

## FOCUS GROUP INCENTIVE (FGI) REQUEST FOR APPROVAL FORM

Focus Group Incentives (FGI) *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 your focus group outline, draft of the script, or sample questions.

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

**Email subject line must include:** MCP name, Sub plan name-if applicable, purpose of focus group(s), FGI Request and desired start date (e.g. *HealthPlan\_ Member Satisfaction\_ FGI 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 hold these focus groups:

1. What is the focus group **desired** start date?
2. What is the **expected** date of the final focus group(s)? \_\_\_\_\_ or  Ongoing (includes recurring focus groups that happen periodically with the same purpose *and* target population)
3. Is this focus group part of a PDSA, PIP, or other QI project?  No  Yes
4. Targeted Disease/Behavior (see end of document, page 4 and 5, for code list):  
 Other, please describe: \_\_\_\_\_
5. Who is eligible for the focus group (i.e. target population, eligibility criteria, etc.)?
6. What type(s) of incentives will you offer members who participate in the focus group, 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 many members do you intend to have for each focus group? List range (e.g. 6 – 10):

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8. How many focus groups do you plan to conduct for this specific request (if ongoing, enter how many focus groups you plan to conduct annually)?

9. What is the intended length of time for each focus group?                    minutes

10. List languages other than English in which the focus group(s) will be conducted, and the number of focus groups for each language, if applicable:

11. Please acknowledge that your MCP has addressed the following in planning the **implementation** for this FGI:

- MCP has determined how eligible members will be **recruited** for the focus group(s)
- MCP has considered how to **reduce barriers** for members to attend the focus group(s) (time of day of group, transportation and/or child care services provided, food offered, etc.)
- 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

12. Please acknowledge that your MCP has addressed the following in planning the **evaluation** for this FGI:

- 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

MCP has determined how to assess the **planning** process for the focus groups

MCP has determined how to assess the **implementation** process for the focus groups

MCP has determined how to assess the **evaluation** process for the focus groups

13. Attached to the request is a focus group outline, draft of the script, or sample questions

14. Additional comments (if any):

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15. MCP Contact Person (person submitting the form and/or person responsible for the focus group):

Email:

Phone:

16. **The MCP's Qualified Health Educator has reviewed the Focus Group and this FGI Request for Approval form.**

Name:

Email:

Date:

Internal MCP Communication/Comments:

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*DHCS Approver's Name and Title:*

*Date:*

*DHCS Comments:*