

## Recovery Incentives Program: California's Contingency Management Benefit Readiness Assessment – Survey Questions

### Part One: Complete Qualtrics Readiness Assessment Survey

After completion of Part 2 of the Recovery Incentives Program: California's Contingency Management Benefit Implementation Training, sites will first complete an online Readiness Assessment Survey via Qualtrics and then participate in an interactive Readiness Assessment Interview with UCLA staff via Zoom.

To prepare to complete the Readiness Assessment process that will follow completion of the Part 2 Implementation Training, please review this PDF of the Readiness Assessment Survey items to begin gathering information and documents to expedite the completion of the Survey in Qualtrics. The purpose of the Readiness Assessment is to ensure that sites are fully prepared to offer CM services in accordance with DHCS standards and the rules and regulations of the Recovery Incentives Program. Both components of the Readiness Assessment (Qualtrics Survey and Zoom Interview) are required to be completed in full prior to being permitted to administer CM services. The Readiness Assessment process includes:

- Interactive demonstration of procedures and site-specific implementation goals.
- Entering practice cases into the Incentive Manager Portal to demonstrate proficiency with these tools.
- Responding to pre-set clinical scenarios, including, though not limited to, how to handle unexcused absences, disputes over test results, and positive results for drugs other than stimulants.

A link to the Readiness Assessment Qualtrics Survey and a PDF of the IM Portal Practice Cases will be made available to sites following completion of the Part 2 Implementation Training by at least one CM Coordinator and CM Supervisor at your site.

CM SITE DEMOGRAPHICS	
Question/Field	Type of Response [Response Categories]
Agency Name:	<i>Text Box</i>
Site Name:	<i>Text Box</i>
Site Street Address:	<i>Text Box</i>
City, State, Zip Code:	<i>Text Box</i>
County:	<i>Drop-down menu (select one):</i> <ul style="list-style-type: none"> <li>• Alameda, Contra Costa, Fresno, Imperial, Kern, Los Angeles, Marin, Nevada, Orange, Riverside, Sacramento, San Bernardino, San Diego, San Francisco, San Joaquin, San Luis Obispo, San Mateo, Santa Barbara, Santa Clara, Santa Cruz, Shasta, Tulare, Ventura, Yolo</li> </ul>
Person Completing Survey:	<i>Text Boxes</i> <ul style="list-style-type: none"> <li>• [First/Last Name, Job Title, Email Address, and Phone Number]</li> </ul>
Date Survey Completed:	<i>Drop-Down Calendar (preferred)</i>  <i>Alternate: Text Box</i> <ul style="list-style-type: none"> <li>• [MM/DD/YY]</li> </ul>

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CM PROGRAM LAUNCH	
Question/Field	Type of Response
Projected Launch Date:	<i>Drop-Down Calendar (preferred)</i>  <i>Alternate: Text box</i> <ul style="list-style-type: none"> <li>[MM/DD/YY]</li> </ul>
Additional Notes/ Comments:	<i>Text Box for narrative response</i>

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CM TEAM	
Question/Field	Type of Response
CM Coordinator:	<i>Text Boxes</i> <ul style="list-style-type: none"> <li>[First/Last Name, Job Title, Email Address, and Phone Number]</li> <li>Include an “Add a person” button(s) to allow for responder to include the information for additional team member(s) serving in this role on the CM Team</li> </ul>
Back-Up CM Coordinator:	<i>Text Boxes</i> <ul style="list-style-type: none"> <li>[First/Last Name, Job Title, Email Address, and Phone Number]</li> <li>Include an “Add a person” button(s) to allow for responder to include the information for additional team member(s) serving in this role on the CM Team</li> </ul>
CM Supervisor:	<i>Text Boxes</i> <ul style="list-style-type: none"> <li>[First/Last Name, Job Title, Email Address, and Phone Number]</li> <li>Include an “Add a person” button(s) to allow for responder to include the information for additional team member(s) serving in this role on the CM Team</li> </ul>
Projected number of members to be served in the Recovery Incentives Program at your site:	<i>Text Box</i> <ul style="list-style-type: none"> <li>[Enter number of individuals to be Served]</li> </ul>
Additional Notes/ Comments:	<i>Text Box for narrative response</i>

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MEDI-CAL MEMBER ELIGIBILITY VERIFICATION	
Question/Field	Type of Response
What are your procedures for verifying Medi-Cal member eligibility?	<i>Text Box for narrative response</i>
How frequently will you verify member eligibility?	<i>Text Box for narrative response</i>

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CONSENT FORM	
Question/Field	Type of Response
A CM Consent form is available in hard-copy and/or electronic format for e-signature, if needed:	<p><i>Radio Buttons</i></p> <ul style="list-style-type: none"> <li>• [Yes/No]</li> </ul> <p><i>If yes, upload PDF copy of consent form</i>  <i>If no, provide timeline for when consent form will be finalized in Text Box provided</i></p>

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STATUS OF CLIA CERTIFICATION AND STATE LAB REGISTRATION	
Name of Site Lab Director:	<p><i>Text Boxes</i></p> <p>[First/Last Name, Job Title, Email Address, and Phone Number]</p>
Has your site obtained a CLIA Certificate of Waiver?	<p><i>Radio Buttons</i></p> <ul style="list-style-type: none"> <li>• [Yes/No]</li> </ul> <p><i>If yes, please enter CLIA ID number and effective date of CLIA Waiver.</i>  <i>If no, please provide the status of the application and/or the date the application was submitted in Text Box provided.</i></p>
Has your site completed the State Lab Registration process?	<p><i>Radio Buttons</i></p> <ul style="list-style-type: none"> <li>• [Yes/No]</li> </ul> <p><i>If yes, please enter license number and effective date of license.</i>  <i>If no, please provide the status of the application and/or the date the application was submitted in Text Box provided.</i></p>

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POINT-OF-CARE URINE DRUG TEST SUPPLIES	
Have you purchased point-of-care urine drug test (UDT) cups in volume needed for first 30-60 days?	<p><i>Radio Buttons</i></p> <ul style="list-style-type: none"> <li>• [Yes/No]</li> </ul> <p><i>If yes, select UDT product(s) from drop-down (select all that apply):</i></p> <ul style="list-style-type: none"> <li>• [CLIAWaived, Inc. - 12 Panel IDTC Cups II with Adulterants]</li> <li>• [CLIA Waived, Inc. - 14 Panel IDTC II]</li> <li>• [Lochness Medical - MultiDrug One Step Cup II]</li> <li>• [Premier Biotech - Bio-Cup 12-Drug Panel Drug Test]</li> <li>• [None of the above]</li> </ul> <p><i>If none of the above, please explain:</i></p> <p><i>If no, select UDT product(s) from drop-down (select all that apply):</i></p> <ul style="list-style-type: none"> <li>• [CLIAWaived, Inc. - 12 Panel IDTC Cups II with Adulterants]</li> <li>• [CLIA Waived, Inc. - 14 Panel IDTC II]</li> <li>• [Lochness Medical - MultiDrug One Step Cup II]</li> <li>• [Premier Biotech - Bio-Cup 12-Drug Panel Drug Test]</li> <li>• [None of the above]</li> </ul>

	<i>If none of the above, please explain:</i>  <i>If <b>no</b>, provide timeline for when UDT cups will be purchased.</i>
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UDT PROCEDURES	
Do you have handwashing procedures protocol in place (e.g., member's handwashing is observed by staff prior to urine cup being given to them; sink is in separate room from toilet)?	<p><i>Radio Buttons</i></p> <ul style="list-style-type: none"> <li>[Yes/No]</li> </ul> <p><i>If <b>yes</b>, describe written protocol/procedures in Text Box provided</i>  <i>If <b>no</b>, explain why in Text Box provided</i></p>
What additional procedures are you using to ensure accuracy and validity of urine drug tests?	<p><i>Dropdown menu (select all that apply)</i></p> <ul style="list-style-type: none"> <li>Leave possessions outside restroom</li> <li>Thoroughly wash hands or use hand sanitizer</li> <li>Add bluing agent to the toilet</li> <li>Turn off access to hot water in restroom that will be used for UDTs</li> <li>Another procedure</li> <li>No additional procedures in place</li> </ul> <p><i>If <b>another procedure</b>, please specify procedure(s) in the text Box provided</i></p> <p><i>If <b>no procedures currently in place</b>, please explain plans for ensuring accuracy and validity of tests in Text Box provided</i></p>
Have you identified a dedicated space for safe keeping of member belongings?	<p><i>Radio Buttons</i></p> <ul style="list-style-type: none"> <li>[Yes/No]</li> </ul> <p><i>If <b>no</b>, explain why in Text Box provided</i></p>

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UDT PROCEDURES (continued)	
Do you have procedures in place for collecting and reviewing UDTs (space for samples to be placed, medical-grade gloves for staff, adequate lighting to review results, appropriate disposal bins, etc.)?	<p><i>Radio Buttons</i></p> <ul style="list-style-type: none"> <li>[Yes/No]</li> </ul> <p><i>If <b>yes</b>, describe written protocol/procedures in Text Box provided</i>  <i>If <b>no</b>, explain why in Text Box provided</i></p>

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CLINIC SPACE SET-UP	
Photo of clinic space:	<i>Upload all required photos to Qualtrics</i>
Photo of space for meeting with members:	<i>Upload all required photos to Qualtrics</i>
Photo of space for collection of UDT samples (restroom):	<i>Upload all required photos to Qualtrics</i>
Photo of location for storing UDT supplies:	<i>Upload all required photos to Qualtrics</i>

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UDT/INCENTIVE DELIVERY SCHEDULE	
Planned UDT/Incentive Delivery Days (Weeks 1-12):	<i>Drop-down menu (Check all that apply)</i> <ul style="list-style-type: none"> <li>• [Mon/Thurs]</li> <li>• [Tues/Fri]</li> <li>• [Another Schedule] – please specify</li> </ul>
Planned UDT/Incentive Delivery Days (Weeks 13-24):	<i>Drop-down menu</i> <ul style="list-style-type: none"> <li>• [Wed]</li> <li>• [Another Day] – please specify</li> </ul>
What hours will CM activities be offered on UDT/Incentive Delivery Days?	<i>Text Box</i> <ul style="list-style-type: none"> <li>• [Start/end time]</li> </ul>
Additional Notes/Comments:	<i>Text Box for narrative response</i>

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TECHNOLOGY SET-UP	
Question/Field	Type of Response
Have you added billing/reimbursement code H0050 and secondary diagnostic codes R82.998, and Z71.51 to EHR and/or DMC-ODS claims submission system?	<i>Radio Buttons</i> <ul style="list-style-type: none"> <li>• [Yes/No]</li> </ul> <i>If no, explain why in Text Box provided</i>
What is the location of the printer device that will be used to print gift cards?	<i>Text Box to describe where the printer is in relationship to the space where CM staff will meet with the member; ideally, CM staff and member will be able to directly observe the gift card printing process</i>

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CM TEAM MEMBERS WHO WILL PARTICIPATE IN PART TWO INTERVIEW	
Question/Field	Type of Response
Which CM Team members will participate in the Part Two Zoom Interview?	<i>Text Boxes</i> <ul style="list-style-type: none"> <li>• [First/Last Name, Role on CM Team, Email Address, and Phone Number]</li> <li>• Include an “Add a person” button(s) to allow for responder to include the information for additional team member(s) who will participate in the interview</li> </ul>

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INCENTIVE MANAGER PORTAL – PRACTICE CASES	
Computer is located in clinic space where CM Coordinator will meet with member:	<i>Radio Buttons</i> <ul style="list-style-type: none"> <li>• [Yes/No]</li> </ul> <i>If no, explain why in Text Box provided</i>
Three Practice Cases have been added to IM Portal by all CM Team Members (CM Coordinator(s), Back-up CM Coordinator(s), CM Supervisor(s))*:	<i>Radio Buttons</i> <ul style="list-style-type: none"> <li>• [Yes/No]</li> </ul> <i>If no, explain why in Text Box provided</i>
Additional Notes/Comments:	<i>Text Box for narrative response</i>

*\*In order to receive a personalized login for the IM Portal, each CM team member needs to enter the three practice cases into the IM Portal Sandbox, provided via email.*

**NOTE: THIS IS WHERE YOU FIND THE LINK TO THE IM PORTAL SANDBOX ENVIRONMENT AND THE CORRESPONDING LOGIN CREDENTIALS**

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