



FOCUS GROUP INCENTIVE PROGRAM REQUEST FOR APPROVAL

Focus group incentive programs require DHCS approval before implementation. Complete and email this form to MMCDHealthEducationMailbox@dhcs.ca.gov and CC your DHCS Contract Manager. Submit at least two weeks before the start date to allow sufficient time for review and approval. If less than two weeks, please indicate in the subject line for an expedited review. The Managed Care Plan's qualified health educator must review the request before submission to DHCS. Please see [APL16-005](#) for more information.

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| Focus Group Incentive Program ID Number (DHCS assigns this after approval): <div>Click or tap here to enter text.</div> | |
| Managed Care Plan: Click or tap here to enter text. | Date: Click or tap to enter a date. |
| Submitting on behalf of subcontracting MCP | <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, name of subcontracting MCP: Click or tap here to enter text. |
| 1. What is the goal of this focus group study? <i>(i.e. what do you intend to learn from these focus groups and how will that information be used?)</i> | Click or tap here to enter text. |
| 2. What counties will you implement this program in? | Click or tap here to enter text. |
| 3. Planned start date: | Click or tap to enter a date. |
| 4. What is the expected date of the last focus group? | <input type="checkbox"/> Ongoing <input type="checkbox"/> Limited Term—Expected end-date: Click or tap to enter a date. |

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| <p>5. Is this focus group program part of any of these projects?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> PIP</p> <p><input type="checkbox"/> PDSA project</p> <p><input type="checkbox"/> PNA objective</p> <p><input type="checkbox"/> Other QI project</p> | <p>If yes, please provide the name/title of the project this member incentive is part of (if applicable):</p> <p>Click or tap here to enter text.</p> |
| <p>6. What are the targeted disease(s)/health behavior(s) this focus group aims to address? (See the end of the document for the code list)</p> | <p>Click or tap here to enter text.</p> |
| <p>7. Who is eligible to participate in the focus group? (i.e. target population and/or eligibility criteria)</p> | <p>Click or tap here to enter text.</p> |
| <p>8. How many focus groups do you plan to conduct for this request? (if ongoing, enter how many focus groups you plan to conduct annually)</p> | <p>Click or tap here to enter text.</p> |
| <p>9. List languages in which the focus group(s) will be conducted, and the number of focus groups for each language, if applicable:</p> | <p>Click or tap here to enter text.</p> |
| <p>8. What types of incentives will you offer to program participants? (check all that apply)</p> | <p><input type="checkbox"/> Gift Cards Value:\$ Click or tap here to enter text.</p> <p><input type="checkbox"/> Product/ merchandise Value:\$ Click or tap here to enter text.</p> <p>Product descriptions: Click or tap here to enter text.</p> <p><input type="checkbox"/> Raffle Value:\$ Click or tap here to enter text.</p> <p><input type="checkbox"/> Tickets/Vouchers Value:\$ Click or tap here to enter text.</p> <p><input type="checkbox"/> Other Value:\$ Click or tap here to enter text.</p> |
| <p>9. Acknowledgements</p> <p><input type="checkbox"/> MCP has determined how eligible members will be recruited for the focus group(s)</p> <p><input type="checkbox"/> MCP has considered how to reduce barriers for members to attend the focus group(s) (time of day of group, transportation and/or childcare services provided, food offered, etc.)</p> | |

- ☐ MCP has determined the location where the focus group(s) will be held is appropriate and convenient for the recruited population
- ☐ MCP has determined whether and how to notify providers of the focus group(s)
- ☐ MCP will inform members that gift cards cannot be used for purchasing tobacco, alcohol, or firearms, if applicable
- ☐ MCP has a process in place to count the number of focus groups conducted
- ☐ MCP has a process in place to count the number of members who attend each focus group
- ☐ MCP has a process in place to count the number of members who received the incentive or were entered into the drawing and received a prize from a drawing

10. The focus group outline, a draft of the script, or sample questions are attached. ☐

Additional comments:

Click or tap here to enter text.

Name of MCP's Qualified Health Educator who reviewed the survey incentive program and this MI request form:

Click or tap here to enter text.

Email: Click or tap here to enter text.

MCP Contact Person (person submitting the form and/or person responsible for the program): Click or tap here to enter text.

Email: Click or tap here to enter text.

Comments/Additional Information: Click or tap here to enter text.

DHCS Approver's Name and Title: Click or tap here to enter text.

Date of Approval: Click or tap to enter a date.

Approver Comments:

Click or tap here to enter text.

Instructions for reporting:

Annual evaluations are required for ongoing programs and multi-year limited-term programs. Annual evaluations are due 13 months from the planned start date, covering the preceding 12 months. For example, a program with a planned start date of May 1, 2023 will have its first annual evaluation due on June 1, 2024, covering the reporting period of May 1, 2023-April 30, 2024. All subsequent evaluations are due June 1 annually covering the preceding 12 months.

The reporting period is the time frame that will be covered in the annual evaluation. If a program starts May 1, 2023, the first annual evaluation will cover the reporting period May 1, 2023-April 30, 2024, the second annual evaluation will cover May 1, 2024-April 30, 2025.

End-of-program evaluations for focus group incentive programs are due 60 days after the last focus group. If this is a limited-term program that is more than 12 months long, then evaluations are due annually as described above under 'annual evaluations,' and the end-of-program evaluation is due 60 days after the program has ended covering the time period since the last annual evaluation.

If an approved program did not start (zero members received the incentive) within the reporting period and you wish to end the program, you may send an email to MMCDHEALTHEDUCATIONMAILBOX@dhs.ca.gov to cancel the program. No end-of-program evaluation is required. If you wish to continue the program, then an annual evaluation is required. Please include an explanation of barriers to starting the program for that reporting period in the comments section. You may also send an email to request an adjustment to the "planned start date" as well as the "expected end date", no new or updated applications are required.

| Targeted Disease/ Behavior Code | Description of Targeted Disease/ Behavior |
|---------------------------------|--|
| A | Asthma |
| ACC | Access to Care |
| ACC-AAP | Adult Access to Ambulatory/Preventive Services |
| ACC-CAP | Children and Adolescent Access to Primary Care |
| AIS | Immunizations-Adult |
| AIS-other | Immunizations-Adult other |
| AMR | Asthma - medication ratio/refilled controllers |
| AWC | Adolescent Well Care (12-21 years) |
| BCS | Breast Cancer Screening |
| BH | Behavioral Healthcare |
| BH-ADD | Behavioral Healthcare-ADHD Medication |
| BH-AMM | Behavioral Healthcare-Antidepressant Medication Management |
| CBP | Controlling High Blood Pressure - Hypertension |
| CCS | Cervical Cancer Screening |
| CDC | Comprehensive Diabetes Care -Screenings |
| CDC-BP | Diabetes Care - Blood Pressure Monitoring |
| CDC-E | Diabetes Care - Retinal Eye Exam |
| CDC-HT | Diabetes Care - HbA1c Test |
| CDC-N | Diabetes Care - Nephropathy |
| CDM | Chronic Disease Management |
| CDM-CM | Chronic Disease Management- Care Management |
| CDM-HIV | Chronic Disease Management- HIV/AIDS Management |
| CDM-MTM | Chronic Disease Management- Medication Therapy Management |
| CIS | Immunizations- Child any combo/shot focus |
| CIS-10 | Immunizations - Child/Toddler Combo 10 |
| CIS-3 | Immunizations - Child/Toddler Combo 3 |
| CIS-other | Immunizations - Child/Toddler other |
| COL | Colon Cancer Screening |
| COPD | COPD |
| DDM | Diabetes Disease Management- Non-Screening |
| DENT | Dental |
| DENT-ADV | Dental- Annual Dental Visit |
| DPP | Diabetes Prevention Program |
| FLU | Flu Shots - any ages |
| HA | Health Assessment |
| HA-IHA | Health Assessment- Initial Health Assessment |
| HA-other | Health Assessment- Other |
| HA-P | Health Assessment- Personal |
| HEC | Health Education Class (General) |
| HH-S | Heart Health-Stroke Prevention |
| HL | Healthy Lifestyle- any ages |
| HL-HE | Healthy Lifestyle- Healthy Eating |
| HL-HWM | Healthy Lifestyle- Healthy Weight Management |

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| HL-PA | Healthy Lifestyle- Physical Activity |
| IMA | Immunizations- Adolescent |
| IMA-2 | Immunizations- Adolescent Combo 2 |
| IMA-HPV | Immunizations- Adolescent HPV |
| IMA-Tdap | Immunizations- Adolescent Tdap |
| IZ | Immunizations- General all ages |
| LSC | Lead Screening |
| ME | Member Experience |
| ME- S | Member Experience- Satisfaction |
| ME-ACC | Member Experience- Access to Care |
| ME-BH | Member Experience- Behavioral Health |
| MO | Member Orientation/Use of Health Services |
| MPM | Monitoring Patients on Meds: non-specific |
| MPM-ACE | Monitoring Patients on ACE inhibitors or ARBs |
| MPM-DIU | Monitoring Patients on Diuretics |
| NEWS | Newsletter Feedback |
| OA | Obesity - Adult |
| OCT | Obesity - Child/Teen (Adolescent) |
| OPT | Opt In - text/email contact |
| PPC | Pregnancy |
| PPC-BF | Breastfeeding |
| PPC-Pre | Prenatal |
| PPC-Pst | Postpartum |
| PREV | Preventive Services- all ages |
| SAF | Safety-all ages |
| STI | Sexually Transmitted Infections/Diseases |
| STI-CHL | Chlamydia |
| SUD | Substance Use |
| SUD- ALC | Substance Use- Alcohol |
| SUD- BH | Substance Use- Behavioral Health |
| SUD- TC | Substance Use- Tobacco Cessation |
| SXH | Sexual Health |
| UPL | Use of MCP website/online health account |
| URL-C | Health classes/workshops on MCP's website/portal |
| W15 | Well Care Baby (0-15 months) |
| W30 | Well Care Baby (0-30 months) |
| W34 | Well Care Child (3-6 years) |
| W84 | Well Care Child (7-11 years) |
| WCA | Well Care Adult (Age 21+) |
| WCV | Well Care Visit (3-21 years) |
| WH | Women's Health |
| WW | Weight Watchers |

Some Targeted Behaviors/Diseases are naturally able to be grouped together onto an incentive request form. Listed below are some groupings that can be considered regularly when completing forms. However these grouping still must meet the requirements of question number 6 on the form.

- a. **ACC = Access to Care** could include ACC-CAP = Children and Adolescent Access to Primary Care; ACC-AAP = Adult Access to Ambulatory/Preventive Services
- b. **BH = Behavioral Healthcare** could include BH-AMM = Behavioral Healthcare-Antidepressant Medication Management; BH-ADD = Behavioral Healthcare-ADHD Medication
- c. **CDC = Comprehensive Diabetes Care-Screenings** could include CDC-BP = Diabetes Care - Blood Pressure Monitoring; CDC-E = Diabetes Care - Retinal Eye Exam; CDC-HT = Diabetes Care - HbA1c Test; CDC-N = Diabetes Care - Nephropathy
- d. **CDM = Chronic Disease Management** could include CDM-CM = Care Management; CDM-MTM = Medication Therapy Management; CDM-HIV = HIV/AIDS Management
- e. **CIS = Immunizations-Child any combo/shot focus** could include CIS-10 = Immunizations - Child/Toddler Combo 10; CIS-3 = Immunizations - Child/Toddler Combo 3; CIS-FLU = Immunizations - Child/Toddler Influenza; CIS-Tdap = Immunizations - Child/Toddler Tdap; CIS-other = Immunizations - Child/Toddler other
- f. **HL = Healthy Lifestyle any ages** could include HL-HE = Healthy Lifestyle- Healthy Eating; HL-HWM = Healthy Lifestyle- Healthy Weight Management; HL-PA = Healthy Lifestyle- Physical Activity
- g. **IZ = Immunizations-General all ages** could include CIS-10 = Immunizations - Child/Toddler Combo 10; CIS-3 = Immunizations - Child/Toddler Combo 3; CIS-FLU = Immunizations - Child/Toddler Influenza; CIS-Tdap = Immunizations - Child/Toddler Tdap; IZ-HPV = Immunizations- HPV all ages; IMA-HPV = Immunizations-Adolescent HPV; AIS-HPV = Immunizations-Adult HPV; IMA = Immunizations-Adolescent; IMA-Tdap = Immunizations-Adolescent Tdap; IMA-HPV = Immunizations-Adolescent HPV; IMA-2 = Immunizations-Adolescent Combo 2; AIS = Immunizations-Adult; AIS-Flu = Immunizations-Adult Flu; AIS-Tdap = Immunizations-Adult Tdap; AIS-HPV = Immunizations-Adult HPV
- h. **ME = Member Experience** could include ME-BH = Member Experience - Behavioral Health; ME-S = Member Experience - Satisfaction; ME-ACC = Member Experience - Access to Care

- i. **HA = Health Assessment** could include HA-P = Health Assessment- Personal; HA-IHA = Health Assessment-Initial Health Assessment; HA-other = Health Assessment- Other
- j. **PPC = Pregnancy** could include PPC-Pre = Prenatal; PPC-Pst = Postpartum; PPC-BF = Breastfeeding
- k. **SUD = Substance Use** could include SUD- ALC = Substance Use Alcohol; SUD- BH = Substance Use- Behavioral Health; SUD- TC = Substance Use- Tobacco Cessation
- l. **PREV = Prevention Services** could include W15 = Well Care Baby (0-15 months); W30 = Well Care Baby (0-30 months); W34 = Well Care Child (3-6 years); W84 = Well Care Child (7-11 years); AWC = Adolescent Well Care (12-21 years); WCV = Well Care Visit (3-21 years); WCA = Well Care Adult (Age 21+)
- m. **WH = Women's Health** could include BCS = Breast Cancer Screening; CCS = Cervical Cancer Screening; STI-CHL = Chlamydia; PPC = Pregnancy