

Contingency Management: Overcoming Implementation Barriers to Bring Science to Practice

**Michael G. McDonell, PhD; K. Michelle Peavy,
PhD; Sara C. Parent, ND**

Presented at the ASAM 2025 Annual Conference, April 26th



Disclosure Information

☀ Presenter 1: Michael G. McDonell, PhD

® Dr. McDonell is a Multiple Principal Investigator to develop a contingency management application with Managed Health Connections.

☀ Presenter 2: K. Michelle Peavy, PhD

☀ “No Disclosures”

☀ Presenter 3: Sara C. Parent, ND

☀ “No Disclosures”

Learning Objectives

- ☀ Describe three common barriers to implementing contingency management focused on stimulant use disorders.
- ☀ Review strategies for addressing CM implementation barriers.
- ☀ Outline next steps in developing a CM program for clinical settings.

Audience Poll

Contingency Management can be defined as:

1. A one-time incentive for a one-time behavior, like getting a gift card in exchange for Hepatitis C screening.
2. A behavioral therapy that uses positive reinforcement to promote positive behavior change.
3. A program that can be set up at substance use disorder treatment facilities, which involves providing positive reinforcement and punishment, depending on the person's behavior.
4. Providing people with services, resources, or help.



Contingency Management can be defined as:

A: A one-time incentive for a one-time behavior, like getting a gift card in exchange for Hepatitis C screening.

0%

B: A behavioral therapy that uses positive reinforcement to promote positive behavior change.

0%

C: A program that can be set up at substance use disorder treatment facilitates, which involves providing positive reinforcement and punishment, depen...

0%

D: Providing people with services, resources, or help.

0%

Contingency Management: Funding and regulatory matters

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Disclaimer

- ☀️ The information I am presenting is for educational purposes only
- ☀️ I am a clinical psychologist, not a lawyer, thus I cannot give you legal advice
- ☀️ I am a clinical psychologist, and I do not have and MBA or write Medicaid Waivers, so I can't give you financial advice

Regulatory Compliant CM

- ☀ The Office of the Inspector General (OIG) prohibits the use of incentives in federally sponsored healthcare
- ☀ There are a number of "safe harbors" or exemptions that allow incentives to be used in certain circumstances
- ☀ CM can be implemented within existing safe harbors
- ☀ However, these safe harbors are up to interpretation and require a certain acceptance of risk- which is a major barrier for many policy makers and practitioners

Regulatory Compliant CM-Solutions

☀️ OIG CM Safe Harbor

- ☀️ The OIG is in the process of drafting a CM safe harbor
 - Draft parameters can be found in the HHS/ASPE report and the January SAMHSA announcement
 - Is over 9 months past due
- ☀️ A provider or payer can submit their CM intervention for review and approval by the OIG- there are costs and limitations with this approach
- ☀️ States can obtain an 1115 Medicaid Demonstration waiver for CM (CA, WA, MT)

Regulatory Compliant CM-Solutions (continued)

- ☀️ Policy makers and providers can align themselves with existing federal guidance
 - ☀️ Existing safe harbors
 - ☀️ HHS/ASPE, and SAMHSA guidance
 - ☀️ Approved Waiver CM programs
 - ☀️ OIG Approved protocols
- ☀️ All individuals implementing CM should take steps to learn about and design their CM program in a manner that prevents fraud, waste, and abuse

Regulatory Compliant CM- Non Federally Funded Healthcare

- ☀ CM is available in non-Medicaid/Medicare federal healthcare programs, such as the VA
- ☀ Outside of the federal healthcare system provider must adhere to other federal and state laws, such as anti-kick back laws. With some exceptions evidence-based CM is not widely available in the private healthcare space.
- ☀ How many of you could access CM if you needed it?

CM Funding

- ☀ CM costs include
 - ☀ Incentives (in an evidence-based amount)
 - ☀ Point of care urine drug tests
 - ☀ Provider time to implement CM
 - ☀ Training and implementation supports
- ☀ Until recently there was no feasible way to pay for this evidence-based intervention

CM Funding Solutions SOR/TOR Grants

- ☀️ SAMHSA State and Tribal Opioid Response Grants
 - ☀️ \$750 per patient/grant year can be spent on CM
 - ☀️ Funds can also be used to cover staff time, urine drug testing, and training and implementation supports.
 - ☀️ While there is regulatory guidance- there is no explicitly regulatory approval for a CM program

CM Funding Solutions 1115

Demonstration Waivers

- ☀️ Waivers provide the ability to implement CM as a covered Medicaid benefit, thereby
 - ☀️ Providing a mechanism for reimbursing providers for CM
 - ☀️ Providing regulatory approval for CM
 - ☀️ Must be written in a manner that addresses all costs described above or combined with other funding (state-level, SOR/TOR funds).
 - ☀️ CA as an example- > \$50 million to support the development, implementation, and training and implementation of the waiver
 - ☀️ WA as an example- training and implementation supports are funded by SOR

CM Funding Other Solutions

- ☀️ Opioid settlement funds
- ☀️ Grants and private funding
- ☀️ Private payers- a need for advocacy, particularly focused on alcohol and tobacco

Conclusion

- ☀ CM is one of the MOST evidence-based interventions for addiction and the ONLY evidence-based intervention for stimulant use disorder
- ☀ **Starting with the Trump Administration in 2020, the federal government responded to the need for regulatory and funding reform to stimulant CM dissemination**
- ☀ **There are for the first time regulatory and funding policies that are stimulating new CM programs**
- ☀ **The VA and state-wide disseminations demonstrate that evidence-based CM can be implemented effectively without fraud, waste, and abuse!**

Regulatory and Funding Resources

☀ HHS ASPE Report

- ☀ <https://aspe.hhs.gov/reports/contingency-management-treatment-suds>

☀ SOR/TOR CM \$750 announcement

- ☀ <https://library.samhsa.gov/sites/default/files/contingency-management-advisory-pep24-06-001.pdf>

☀ California Waiver Program

- ☀ <https://www.dhcs.ca.gov/Pages/DMC-ODS-Contingency-Management.aspx>

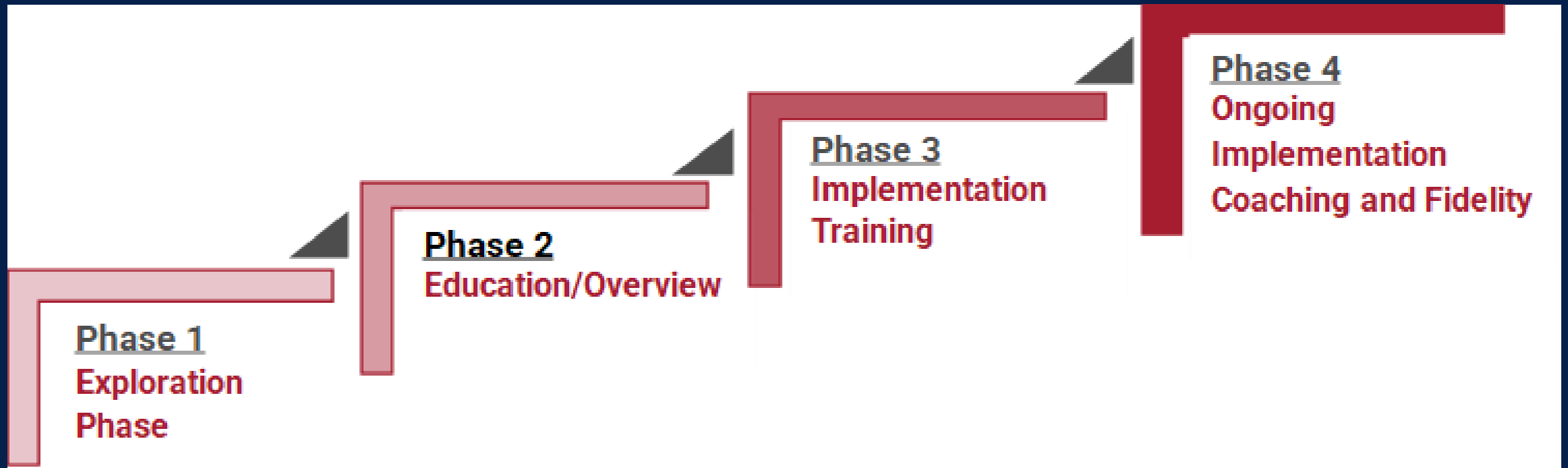
Garnering Buy-In for Contingency Management Implementation

Addressing Barriers Through Training, Coaching, and Tools

K. Michelle Peavy, PhD



Comprehensive Training & Technical Assistance



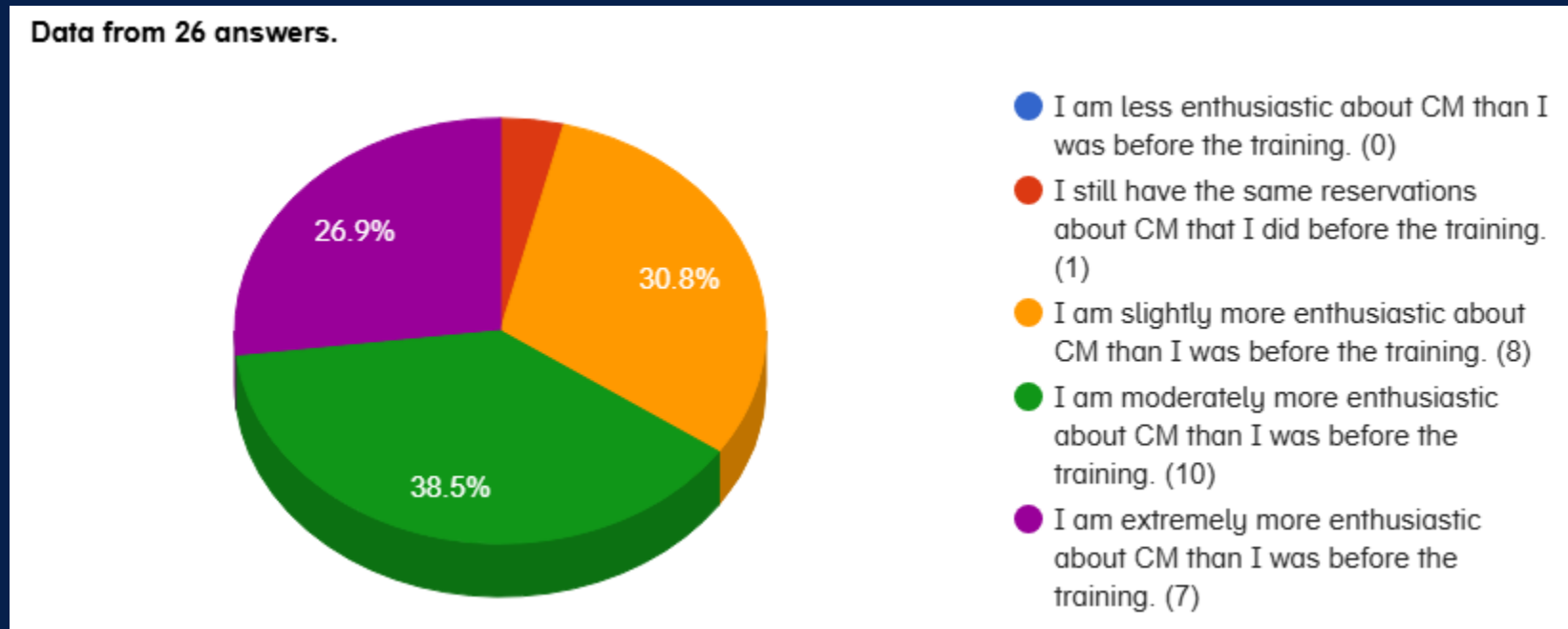
What are your concerns about doing CM?

PollEv.com/saraparent239



Training satisfaction

Question: How did the training impact your enthusiasm about Contingency Management?

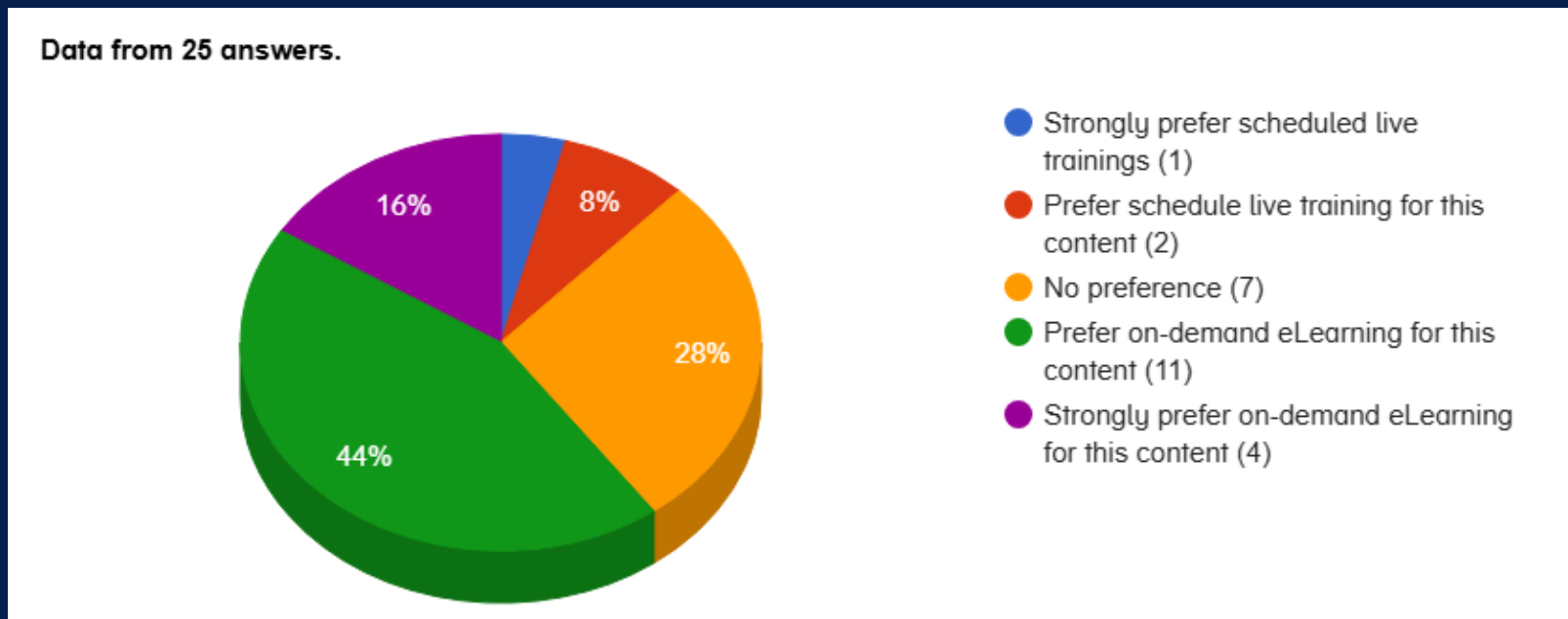


“This training has been amazing. I love how interactive it is. I learned to be confident in my own abilities to help support individuals that come through my office door.”

~PRISM Trainee

Training satisfaction

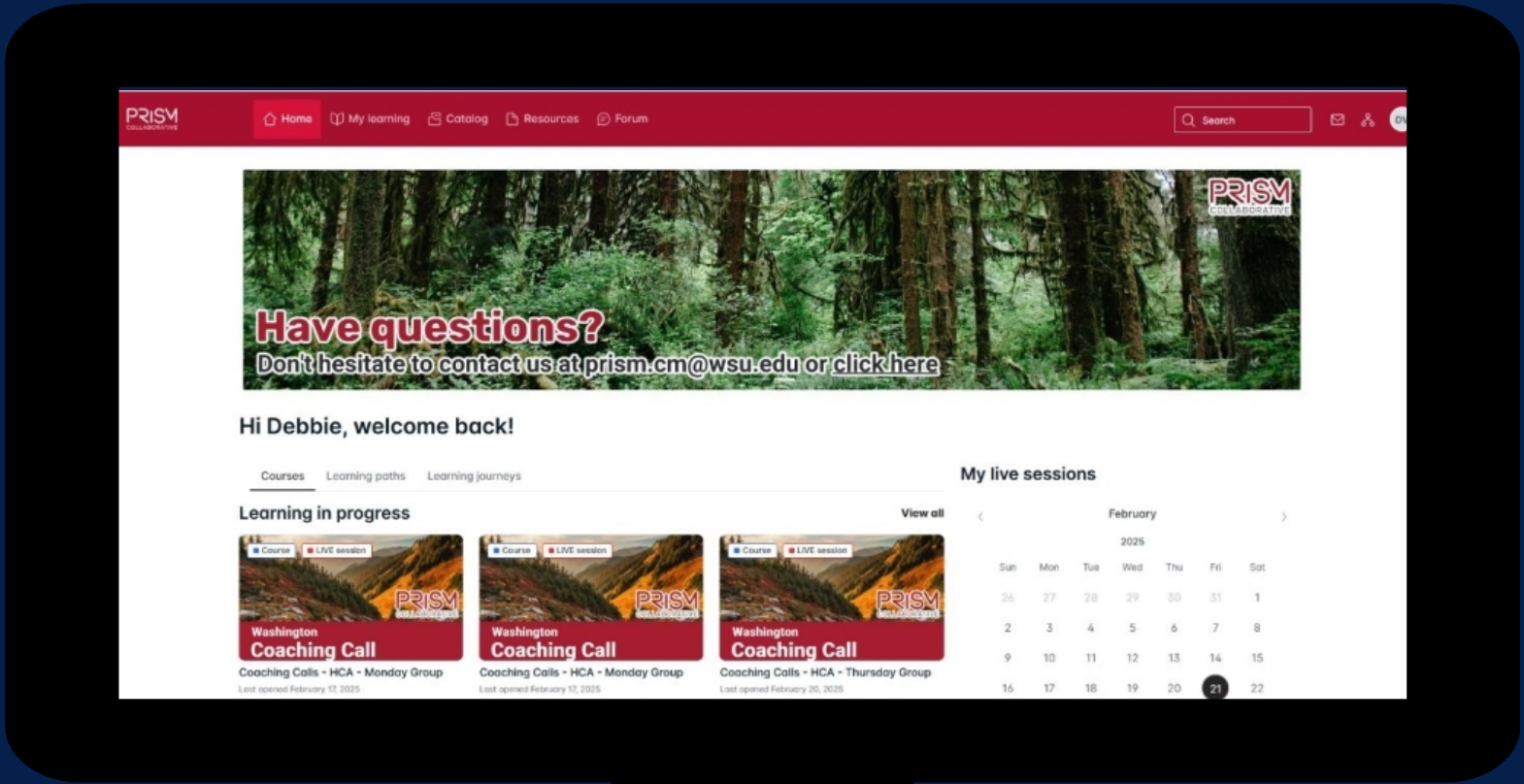
Question: How would you rate your overall preference for on-demand eLearning as an introduction to Contingency Management compared to scheduled live training?



"I appreciate being able to take these modules and learn more about this remotely. Thank you for sharing your excitement for CM!"

~PRISM Trainee

Let's see it!



Coaching Calls to Enhance Buy-In

- ☀️ **Coaching as an ongoing support strategy**
 - ☀️ Provides a space to address **real-world challenges**
 - ☀️ Encourages peer learning & troubleshooting
 - ☀️ Strengthens CM champions within organizations

Next steps

- ☀ Ever iterating to improve eLearning.
- ☀ Measuring constructs: CM Knowledge; CM Beliefs.
- ☀ Examination of Coaching process through surveys and qualitative inquiry.

<https://www.prismcollab.org/cm-training>

From limited program resources to implementation success

Two state-funded CM examples

Sara C. Parent, ND



Why it can be hard to implement CM

- ✦ Not *just* funding, regulatory, and TTA barriers
- ✦ Other heavy lifts:
 - ✦ Developing a CM protocol and Policies and Procedures
 - ✦ Adapting CM workflow/policies to site-specific needs
 - ✦ Staff time for frequent CM visits, urine testing, and administrative tasks

Doing CM is possible!!

... especially with a little help from your state! ;-)



Not just state funded... state *supported!*

- ✦ Developing a CM protocol and Policies and Procedures
 - ✦ State provides one CM protocol, and P&P guidelines
- ✦ Adapting CM workflow/policies to site-specific needs
 - ✦ State collaborates with TTA team to provide *monthly* coaching and implementation support
- ✦ Staff time for frequent CM visits, urine testing, and administrative tasks
 - ✦ State provides funding for staff time
 - ✦ Administrative burden lightened by digital incentive calculator/manager; other decision points

Two examples of state-supported CM

CM in Montana

1

Behavior focus: stimulant-neg UDT

2

CM program integrated with other behavioral treatments

3

Incentive magnitude= \$596 (originally \$315)

4

Frequency/duration: twice weekly; 12wks

5

Medicaid Waiver approved and launching soon!

CM in Washington

1

Behavior focus: stimulant-neg UDT

2

CM connected to state-funded opioid treatment programs

3

Incentive magnitude= \$528

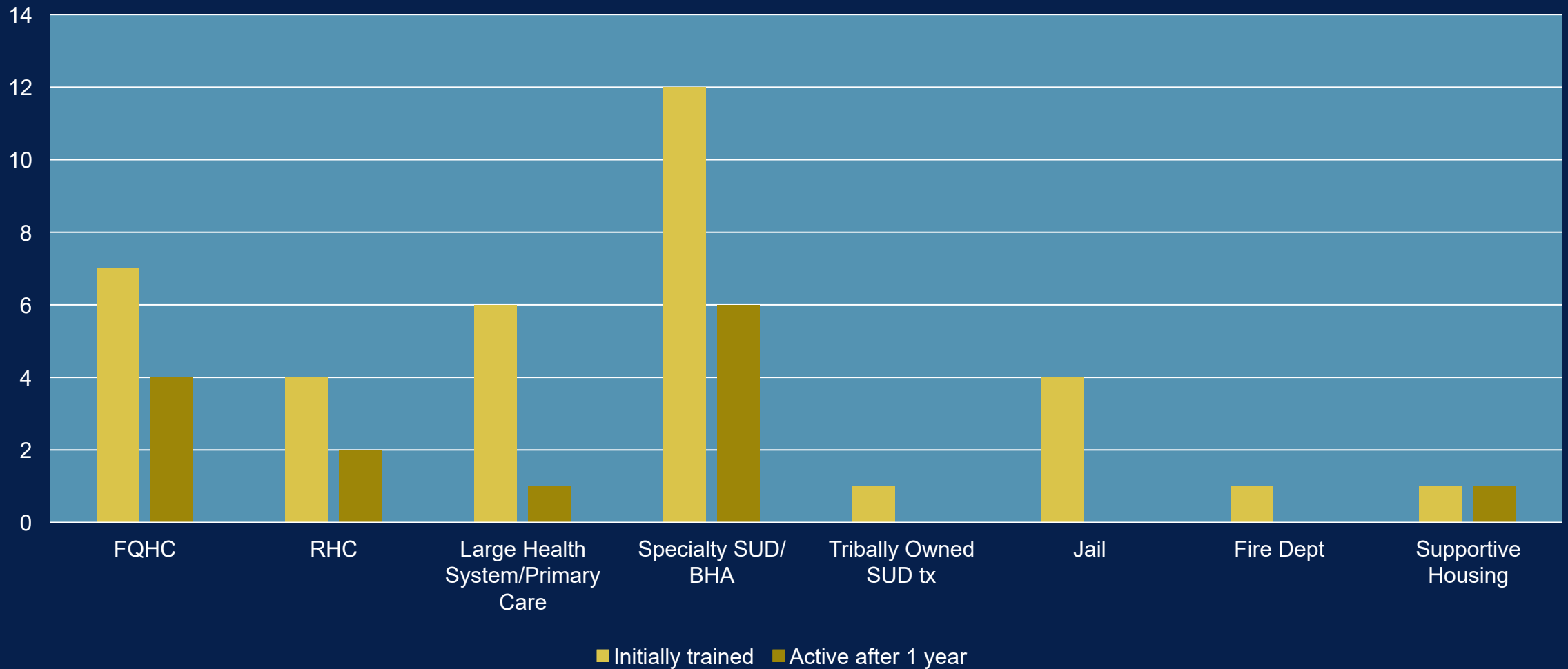
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Frequency/duration: twice weekly; 12wks

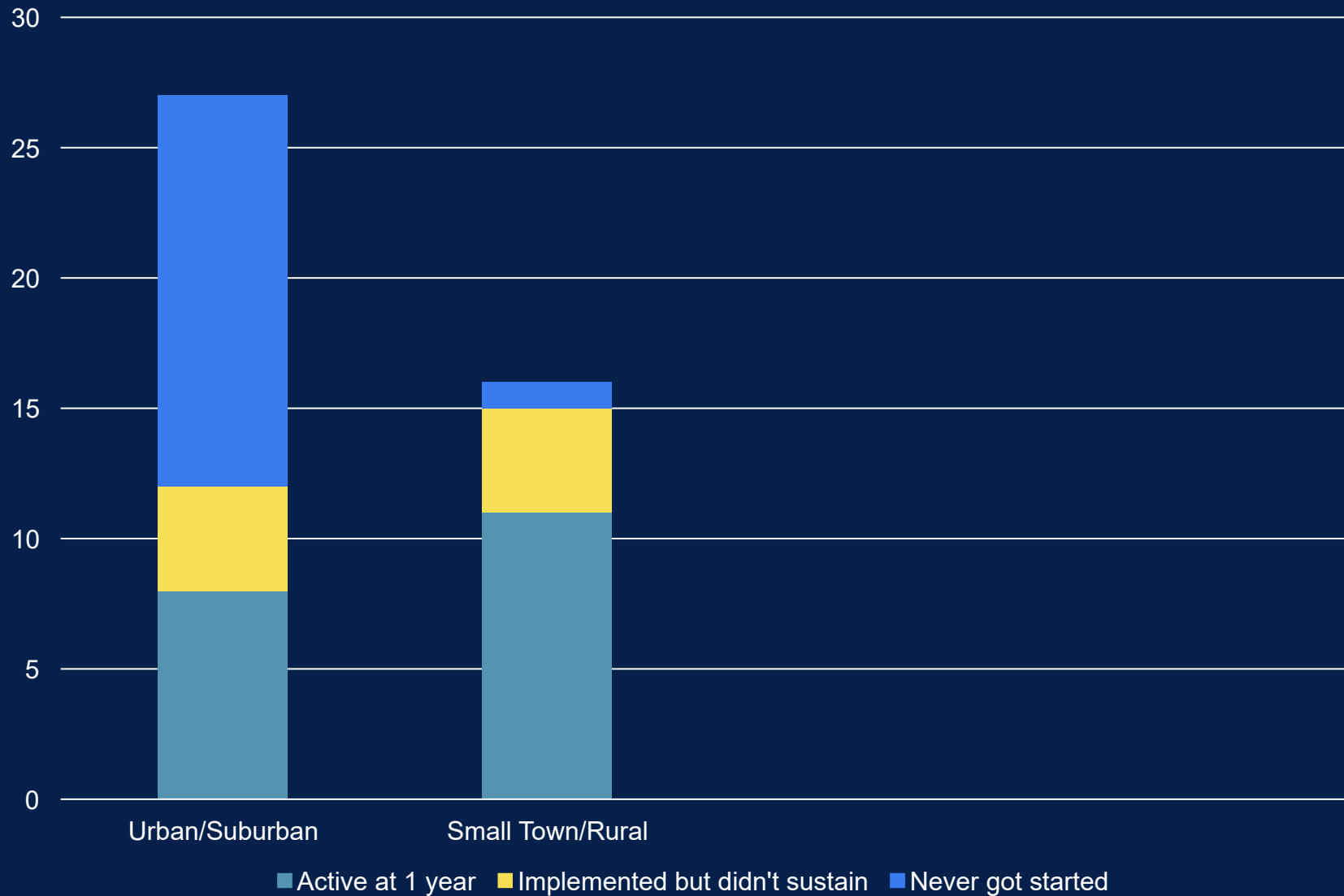
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Medicaid Waiver approved and launching soon!

CM Sustainment by site-type



CM Uptake by rurality



Per Rural-Urban Commuting Area Codes: <https://www.ers.usda.gov/data-products/rural-urban-commuting-area-codes/>

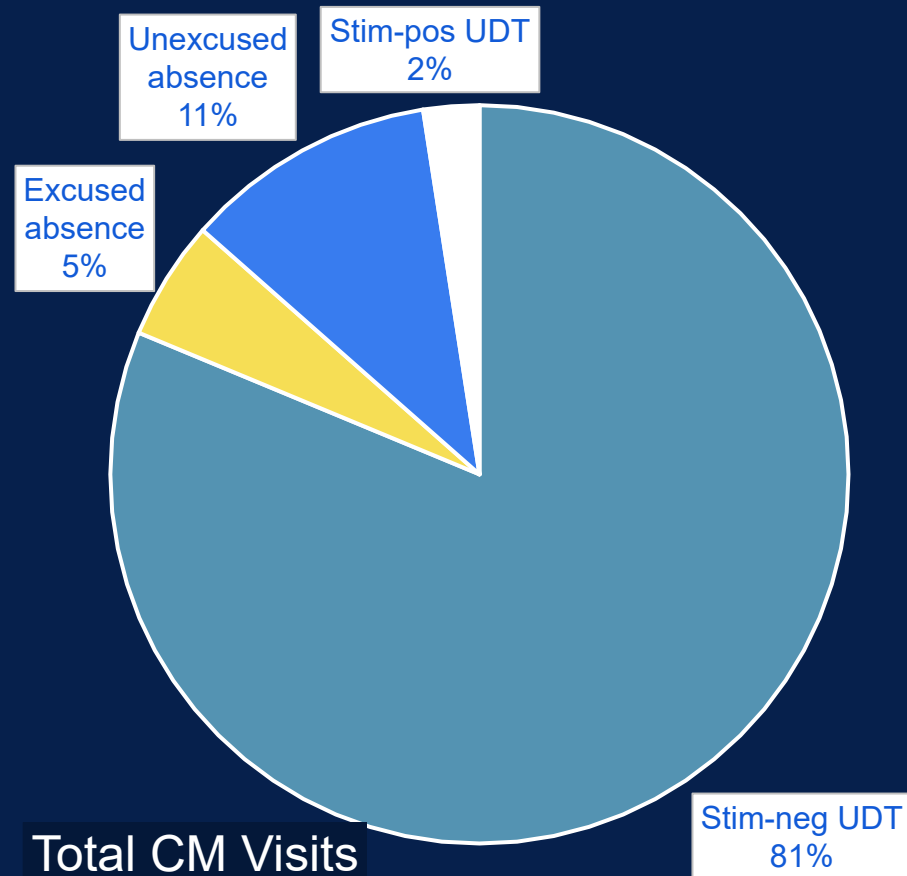
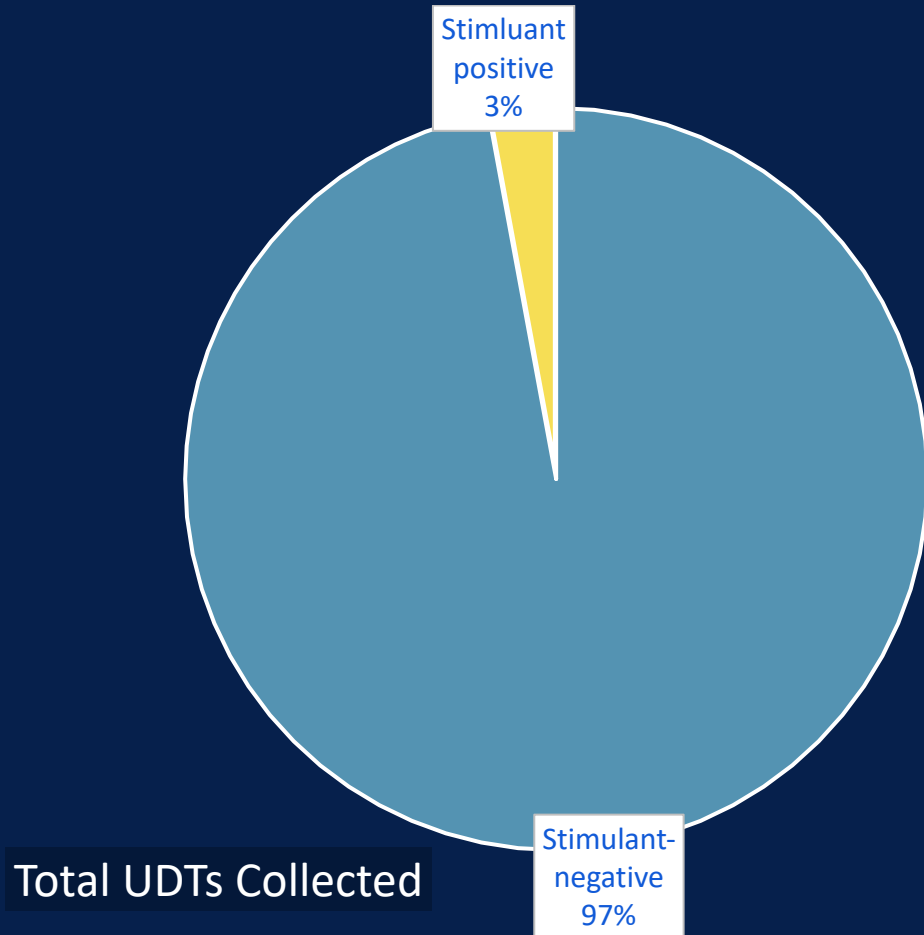


CM in Montana: 1 year snapshot

- ☀️ 13 locations active after 1 year
- ☀️ 261 people enrolled
- ☀️ 104 people completed 12-wks
- ☀️ 3,499 CM visits conducted



CM in Montana: No Matter How you Slice It!

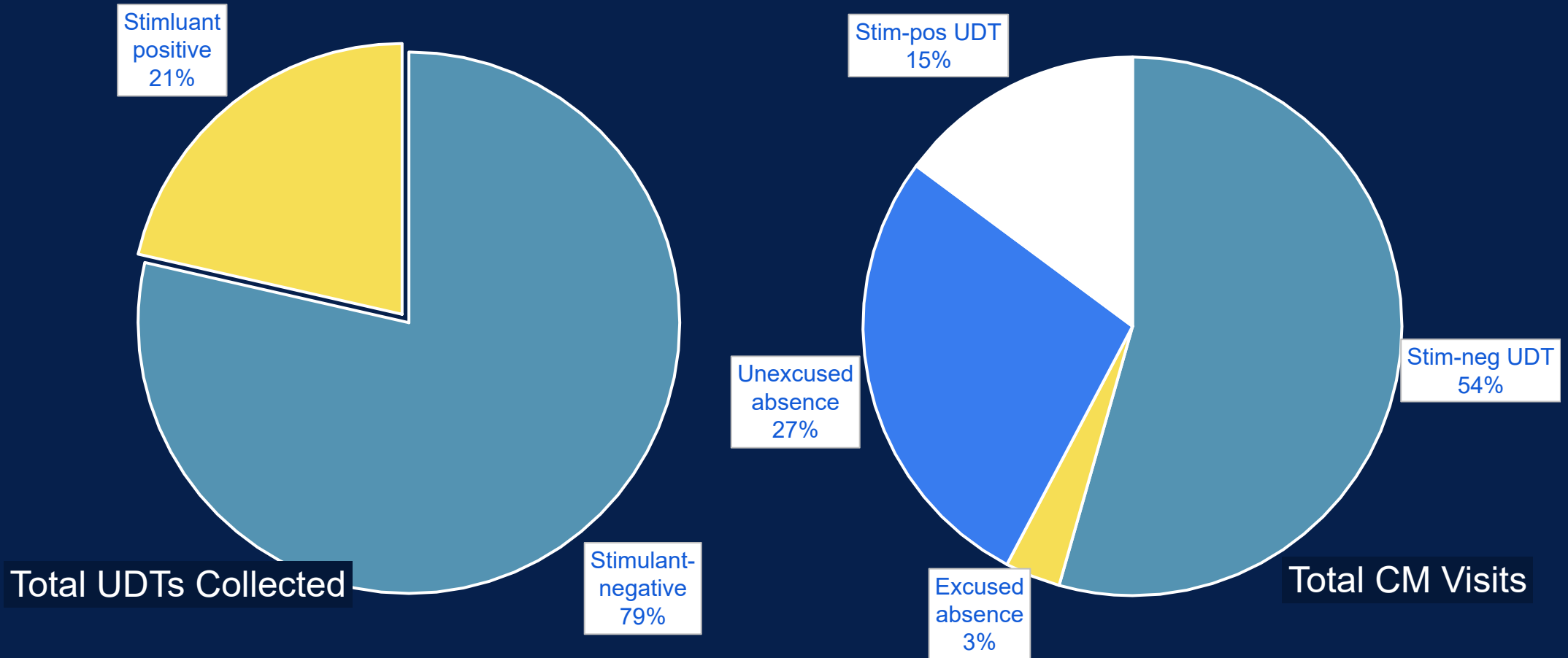


CM in Washington: 1 year snapshot

- ☀ 10 locations active after 1 year
- ☀ 267 people enrolled
- ☀ 113 people completed 12-wks
- ☀ 2,641 CM visits conducted



CM in Washington: More to chew on



State differences/Data limitations

- Heterogeneity in attendance/discontinuation policies
- Different patient populations
 - More people receiving MOUD in unique settings in Washington
 - More court-involved people at specialty SUD treatment sites in Montana
- Rurality?!

How is CM being received?

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Seattle tries new approach for treating addiction – gift cards

June 6, 2024 at 6:00 am

"I stopped [using drugs] thanks to the program".

British Columbia

Washington state is giving people gift cards to help get them off drugs

The reward-based system, which incentivizes people to stop using stimulants, is showing success

 Anais Elboudjaini · CBC News · Posted: Feb 10, 2025 5:00 AM PST | Last Updated: February

"It's not an all or nothing type situation," he said. "If you screw up or if you have a hot [urine analysis] the demeanor of the people that are working with us doesn't change because of it. They're very interested in what it takes to fix this problem."

Small gift cards can be a key tool to stop stimulant addiction, but stigma stands in the way

By Mira Cheng, CNN

10 minute read · Published 6:32 AM EDT, Tue April 16, 2024



The contingency management program "makes you feel good, it actually gives you hope," he said. "It makes you feel like there's somebody out there wanting to see you succeed instead of fail."



Final Audience Poll

How did this presentation impact your enthusiasm about Contingency Management?

PollEv.com/saraparent239



How did this presentation impact your enthusiasm about Contingency Management?

A: I am less enthusiastic about CM than I was before the presentation.

0%

B: I still have the same reservations about CM that I did before the presentation.

0%

C: I am slightly more enthusiastic about CM than I was before the presentation.

0%

D: I am moderately more enthusiastic about CM than I was before the presentation.

0%

E: I am extremely more enthusiastic about CM than I was before the presentation.

0%

References (Required)

1. Rawson, R. A., Erath, T. G., Chalk, M., Clark, H. W., McDaid, C., Wattenberg, S. A., Roll, J. M., McDonell, M. G., Parent, S., & Freese, T. E. (2023). Contingency Management for Stimulant Use Disorder: Progress, Challenges, and Recommendations. *The Journal of ambulatory care management*, 46(2), 152–159. <https://doi.org/10.1097/JAC.0000000000000450>
2. Rash, C. J., DePhilippis, D., McKay, J. R., Drapkin, M., & Petry, N. M. (2013). Training workshops positively impact beliefs about contingency management in a nationwide dissemination effort. *Journal of substance abuse treatment*, 45(3), 306–312. <https://doi.org/10.1016/j.jsat.2013.03.003>
3. Parent, S. C., Peavy, K. M., Tyutyunnyk, D., Hirchak, K. A., Nauts, T., Dura, A., Weed, L., Barker, L., & McDonell, M. G. (2023). Lessons learned from statewide contingency management rollouts addressing stimulant use in the Northwestern United States. *Preventive medicine*, 176, 107614. <https://doi.org/10.1016/j.ypmed.2023.107614>