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# **THE 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 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.

* Quarter 1 (July through September)
* Quarter 2 (October through December)
* Quarter 3 (January through March)
* Quarter 4 (April through June)

\*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**

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| **Item** | **Quarterly Progress Report** | |
|  | Date of Report: | Click or tap to enter a date. |
|  | Quarter Reporting: | Select quarter reporting period: \*Check box and enter year in the text box provided.  Q1 (July-September): Click or tap here to enter text.  Q2 (October-December): Click or tap here to enter text.  Q3 (January-March): Click or tap here to enter text.  Q4 (April-June): Click or tap here to enter text. |
|  | Contact information of county’s Behavioral Health Director or designee completing this report: | Name: Click or tap here to enter text.  Position Title/Role: Click or tap here to enter text.  E-mail: Click or tap here to enter text. |
|  | County: | Please provide the county in the text box provided.  Click or tap here to enter text. |
|  | Number of sites/physical locations no longer providing CM services in your county **this QUARTER and since the county’s start date:** | Please provide total number of sites no longer providing CM services in your county in the text boxes provided.  **Total number of sites/locations/providers no longer providing CM services this QUARTER**:  Click or tap here to enter text.  **Total number of sites/locations/providers no longer providing CM services** **since the county’s start date**:  Click or tap here to enter text. |
|  | **Oversight Activities**  **Member Information** | |
|  | Number of DMC-ODS members screened for the Recovery Incentives Program **this QUARTER:** | Please provide the total number of members screened for the program in the text box provided*.*  Click or tap here to enter text. |
|  | Compare the number of DMC-ODS members screened with the number of enrolled in the Recovery Incentives Program **this QUARTER:** | Please provide the number of members screened compared to enrolled and a narrative on enrollment roadblocks in the text box provided*.*  Click or tap here to enter text. |
|  | If available, provide the number of UDT's administered as part of this program with positive test results for opioids: | Please provide the number of UDTs administered in this program with an opioid positive result in the text box provided*.*  Click or tap here to enter text. |
|  | **County Information** | |
|  | How many Fidelity Monitoring Interviews did County Lead staff attend **this Quarter:** | Type narrative response in the text box provided.  Click or tap here to enter text. |
|  | What successes have your sites experienced in implementing the Recovery Incentives Program within your county? | Type narrative response in the text box provided.  Click or tap here to enter text. |
|  | What challenges have you experienced in implementing the Recovery Incentives Program within your county? | Type narrative response in the text box provided.  Click or tap here to enter text. |
|  | Summary of operational or policy development issues, complaints, grievances, and appeals related to the Recovery Incentives Program within your county: | For each section below, please provide a total count and a narrative response for each issue. If there are none, please put “0” and “N/A”.  **A. Operational issues:**  Click or tap here to enter text. |
| **B. Policy development issues:**  Click or tap here to enter text. |
| **C. Grievances and appeals:**  Click or tap here to enter text. |
|  | 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, please put “N/A”.  **A. Oversight and monitoring activities:**  Click or tap here to enter text.  **B. Findings:**  Click or tap here to enter text.  **C. Actions taken:**  Click or tap here to enter text. |
|  | What can DHCS do to further support your county’s Recovery Incentives Program? | Type narrative response in the text box provided.  Click or tap here to enter text. |

**DHCS Feedback**

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| **DHCS Review** | |
| Review all entries in report.  \*Select **Review Status** of report.  \*\*Input date and comments in the **Comments/Notes** section.  \*\*\*Determine if any follow up is needed. | **Review Status:**  Choose a status |
| **Comments/Notes** | |
| **Comments/Notes:** | |
| **Follow Up Needed** | |
| **Follow Up Needed: Yes / No** | |