

**Contingency Management (CM)
Request for Proposal
(RFP) 22-20180
Voluntary Pre-Proposal Web Conference**

Wednesday, August 31, 2022

Time: 10:30 AM

Contingency Management RFP 22-20180

Voluntary Pre-Proposal Web Conference

A decorative graphic consisting of two overlapping, wavy, horizontal bands of purple. The top band is a darker shade of purple, and the bottom band is a lighter shade. They overlap in the center, creating a gradient effect.

Introduction

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Web Conference Reminders

1. Conference slide deck will be available on the CD website by 4:00 p.m. PT September 5, 2022.
2. Web Conference will be in listen only mode.
3. Closed captioning is available. Click on the link provided in the chat box.
4. All attendees will be muted upon entry and throughout the duration of the web conference.
5. It is recommended to use your phone for audio feed instead of the computer. Do not use both to avoid audio feedback.
6. Verbal DHCS statements made during this web conference are non-binding.
7. All questions must be submitted to 'All Panelist' using the chat-box. Questions sent to the 'Host' or any specific individual will not be addressed.
8. Responses to questions submitted during the conference may be provided during the Q&A session at the end of the presentation.

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Agenda

Voluntary Pre-Proposal Web Conference Agenda Item	Time (minutes)
Introduction	2 min.
DHCS Goals for CM Procurement	45 min.
Overview of CM Procurement	5 min.
Submitting Proposer Questions for CM RFP 22-20180	2 min.
Q&A Session	30 min.
Concluding Remarks	2 min.

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Introduction

Webinar Host

- » **Christina Soares**, Chief, Contracts Division

Webinar Presenters

- » **Tyler Sadwith**, Deputy Director, Behavioral Health
- » **Anton Nigusse-Bland, M.D.**, Clinical Consultant, Behavioral Health
- » **Aaron Toyama**, Senior Advisor



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DHCS Goals for CM Procurement

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DHCS Goals for CM Procurement

Mission: To expand access to evidence-based treatment for stimulant use disorders, DHCS intends to pilot Medi-Cal coverage of CM services as the Recovery Incentives program from Fall 2022 through March 31, 2024. While CM has been tested using other sources of funding, California is the first state in the country to receive federal approval of CM services as a benefit in the Medicaid program through the [CalAIM 1115 Demonstration](#).

Vision: DHCS intends to use the pilot as a basis for informing the design and implementation of a statewide CM services benefit through the Drug Medi-Cal Organized Delivery System (DMC-ODS), pending budgetary and statutory authority.

Procurement Objective: DHCS will procure and work with an external vendor(s) to design, implement and support the distribution of motivational incentives to qualifying beneficiaries in the Recovery Incentives program.

Pilot Program Overview

DHCS intends to pilot Medi-Cal coverage of CM services in DMC-ODS counties that elect and are selected to participate from Fall 2022 through March 2024. Eligible Medi-Cal beneficiaries will:



Participate in a structured **24-week CM Program**--12 weeks with twice weekly testing/incentives and a 12-week continuation with once weekly testing/incentives



Receive incentives for testing **negative for stimulants only** even if they test positive for other drugs



Earn a **maximum of \$599** over the 24-week period in the form of gift cards



Generate incentives and track progress using **Incentive Manager** software

Recovery Incentives Program Counties

24 DMC-ODS counties plan to participate in the Recovery Incentives Program:

Alameda	San Diego
Contra Costa	San Francisco
Fresno	San Joaquin
Imperial	San Luis Obispo
Kern	San Mateo
Los Angeles	Santa Barbara
Marin	Santa Clara
Nevada	Santa Cruz
Orange	Shasta
Riverside	Tulare
Sacramento	Ventura
San Bernardino	Yolo

Beneficiary Eligibility

Medi-Cal Beneficiary Eligibility

- Beneficiaries must be assessed and diagnosed with a Stimulant Use Disorder (StimUD) for which CM services are medically necessary and outpatient treatment is clinically appropriate.
- Beneficiaries must reside in a participating DMC-ODS county that DHCS has approved to pilot CM.
- Beneficiaries must not be enrolled in another contingency management program for StimUD.
- Beneficiaries must receive CM services from a non-residential DMC-ODS provider that offers the contingency management benefit in accordance with DHCS policies and procedures.

If a beneficiary chooses to participate in only some of the services identified in their treatment plan (e.g., they only participate in CM services), they will not be penalized or discharged from the Recovery Incentives program

County Responsibilities

County Responsibilities and Requirements

- Participation in the Recovery Incentives program is available to and optional for DMC-ODS counties.
- All participating counties will be phased into the Recovery Incentives program based on completion of Readiness Reviews starting in Fall 2022.
- Participating counties will be required to:
 - Build a network of CM service providers to treat Medi-Cal beneficiaries with StimUD in accordance with DHCS requirements
 - Participate in required trainings to manage CM services and facilitate training and technical assistance for participating providers
 - Adhere to the DHCS funding and reimbursement guidance
 - Collect information from participating providers and share with DHCS for monitoring and evaluation
 - Work with the State's training and technical assistance provider to complete readiness and fidelity reviews and support providers in delivering CM services

Provider Eligibility

Provider Eligibility and Requirements

- DMC-ODS providers offering outpatient, intensive outpatient and/or partial hospitalization services and/or opioid treatment programs (OTPs) will be eligible to offer CM services.
- Providers will be required to:
 - Demonstrate compliance with Readiness Reviews facilitated by the State's training and technical assistance provider
 - Verify beneficiaries' Medi-Cal eligibility before enrolling them in CM services
 - Obtain beneficiary consent for CM services
 - Offer complementary services and evidence-based practices for StimUD in addition to CM services (e.g., individual and group counseling, medication for addiction treatment (MAT), peer supports)

Role of the CM Coordinator

Providers will have a designated CM coordinator to lead the tracking and delivery of all CM services, including urine drug screen tests and incentive distribution.

- » **Core competencies of the CM coordinator** include:
 - » Excellent organizational skills
 - » Effective skills in following laboratory sample handling/disposal procedures
 - » Good computer skills and ability to learn new computer programs
 - » Excellent communications skills
 - » Excellent understanding of application of federal and state privacy rules that protect all protected health information (PHI) as required by HIPPA and confidentiality/disclosure requirements of 42 CFR, Part 2

Role of the CM Coordinator

- » **Professionals who can serve as CM coordinators include:**
 - » Licensed Practitioners of the Healing Arts (LPHAs)
 - » Substance use disorder (SUD) counselors that are either certified or registered by an organization that is recognized by DHCS and accredited with the National Commission for Certifying Agencies
 - » Certified Peer Support Specialists
 - » Other trained staff under supervision of an LPHA

CM Coordinator – Key Responsibilities

- » Explain and collect the CM services consent form
- » Enter beneficiary information for reimbursement and reporting purposes
- » Collect urine drug test (UDT) samples and recognize sample tampering efforts
- » Enter UDT results into the CM Incentive Manager program, understanding the incentive amount and being able to explain it to the beneficiary
- » Provide praise for stimulant-negative UDT; provide encouragement in the case of stimulant-positive UDT
- » Ensure delivery of the incentive to the beneficiary for a stimulant-negative UDT

CM Coordinator – Key Responsibilities

- » Effectively and safely interact with beneficiaries who may be intoxicated
- » Effectively communicate with beneficiaries about the expectations for a UDT sample
- » Communicate with clinical staff regarding UDT results and any information of clinical relevance, including test results positive for opioids
- » Refer beneficiaries to treatment and recovery staff for follow-up treatment
- » Try to contact beneficiary in case of missed session and record any absences

Basic Treatment Approach

The CM treatment framework will be a 24-week outpatient treatment experience followed by a six month or longer period of aftercare and recovery support services.

Escalation/Reset/Recovery Period (Weeks 1-12)

- During the initial 12 weeks of the CM protocol, beneficiaries will be asked to visit the treatment setting in person for a minimum of two treatment visits per week.
- Sessions will be separated by at least 72 hours (e.g., Monday and Thursday, 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.
- A “reset” will occur when an individual submits a stimulant-positive sample or has an unexcused absence. 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.

Basic Treatment Approach

The CM treatment framework will be a 24-week outpatient treatment experience followed by a six month or longer period of aftercare and recovery support services.

Stabilizing Period (Weeks 13 – 24)

- During weeks 13–24, beneficiaries will be asked to visit the treatment setting for testing once a week.
- During weeks 13–18, beneficiaries will be eligible to receive \$15 per stimulant-negative UDT.
- During weeks 19–23, beneficiaries will be eligible to earn \$10 per stimulant-negative UDT.
- The total possible earnings during weeks 1–24 for all stimulant-negative tests is \$599.
- Following the stabilizing period, beneficiaries may participate in an additional 6 month or longer period of aftercare and recovery support services.

Sample Incentive Delivery Schedule – Part 1

Week	Reward for Stimulant-Free Test
Week 1	$\$10 + \$10 = \$20$
Week 2	$\$11.50 + \$11.50 = \$23$
Week 3	$\$13 + \$13 = \$26$
Week 4	$\$14.50 + \$14.50 = \$29$
Week 5	$\$16 + \$16 = \$32$
Week 6	$\$17.50 + \$17.50 = \$35$
Week 7	$\$19 + \$19 = \$38$
Week 8	$\$20.50 + \$20.50 = \$41$
Week 9	$\$22 + \$22 = \$44$
Week 10	$\$23.50 + \$23.50 = \$47$

Sample Incentive Delivery Schedule – Part 2

Week	Reward for Stimulant-Free Test
Week 11	$\$25 + \$25 = \$50$
Week 12	$\$26.50 + \$26.50 = \$53$
Weeks 13-18	\$15 per week/test
Weeks 19-23	\$10 per week/test
Week 24	\$21 per week/test
Total	\$599

Incentive Delivery

DHCS will procure and work with an external vendor(s) to design, implement and support the distribution of incentives to beneficiaries participating in the Recovery Incentives program.

» Incentive Calculation

- » The CM coordinator will enter the results of the beneficiary's UDT into a secure Incentive Manager program that will calculate and report the amount of any incentive the beneficiary should receive during that visit.
- » The Incentive Manager program will notify the CM Coordinator when to distribute an incentive.

» Incentive Distribution

- » Upon entry of stimulant-negative UDT results, the incentive amount shall be delivered immediately to participating beneficiaries in a format approved by DHCS.

Incentive Delivery

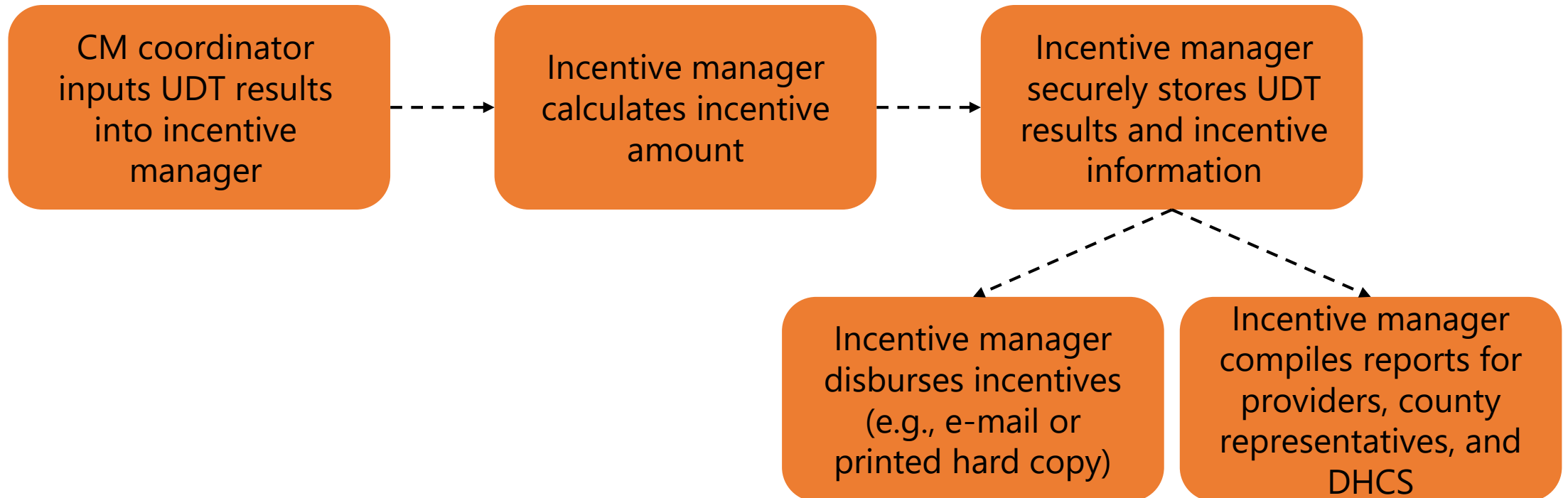
DHCS will procure and work with an external vendor(s) to design, implement and support the distribution of incentives to beneficiaries participating in the Recovery Incentives program.

» Incentive Types

- » Participating beneficiaries shall receive incentives in the format of an e-mail, hard copy, refillable gift card, or other mechanism as approved by DHCS, which the vendor will disburse upon entry of stimulant-negative UDT results.
- » Restrictions shall be placed on the incentives so they cannot be used to purchase cannabis, tobacco, alcohol or lottery tickets.

Incentive Delivery Process Overview

DHCS will procure and work with an external vendor(s) to design, implement and support the distribution of incentives to beneficiaries participating in the Recovery Incentives program.



Funding Strategy

DHCS will cover start-up and ongoing expenses related to the provision of CM services.

- » DHCS anticipates having \$58.5M in Home and Community-Based Services (HCBS) funding available for the Recovery Incentives program, as well as approximately \$5.6M of additional funding to support provider start-up costs, which will cover:
 - » Start-up funding for counties and providers that will participate in the pilot program
 - » Reimbursement for CM services, including the costs of staff, drug testing and other direct costs
 - » Training and technical assistance for counties and providers initially and ongoing
 - » Costs of Incentive Manager vendor
- » DHCS requests that interested incentive manager vendors submit a proposed pricing model during the RFP process. There is no pre-determined methodology to reimburse the incentive manager vendor for services.

Other Program Elements

The Recovery Incentives program will be complemented ongoing training and technical assistance and a robust evaluation process, while protecting against fraud, waste, and abuse.

Training

- Participating counties and SUD providers will be required to participate in start-up training and ongoing technical assistance.
- Synchronous, live trainings will be offered beginning in Fall 2022.

Evaluation

- The impact of the pilot program will be measured through a robust evaluation process.
- DHCS will release an interim and a final evaluation report, along with quarterly reports to inform future budget decisions.

Oversight

- Each treatment program will have a policies and procedures manual.
- All providers will be required to complete readiness reviews.
- DHCS and counties will conduct robust monitoring and oversight of CM providers.



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Overview of CM Procurement

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Review of Key Dates

Key Event	Date*
RFP Release	August 19, 2022
Pre-Proposal Web Conference	August 31, 2022
RFP Proposer Questions Due	September 2, 2022 4:00 PM PT
Voluntary Non-Binding Letter of Intent Due	August 31, 2022 4:00 PM PT
DHCS Responses to Submitted Proposer Questions	September 7, 2022
Proposal Due Date	September 15, 2022 4:00 PM PT
Notice of Intent to Award Posted	October 18, 2022
Appeal Deadline	October 25, 2022 5:00 PM PT
Tentative Contract Award Date	October 26, 2022
Proposed Start Date of the Agreement	November 4, 2022

* *Dates subject to change*

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Overview of CM Procurement

RFP Component	Purpose
1. Cover Letter	Provides information and instructions for Interested Parties.
2. RFP Main	Provides information regarding the RFP process and instructions on proposal development.
3. RFP Attachments	Contain the optional and required attachments described in the RFP Main.
4. RFP Exhibits <i>[Sample CM Contract]</i>	Includes sample Scope of Work (SOW), terms, and conditions for the contracts resulting from the RFP process.

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Overview of CM Procurement

- » **This Procurement and the resulting contract, is exempt from the Department of General Services (DGS) review and approval per Welfare and Institutions Code (WIC) 14184.102(e).**



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Submitting Proposer Questions

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Submitting Proposer Questions

How to Submit

Submit by emailing CDRFP6@dhcs.ca.gov, with subject line "Proposer Questions – RFP-22-20180".

What to Include in the Inquiry

- Inquirer information
- Description of subject or issue in question or discrepancy found.
- Document name, section number, and page number.
- Format questions using the table template. **Microsoft Excel format is mandatory.**

Please see the **RFP Main, Section G. Proposer Questions** for further instructions.

Question Submission Due Date

Submit inquiries to DHCS CDRFP6@dhcs.ca.gov no later than September 2, 2022 at 4:00 PM PT.

DHCS Response

Following the question submission deadline, DHCS will summarize all general questions and issues raised and post the summary of Q&As on the Cal eProcure site where RFP was posted.



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Q&A Session

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Q&A Session Panelists

- » **Tyler Sadwith**, Deputy Director, Behavioral Health
- » **Anton Nigusse-Bland, M.D.**, Clinical Consultant, Behavioral Health
- » **Aaron Toyama**, Senior Advisor
- » **Christina Soares**, Chief, Contracts Division
- » **Maksim Lyulkin**, Unit Chief, Contracts Division

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Q&A Session Format

1. Questions must be RFP-related.
2. DHCS statements made during this web conference are non-binding.
3. If you would like to ask a question, it must be typed into the WebEx chatbox and sent to 'All Panelists'. Chatbox questions sent to the 'Host' or any specific individual will not be addressed.



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Closing Remarks

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Closing Remarks

1. Webinar Slide Deck will be posted to the CD website no later than **4:00 p.m. PT September 5, 2022.**
2. Email questions and comments to CDRFP6@dhcs.ca.gov by **4:00 p.m. PT September 2, 2022.**
3. RFP information is available on the CD website at:
https://www.dhcs.ca.gov/provgovpart/rfa_rfp/Pages/CDcmimHOME.aspx.



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***Thank you
for your participation***