

 <p><b>DEPARTMENT OF PUBLIC HEALTH &amp; HUMAN SERVICES</b></p>	<p><b>Behavioral Health and Developmental Disabilities (BHDD) Division</b></p> <p>Medicaid Services Provider Manual for Substance Use Disorder and Adult Mental Health</p>
	<p><b>Date effective:</b></p> <p>July 1, 2025</p>
<p><b>Policy Number:</b></p> <p><b>New: 615</b></p>	<p><b>Subject:</b></p> <p>HEART Waiver – Contingency Management (CM)</p>

### **Definition**

Contingency Management (CM) is evidence-based treatment that provides motivational incentives to treat individuals living with stimulant use disorders (StimUD), which supports their path to recovery. It recognizes and reinforces individual positive behavior change, as evidenced by point-of-care urine drug tests that are negative for stimulants such as amphetamines, methamphetamine, and cocaine. CM is the only treatment that has demonstrated robust outcomes for individuals living with stimulant use disorder, including reduction or cessation of drug use, and longer retention in treatment.

Services consist of a structured 12-week outpatient CM program, during which motivation incentives will be available. CM may be provided to eligible Medicaid beneficiaries and is intended to complement other substance use disorder treatment services, as defined in this Manual.

### **Medical Necessity Criteria**

- (1) Member must be 18 years of age or older;
- (2) The member must have a stimulant use disorder diagnosis from the current version of the DSM or ICD-10 as the primary diagnosis.
- (3) Member must be enrolled in only ONE stimulant-specific Contingency Management program. Members may not receive CM from more than one provider at a time.

## **Provider Requirements**

- (1) CM must be provided by one of the following:
  - (a) A state-approved and licensed SUD Outpatient Facility;
  - (b) A hospital with the ability to provide SUD treatment services and/or refer members to other outpatient treatment services outlined in this manual;
  - (c) A Rural Health Clinic (RHC), Federally Qualified Health Center (FQHC), or Indian Health Services (IHS) Tribal 638 provider with SUD services in their scope of services.
- (2) The provider must:
  - (a) Have licensed behavioral health professionals with SUD within their scope of practice under their specific license;
  - (b) Have CM Supervisory staff, CM Delivery staff, and CM Support staff (at least three are required) providing and/or overseeing CM to participate in CM-specific training, coaching, and technical assistance offered by the department or the department's designee; and
  - (c) Have a State of Montana certificate of Waiver through the Montana Clinical Laboratory Improvement Amendments (CLIA) program.
- (3) Through an eligible provider, the following staff can deliver the CM benefit through the CM program:
  - (a) Licensed Addiction Counselors (LAC) and/or Mental Health professionals with SUD specific scope and training (ex: LCSW, LPC); or
  - (b) Trained staff with appropriate supervision by licensed behavioral health professionals.
- (4) Providers will document member information, including urine drug test (UDT) results in the incentive manager (IM) tool, in accordance with IM training.

## **Service Requirements**

- (1) To be reimbursed for CM, qualified providers may bill a combination of CM specimen collection and handling and the approved CLIA-waived test along with any other SUD outpatient services being provided.
- (2) CM incentives are dispersed through the incentive manager tool and loaded onto restricted gift cards or debit cards.

- (3) CM incentives must not be used to purchase cannabis, tobacco, alcohol, firearms/ammunition, lottery tickets, or additional restricted items identified by the department.
- (4) To qualify for CM incentives, a member must participate in a twelve-week program and demonstrate non-use of stimulants. Members will be asked to visit the treatment setting, in person, for a minimum of two treatment visits per week for drug screening. These screening visits will be separated by at least 72 hours to help ensure that drug metabolites from the same drug use episode will not be detected in more than one UDT at a time.
- (5) A member can receive incentive payments for each visit where they have tested negative for stimulants.
- (6) The amount of CM incentives will be distributed per the incentive manager tool.
  - (a) A “reset” will occur when the member submits a stimulant-positive sample or has an unexcused absence. The next time the member submits a stimulant negative UDT, their motivational incentive amount will return to the initial value.
  - (b) A “recovery” of the pre-reset value will occur after two consecutive stimulant-negative UDTs. At this time, the member will recover their previously earned motivational incentive level without having to completely restart the process.
- (7) During each visit, The CM delivery staff will collect a urine sample from the member, which is billable separately. This sample will be tested for stimulants, including cocaine, amphetamine, and methamphetamine. Samples will be collected in a rapid, CLIA-Waived, Point-of-Care test cup with specimen validity measures. This is billable as a CLIA-waived test under laboratory services. [Laboratory Services Fee Schedule](#)
- (8) Staff will immediately inform the member of the results of the UDT and how it relates to their recovery and enter the results into a secure incentive-management program. Staff will also schedule next appointment. This is billable as specimen collection for contingency management as defined in Policy 505.
- (9) A member will be considered to have dropped out of the CM program if they are absent from CM services for at most eight consecutive, unexcused absences. If the member later returns to the CM provider, and they continue to meet eligibility criteria, they will be invited to restart the CM program. Participation in CM will have no impact on the member’s eligibility for other treatment services.

### **Utilization Management**

- (1) Prior Authorization is not required.
- (2) Continued Stay Review is not required.
- (3) The provider must document in the file of the member that the member meets the medical necessity criteria and update such documentation on an annual basis, or as needed.
- (4) In rare circumstances, following the completion of the CM treatment phase of the program, a member may benefit from re-entering the CM treatment protocol. In these instances, the clinical documentation, completed and reviewed by the provider, must demonstrate that CM services are medically necessary and appropriate based on the standard of care. The documentation must clarify that outpatient treatment continues to be appropriate for the member and include the provider's reasoning for resuming CM services. A member still may not exceed the maximum annual limit for earned incentives, and once that limit is reached, the member would no longer be eligible for the CM Program and should be transitioned to other services, as appropriate.