI/AN population (20.5 per 100,000) than for any other racial/ethnic group. And in the past decade, the most dramatic increases in overdose rates have been among Black people due in part to stimulant and polysubstance use. The [California Overdose Surveillance Dashboard](#) publishes county-level data on overdose deaths, ED visits, hospitalizations, and prescriptions.

Describe how the applicant will reach Medi-Cal members living with stimulant use disorder using an explicit equity lens. In your application, please address the following questions 1) What are the county's plans for outreach to populations disproportionately affected by overdose deaths for participation in the CM pilot program? 2) How will the county ensure equitable enrollment of beneficiaries in the CM pilot program?

Note: Please refer to the [California Overdose Surveillance Dashboard](#) (referenced above) in your response.

f. Attachments (Required Documents)

Place the following documentation as attachments in the order shown below.

- Proposal Cover Page (see Attachment B)
- Letter of Attestation (see Attachment C)
- Narrative Application Responses Template (see Attachment D)

- Confirmation of commitment from each provider organization to participate in the pilot.

J. RFA Application Submission

Submission Instructions

Applications must be submitted electronically to DHCS no later than 11:59 p.m. PT, April 15, 2022, at the email address shown below.

Applications received after the specified date and time will not be accepted for Phase II participation.

Application Submissions
Email Address: countysupport@dhcs.ca.gov Subject: DMC-ODS Contingency Management Pilot Application Submission

K. Participant Selection Process

As noted above, all counties that submit complete applications, meet criteria for participation, and complete readiness activities as required for a timely launch as determined by DHCS will be admitted into the pilot.

In reviewing applications, DHCS will consider factors including, but not limited to, the extent to which a response to the application:

- Is fully developed and comprehensive;
- Clearly demonstrates the county's understanding of the program, DHCS requirements, and county responsibilities;
- Illustrates the county's capability to perform all services and meet all SOW performance requirements; and
- Will contribute to the achievement of DHCS' goals and objectives if implemented.

L. Agreement

DHCS will prioritize for participation counties that demonstrate they can best implement the CM Pilot Program on schedule and with fidelity. DHCS will consider each county's experience, qualifications, personnel resources, management capabilities, and proposed methods and procedures.

M. Approval of Application

When selecting counties and in determining the timing of pilot participation, DHCS will consider each county's experience, qualifications, personnel resources, management capabilities, and proposed methods and procedures. Initiation of this application does not preclude the county from continuing to operate, directly fund, or develop new CM services funded by non-Medi-Cal sources.

DHCS will aim to notify each chosen county of its selection by email no later than February 28.

N. Disposition of Materials Following Approval

All materials submitted in response to this RFA will become the property of DHCS and, as such, are subject to the Public Records Act (Government Code Section 6250, et seq.). DHCS will disregard any language purporting to render all or portions of any response confidential.

O. RFA Attachments

Attachment A—Scope of Work
Attachment B—Proposal Cover Page
Attachment C—Letter of Attestation
Attachment D—Narrative Application Responses Template
Attachment E—Contingency Management Policy Paper

Attachment A Scope of Work

1. Service Overview

As described in this scope of work document (SOW), the Drug Medi-Cal Organized Delivery System (DMC-ODS) county (hereinafter referred to as the “County”) has been selected and approved by the California Department of Health Care Services (DHCS) to implement a contingency management (CM) Pilot Program to provide CM services to Medi-Cal beneficiaries and agrees to provide the services identified here and described in detail below:

- a. Develop a schedule for implementation of the CM service for Medi-Cal beneficiaries.
- b. Develop a network of providers to provide CM services for Medi-Cal beneficiaries.
- c. Reimburse providers for services in accordance with DHCS requirements.
- d. Facilitate training and technical assistance provided by the state’s contracted trainer.
- e. Ensure provider and county data is submitted to the state’s contracted program evaluator.
- f. Oversee and monitor providers participating in the CM program. (DHCS will develop future guidance regarding monitoring expectations.)
- g. Report on pilot progress in accordance with DHCS’ timelines.
- h. Maintain ongoing communication with DHCS.
- i. Prepare a brief final report, including challenges, lessons learned from the pilot, and recommendations for the future.

The County shall provide all contract services in accordance with state and federal law, the California Advancing and Innovating Medi-Cal (CalAIM) Section 1115(a) Demonstration Waiver (Project Number 11-W-00193/9) (hereinafter referred to as the “1115 Waiver”), and the DHCS CM Guidance.

2. Agreement Period

This agreement shall be effective through March 31, 2024.

3. Project Representatives

- a. The project representatives during the term of this Agreement will be:

Department of Health Care Services	The County's Name [TBD]
P.O. Box 997413, MS 2600 Sacramento, CA 95899-7413 Telephone: (916) 327-3176 Email: countysupport@dhcs.ca.gov	Name of the County's Contract Manager: [TBD] Street address: [TBD] P.O. Box Number, if applicable: [TBD] City, State ZIP Code: [TBD] Telephone: [TBD] Email: [TBD]

- b. Direct all inquiries to:

Department of Health Care Services	The County's Name [TBD]
P.O. Box 997413, MS 2600 Sacramento, CA 95899-7413 Telephone: (916) 327-3176 Email: countysupport@dhcs.ca.gov	Section or Unit Name, if applicable: [TBD] Name: [TBD] Street address: [TBD] P.O. Box Number, if applicable: [TBD] City, State ZIP Code: [TBD] Telephone: [TBD] Email: [TBD]

- c. Either party may make changes to the information in Sections 5.A and 5.B above by giving written notice to the other party.

4. **Services to Be Performed**

- a. Developing a Schedule for Implementation of CM Services for Medi-Cal Beneficiaries

The County shall, within thirty (30) days of the execution of this Agreement, provide DHCS an Implementation Schedule that sets forth the anticipated dates of the project activities to be implemented throughout the entirety of the pilot period. Within 30 days of receiving the County's Implementation Schedule, the DHCS Project Representative shall either approve the Implementation Schedule as submitted by the County or provide the County

with notice requiring modifications to the Implementation Schedule. Within 15 days of receiving notice of required modifications, the County shall resubmit the Implementation Schedule that addresses DHCS' request for modifications. Changes cannot be made to the Implementation Schedule without prior written consent from the DHCS Project Representative. The County shall submit any proposed changes to the Implementation Schedule 30 days prior to the scheduled project activity date. DHCS shall either approve or deny the request to amend the Implementation Schedule within 15 days of receiving the County's request.

The Implementation Schedule shall include the following items:

- Timeline for the County to build its network of CM during the pilot period;
- For Phase II counties: Additional information regarding execution of contracts/contract amendments for initial participating providers and initiation of services will be forthcoming from DHCS.
- Facilitating the scheduling of training provided by the state's contracted trainer for county staff on CM oversight and monitoring requirements;
- Timeline for all providers and staff offering CM in contracted provider agencies to complete the CM training provided by the state's contracted trainer prior to rendering services;
- Developing a monitoring plan to verify certified public expenditures for CM services (for all services prior to the launch of CalAIM payment reform, July 1, 2023) and reporting of evaluation data to DHCS' contracted program evaluator (e.g., claims, California Outcomes Measurement System (CalOMS), urine drug screen results), including offering technical assistance for providers to address issues;
- Process for verifying that providers have obtained the incentive manager vendor software, where needed, and confirmed connectivity to the mobile and/or web-based incentive manager vendors contracted with DHCS;
- Managing claims and provider reimbursement for CM services consistent with DHCS Guidelines, including use of the DMC-ODS CM-specific claim code H0050 (a bundled code that includes CM coordinator services and expenses related to urine drug point-of-care tests (POCTs));
- Scheduling virtual and/or in-person monitoring visits in compliance with DHCS CM Guidelines; and
- Identification of the launch date for each participating provider, contingent on completion of initial readiness review with DHCS to provide CM with fidelity to the benefit.

b. Developing a Network of Providers to Provide CM Services to Medi-Cal Beneficiaries

Within 30 days of the execution of this Agreement, the County shall identify and confirm a provider network to deliver CM services to Medi-Cal beneficiaries diagnosed with StimUD in accordance with the 1115 Waiver

and the DHCS CM Guidelines. Additional qualified providers may be added to the county's network over time, assuming they are able to secure a readiness review. DHCS and the state's contracted trainer and program evaluator will assist counties in determining readiness of providers to offer CM by offering training and provider-level readiness reviews. In addition, the County shall undertake the following network development and implementation activities:

- Coordinating with the state's contracted trainer to ensure each participating provider and its CM staff have undergone mandated training.
- Coordinating with the state's contracted trainer and program evaluator to ensure every participating provider has undergone a readiness review prior to seeking reimbursement, to demonstrate that staff and clinicians will provide CM consistent with all state and federal laws and requirements. The readiness review will include a virtual walk-through to ensure the program is prepared for all components, such as:
 - Using drug point of care testing (POCT).
 - Managing the test results appropriately (e.g., patients should not be dismissed from the program for unexpected test results).
 - Communicating test results and the impact on earned incentives using evidence-based best practices (e.g., motivational interviewing techniques).
 - Using the mobile or web-based incentive management software to calculate and distribute incentives to clients.
 - Ensuring providers collect appropriate data and qualitative information for the evaluation.
 - Collaborating with the DHCS' evaluation and training/technical assistance representatives to identify early and ongoing implementation issues.
 - Ensuring that providers have information regarding the necessary safeguards that reflect existing guidance from the U.S. Department of Health and Human Services' Office of the Inspector General (OIG).
 - Participating in ongoing technical assistance, fidelity monitoring, and mentoring efforts as recommended by the DHCS' evaluation and training/technical assistance representatives.

c. Contracting with Providers

The County participating in Phase II shall develop and execute contracts or contract amendments with the initial providers participating in by September 30, 2022. Additional information regarding the development and execution of contracts/contract

amendments with the initial providers for Phase II counties will be forthcoming from DHCS. The County shall ensure that each provider is compliant with all contract terms, the 1115 Waiver, and the DHCS CM Guidelines. The County is responsible for establishing a process to correct areas of provider noncompliance.

d. Financial Responsibilities of Counties

The County shall reimburse its contracted DMC-ODS providers for CM services provided to beneficiaries in accordance with state and federal law, the 1115 Waiver, and DHCS' CM Pilot Standards. The County shall reimburse its contracted DMC-ODS providers in a timely fashion and in accordance with the requirements set forth in the County's contract with its DMC-ODS providers.

CM services shall be billed under the payment code H0050, which shall include patient services provided by the CM coordinator:

- Providing education and instruction to the client regarding the CM process and protocol;
- Distribution of urine drug tests (UDT) to client;
- Providing instruction to the client for UDT test procedures;
- Monitoring the individual taking of the UDT sample for testing;
- Reading the test results (including verification of any tampering);
- Providing the test results to the client;
- Entering the test results into the CM incentive manager or app software vendor;
- Verifying receipt or providing incentive (printing of incentive gift card); and
- Making referrals as necessary to clinical staff based on testing results.

DHCS shall reimburse the nonfederal share of CM, training costs, drug testing, and other administrative startup costs incurred by the County to deliver CM in accordance with the pilot protocol. This includes startup and ongoing funding for pre- and post-implementation activities.

For the duration of the CM Pilot Program, county administrative costs are reimbursable for the following allowable activities, including:

- Staff costs, including salaries, recruitment, and hiring costs;
- Changes to county information and billing systems;
- Technology costs: hardware or software;
- Project management and planning costs, including use of consultants and coordination with local organizations;
- Purchase of supplies or equipment;
- Provider engagement;

- Public education and marketing related to SUD treatment (materials must be reviewed by DHCS to ensure they conform to anti-kickback regulations);
- Trainings for staff providing CM to offer SUD treatment services and evidence-based therapeutic practices for StimUD; and
- Other costs related to pilot startup and administration.

DHCS will provide more information about reimbursement for administrative start-up costs in future guidance.
start-up costs in future guidance

UDT POCT supplies and rendering of a UDT POCT will be included in the CM reimbursement methodology set forth in the DHCS CM Guidance. Providers will be responsible for purchasing UDT POCT kits. DHCS will cover all costs of the motivational incentives and vendor administrative costs for the CM Pilot Program through direct contracts with vendors, using the funding available through the approved Home and Community-Based Services Spending Plan.

The following items are ineligible expenditures for CM Pilot Program funding:

- Debt retirement;
- Operational deficits;
- Partisan activities;
- Religious organizations for explicitly religious activities;
- Activities that exclusively benefit the beneficiaries of sectarian or religious organizations; and
- Services that can be supported through other accessible sources of funding, such as other federal discretionary and formula grant funds, and nonfederal funds, third-party insurance, and sliding scale self-pay.

Additional details on CM reimbursement will be included in forthcoming DHCS guidance.

e. Training and Technical Assistance (T/TA)

DHCS will sponsor initial and ongoing training for counties and providers to implement CM, as well as targeted technical assistance to individual providers. The County shall verify that providers and staff employed by participating DMC-ODS providers that are delivering CM have completed all requisite technical assistance program components offered.

The County shall participate in DHCS' required trainings to enable them to manage CM services delivered through the pilot as well as help facilitate the provision of T/TA for contracted providers offering CM.

This may include:

1. Training Sessions: With support from the state's contracted trainer and contracted program evaluator, the County shall coordinate T/TA training sessions for orientation to the fundamentals of CM procedures for assigned provider staff, offer guidance to providers, allow for providers to share in issue resolution for challenging situations, etc. The County will ensure CM providers attend these meetings or webinars as directed by DHCS. The state's contracted trainer will provide a record of registration and attendance to monitor provider participation.
2. Distributing resources such as FAQs, policy briefs, and/or tool kits developed by DHCS and the state's contracted trainer and program evaluator.
3. Coaching Calls: With support from the state's contracted trainer and program evaluator, the County shall coordinate regular coaching calls with providers to provide the following:
 - a. Assistance with the development and/or update of an implementation plan to include goals, measures, and key changes;
 - b. Technical content for developing and expanding CM services;
 - c. Assistance with the identification, testing, and implementation of workflow changes; and
 - d. Project updates.

f. Project Management

The County shall manage its CM Pilot Program implementation in accordance with state and federal law, the 1115 Waiver, and the DHCS CM Guidelines. This includes contracting with providers, ensuring compliance with contractual obligations, monitoring activities, ensuring compliance with state and federal reporting requirements, and providing other project deliverables, as required by DHCS.

g. Data Collection and Audit

The County shall be required to collect OMS and claims information from its contracted providers and Medi-Cal beneficiaries participating in CM. Contracted providers shall enter data directly into an incentive distribution interface procured by DHCS. This information shall be shared with DHCS and the County to support oversight and monitoring of pilot services according to the reporting schedule found in Section I below as well as

inform the state's evaluation of the pilot. Data analysis and presentation for the evaluation will be completed by the state's contracted program evaluator.

h. Quarterly Reporting

The County shall submit quarterly reports to DHCS for each contracted provider in accordance with state and federal law, the 1115 Waiver, and the DHCS CM Pilot Standards. The dates and quarters are based on the state fiscal year but are subject to change upon notification by DHCS.

The County shall report activity during the CM Pilot Program consistent with the quarterly progress reports. Such oversight, monitoring, and reporting shall include all of the following:

- Enrollment information to include the number of DMC-ODS beneficiaries served in the CM Pilot Program;
- Summary of operational, policy development, issues, complaints, grievances, and appeals related to the CM Pilot Program; and
- Enrollment information for new CM Pilot Program providers consistent with Section I.3 of the RFA. (See template in Attachment C.)

The quarterly reporting schedule is as follows:

Quarter	Period	Due Date to DHCS
1	07/01/2022–09/30/2022	11/01/2022
2	10/01/2022–12/31/2022	02/01/2023
3	01/01/2023–03/31/2023	05/01/2023
4	04/01/2023–06/30/2023	08/01/2023
5	07/01/2023–09/30/2023	11/01/2023
6	10/01/2023–12/31/2023	02/01/2024
7	01/01/2024–03/31/2024	04/30/2024

The County shall also be responsible for complying with all state and federal reporting requirements related to this project.

i. Monitoring

The County shall be responsible for overseeing and monitoring all CM providers to ensure compliance with state and federal law and contractual obligations. The county monitoring process shall comply with state and federal law, the 1115 Waiver, and the DHCS CM Standards. Monitoring activities shall include on-site visits and/or desk review. DHCS will provide an audit tool for counties to use to monitor providers that offer CM. This tool will be consistent with the fidelity review tools developed by the state's contracted trainer and program evaluator. Training in the use of the audit tools will be provided as a component of technical assistance for the implementation of CM. A regular audit of the incentive delivery functions, including the software calculations and incentive distribution records, shall

be conducted by an individual with responsibility for overseeing the use of organizational funds (e.g., CFO or their designee). The County shall conduct regular audits of incentives delivered to clients and cross-check with data in the incentive distribution database. The County shall be responsible for conducting a sampling of on-site visits and/or desk reviews of providers to protect against fraud and abuse throughout the term of the Agreement. Audits will be scheduled for each participating provider on a rolling basis so that each provider receives two audits in the first six months and one audit every six months thereafter for the duration of the CM Pilot Program.

j. Ongoing Communication with DHCS

The County shall participate in meetings with DHCS and the state's contracted trainer and contracted program evaluator regarding the implementation of the CM pilot projects. These meetings will provide opportunities to discuss project progress, resolve implementation barriers and challenges, and ensure appropriate linkages and coordination with other projects supported by state funding.

k. Final Report

The County shall submit a brief final report regarding the CM Pilot Program to DHCS no later than thirty (30) days after the end of the Agreement period based on forthcoming guidance. DHCS anticipates that the Final Report will be incorporated into the Final Evaluation Report conducted by DHCS' contractor.

5. **Americans with Disabilities Act**

The County agrees to ensure that deliverables developed and produced pursuant to this Agreement shall comply with the accessibility requirements of **the Americans with Disabilities Act of 1990, Section 508 of the Rehabilitation Act of 1973**, as amended (29 U.S.C. 794(d)), and regulations implementing that act as set forth in Part 1194 of Title 36 of the Code of Federal Regulations (CFR). In 1998, Congress amended the **Rehabilitation Act of 1973** to require federal agencies to make their electronic and information technology (EIT) accessible to people with disabilities. California Government Code Section 7405 codifies Section 508 of the act, requiring accessibility of EIT.

6. **Records and Record Keeping**

- a. The County shall retain all financial records, supporting documents, statistical records, and all other records pertinent to the award in accordance with 45 CFR Section 75.361.

- b.** The Substance Abuse and Mental Health Services Administration (SAMHSA), the Inspector General, the Comptroller General, and the DHCS or any of its authorized representatives, have the right to access any documents, papers, or other records of the County that are pertinent to the award for the purpose of performing audits, examinations, excerpts, and transcripts. The right to access records also includes timely and reasonable access to the County's personnel for the purpose of interviews and discussions related to the requested documents.
- c.** The right to access records is not limited to the required retention period but lasts as long as the records are retained by the County.

7. Monitoring and Site Inspections

- a.** The County shall be subject to monitoring by DHCS for compliance with the provisions of this Agreement. Such monitoring activities shall include, but are not limited to, an inspection of The County's services, procedures, books, and records, as DHCS deems appropriate. DHCS may conduct monitoring activities at any time during the County's normal business hours.
- b.** DHCS shall conduct a review of the County's records to determine whether any of the claimed expenditures were an improper use of award funds.
- c.** The refusal of the County to permit access to physical facilities and/or inspection of any documents, files, books, or records necessary for DHCS to complete its monitoring and inspection activities constitutes an express and immediate material breach of this Agreement and will be a sufficient basis to terminate the Agreement for cause.

8. County Noncompliance

- a.** If the County fails to comply with state or federal statutes, regulations, or the terms and conditions of the award, DHCS may impose additional conditions on the County, including:

 - 1. Providing DHCS with evidence of acceptable performance within a given performance period before DHCS gives authority to proceed to the next phase;
 - 2. Providing DHCS with additional or more detailed financial reports;
 - 3. Providing DHCS with technical or management assistance; and/or
 - 4. Establishing additional prior approvals.
- b.** If DHCS determines that the County's noncompliance cannot be remedied by imposing additional conditions, DHCS may take one or more of the

following actions:

1. Temporarily withhold cash payments pending correction of the deficiency by the county.
2. Disallow all or part of the cost of the activity or action not in compliance.
3. Wholly or partly suspend the Agreement activities or terminate the Agreement.
4. Recommend that suspension or debarment proceedings be initiated by the federal awarding agency.
5. Withhold further federal funding.
6. Take other remedies that may be legally available.

9. Federal Requirements

The County shall comply with the following federal laws:

- a. Title VI of the Civil Rights Act of 1964, Section 2000d, as amended.
- b. Age Discrimination Act of 1975 (45 CFR Part 90).
- c. Section 1557 of the Affordable Care Act.
- d. Title II of the Americans with Disabilities Act of 1990 (28 CFR Part 35).
 1. California Government Code Section 11135 codifies the protections of Title II of the Americans with Disabilities Act.
- e. Section 504 of the Rehabilitation Act of 1973.
- f. Trafficking Victims Protection Act of 2000 (22 U.S.C. 7104(g)), as amended, and 2 CFR Part 175.
- g. Clean Air Act (42 U.S.C. 7401–7671(q)) and the Federal Water Pollution Control Act (33 U.S.C. 1251–1387), as amended.
- h. Byrd Anti-Lobbying Amendment (31 U.S.C. 1352).
 1. The County shall certify to DHCS that it will not and has not used federally appropriated funds to pay any person or organization for influencing or attempting to influence an officer or employee of any agency, a member of Congress, officer or employee of Congress, or an employee of a member of Congress in connection with obtaining any federal contract, grant, or any other award covered by 31 U.S.C. 1352. The County shall also disclose to DHCS any lobbying with nonfederal funds that takes place in connection with obtaining any federal award.

- i. Confidentiality of Alcohol and Drug Abuse Patient Records (42 CFR Part 2, Subparts A– – E).
 - 1. The County shall comply with the regulations set forth in 42 CFR Part 2, including the responsibility for ensuring the security and confidentiality of all electronically transmitted patient material.

Attachment B
Proposal Cover Page: DMC-ODS Contingency Management Pilot

APPLICANT ORGANIZATION INFO

DMC-ODS County name:

Application contact name:

Application contact email address:

Application contact phone:

In response to your Request for Proposal (RFA), I certify that:

- the RFA has been read and understood;
- the County will comply with the requirements and expectations set forth in the RFA;
- the materials requested by the RFA are enclosed;
- all information provided is true, accurate, and complete to the best of my knowledge; and
- this response is submitted by, or on behalf of, the party that will be legally responsible for service delivery should they be approved to participate in the DMC-ODS Contingency Management Pilot Program.

Signature of Authorized Official

Date

Attachment C
Letter of Attestation: DMC-ODS Contingency Management Pilot

APPLICANT ORGANIZATION INFO

DMC-ODS County name:

Application contact name:

Application contact email address:

Application contact phone:

I certify that, as the director of the County behavioral health services and representative of the County, I agree to the following conditions if the County is selected and approved by DHCS to participate in a pilot program to provide contingency management (CM) to Medi-Cal beneficiaries:

- The County shall participate in the DMC-ODS Contingency Management Pilot.
- The County shall collect information from participating CM providers for the evaluation of the pilot program's consistency.
- The County shall require participating CM providers to report information in a consistent process or format (e.g., web portal) and report information consistent with the reporting schedule developed by the evaluation team.
- Only contracted DMC-ODS providers enrolled/certified in Medi-Cal (new or existing) are eligible to participate in the CM pilot.
- The County shall hire at least one CM coordinator per CM provider program who meets the criteria.
- The County shall provide CM services to Medi-Cal beneficiaries residing in the DMC-ODS County who are eligible for CM and currently treated by DMC-ODS providers to receive services, only.
- For Phase I counties: The County shall execute the contract/contract amendments with DHCS-approved initial Phase I CM providers no later than June 30, 2022, so that statewide training efforts can begin on May 1, 2022.
- The County shall require participation in training for County behavioral health staff specific to the implementation, monitoring, and oversight of the CM Pilot Program.
- The County shall facilitate the scheduling of training for participating CM providers with the state's contracted trainer and program evaluator.
- The County shall verify that all staff offering CM in contracted agencies are trained on all aspects of CM before they render services.
- The County shall participate in ongoing technical assistance provided by the state's contracted trainer and program evaluator.
- The County shall commit to delivering CM according to standardized protocols put forth by DHCS.
- The County shall comply with DHCS auditing and monitoring guidelines.

☐ I hereby certify that all information provided in this application is true and accurate to the best of my knowledge and that this application has been completed based on a good faith understanding of CM Pilot Program participation requirements as specified in the RFA and the DHCS Frequently Asked Questions document.

Signature of Authorized Representative

Date

Attachment D
Application Narrative Questions: DMC-ODS Contingency Management Pilot

APPLICANT ORGANIZATION INFO

DMC-ODS County name:

Application contact name:

Application contact email address:

Application contact phone:

REQUIRED INFORMATION:

Narrative Questions

Current State: Describe the County's current care options for individuals diagnosed with StimUD (including any CM programs currently operational using grant funding). (400 words maximum)

Proposed Provider Network: (500 words maximum)

Which current or new DMC-ODS-certified providers has the County confirmed will participate in the pilot?

- Include the name of the provider organizations, **whether they are for-profit or non-profit**, contact information for the provider point person, a description of all current CM activities (if any), an estimate of the number of CM coordinators per site, and an estimate of the number of participants that could be seen in the first 12 months of the program. Describe how these estimates were determined.

Note: Counties must include as an attachment a confirmation from each provider organization's executive leader (executive or medical director) that the provider plans to participate in the pilot if selected. This confirmation is required in order for the provider to be eligible for startup funding. Confirmation can be in the form of an email or letter indicating a commitment by that provider organization to participate.

- Include the other DMC-ODS services and evidence-based practices the provider organization will offer alongside CM.

Organizational Capacity: Describe the County's capacity to implement the CM Pilot Program—who (name and role) will administer the program, organize the provider network, oversee the provider implementation to ensure the quality of service delivery and fidelity to the benefit, and submit invoices to DHCS and data to the state's contracted program evaluators? (500 words maximum)

Technical Assistance: What support or technical assistance would benefit the County in implementing this project? (400 words maximum)

Information Technology Implementation Plan: Describe how the applicant will effectively ensure that its information technology systems are equipped to incorporate CM coding requirements to bill DHCS for services and reimburse SUD providers for delivering CM. Include a timeline for making changes to incorporate these requirements. (500 words maximum)

Outreach Plan: (500 words maximum)

DHCS recognizes that stimulant use disorder does not affect all population groups in California equally. According to the most recent evaluation of the DMC-ODS, overdose rates from psychostimulants are higher for the AI/AN population (20.5 per 100,000) than for any other racial/ethnic group. And in the past decade, the most dramatic increases in overdose rates have been among Black people due in part to stimulant and polysubstance use. The [California Overdose Surveillance Dashboard](#) publishes county-level data on overdose deaths, ED visits, hospitalizations, and prescriptions.

Describe how the applicant will reach Medi-Cal members living with stimulant use disorder using an explicit equity lens. Please refer to the Dashboard in your response.

- What are the County's plans for outreach to populations disproportionately affected by overdose deaths for participation in the CM pilot program?
- How will the County ensure equitable enrollment of beneficiaries in the CM pilot program?

Attachment E
Contingency Management Policy Paper: Contingency Management Pilot
(As separate attachment)