

Drug Medi-Cal Organized Delivery System Recovery Incentives Program Implementation Plan

DMC-ODS County Organization Information

DMC-ODS County Name: _____

DMC-ODS County Contact: _____

DMC-ODS County Contact e-mail address: _____

DMC-ODS County Contact phone: _____

Required Information

A. Narrative Questions

1. **Current State:** The Recovery Incentives Program is intended to complement substance use disorder (SUD) treatment services and other evidence-based practices for stimulant use disorder (StimUD) already offered by DMC-ODS providers. Eligible Medi-Cal members will participate in a structured 24-week outpatient contingency management (CM) service, followed by six or more months of additional treatment and recovery support services without incentives. The 24 weeks of CM consists of a series of incentives for meeting treatment goals, specifically abstinence from stimulants objectively verified by urine drug tests (UDTs) negative for stimulant drugs (e.g., cocaine, amphetamine, and methamphetamine). Describe the county’s current care options for individuals diagnosed with StimUD, including any CM programs currently operational. (400 words maximum)

2. Proposed Provider Network: Which current or new DMC-ODS certified providers has the county confirmed will participate in the program?

- a. 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. (500 words maximum)

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 program if selected. Confirmation can be in the form of an email or letter indicating a commitment by that provider organization to participate.

- b. Include the other DMC-ODS services and evidence-based practices the provider organization will offer alongside CM.
- c. Include if the provider organization currently has a [Clinical Laboratory Improvement Amendment \(CLIA\)](#) waiver for point-of-care urine drug tests at any site CM services will be offered.

3. **Organizational Capacity:** Describe the county's capacity to implement the Recovery Incentives 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 any necessary data to DHCS and/or the state's contracted program evaluators? (500 words maximum)

4. **Technical Assistance:** What support or technical assistance would benefit the county in implementing this program? (400 words maximum)

5. **Information Technology Implementation Plan:** 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. (500 words maximum)

- 6. Outreach Plan:** DHCS recognizes that StimUD does not affect all population groups in California equally. Dramatic increases in overdose rates have been highest among Black racial/ethnic populations due in part to stimulant and polysubstance use. Additionally, overdose rates from psychostimulants with abuse potential were higher for the AI/AN population (20.5 age-adjusted per 100,000 in 2019, California Opioid Overdose Surveillance Dashboard) than for any other racial/ethnic group. The [California Overdose Surveillance Dashboard](#) provides data on state and local level drug-related overdose outcomes for California, including deaths, emergency department visits, and hospitalizations, as well as opioid and select other drug prescription data.
- Describe how the applicant will reach Medi-Cal members living with StimUD using an explicit equity lens. Utilize the California Overdose Surveillance Dashboard data and reference your county's Cultural Competence Plan (CCP) in your response. (500 words maximum)
- a. What are the county's plans for outreach to populations disproportionately affected by overdose deaths for participation in the Recovery Incentives Program?
 - b. How will the county ensure equitable enrollment of Medi-Cal members in the Recovery Incentives Program?

B. Signature and Submission

The below shall be verified and signed by the county's Director of Behavioral Health, Substance Use, or Mental Health, as applicable.

In response to this Implementation Plan (IP), I certify that:

- The IP has been read and understood;
- The County will comply with the requirements and expectations set forth by the Recovery Incentives Program;
- 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 Recovery Incentives Program: California's Contingency Management Benefit.

Signature of Authorized Official

Date

Please submit the completed IP and provider confirmation documents to the DHCS Recovery Incentives Program email box at RecoveryIncentives@dhcs.ca.gov.