

## **Recovery Incentives Program: California's Contingency Management Benefit Quarterly Progress Report**

### **Oversight**

Drug Medi-Cal Organized Delivery System (DMC-ODS) Counties participating in the Recovery Incentives Program are responsible for administering Contingency Management (CM) in accordance with DHCS policies and rules. DHCS expects participating DMC-ODS counties to oversee the CM benefit as part of their DMC-ODS oversight capabilities. Counties shall be responsible for overseeing each CM provider to ensure the quality and appropriateness of service delivery.

### **Monitoring**

An individual within the provider agency with responsibility for overseeing the use of organizational funds (e.g., chief financial officer or their designee) shall conduct a monthly audit of the incentive delivery functions including the software calculations and incentive distribution records of the organization. Each provider must develop and implement a policy consistent with this requirement. Audit results must be made available to the county or DHCS upon request.

As specified by BHIN 23-040 (supersedes BHIN 22-056), Section o. Oversight, Monitoring, Fidelity Reviews, and Reporting, page 23 – 24, participating counties shall review data elements received from the Incentive Manager on a monthly basis to monitor utilization of CM services. In addition to counties meeting with the Recovery Incentives Program on a quarterly basis to review data, counties will identify if CM providers would benefit from technical assistance to address issues regarding utilization or quality. Counties shall refer CM providers that may need technical assistance to the state's contracted trainer and technical advisor based on the county's oversight efforts.

As a reminder, participating counties shall be responsible for monitoring all CM providers to ensure compliance with state and federal law and contractual obligations.

County Monitoring processes shall comply with:

- State and federal law;
- Medicaid guidance including the CalAIM 1915b and 1115 Waivers and the Medicaid State Plan;
- CM protocol and other requirements as specified in this BHIN, and other relevant regulatory guidance documents including the DMC-ODS IA; and
- Provider contracts.

Participating counties shall report to DHCS on oversight and monitoring activities in quarterly progress reports.

**Complete the Quarterly Progress Report**

Following the successful launch of Contingency Management (CM) services, each participating county shall complete a Quarterly Progress Report (QPR) and submit it to DHCS.

As part of the QPR, each county must also submit an IM County Report which is available in the Incentives Manager (IM). The IM County Report provides program information unique to your county. Attach a copy of your county's IM County Report with your QPR submission. If you need assistance obtaining your IM County Report, please contact the IM Help Desk at + 1 (800) 454-1698.

Only one QPR is needed for each participating county. You will be contacted within approximately 72 hours of submitting the completed report to confirm receipt of the report and approximately one week after for any additional follow-up, as needed.

Each QPR is due within 30 days following the end of the quarterly period for activities completed any time in the previous three months.

Example of Quarters:

- Quarter 1 (July through September) – Due by October 30
- Quarter 2 (October through December) – Due by January 30
- Quarter 3 (January through March) – Due by April 30
- Quarter 4 (April through June) – Due by July 30

\*Note: Should any of the above dates fall on a weekend day or holiday, reports shall be submitted at the conclusion of the following business day.

Please submit the completed QPR with IM County Report by each quarter deadline to the Recovery Incentives Program mailbox at [RecoveryIncentives@dhcs.ca.gov](mailto:RecoveryIncentives@dhcs.ca.gov).

Questions regarding the QPR and requirements should be directed to [RecoveryIncentives@dhcs.ca.gov](mailto:RecoveryIncentives@dhcs.ca.gov).

**Quarterly Progress Report**

Item	Quarterly Progress Report	
1.	Date of Report:	
2.	Quarter Reporting:	Select the Quarter reporting period: *Check box and enter year in text box provided. <input type="checkbox"/> Q1 (July-September): _____ <input type="checkbox"/> Q2 (October-December): _____ <input type="checkbox"/> Q3 (January-March): _____ <input type="checkbox"/> Q4 (April-June): _____
3.	Contact information of county's Behavioral Health Director or designee completing this report:	Name: _____ Position Title/Role: _____ E-mail: _____
4.	County:	Please provide the county in the text box _____
5.	Number of sites/physical locations no longer providing CM services in your county <b>this Quarter</b> :	Please provide the total number of sites in your county this quarter that were providing CM services but no longer provide CM services in the text box provided. <b>Total number of sites/locations/providers no longer providing CM services this Quarter:</b> _____
<b>Oversight Activities Member Information</b>		
6.	Number of DMC-ODS members screened for program eligibility across all sites offering the Recovery Incentives Program <b>this Quarter</b> :	Please provide the total number of members screened for the program in the text box provided. _____
7.	Compare the number of DMC-ODS members screened with the number of enrolled in the Recovery Incentives Program <b>this Quarter</b> :	Please provide the number of members screened compared to enrolled and a narrative on primary reasons why members are screened but do not enroll, including any enrollment roadblocks in the text box provided. Number screened: _____
Narrative Response:		

8.	If applicable, provide the number UDTs administered as part of this program with positive test results for <b>opioids</b> :	Please provide the number of UDTs administered in this program with an <b>opioid</b> positive result in the text box provided.  
<b>County Information</b>		
9.	How many Fidelity Monitoring Interviews did County Lead staff attend <b>this Quarter</b> :	Type narrative response in the text box provided.
Narrative Response:		
10.	What successes have your sites experienced in implementing the Recovery Incentives Program within your county?	Type narrative response in the text box provided.
Narrative Response:		
11.	What challenges have you experienced in implementing the Recovery Incentives Program within your county?	Type narrative response in the text box provided.
Narrative Response:		

12.	Summary of county-level operational or policy development issues, complaints, grievances, and appeals related to the Recovery Incentives Program:	For each section below, please provide the total count and a narrative response for each issue. If there are none, please put “0” and “N/A”
<b>A. Operational issues:</b> Count: _____ Narrative Response:		
<b>B. Policy development issues:</b> Count: _____ Narrative Response:		
<b>C. Grievances and appeals:</b> Count: _____ Narrative Response:		
13	Summary of oversight and monitoring activities, findings, and actions taken in response to the finding related to the Recovery Incentives Program within your county:	For each section below, please provide a narrative response. If there is none, put “N/A”.
<b>A. Oversight and monitoring activities:</b>		
<b>B. Findings:</b>		
<b>C. Actions taken:</b>		

14	What can DHCS do to further support your county’s Recovery Incentives Program?	Type narrative response in the text box provided.
Narrative Response:		

DHCS Feedback

DHCS Review	
Review all entries in report. *Select <b>Review Status</b> of report. **Input date and comments in the <b>Comments/Notes</b> section. ***Determine if any follow up is needed	Review Status: <div></div>
Comments/Notes	
Date: <div></div> <b>Comments/Notes:</b> <div></div>	
Follow Up Needed	
Follow Up Needed: <input type="checkbox"/> Yes <input type="checkbox"/> No	