Appendix A

Recovery Incentives Program: California's Contingency Management Benefit
Sample Member Consent Form/Agreement

NOTE: This template is provided as a guide to counties and treatment provider sites participating in the Recovery Incentives Program. Counties are encouraged to adapt this content to fit within the parameters of existing member consent forms/agreements, including county/agency-specific branding, logos, and letterheads, and larger font size and spacing to meet accessibility standards.

I understand that the goal of the Recovery Incentives Program is to help me reduce my stimulant use and to continue to receive services even if I have use episodes or miss appointments along the way. To accomplish this, I agree with the following statements related to my participation:

1. To participate in the Recovery Incentives Program, I must be admitted to an outpatient, intensive outpatient, partial hospitalization, or narcotic treatment program (also known as opioid treatment program).
2. I confirm that I am not currently enrolled in a residential treatment program.
3. During my enrollment in the Recovery Incentives Program, I will notify the program site if I am admitted into a residential treatment program.
4. I understand that I am ineligible to participate in the Recovery Incentives Program while I am enrolled in a residential treatment program. However, I may be eligible to resume participation in the Recovery Incentives Program on the same date that I am discharged from a residential treatment program.
5. I can start the Recovery Incentives Program at any time. During the first 12 weeks, I will be expected to come to the clinic two (2) times per week and submit a urine sample for a urine drug test (UDT). For the following 12 weeks, I will be expected to come to the clinic one (1) time per week and submit a urine sample for a UDT.
6. I may come to the clinic more often to participate in services, and these visits will not involve submitting a urine sample for a UDT as part of the Recovery Incentives Program.
7. Participation in the Recovery Incentives Program is voluntary, and I can discontinue at any time. Leaving the Recovery Incentives Program will not impact my eligibility to participate in any other medically necessary clinical services.
8. I will receive an incentive payment each time I submit a Recovery Incentives Program scheduled UDT that is stimulant-negative (i.e., free of amphetamine, methamphetamine, and cocaine). The incentive payment will take the form of an electronic or paper gift card.
9. I will receive the incentive payment immediately when I give a stimulant-negative UDT.
10. In the initial 12 weeks, for the first stimulant-negative UDT, the incentive payment will be worth $10. If I give two (2) stimulant-negative UDTs in a row, the incentive payment will increase to $11.50. The value of the incentive payment will keep increasing by $1.50 for every two times I give stimulant-negative UDTs. The highest amount an incentive payment can reach for an individual test is $26.50.

11. During the second 12 weeks of the Program, weekly stimulant-negative UDTs will be worth $15 in weeks 13-18, $10 in weeks 19-23, and $21 in week 24.
12. If all tests are stimulant-negative over 24 weeks, I will earn $599. If for any reason I need to restart the program, the maximum that I can earn is $599 per calendar year including current and any previous participation in the Recovery Incentives Program.
13. I will not receive an incentive payment if I submit a UDT that is stimulant-positive (i.e., presence of amphetamine, methamphetamine, and/or cocaine). The results of the urine drug test are final, and I agree to accept the outcome and decision of Recovery Incentives Program staff even if I disagree with it.
14. During the first 12 weeks, if I submit a stimulant-positive UDT, the incentive payment will return to $10 the next time I provide a stimulant-negative UDT. Once I give a second stimulant-negative UDT, I will get back all the increases I earned previously and will continue to earn increases each time I test negative for stimulants two (2) times in a row.
15. During the second half of the Program (weeks 13-24), if I submit a stimulant-positive UDT, I will not receive an incentive for that visit. On my next stimulant-negative UDT I will receive an incentive in the amount that is scheduled for that week ($15 in weeks 13-18, $10 in weeks 19-23, and $21 in week 24).
16. I understand that certain medications may interact with the UDT resulting in a false positive test for stimulants (see attached list). I understand that all positive UDTs will be treated the same (no incentive will be given) even if it is a result of one of these medications. Taking medications as prescribed is important, and I agree to seek the advice of my medical provider before making any changes in my medication regimen.
17. I agree to inform Recovery Incentives Program staff if I am taking a prescription stimulant medication. Taking prescription stimulant medications will cause my UDTs to always be positive for stimulants (no incentive will be given), and I therefore will not be eligible for the Recovery Incentives Program.
18. I will not receive an incentive payment when my urine sample tests positive for stimulants even if the stimulant-positive UDT is from one of the medications from the list of items known to cause a stimulant-positive UDT result.
19. For unavoidable absences (e.g., a doctor appointment, illness, funeral, etc.), I will reschedule my UDT visit on a contiguous day if at all possible. If I cannot reschedule, I can request an excused absence by notifying the clinic ***before*** the missed session. I will provide documentation of the reason for the absence at the next scheduled visit (e.g., receipt from the doctor, funeral announcement, travel ticket, employer work schedule, document from judicial authority). I understand that if the clinic approves the absence, it will be recorded as excused, I will not receive an incentive for that visit, and at my next visit the incentive payment will continue at the same level as if the absence had not occurred, for up to two consecutive excused absences. If the excused absence extends to three or more visits, my incentive amount will reset to the original $10.
20. I understand that excused absences must be requested and approved prior to the scheduled visit. Visits cannot be approved as excused after the date of a scheduled visit and would be recorded as missed.

21. If I do not submit a urine sample or have an unexcused absence from the clinic, it will be recorded as a stimulant-positive UDT result. It will not negatively affect any other treatment services I am receiving or eligible to receive.
22. I agree that I will give my own urine for all urine drug tests; I will not tamper with the urine sample; and I commit to following the rules and procedures of the Recovery Incentives Program.
23. I agree to use the incentive payments earned only for my own personal use. I will not sell or trade any incentive payments. I agree that I will not use incentive payments to purchase alcohol, tobacco, cannabis, or lottery tickets.
24. I will not enroll in the Recovery Incentives Program with more than one (1) treatment provider at a time. I understand that if I am registered with more than one (1) Recovery Incentives Program provider, the providers must meet to determine which provider will assume responsibility to continue my treatment.
25. During my enrollment in the Recovery Incentives Program, I will not participate in contingency management services for treatment of Stimulant Use Disorder(s) outside of the Program.
26. The clinic will collect information about me throughout my participation in the Recovery Incentives Program for evaluation and incentive tracking purposes.
27. The Recovery Incentives Program staff will record my attendance, UDT results, and any incentive payments distributed in an electronic database.
28. My personal and medical information will be protected according to required state and federal privacy and confidentiality regulations (HIPAA and 42 CFR Part 2) and will only be shared when medically necessary or with the provider organization, the County, State, UCLA-affiliated staff and Incentive Manager-affiliated staff for program payment, monitoring, oversight, auditing, and/or evaluation purposes.
29. I will be able to submit any feedback about the Recovery Incentives Program by emailing recoveryincentives@dhcs.ca.gov.
30. I agree to complete evaluation surveys and forms related to my participation in the Recovery Incentives Program to help program staff understand how this program helped me and others.

_____	_____	_____
Member Name (Print)	Member Signature	Date

The Recovery Incentives Program: California's Contingency Management Benefit
Sample Member Consent Form/Agreement

Medicines that Can Cause You to Test Positive for Stimulants

- **Prescription medicines for Attention Deficit Hyperactivity Disorder (ADHD):** if you take any of these, your urine drug tests will always be positive for stimulants and you will be ineligible to earn incentives in the Recovery Incentives Program.
  - Methylphenidate (Ritalin, Concerta, Dayrana, Quillivant, Mthylin, Aptensio XR, Cotempla XR, Metadate CD)
  - Dexmethylphenidate (Focalin XR)
  - Serdexmethylphenidate/dexmethylphenidate (Azstarys)
  - Amphetamine salts (Adderallm Mydayis)
  - Dextroamphetamine (Dexedrine, Spansule, Zenzdi, ProCentra)
  - Lisdexamfetamine (Vyvanse)
- **Prescription and over-the-counter medicines for cough and cold, with decongestants**
  - Pseudoephedrine (Sudafed, SudoGest, Zephrex-D, Claritin-D, Allegra-D, others)
  - Levmetamfetamine (Vicks Vapoinhaler)
- **Prescription medicines for mental health conditions**
  - Chlorpromazine (Thorazine and Largacti)
  - Trazodone (Desyrel, Desyrel Dividose, Oleptro)
  - Bupropion (Wellbutrin, Forfivo XL, Aplenzin, and Zyban)
- **Prescription and over-the-counter medicines for weight loss/diet aids**
  - Phentermine (Adipex-P, Lomaira)
  - Benzphetamine (Didrex, Regimex)
  - Phenulpropanolamine (PPA, Dexatrim, Accutrim)
  - Ephedra (Ma-huang)
- **Prescription medicine for hypertension**
  - Labetalol
- **Prescription medicine for Parkinson's Disease**
  - Selegiline (Eldepryl, Zelapar, Emsam)
- **Prescription medicine for diabetes**
  - Metformin (Glucophage, Riomet, Glumetza)
- **Prescription and over-the-counter medicines for asthma and allergies**
  - Eldepryl, Zelapar, Emsam (Marax)
  - Ephedrine (Primatene)
  - Promethazine (Phenergan Promacot)
- **Prescription medicines used for bacterial infections**
  - Ofloxacin (Floxin, Ocuflox)
- **Other substances**
  - Methylenedioxymethamphetamine (MDMA, Ecstasy, Molly, Mandy Pingers)
  - Dimethylamylamine (DMAA, Forthane, Geranamine, Geranium Extract)
- **Other considerations**
  - It is possible that other medicines not on this list may cause a urine drug test to be positive for stimulants. If you are concerned about any prescription, over-the-counter medicine, herbal supplement, or other substance that you are taking, please consult with your medical provider or Recovery Incentives Program staff.