



Contingency Management: Recovery Incentives Provider Procedure

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Purpose To provide instruction to Department of Behavioral Health (DBH) and contracted provider staff on the implementation, administration, and delivery of the Department of Health Care Services (DHCS) Contingency Management: Recovery Incentives Program.

Assessment Clients requesting to participate in the Contingency Management: Recovery Incentives Program will be scheduled a visit with a provider. During this visit an assessment will be completed to determine if the client meets the following criteria:

- Client has current/active Medi-Cal eligibility;
- Client has a diagnosis of stimulant use disorder (StimUD) of moderate or severe;
- Outpatient treatment has been deemed appropriate, and
- Participation in the Contingency Management: Recovery Incentives Program has been deemed medically necessary.

Orientation Before beginning Contingency Management (CM) services, the client must complete an orientation and consent to the conditions of the program. The orientation will address the following:

- The days/times that a client must visit the facility to be eligible for incentives (during weeks 1–12, two weekly visits; during weeks 13–24, one weekly visit);
- How incentives will be delivered as well as an understanding of how and where incentives can be redeemed, including the prohibition of using incentives to purchase alcohol, cannabis, tobacco, lottery tickets, or for any form of gambling;
- The availability of incentives and ongoing program participation when a client lapses or relapses and seeks readmission and the process for readmission;
- The provider’s Urine Drug Test (UDT) procedures and an explanation and review of medications/substances that may result in false-positive UDTs;
- The rules governing when an incentive will be provided, including:
 - An explanation that the incentives are contingent on the absence of evidence of stimulant use (e.g., cocaine, amphetamine, methamphetamine) on UDT results only;

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Orientation, continued

- An explanation that opioid testing will be done for the purpose of safety (these are included in the UDT) but will not impact the delivery of an incentive, and
 - An explanation that all positive tests will be treated the same even if they result from use of one (1) of the medications or substances known to provide false positive UDT results.
 - The amount of the initial incentive (see page 9 of **BHIN 22-056**) and how the value increases with consecutive stimulant-free UDTs and how the value will be re-set to a lower value in the event of a positive test or unexcused absence, and that increases will be reinstated after repeated negative UDTs. *The maximum incentive a beneficiary can receive per year in the Recovery Incentives Program is \$599.*
 - At the conclusion of orientation, the client must sign the Contingency Management: Recovery Incentive Program Consent Form (SUDRS054), confirming understanding of the requirements of the program and agree to testing (UDT).
 - Once the above information has been reviewed with the client and the Contingency Management: Recovery Incentive Program Consent Form (SUDRS054) has been signed, the Intake Visit can be scheduled.
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Intake Visit

During a client's first visit, the CM Coordinator will complete several steps to initiate the service, including but not limited to:

- Confirming the client's current Medi-Cal eligibility as well as their eligibility for the program before initiating the CM service. The eligibility check should be done via the Automated Eligibility Verification System (AEVS) for Medi-Cal;
 - Explaining the CM process and reinforcing the expectations set forth in the orientation process;
 - Completing a client profile for enrollment into the computerized system that will keep track of incentive gift cards, hereinafter referred to as the Mobile Incentive Manager, and
 - If client is not already participating in outpatient treatment, explain outpatient treatment options and encourage enrollment into treatment.
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Testing Visit

Clients are required to schedule a testing visit in order to participate in the program.

- The client's first Testing Visit can be conducted the same day as the Intake Visit or on a different day, based on client's request and availability.
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Testing Visit, continued

- Clients concurrently enrolled in outpatient treatment should have subsequent visits scheduled based on the client's current treatment attendance requirements (group meetings, counselling appointments, etc.) so as to not burden the client with additional travel. Testing must be performed at a minimum of 72 hours apart. A separate visit may be scheduled to meet this requirement or upon client request.
- During the Testing Visit, the CM Coordinator will complete the following actions:
 - Conduct eligibility check – The CM Coordinator or other staff within a provider agency offering CM will check beneficiary Medi-Cal eligibility monthly or per provider policy;
 - Administer UDT – The CM Coordinator will administer the UDT according to the Contingency Management: Recovery Incentives Program Urine Drug Test (UDT) Procedure (SUDRS0248-2);
 - Log results in Mobile Incentive Manager – The CM Coordinator will log the results of the UDT for stimulants (i.e., positive or negative);
 - Discuss results:
 - The CM Coordinator will discuss the UDT results with the client and offer other services if/as appropriate, which could include brief encouragement, motivational interviewing, and education based on the CM Coordinator's scope and training.
 - The CM Coordinator will encourage the beneficiary to meet with their counselor or Licensed Practitioner of the Healing Arts (LPHA).
 - If opioid results are positive, the CM Coordinator shall document these results in the clinical chart, reinforce the risk of overdose, ensure the client has naloxone, and offer other treatment services as appropriate, including MAT if the client has a co-occurring alcohol or opioid use disorder, and
 - Disburse incentives based on UDT results:
 - If the UDT result entered is negative for stimulants, the Mobile Incentive Manager will disburse the incentive generated by the Mobile Incentive Manager consistent with the "Incentive Delivery" section below.
 - If the UDT result entered is positive for stimulants, the Mobile Incentive Manager will not disburse an incentive.
- The CM Coordinator will assist the client in scheduling the next testing visit and document the results of the current visit in the client chart.

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- Documentation** Provider staff must ensure documentation of participation by clients.
- Provider staff shall document StimUD on the problem list (or treatment plan for Narcotic Treatment Providers, NTPs) within a client's medical record.
 - Providers shall describe all interventions utilized with the client in the progress notes for each service to include CM in addition to any other outpatient services, such as motivational interviewing, cognitive behavioral therapy, or community reinforcement therapy.
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- Referenced Forms, Policies, and Procedures**
- [DBH Standard Practice Manual and Departmental Forms](#)
- Contingency Management: Recovery Incentives Program Policy (SUDRS0248)
 - Contingency Management: Recovery Incentives Program Monitoring Procedure (SUDRS0248-1)
 - Contingency Management: Recovery Incentives Program Urine Drug Test (UDT) Procedure (SUDRS0248-3)
 - Contingency Management: Recovery Incentive Program Consent Form (SUDRS054)
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- Reference(s)**
- [Behavioral Health Information Notice 22-056](#)
 - [CalAIM 1115 Demonstration](#)
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