

## SURVEY INCENTIVE (SI) REQUEST FOR APPROVAL FORM

Survey Incentives (SI) require DHCS approval prior to implementation. Complete this form and email it to [MMCDHealthEducationMailbox@dhcs.ca.gov](mailto:MMCDHealthEducationMailbox@dhcs.ca.gov) and cc your Contract Manager. Please attach a draft of the survey or sample questions.

**The Managed Care Plan's (MCP's) Qualified Health Educator must review and sign off on all SI Requests for Approval.**

**Email subject line must include:** MCP name, Sub plan name-if applicable, purpose of survey, SI Request and desired start date (e.g. *HealthPlan\_ Newsletters\_ SI Request\_ July 1, 2020*). Submit at least two weeks prior to desired start date. For more information, see APL 16-005.

A. Managed Care Plan: \_\_\_\_\_ Date: \_\_\_\_\_

B. Submitted on behalf of \_\_\_\_\_, subcontracting MCP  N/A

C. Please list the counties where you plan to conduct these surveys:

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1. What is the survey **desired** start date?
  2. What is the **expected** cutoff date for completed/returned survey(s)? \_\_\_\_\_ or  Ongoing (includes recurring surveys that happen periodically with the same purpose *and* target population)
  3. Is this survey part of a PDSA, PIP, or other QI project?  No  Yes
  4. Targeted Disease/Behavior (use Targeted Disease/Behavior Code list):  
 Other, please describe: \_\_\_\_\_
  5. Who is eligible/will receive the survey (i.e. target population, eligibility criteria, etc.)?
  6. What type(s) of incentives will you offer members who participate in the survey, the value of each, and the reason you selected the incentive and amount? (**complete the appropriate section(s) of the table below**)

Incentive Type	Value
<input type="checkbox"/> Gift card; <u>specify type</u> of card (e.g., Target, Walmart, grocery, movie, etc.): How did you select this incentive and amount:	\$
<input type="checkbox"/> Product or merchandise; <u>specify type</u> (and indicate <u>how it relates</u> to the focus of the incentive program, e.g., glucometer for diabetes): How did you select this incentive and amount:	\$
<input type="checkbox"/> Tickets; <u>specify type</u> (e.g., movie, local events): How did you select this incentive and amount:	\$

<input type="checkbox"/> Transportation; specify type (e.g., vouchers or tokens for bus, taxi, etc.):	\$
How did you select this incentive and amount:	
<input type="checkbox"/> Enrollment or monthly membership fees; specify type of membership:	\$
How did you select this incentive and amount:	
<input type="checkbox"/> Drawing/Raffle (specify drawing item(s) and maximum number of drawing winners):	\$
How did you select this incentive and amount:	
<input type="checkbox"/> Points Rewards Program (how many points will be awarded?):	\$
How did you select this incentive and amount:	
<input type="checkbox"/> Other, please describe:	\$
How did you select this incentive and amount:	

7. How will you distribute/conduct the survey? List all methods (e.g. mail, phone, etc.):
8. List languages other than English in which the survey(s) will be conducted/translated:
9. Please acknowledge that your MCP has addressed the following in planning the **implementation** for this SI:
- MCP has determined how eligible members will be **identified and contacted** for the survey
  - MCP has considered how to **reduce barriers** for members to complete the survey
  - MCP has considered **the number/percentage of completed surveys** needed to achieve identified goal
  - MCP has determined whether and how to **notify providers** of the survey(s)
  - MCP has defined what will be **counted as a completed survey** (i.e. majority of questions answered, key questions answered, all questions answered, etc.)
  - MCP will **inform members** that gift cards cannot be used for purchasing tobacco, alcohol, or firearms, if applicable
10. Please acknowledge that your MCP has addressed the following in planning the **evaluation** for this SI:
- MCP has a process in place to count the number of surveys **distributed (mail) or attempted (phone)**
  - MCP has a process in place to count the number of surveys **returned (mail) or completed (phone)**
  - 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
  - MCP has determined how to assess the **planning** process for the survey(s)

MCP has determined how to assess the **implementation** process for the survey(s)

MCP has determined how to assess the **evaluation** process for the survey(s)

11. Attached to the request is a draft copy of the survey or sample questions

12. Additional comments (if any):

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13. MCP Contact Person (person submitting the form and/or person responsible for the survey):

Email:

Phone:

**14. The MCP's Qualified Health Educator has reviewed the Survey and this SI Request for Approval form.**

Name:

Email:

Date:

Internal MCP Communication/Comments:

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*DHCS Approver's Name and Title:*

*Date:*

*DHCS Comments:*