Healing and Ending Addiction through
Recovery and Treatment (HEART) Demonstration

Montana's Contingency Management Program Implementation Training, Part 2

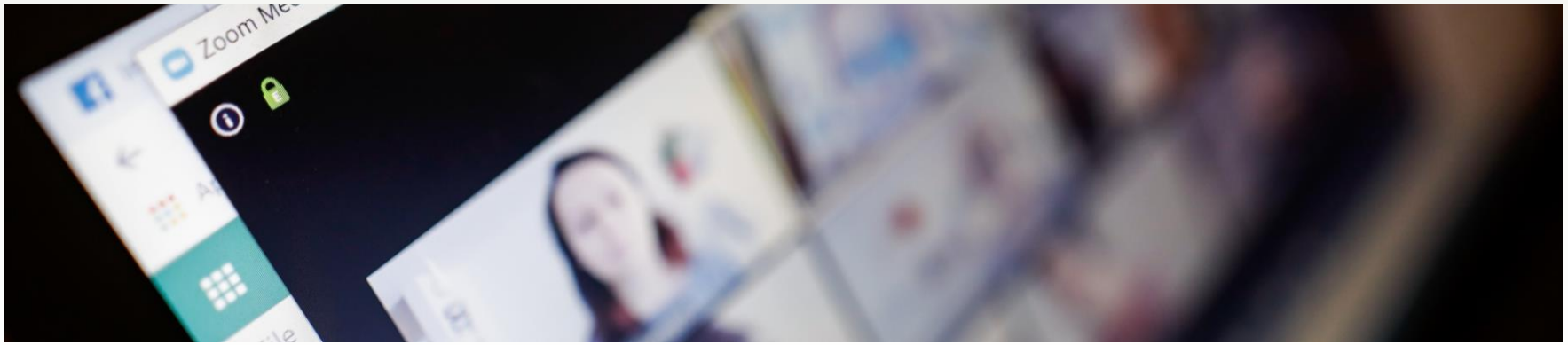
Start Code

XXXX

Please document the start and end codes of this training (Part 2) as you will be asked to enter them in the CE Evaluation, which you will receive after this training.

Thank you for joining us today!

- Today's session is an INTERACTIVE TRAINING!
- To fully participate, please ensure that your camera is on and you are connected to audio prior to the start of the training
- If you require assistance, you can send a chat to UCLA TECH SUPPORT



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Learning Objectives

1. Explain at least three (3) key elements of the Incentive Manager.
2. Identify four (4) key guidelines of the point-of-care urine drug test (UDT) protocol.
3. Specify at least two (2) methods for addressing program challenges that may commonly arise in implementing the Montana HEART CM Program.
4. Describe at least two (2) implementation support activities.

Implementation Training Part 2 Outline

1. Implementation Training Part 1 Review
2. Incentive Manager Web Portal Overview
3. CM Visits Workflow

BREAK

4. Urine Drug Testing Procedures
5. Potential Program Challenges
6. Clinical Scenarios
7. Readiness Assessment, Fidelity Monitoring & Coaching Support
8. Next Steps

Part 1 Review

Please join the activity by pointing your camera at the QR code on the right, which will connect you to the *Poll Everywhere* website.

You can also join by navigating to: PollEV.com/tfreese141

Montana Heart CM Review

Win up to 1,000 points per answer

1. Which of the following is NOT a core element of the Montana HEART CM Program?

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A. A structured 24-week program model

B. The concepts of Positive Reinforcement and Operant Conditioning

C. Using gift cards as the incentive for stimulant-negative UDTs

D. Incorporating escalation/reset/recovery into the delivery

1. Which of the following is NOT a core element of the Montana HEART CM Program?

A. A structured 24-week program model — 0%

B. The concepts of Positive Reinforcement and Operant Conditioning — 0%

C. Using gift cards as the incentive for stimulant-negative UDTs — 0%

D. Incorporating escalation/reset/recovery into the delivery — 0%

2. What is the primary purpose of the Incentive Manager Portal?

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A. To diagnose substance use disorders

B. To track attendance only

C. To calculate incentives, document UDT results, and record incentive disbursem…

D. To replace clinical documentation systems

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0%

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0%

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0%

3. Which UDT result determines whether a member receives an incentive?

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A. Any negative result across all substances

B. Negative results for opioids only

C. Any result confirmed by self-report

D. Negative results for stimulants only

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0%

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✓ D. Negative results for stimulants only

0%

4. What is the initial incentive amount for a stimulant-negative UDT in the HEART CM Program?

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A. $10

B. $12

C. $14

D. $20

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A. $10

0%

B. $12

0%

✓ C. $14

0%

D. $20

0%

5. What happens to incentive values following a stimulant-positive UDT or an unexcused absence?

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A. Incentives are permanently discontinued

B. Incentives are reduced by half

C. Incentives remain unchanged

D. Incentives reset to $14 and can be recovered after two consecutive stimulant-n…

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0%

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0%

6. Which substances are tested for safety purposes but do not affect incentive delivery?

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B. Cannabis and tobacco

C. Fentanyl, opiates and oxycodone

D. Prescription stimulants only

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0%

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0%

7. Why is the Readiness Assessment required before implementing CM Services at participating provider sites?

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A. To determine reimbursement rates

B. To evaluate staff satisfaction

C. To confirm site readiness, protocol fidelity, and correct use of the Incentive Ma…

D. To replace ongoing fidelity monitoring

7. Why is the Readiness Assessment required before implementing CM Services at participating provider sites?

A. To determine reimbursement rates

0%

B. To evaluate staff satisfaction

0%

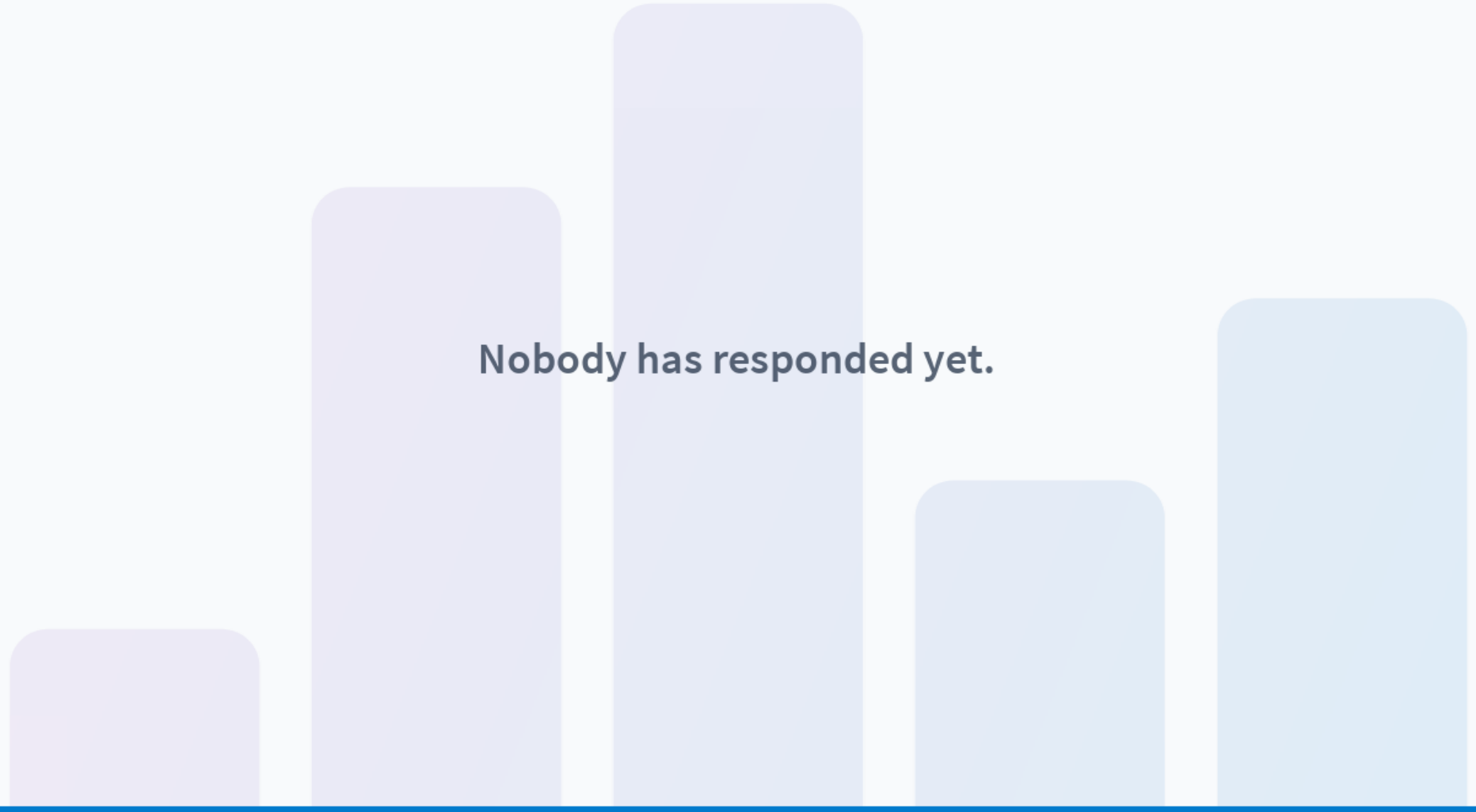
✅ C. To confirm site readiness, protocol fidelity, and correct use of the Incentive Manager

0%

D. To replace ongoing fidelity monitoring

0%

Leaderboard



Nobody has responded yet.

Incentive Manager Portal Overview

- Presented by Contingency Management Innovations (CMI)

Tools You Have Been (or Will Be) Provided

- HEART CM Program Manual (coming soon!)
- Incentive Manager Portal Instructions
  - Incentive Manager Portal PowerPoint Slides
  - ISAP Training/Implementation Support Website and a Consultation "Warm Line"
- Coaching Support
- PowerPoint presentations from Parts 1 & 2 of the Implementation Training


Member Education/Orientation

Before Beginning CM Treatment (1)

- A member must complete a thorough orientation and consent to the conditions of the program. The orientation will address:
  - The days/times that a member must present for a visit to be eligible for incentives (twice/weekly visits)
  - How incentives will be delivered, as well as 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. Walmart cards also prohibit the purchase of firearms and ammunition.
  - The availability of incentives and ongoing program participation when a member lapses and returns before they've missed 8 consecutive visits.
  - The process for a member to seek readmission after more than 8 consecutive missed visits; this will be explained in detail a little later.

Before Beginning CM Treatment (2)

- The Orientation will address:
  - The program's UDT procedures and an explanation and review of the list of medications/substances that may result in false stimulant-positive UDTs.
  - The rules governing when an incentive will be provided:
    - An explanation that the incentives are **only** contingent on the absence of evidence of stimulant (e.g., cocaine, amphetamine, methamphetamine) use on UDT.
    - An explanation that testing for opiates, oxycodone, and fentanyl will be done for the purpose of safety, due to association with overdose deaths, but will **not** impact the delivery of an incentive.
    - **An explanation that all stimulant-positive tests will be treated the same even if they result from use of one of the medications/substances known to produce stimulant-positive UDT results.**

Before Beginning CM Treatment (3)

- The rules governing when an incentive will be provided:
  - The amount of the initial incentive ($14) and how the value increases with consecutive stimulant-free UDTs.
  - The CM Coordinator must also explain how the incentive value will be reset to the original $14 value in the event of a stimulant-positive UDT or unexcused absence, and that escalations will be reinstated upon submission of the next two consecutive stimulant-negative UDTs.
  - The maximum incentive amount a member can receive per calendar year in the MT HEART CM Program is $599, if all UDTs are negative for stimulants.


CM First Visit/Intake

First Visit — Intake (1)

- During a member's first visit, the CM Coordinator will complete several steps to initiate the service, specifically:
  1. Conduct eligibility check – The CM Coordinator or other designated personnel at the provider agency will confirm the member's current Medicaid eligibility as well as their eligibility for the program before initiating the CM service. The eligibility check should be done via the Montana Access to Health Web Portal. ***The agency offering CM shall check member Medicaid Eligibility at least monthly or per provider policy if more frequent***.
  2. If they are Medicaid eligible, service must be provided through Medicaid billing. For members not eligible for Medicaid, they ***may*** be eligible for MT HEART CM services through SOR grant funding at certain sites.
  3. Verify that the member is **NOT** currently in a residential treatment program.

First Visit – Intake (2)

4. Complete program participation consent – The CM Coordinator will ask the member to complete a consent form authorizing services and the secure sharing of data with DPHHS and the program evaluation team, including all DPHSS-required consent elements (see *Sample Consent Form* in Appendix A of the Program Manual).
5. Explain the CM process and reinforce the expectations set forth in the Member Education/Orientation section.
6. Enroll the member into the *Incentive Manager Portal* – The CM Coordinator will complete a member profile to enroll them into the Incentive Manager Portal that will calculate incentive amounts and maintain a record of UDT results and gift cards disbursed.

First Visit/Intake Checklist

First Visit/Intake:

☐ **MUST DOCUMENT moderate to severe Stimulant Use Disorder and CM as part of member's problem list**

☐ Conduct eligibility check

☐ Obtain program participation consent from member

☐ Explain the CM process and reinforce expectations

☐ Enroll member into the Incentive Manager Portal

Set Clear Expectations

1. Incentives are **100% based** on the results of stimulant UDTs
2. Escalation, reset, and recovery
   - *"You'll get larger and larger rewards each time you demonstrate a week of stimulant abstinence. If you have a return to use, you'll reset back to the base amount ($14), though you will recover all your incentive increases as soon as you provide two more stimulant-negative UDTs in a row."*
3. Program requires twice-weekly visits for 12 weeks

Attendance Policy (1)

- Must be communicated during the consent process at intake to set expectations
- Most missed visits are considered “no shows” and will result in no incentive for that visit and “reset” of the incentive amount to $14 at the next stimulant-negative UDT
- Excused absence policy (no reset):
  - Allows for immovable commitments like surgery or court date, or “pro-social” events such as attending a family wedding
  - Must be arranged ***in advance*** of scheduled visit
  - Members can have up to two consecutive excused absences without a reset

Attendance Policy (2)

- Drop-out policy:
  - A member will be considered to have left the program if they do not attend 8 consecutive scheduled visits
  - A readmission may occur if they return after missing 8 consecutive visits
  - A new ASAM assessment will be required in this case and medical necessity will need to be reestablished
  - Document new "prescription" for CM
    - i.e., an ASAM level of care recommendation for outpatient treatment and a current ***diagnosis of any of the related primary moderate or severe stimulant use disorder diagnoses, including diagnoses in remission, as defined by the clinical criteria in the Diagnostic and Statistical Manual (DSM, current edition)***
  - ***If the member has remained engaged in other services, such as residential treatment, during their absence from CM, an update to the most recent ASAM assessment is sufficient, and the member does not require a new diagnostic assessment.***
  - Make sure they have not exceeded $599 in earnings in that calendar year

Ongoing CM Visits Workflow

CM Visit Checklist Overview

(details on the next 7 slides)

- ☐ Greet / Take Attendance
- ☐ Measure
- ☐ Reward (if stimulant-negative result)
- ☐ Encourage (if stimulant-positive result)
- ☐ Closing

*Refer to Handout #2

CM Visit Checklist (1)

Greet / Take Attendance:

☐ Open the member's chart

☐ Greet and thank member for attending scheduled appointment ("*Great to see you today. So glad you're here!*")

☐ If member is not present, mark visit as "no show" or "excused absence", as appropriate to the situation

✓**On a monthly basis, ask the member if they have been enrolled in a residential treatment program in the last 30 days**

CM Visit Checklist (2)

Measure:

☐ Direct member to provide urine sample in designated UDT cup.

☐ Check the results of the urine drug screen and validity testing.

☐ Enter the UDT result for the visit into the Incentive Manager Portal.

CM Visit Checklist (3)

Reward (if stimulant-<u>negative</u> result):

☐ Use **JOY** - Congratulate the member on their success/hard work!

☐ Communicate incentive amount earned for the visit.

☐ Utilize Incentive Manager Portal to generate and disburse incentive.

Encourage Success – Stimulant-Negative UDT

UDT is Negative for Stimulants – Respond with ***JOY***

J O I N them in celebration!

O F F E R encouragement to keep up the good work

Y I E L D positivity by reminding them that they can earn even more with continued stimulant-negative test results

(Remember, the incentive is doing the heavy lifting!)

***See Handout #1 of Part 1 Implementation Training: https://uclaisap.org/montanaheartcm/**

SOURCE: Santamaria, 2023

CM Visit Checklist (4)

Encourage (if stimulant-<u>positive</u> result):

☐ Use **EASE** - Praise member on making the effort/showing up for their scheduled appointment.

☐ Communicate that they will not receive an incentive for the visit and remind them that they have another opportunity to earn an incentive in just a few days.

☐ Review the concepts of “reset” and “recovery” with the member.

Encourage Success – Stimulant-Positive UDT

UDT is Positive for Stimulants – Respond with ***EASE***

E N C O U R A G E by using a non-judgmental and matter-of-fact approach

A P P L A U D their efforts for coming to the visit

S P E C I F Y that their next opportunity is very soon (provide details for next visit)

E M P O W E R by asking if there's anything you can do to support them (if you have the capacity to do so)

***See Handout #2 of Part 1 Implementation Training: https://uclaisap.org/montanaheartcm/**

SOURCE: Santamaria, 2023

CM Visit Checklist (5)

Closing:

☐ Schedule/confirm their next appointment.

☐ If member is not present, check calendar for next scheduled appointment.

BREAK

Up Next:

- UDT Procedures
- Potential Program Challenges
- Clinical Scenarios
- Coding/Reimbursement
- Staffing Considerations
- Readiness Assessment
- Fidelity Monitoring
- Learning Collaborative/Coaching Calls
- Next Steps


Urine Drug Testing Procedures

Urine Testing in HEART CM vs. Standard SUD Treatment Programs

Urine Testing in Standard SUD Treatment	Urine Testing for Stimulants in CM
•Focused on the consequences of positive test results •Often requires abstinence from all substances •Lab-based UDTs often required •Infrequent testing (e.g., monthly) •Results may have external implications (e.g., legal, child custody, etc.)	•Focused on celebrating negative test results •CM rewards are based on stimulant-UDT results ***only***! •CM uses onsite point-of-care tests •Tests occur twice a week for the initial 12 weeks and once a week for the following 12 weeks •UDTs meant for therapeutic intervention, not legal record

Urine Drug Testing Setup

- Identify *where* the UDT will be conducted
  - Which restroom will be used?
  - Where will the UDT cup be placed after it is filled?
- Prepare supplies including:
  - UDT materials
  - Gloves
  - Paper towels
  - Garbage
- Shut off hot water in the UDT restroom (if possible)
- Add **bluing agent** to toilet
- Determine procedures for the disposal of UDT cups and samples once testing is complete

Urine Drug Testing Workflow

1. Greet the member and re-establish rapport
2. Ask member to remove outer garments like coats, jackets, sweatshirts, and to leave all personal items outside of restroom
3. Observe them washing their hands including washing nails and nailbeds. If a sink is not available to observe handwashing, hand sanitizer can be used.
4. It is a good idea to have the member choose their own UDT cup from the box
5. Give them the cup and ask them to urinate into it to the required level depending on the device being used
6. Take the cup from them immediately and evaluate temperature, validity measures, and drug test results according to device specifications.
7. Use the Incentive Manager Portal to deliver incentive (for stimulant-negative results) and provide encouragement (for both stimulant-positive and stimulant-negative results)

Focused Behavior: Special Consideration
Some Medications May Cause False Stimulant-Positive UDTs

- Prescription OTC medicines for cough/cold, with decongestants
- Prescription medicines for ADHD
- Certain prescription medicines for mental health conditions
- Prescription and OTC medicines for weight loss/diet aids
- Prescription medicine for hypertension
- Prescription medicines for Parkinson's Disease
- Prescription medicine for diabetes
- Prescription and OTC medicines for asthma and allergies
- Prescription medication used for bacterial infections
- Other substances

Review this list carefully with members:
A stimulant-positive UDT is a stimulant-positive UDT even if it is the result of one of these medications/substances.

(This list is included in the *Sample Consent Form* in Appendix A of the Program Manual)

Point-of-Care UDT Cups that Meet the Specifications of the MT HEART CM Program

- Abbott iScreen Urine Text DX Drug Screen Tox Cup [14-Panel]
- CLIAWaived, Inc. 13-Panel CLIAWaived Cup with Fentanyl and Adulterants – CLIA Waived for Fentanyl Testing
- CLIAWaived, Inc. Rapid Test Cup “RTC” + Fentanyl [14-Panel]
- Lochness Medical Rapid Response 12-Panel Drug Screen Cup with Fentanyl
- Premier Biotech 14-Panel CLIA Waived Urine Test Cup

Potential Program Challenges

Challenges Involving Staff

- Staff Concerns

Staff Concerns

- "*Why are we paying people to be abstinent from stimulants?*"
- Another expression of concern: *"Motivation for recovery should be intrinsic; the benefits of recovery should be motivating enough."*
  - Frame CM as a positive reinforcement intervention based on the principles of operant conditioning
  - The dopamine release from methamphetamine, in particular, is extremely powerful and reinforcing; we need a positive reinforcement paradigm powerful enough to compete with it
  - Remind staff how common it is for members using stimulants to drop out of treatment
    - CM is a powerful intervention for engaging and retaining members in treatment; we know that the longer individuals remain in treatment the better their outcomes tend to be

Challenges Involving Members

- Unexcused Absences

Break-Out Group Activity #1: Handling Unexcused Absences

- You will be divided into small groups of approximately 4-6 people (take note of which breakout group you're in)
- Take a moment to introduce yourselves to each other
- Ask someone to volunteer to take notes for the group so they can summarize your discussion when we all come back together in the larger group
- Then, discuss the following questions:
  - How would you approach a conversation about an unexcused absence (or multiple unexcused absences) with a member?
  - What are some elements of the conversation you would have with them?
- You will have approximately 10 minutes for this activity

Protocol for Handling Unexcused Absences (1)

- CM Coordinator:
  - Encourage member to meet with individual counselor, if they have one; if they don't have one, offer to connect them with one.
  - Encourage member to attend group that day, if they are attending groups, and talk about the reasons for missing sessions (e.g., a new use, family conflict, etc.) in group.
  - *"Return to use does happen when people are trying to stop using stimulants, so this isn't all that unusual. The important thing is to try to learn something from the experience so that you have more tools in your toolbox the next time you find yourself in that situation."*

Protocol for Handling Unexcused Absences (2)

- The CM Coordinator should inform the member that because they missed a scheduled appointment, they won't receive an incentive for the missed visit.
  - The CM Coordinator should also communicate that if they test stimulant-negative at their current visit, they will receive a $14 incentive for that visit.
  - If they test stimulant-negative at their next scheduled visit, the incentive amount will return to where it was prior to the unexcused absence.
- Be as accepting and encouraging as possible. We want to normalize that return to use happens and provide hope that the member can get right back to where they were quickly.

Operational and Regulatory Challenges

- Coordination between Treatment Providers (Resolving Multiple Registrations)

Coordination Between Treatment Providers – Changing Member Sites

- It may occasionally be the case that a member needs to switch to a different treatment site, either temporarily or permanently (e.g., if a member needs to go to another county to care for a sick or injured family member)
- The CM Coordinator or Supervisor should determine other possible sites
  - For instance, if a member is going to another county, decide on a site in consultation with the member, and call the site to see if they can currently accept the member
- Once the site change is confirmed, the CM Coordinator or Supervisor should contact the CMI Call Center — they will make the necessary changes in the Incentive Manager Portal
- A member site change can be made more than once

Operational/Regulatory Challenges (2)

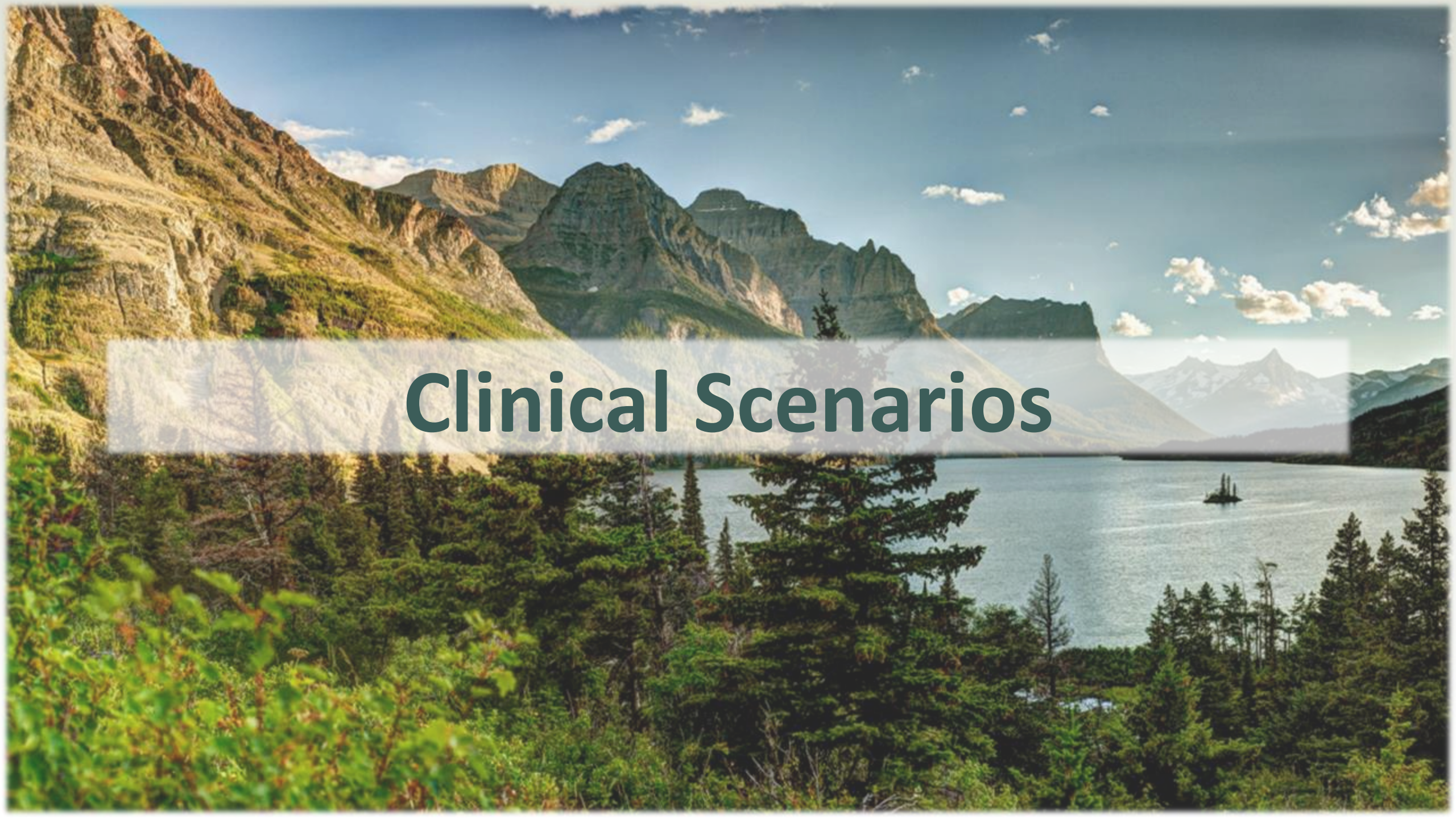
- The OIG Rule

The OIG (Office of the Inspector General) Rule

- In general, federal law restricts healthcare providers' ability to offer financial incentives as part of patient therapy or patient recruitment. The Anti-Kickback Statute (AKS) is a criminal law that prohibits the knowing and willful payment of "remuneration" to induce or reward patient referrals or the generation of business involving any item or service payable by the Federal health care programs (e.g., drugs, supplies, or health care services for Medicare or Medicaid patients).

- However, the federal government has explicitly stated that the AKS does **not** apply to motivational incentives that are delivered as part of the Medicaid-covered CM benefit (the MT HEART CM Program), and those that comply with the DPHHS-approved CM protocol.

- For more information on anti-kickback rules that apply to non-Medicaid approved CM programs either within or outside Montana, see Appendix D of the Program Manual.


Clinical Scenarios

A Member Contests a Stimulant-Positive UDT Result

A Member Contests a Stimulant-Positive UDT Result

- Remain non-confrontational but firm that the incentive is contingent upon the ***objective evidence*** of stimulant use (i.e., the urine drug test)

- A suggested script will follow the next activity

Break-Out Group Activity #2: A Member Contests a Stimulant-Positive UDT Result

- You will be divided into small groups again (take note of which breakout group you're in)
- Ask someone to volunteer to take notes for the group so they can summarize your discussion when we all come back together in the larger group
- Then, discuss the following questions:
  - How would you approach a conversation with a member who has a stimulant-positive UDT but states that they haven't used?
  - What are some specific questions you would ask or statements that you would want to make in this scenario?
- You will have approximately 10 minutes for this activity

What Do You Say?

- The next two slides depict what should be a helpful example script to follow if a member contests a stimulant-positive UDT result.

Script — A Member Contests a Stimulant-Positive UDT Result (1)

- **CM Coordinator:** *Hi _____. Good to see you today! How are you doing?*
- **Member:** *Great, I haven't used in over three weeks.*
- **CM Coordinator:** *According to the test, your urine drug test is positive for amphetamines.*
- **Member:** *What? That can't be right, I haven't used!*
- **CM Coordinator:** *When was the last time you used?*
- **Member:** *Like I said, over three weeks ago.*
- **CM Coordinator:** *Have you taken any of the medications on the list that might trigger a positive test?*
- **Member:** *No, I haven't taken any of them.*
- [**CM Coordinator:** remain non-confrontational but firm that the incentive is contingent upon the objective evidence of drug use, i.e., the urine drug test]

Script — A Member Contests a Stimulant-Positive UDT Result (2)

- **CM Coordinator:** *Ok. We still have to go by the results of the urine drug test, and I'm sure you remember when we went over the consent form when you enrolled in the program that we emphasized that any stimulant-positive test would not earn an incentive.*

- **Member:** *Yeah, I remember that, but I'm telling you, I haven't used!*
- **CM Coordinator:** *I hear you, _____. Unfortunately, as you know, we do have to base the incentive on the result of the urine drug test. Since the result was stimulant-positive I can't give you an incentive today. I know that probably feels frustrating. The good news is that you can get right back on track with your next test in just a few days. Remember, if that one is stimulant-negative, you earn $14, and if the one after that is also stimulant-negative, you go right back to the place in the schedule where you would have been if you hadn't tested stimulant-positive today. I'll see you in few days and remember to not take any of the medicines on the list that might cause you to test stimulant-positive. If you don't already have one, would you like to talk to a counselor or is there any other way we can support you as you continue forward?*

A Member Tests Positive for Opioids

- Steps to Take

Assessment and Diagnosis of an OUD

- If the CM Coordinator is a licensed behavioral health professional with SUD within their scope of practice under their specific license, they would be qualified to formally assess and diagnose an OUD
  - If the CM Coordinator is *not* a licensed behavioral health professional (for example, a certified counselor or peer support specialist), connect the member with a licensed staff person in the clinic for assessment/diagnosis and possible referral to an MOUD program
- The next two slides present what should be a helpful example script and procedure to follow if a member tests positive for opiates, oxycodone, and/or fentanyl.
  - It includes educating the member about fentanyl and its presence in the illicit drug supply as well as providing the member with a naloxone kit and instructions on how to use it.

Script — A Member Tests Positive for Opiates or Oxycodone (1)

- **CM Coordinator:** *Hi there, _____. Good to see you today! How are you doing?*
- **Member:** *I'm good, I haven't used in about a month.*
- **CM Coordinator:** *That's right, you're doing well, as far as stimulants are concerned. I just noticed, though, that while your urine drug test today is negative for stimulants, it is positive for opiates. Did you use anything like heroin or oxycodone in the last few days?*
- **Member:** *Well yeah, actually my friend came over yesterday. He brought a joint that we smoked, and he didn't tell me until after we smoked it that it had some heroin mixed in.*
- **CM Coordinator**: *Ok, that would explain the test result. It won't affect your incentive amount today since your test is negative for stimulants.*

Script — A Member Tests Positive for Opiates or Oxycodone (2)

- **CM Coordinator:** *I'm going to get you a naloxone kit. Naloxone is a nasal spray that can reverse an accidental opioid overdose. I'll get you a kit and show you how to use it. We're giving them to all of our members. Do you know what fentanyl is?*
- **Member:** *Yeah it's like heroin but stronger, right?*
- **CM Coordinator:** *That's right, fentanyl is an opioid that is up to 50 times stronger than heroin. A very small amount of fentanyl is lethal. We're seeing fentanyl showing up not only in heroin but also mixed in with drugs like methamphetamine. So it's really important to have naloxone on hand just in case you wind up ingesting fentanyl one way or another. If you have a friend that you usually get high with, you might want to show them the naloxone kit as well, so that if one of you unintentionally ingests fentanyl the other person can administer the naloxone.*
- **Member:** *Wow, I guess it's pretty dangerous stuff.*
- **CM Coordinator:** *Yes, that's why we want you to know about it and be prepared just in case you accidentally take some.*

A Member Tests Positive for Opiates, Oxycodone, or Fentanyl - Summary

- In the case of an opiate, oxycodone, or fentanyl-positive UDT, you should conduct an assessment for opioid use disorder. If the CM Coordinator is not licensed, connect the member with one to do an assessment.
- If the member has a moderate to severe opioid use disorder, they should be connected with a local MAT/MOUD clinic for consideration of methadone, buprenorphine, or naltrexone treatment.
- You should also have naloxone kits on hand to give to all members, *even if they report only using stimulants and do not use opioids*, due to the increasing adulteration of the stimulant supply with fentanyl.
- Sites should also be able to provide information about naloxone and fentanyl test strips (FTS), where to obtain them, and how to use them (further details available at: https://dphhs.mt.gov/BHDD/naloxone/; to find naloxone/FTS, click on 2nd box from the left)

CM Service Coding & Reimbursement

CM Billing Guidance

Billing for CM will consist of:

- Specimen Collection - **H0048** with the **modifier SE** at $9.15 per cup
- CLIA Waived test - **80305 QW** at $12.60 per test
- CM incentive delivery can occur alongside other billable services. When incentive delivery includes support or follow-up, providers should ***bill the qualified service during that portion of the visit***, such as peer support, individual therapy, or LAC services.

Reimbursement for Incentives

- Incentives will be disbursed through the Incentive Manager Portal
- DPHHS will cover the full cost of the incentives

- UCLA and DPHHS will monitor incentive delivery to ensure alignment between UDT results and incentives provided


Readiness Assessment

What is the Readiness Assessment?

- After completing the required CM trainings, treatment programs will be required to successfully complete the *Readiness Assessment* to administer CM. The review will include:
  - Reviewing site-specific CM processes and procedures, including staff hiring, UDT set-up and procedures, managing member flow/schedule, incorporating Incentive Manager, billing, and documentation procedures
  - Entering hypothetical cases into the Incentive Manager to demonstrate proficiency with the portal
  - Demonstrating standard responses to stimulant-negative and stimulant-positive UDTs
  - Demonstrating responses to pre-set scenarios, including how to handle disputes over test results, tampered samples, and positive results for drugs other than stimulants

Preparing for the Readiness Assessment

Handling Challenging Scenarios During CM Visits

- How to handle repeated stimulant-positive UDTs
- How to respond to someone who comes into the clinic under the influence of alcohol or other drugs
- How to respond to someone in crisis (e.g., suicidal/hopeless, or homicidal)
- How to educate members about the risk of illicit fentanyl in the stimulant supply (see previous example scenario)
- How to respond to common concerns about the HEART CM Program from other treatment providers and members not eligible to participate in the Program

Readiness Assessment Questions

You received a pdf of the Readiness Assessment form after you completed Part 1 of this training. Do you have any questions you would like to ask prior to completing it?


Fidelity Monitoring

Fidelity Monitoring Details

- Conducted twice in the first six months of implementation and every six months thereafter

- The UCLA team will educate DPHHS staff about procedures to continue conducting fidelity monitoring following the conclusion of the MT HEART CM Program pilot


Implementation Coaching Support

Implementation Coaching Support Details

- Monthly Coaching Calls
- Individualized onsite or virtual Implementation Support available by request
- Additional Training
- Recovery Incentives Implementation webpage on the UCLA ISAP website: https://uclaisap.org/montanaheartcm/
  - “Warm Line” for ongoing consultation, questions, and problem-solving
  - Resources for training, implementation, readiness review, and fidelity monitoring


Next Steps

Transition Plan for SOR Grant-Funded Sites (1)

- All staff who will deliver CM (CM Supervisor(s), Coordinator(s), and Back-up Coordinator(s) will take the training
- CM Supervisor will complete the Readiness Assessment Self-Study and IM Portal Practice Cases and CM Team will participate in the interview
- CM Supervisor will provide CMI with data on any grant-funded members (during the period while they are completing the readiness assessment)

Transition Plan for SOR Grant-Funded Sites (2)

- Site will be given the go-head to begin using the IM Portal
  - New members will be enrolled directly into the IM Portal
  - Existing grant-funded members will transferred into the IM Portal and will continue their participation according to the currently active visit schedule (e.g., if their previous grant-funded visit was week 3 visit 1, their first portal visit will be week 3 visit 2).
  - *It is of note that this may result in a change in the member's expectations about incentive amount as the escalation schedule for MT HEART CM will likely (probably) be different from the schedule being used in the grant-funded services.*

Transition Plan for SOR Grant-Funded Sites (3)

IMPORTANT!

- The transition will occur completely for a site **BEFORE** the site launches services in the IM Portal (i.e., we are not running both program simultaneously until some pre-determined date when the transition happens)

Readiness Assessment Preparation Outreach

- Email/phone outreach to each participating site will be conducted by **Caitlin Thompson, MPP, MPH** (Project Director of Training and Readiness Assessment) and **Adrienne Datrice** (Project Director of Fidelity Monitoring and Coaching)
- This outreach will allow for:
  - An opportunity for sites to address any questions or concerns
  - A check-in to assess each site's level of readiness to launch CM services
- Once the CM Coordinator and CM Supervisor complete the 2-part implementation training, the site will receive the *Readiness Assessment* self-study Qualtrics link via email.

DPHHS & UCLA Resources

- DPHHS HEART CM Program Website (Policy):

  https://dphhs.mt.gov/HeartInitiative/ContingencyManagement

- UCLA ISAP's HEART CM Program Training and Implementation Support Website:

  https://uclaisap.org/montanaheartcm/ (a Consultation Warm Line is accessible at the above website)

- UCLA Integrated Substance Use and Addiction Programs: www.uclaisap.org

Contacts

- For questions related to training and the readiness assessment:
  - **Caitlin Thompson**, MPP, MPH (Project Director of Training and Readiness Assessment) cathompson@mednet.ucla.edu
- For questions related to fidelity monitoring, coaching, and implementation support:
  - **Adrienne Datrice** (Project Director of Fidelity Monitoring and Coaching) adatrice@mednet.ucla.edu
  - **Julian Simmons** (Training Coordinator) juliansimmons@mednet.ucla.edu

End Code

XXXX

Please document the end code of this training (Part 2) as you will be asked to enter it in the CE Evaluation, which you will receive after this training.

Thank you!

What Final Questions
Do You Have?