

Contingency Management Participant and Program Partnership Guide

1. What is the Contingency Management (CM) Waiver Program?
 - CM is an evidence-based behavioral intervention that uses positive reinforcement to help people change behavior. The CM program offered under the Washington State Section 1115 Medicaid Demonstration Waiver aims to help people reduce stimulant use, given that the evidence suggests larger benefits for this approach. Once stimulant-focused CM programs are established, the hope is to broaden CM to focus on opioids and alcohol. For more information on CM please visit the [CM Information website](#).
 - Washington State offers CM under the Section 1115 Medicaid Demonstration Waiver (Medicaid Transformation Project [MTP] 2.0). The MTP allows our state to develop and implement innovative projects, activities, and services that improve Apple Health (Medicaid) and support Apple Health enrollees. On June 30, 2023, CMS approved MTP to continue for five more years. Our renewal will help expand our reach to provide more programs, services, and support to our most vulnerable populations, including allowing Washington state to offer CM as a Medicaid-funded intervention to support recovery, particularly for stimulant use disorders. Read the [CM fact sheet](#).
2. What is the goal of CM?
 - CM aims to reduce substance use and related harms, improve treatment engagement and retention, and support long-term recovery by reinforcing drug-negative urine tests. The goal is to make CM broadly available, giving Washington state providers an evidence-based option for treating stimulant use disorder and increase opportunities for individuals to benefit from this effective approach. As CM for stimulant use becomes more established, the intervention can expand to focus on other substances.
3. Who is eligible to receive CM services?
 - CM services are available to Apple Health (Medicaid) beneficiaries diagnosed with a stimulant use disorder. Future CM efforts will include people with diagnoses of opioid and/or alcohol use disorders.
4. Who can provide CM services?
 - Under the 1115 demonstration waiver, CM services can be provided only by Medicaid outpatient SUD treatment providers and community behavioral health agencies that have been approved through the Health Care Authority (HCA) readiness and training requirements.
 - Critical readiness requirements include:
 - All questions in Readiness Assessment answered completely
 - At least 2 staff members that can undergo all the CM training requirements
 - CLIA Certificate of Waiver
 - Organizations interested in implementing CM outside of the 1115 Waiver can go to the [CM Information website](#) for resources.
5. What incentives are allowed?
 - Incentives are non-cash items or cash equivalents (e.g., gift cards) with restrictions. Incentives cannot be used for alcohol, tobacco, cannabis, lottery tickets, or firearms.
6. How much can participants receive?
 - The current program allows participants to earn up to approximately \$599 per year in incentives, following a standardized incentive schedule set by HCA.

7. How do providers apply and participate?
 - Providers must complete the HCA CM interest and readiness tool and participate in required training and technical assistance. Selection occurs in cohorts. Interested organizations can sign up for HCA's GovDelivery notifications by visiting the [HCA website](#).
8. How is CM reimbursed?
 - Each selected site will enter into a contract with HCA for payment. Providers should not bill CM services until official billing instructions are provided to them by HCA.
9. Are there reporting requirements?
 - Yes. Providers must track participation, incentive distribution, drug test results, and treatment engagement. Data reporting requirements will be outlined by HCA. A platform for data entry will be provided with the CM training.
10. Is there technical assistance and training provided to the participating sites?
 - Yes, training and technical assistance (TTA) is provided by Washington State University, a long-time partner with extensive experience in CM TTA across Washington state and elsewhere in rural and urban areas. WSU tracks TTA participation and sites complete prescribed training and implementation activities to ensure successful implementation of evidence-based CM.
11. What safeguards are required?
 - Programs must include fraud prevention, secure incentive management, standardized protocols, and documentation requirements consistent with CMS guidance. This topic is included in the training that the providers receive.
12. Do incentives affect Medicaid eligibility?
 - No. CM incentives do not count as income for Medicaid eligibility determinations.
13. How long is the waiver approved?
 - The MTP 2.0 waiver, including CM, is approved through June 30, 2028. Additional information about MTP is available on HCA's [MTP website](#).
14. Where can providers get updates?
 - If providers have questions they can also reach out directly to hcasupportedcm@hca.wa.gov. Providers can also monitor HCA announcements and GovDelivery bulletins.

MTP Contingency Management

Why is data collected

Medicaid Transformation Project Objective:

To *demonstrate* that the services offered improve the health of our Medicaid clients with the ultimate goal of expanding the service to a broader group of Medicaid recipients.



Clinical care documentation – tracking of client's progress of treatment



MTP Design and Evaluation – CMS requires independent evaluation of all MTP services offered (Reentry, HRSN, Contingency Management). Evaluation includes both quantitative and qualitative analysis.



Health Equity – measure and ensure health equity



Program Operations/Internal reporting - the HCA team needs to monitor implementation (for example: Utilization to ensure a good implementation of services or CMS compliance)



Auditing/Program Integrity - standard practice in Medicaid, set of practices that focus on preventing, detecting, and correcting fraud, waste, and abuse.