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SAPC INFORMATION NOTICE 23-06

May 25, 2023

TO: Substance Use Disorder Treatment Providers

FROM: Gary Tsai, M.D., Division Director
Substance Abuse Prevention and Control

SUBJECT: **RECOVERY INCENTIVES PROGRAM PILOT: CONTINGENCY MANAGEMENT BENEFIT**

The Los Angeles County, Department of Public Health's Division of Substance Abuse Prevention and Control (SAPC) is releasing this Informational Notice (IN) to provide guidance to SAPC contracted treatment providers who are approved to participate in the Recovery Incentives Program Pilot – (from this point forward, referred to as Contingency Management). This notice will define California's Contingency Management (CM) benefit as well as provide details on reimbursement and the implementation process for the pilot. California became the first state in the nation to receive federal approval to cover CM services for substance use disorders (SUD) as part of California's California Advancing and Innovating Medi-Cal (CalAIM) initiative.

CM is an evidence-based, cost-effective treatment for SUDs. Through this effort, Medi-Cal beneficiaries with a stimulant use disorder (StimUD) will be provided financial incentives when they are verified by urine toxicology testing to be abstinent from stimulants. The motivational incentives are an inherent and central element of CM treatment. The immediate delivery of the incentive helps reinforce stimulant abstinence even during difficult periods. CM repeatedly has demonstrated robust outcomes, including reduction or cessation of drug use and longer retention in treatment.

EFFECTIVE PERIOD

The Department of Health Care Services (DHCS) will pilot Medi-Cal coverage of CM in select Drug Medi-Cal-Organized Delivery System (DMC-ODS) counties between the second quarter of 2023 and March 2024. DHCS intends to use the pilot as a basis for informing the design and implementation of a statewide CM benefit through the DMC-ODS program.

PROVIDER RESPONSIBILITIES

Provider agencies that have been approved to deliver the CM benefit must complete and commit to the following responsibilities:

- Training and Technical Assistance (TA) Attendance
  Providers will participate in the required DHCS-contracted trainings developed and offered by the UCLA Integrated Substance Abuse Programs (UCLA-ISAP) prior to and during the pilot timeframe, take part in an initial readiness review and participate in ongoing TA to ensure that providers are delivering services in accordance with evidence-based protocols.

- Assessment and Treatment Documentation
  Providers will screen and assess beneficiaries consistent with DMC-ODS requirements, including the requirement for an American Society of Addiction Medicine (ASAM) CONTINUUM assessment within 30 days of entry to care (up to 60 days for adolescents or clients experiencing homelessness) and will follow DHCS documentation standards as part of CalAIM. The provider will determine beneficiary eligibility for CM services in accordance with the eligibility standards included in the Participant Eligibility section below and provide other treatment and recovery services as indicated, based on the beneficiary's unique needs (e.g., individual or group therapy, care coordination, peer services).

  The provider will document StimUD on the Problem List (or Treatment Plan for Opioid Treatment Programs) in Sage, or agency-specific EHR systems for secondary providers. Consistent with best clinical documentation practices, providers will describe all interventions utilized with the beneficiary within their progress notes and include CM in addition to any other outpatient service, such as motivational interviewing, cognitive behavioral therapy, or community reinforcement therapy.

- Eligibility Verification
  Providers will verify active Medi-Cal enrollment of beneficiaries participating in CM at admission and on a monthly basis. CM is only available to beneficiaries enrolled in Medi-Cal with Los Angeles as the County of Residence at the time of admission and service delivery. If Medi-Cal is assigned to another County, providers must initiate the inter-county transfer process to update the County of Residence and Responsibility immediately to begin service delivery (SAPC IN 23-01 or as updated).

- Service Delivery
  Providers will have a dedicated CM coordinator to provide CM to all qualified beneficiaries, including those who elect to receive incentives via the web-based or mobile incentive manager vendor(s).

- Acquire a Clinical Laboratory Improvement Amendment (CLIA) Waiver
  Provider sites approved to deliver CM must apply for and acquire a CLIA waiver to be able to legally collect and process Urine Drug Testing (UDT) samples for processing. A prerequisite for the CLIA Waiver is State lab registration with the California Department of Public Health.

- Authorization
  Providers will request authorizations by selecting the RI Program – Contingency Management Authorization group within ProviderConnect. When submitting the Authorization request, the StimUD diagnosis of moderate or severe must be documented on the Diagnosis Form within Sage to confirm beneficiary program eligibility. A Miscellaneous Progress note containing the following information is required to support the CM authorization request (LPHA finalization is not required): Notation that the authorization is for CM, the beneficiary has or continues to meet criteria for moderate or severe Stimulant Use Disorder, previous discharge date and re-enrollment date, when applicable for beneficiaries re-enrolling in CM.

- Reporting
  Providers are required to submit California Outcome Measurement System (CalOMS) treatment data according to normal reporting procedures, per the most current version of the Provider Manual, and submit claims data for reporting and reimbursement purposes. Providers will also be responsible for participating in the DHCS evaluation of the pilot, which may consist of interviews and/or surveys. Pending further guidance from DHCS, SAPC may request additional information and reporting requirements from providers.

PARTICIPANT ELIGIBILITY

In order to be eligible for CM services, Medi-Cal beneficiaries must:

- Have a current diagnosis of moderate or severe StimUD.
- Be assessed and determined to have a StimUD for which CM is medically appropriate. Beneficiaries who are receiving other treatments for SUD, including off-label medications for addiction treatment (MAT) that may include the use of medication outside of their federal Food and Drug Administration (FDA) label to treat StimUD, are eligible to participate. CM is not and should not be considered to be a replacement for MAT for opioid use disorder or alcohol use disorder.
- Be Medi-Cal enrolled and residing in Los Angeles County (Note: Complete inter-county transfer of benefits if not assigned to Los Angeles County).
- Consistent with DMC-ODS policies, have an ASAM CONTINUUM assessment completed within 30 days following the first visit with a Licensed Practitioner of the Healing Arts (LPHA) or registered/certified counselor for beneficiaries 21 and older that indicates they can appropriately be treated in an outpatient treatment setting (i.e., ASAM levels 1.0 or 2.1) (or within 60 days if age 20 or under or experiencing homelessness).
- Not be enrolled in another CM program for SUD.
- Receive services from an outpatient DMC-ODS provider that is approved by SAPC to offer CM under this pilot. Allowable outpatient DMC-ODS levels of care include outpatient (ASAM 1.0), intensive outpatient (ASAM 2.1), or an opioid treatment program (OTP). Eligible individuals include those entering outpatient treatment and those transitioning from a higher level of care (e.g., post-residential care).

CM COORDINATOR

The CM program must be administered by at least one trained CM coordinator at each participating provider site. The CM coordinator will be responsible for the following activities:

- Collect UDT samples using the point-of-care test device, including recognition of efforts to tamper with/falsify the sample.
- Effectively communicate with the beneficiary about the need for a new sample in situations when the sample may have been tampered with.
- Refer individuals for further treatment and recovery to staff for follow-up treatment, especially when individuals test positive for stimulants and/or opioids. Beneficiaries whose urine screen suggests they are using opioids will be referred to MAT and will be offered naloxone in addition to non-residential SUD counseling services.
- Follow proper laboratory procedures and protocols to ensure good laboratory practice concerning cleanliness and proper handling of UDT samples.
- Accurately read the results of the UDT and explain them to the beneficiary.
- Outreach to the beneficiary if they miss a session, remind them of their next scheduled visit, and encourage attendance.
- Validate stimulant-free test results and, if there is a stimulant-positive sample, provide encouragement for the beneficiary to work toward a successful test on the next visit.
- Explain, support the beneficiary's completion of, and collect the CM consent form.
- Enter necessary information for reimbursement, data collection, and reporting purposes, including test results.
- Enter the test results into the secure CM database, understand the incentive amount, and explain it to the beneficiary.
- Ensure the delivery of the incentive to the beneficiary.
- Communicate with clinical staff regarding UDT results and any information of clinical relevance.
- Effectively engage and manage the safety of beneficiaries who are intoxicated.
- For information on approved staffing levels for the CM Coordinator, please refer to the most recent version of SAPC's Provider Staffing Guidelines.

CM SUPERVISOR AND CM BACKUP COORDINATOR

In addition to a CM Coordinator, each participating site must also have a CM Supervisor and backup coordinator(s). Both the CM Supervisor and backup Coordinator(s) must also participate in the same trainings as the CM Coordinator.

The CM Supervisor oversees the CM program at each site and provides guidance and/or clinical judgment if an issue arises with the program. A CM Supervisor may serve as a supervisor at more than one (1) site, provided it does not interfere with administration of their duties. Lastly, a

CM Supervisor can also serve as a backup coordinator as needed for staffing coverage, though would not be able to hold a dual role of CM Supervisor and CM Coordinator.

A backup coordinator should be present at the site if the coordinator is absent or unable to perform their duties to maintain the timely administration of the program.

CM ACTIVITIES AND INCENTIVE SCHEDULE

1. Overview

The CM treatment (with flexibility allowed to meet each beneficiary's needs) is a 24-week non-residential course of treatment. Beneficiaries will be able to receive a maximum of $599 in total incentive per calendar year. Weeks 1 through 12 will serve as the escalation/reset/recovery period and weeks 13 through 24 will serve as the stabilizing period.

The CM continuing care begins when a beneficiary completes the initial 24 weeks of CM treatment. The beneficiary will receive CM continuing care that supports ongoing recovery (e.g., counseling and peer support services, without a financial incentive) for as long as the beneficiary is enrolled in non-residential care.

Table 1: Sample Incentive Delivery Schedule

Week	Incentive for Stimulant Free Test
Week 1	$10.00 + $10.00 = $20
Week 2	$11.50 + $11.50 = $23
Week 3	$13.00 + $13.00 = $26
Week 4	$14.50 + $14.50 = $29
Week 5	$16.00 + $16.00 = $32
Week 6	$17.50 + $17.50 = $35
Week 7	$19.00 + $19.00 = $38
Week 8	$20.50 + $20.50 = $41
Week 9	$22.00 + $22.00 = $44
Week 10	$23.50 + $23.50 = $47
Week 11	$25.00 + $25.00 = $50
Week 12	$26.50 + $26.50 = $53
Weeks 13-18	$15.00 per week/test
Weeks 19-23	$10.00 per week/test
Week 24	$21.00 per week/test
Total	**$599**

2. CM Treatment Weeks 1 through 12: Escalation/Reset/Recovery

During the initial 12 weeks of CM, beneficiaries will visit the non-residential treatment setting in person for a minimum of two (2) treatment visits per week that are separated by at least 72 hours (e.g., Monday and Thursday/Friday or Tuesday and Friday) to help ensure that drug metabolites from the same drug use episode will not be detected in more than one UDT. Beneficiaries will be able to earn incentives during each visit.

The initial incentive value for the first sample negative for stimulants in a series is $10. For each week the beneficiary demonstrates non-use of stimulants (i.e., two consecutive UDTs negative for stimulants), the value of the incentive is increased by $1.50.

The maximum aggregate incentive an individual can receive during the first 12-weeks is $438.00.

A "reset" will occur when an individual submits a positive sample or has an unexcused absence, as defined in the Program Manual here. The next time they submit a stimulant-negative sample, their incentive amount will return to the initial value (i.e., $10).

A "recovery" of the pre-reset value will occur after two consecutive stimulant-negative urine samples. At that time, the beneficiary will recover their previously earned incentive level without having to restart the process.

3. CM Treatment Weeks 13 through 24: Stabilizing Period

During weeks 13 through 18, beneficiaries will visit the treatment setting for testing once a week and be eligible to receive $15 per stimulant-negative UDT. During weeks 19 through 23, beneficiaries will be eligible to earn $10 per stimulant-negative test, and if their sample is stimulant-negative on week 24, they will earn $21. During the stabilizing period a stimulant-positive UDT does not result in a reset of the incentive amount. The beneficiary will be eligible to receive the incentive the following week. The maximum aggregate incentive a beneficiary will be able to receive during weeks 13 through 24 is $161. The total possible earnings during weeks 1 through 24 for all stimulant-negative tests is $599.

4. Extended Absence and Readmission Throughout CM Protocol

A beneficiary will be considered a readmission if they leave CM services for more than 30 days. If the beneficiary later returns to the CM provider, they will be invited to re-start the CM program, if they continue to meet eligibility criteria for CM (e.g., new ASAM assessment, meets medical criteria for CM). If the beneficiary has remained engaged in other services during their absence from CM, an update to the most recent ASAM assessment is sufficient.

If a beneficiary leaves CM services for any reason and returns to the program within 30 days, they will return to the schedule of incentives as if there was no break in service, so long as the beneficiary does not exceed the $599 limit, inclusive of the amounts the beneficiary previously received.

CONTRACT PROCESS

Providers who had previously elected to participate in the CM pilot are eligible to participate and bill SAPC as described in the "Reimbursement" section below. Providers may add sites after the launch of the program by notifying SAPC. Additional sites are not eligible to receive the start-up funding described below. New sites must meet all other program, staffing and training requirements prior to delivering CM services.

For Fiscal Year (FY) 22-23, SAPC will be initiating augmentations for agencies who will require additional funding to cover anticipated CM costs. SAPC's Contracts and Compliance Branch will be reaching out to agencies for necessary budget summary and narrative documentation for those contract actions. For FY 23-24, SAPC will review current utilization and take into account the FY 23-24 rate matrix, tiers, applicable capacity building and incentive payments, and CM to identify and initiate appropriate augmentations for each agency. However, agencies may choose to submit an augmentation request once they have utilized at least 60 percent of the contract allocation.

REIMBURSEMENT

Start-up Costs

The total amount of start-up funding available to Los Angeles County providers is $1,238,648. Each CM site will be reimbursed a maximum total of $16,515 for the start-up period. SAPC is seeking confirmation from DHCS on LA County's allocation and will inform providers accordingly as soon as this is clarified.

SAPC will reimburse providers for start-up costs incurred from July 1, 2022 through September 30, 2023. Allowable start-up costs are as follows:

- Staff recruitment and hiring costs
- Personnel costs (e.g., the salary of the CM coordinator before patient care begins)
- Changes to provider information and billing systems
- Technology costs: hardware or software
- Other supplies needed to carry out CM services, such as UDT cups

To bill for start-up costs, providers will be required to utilize the CM program paper-based invoice and instructions (**Attachment I**). Providers may submit billing for start-up costs after DHCS has verified that all trainings and readiness assessment requirements have been completed.

CM Rates and Activities

The CM rate is incorporated in the most current Rates and Standards Matrix and has been configured into Sage for agencies that have elected to participate in the pilot program and have met all DHCS requirements. Secondary Sage Users must configure their EHRs to utilize this billing code for CM services. For FY22-23, the rate is $45.61 per unit. When the FY23-24 rate matrix is finalized, it will be shared widely with the network and posted on the SAPC website.

SAPC CM providers will use code H0050 with the modifier HF, and one of the two diagnosis code for each visit to cover all CM services provided by the CM coordinator:

- R82.998: primary diagnosis for positive urine test

- Z71.51: primary diagnosis for negative urine test

CM services will be billed using H0050 in 15-minute increments for the following activities:

- Providing instruction to the beneficiary regarding the CM process and protocol.
- Distribution of UDTs to beneficiaries.
- Providing instruction to beneficiaries for UDT procedures.
- Monitoring the UDT process and reading the test results (including verification of any tampering).
- Providing the test results to the beneficiary.
- Entering the test results into the web-based or mobile incentive management software program.
- Verifying receipt or providing incentives (e.g., printing of incentive gift cards).
- Making referrals as necessary to clinical staff based on testing results.

CM activities will be claimed separately from other DMC-ODS services as described above.

For additional information regarding this IN, please contact Sandy Song at sasong@ph.lacounty.gov.

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Attachment