



## POLICY AND PROCEDURE MANUAL

SUBJECT Grant Monitoring and Oversight	ACCOUNTABILITY NMRE SOR Grant Recipients	Effective Date: February 20, 2024	Pages: 2
REQUIRED BY	BBA Section: PIHP Contract Section: 1. General Requirements, N. 1. Provider Credentialing Other: SAMSA-FOA, NOA; 45 C.F.R. § 75.300, SAMHSA Charitable Choice Statutes and Regulations	Last Review Date: June 20, 2025	Past Review Date: March 20, 2024
Policy: <input checked="" type="checkbox"/> Procedure: <input type="checkbox"/>	Review Cycle: Annual Author:	Responsible Department: SUD, Provider Network	Reviewers: NMRE CEO

### Definitions

**Beneficiary:** A person served by the publicly funded behavioral health and substance use disorder system or his/her representative.

**Drug Enforcement Administration (DEA):** A United States federal law enforcement agency under the U.S. Department of Justice tasked with combating drug trafficking and distribution within the U.S.

**Grant Recipient:** An agency receiving funding through the grant.

**MDHHS:** Michigan Department of Health and Human Services.

**Medication Assisted Treatment (MAT):** The use of medications in combination with counseling and behavioral therapies, which is effective in the treatment of opioid use disorders (OUD) and can help some people to sustain recovery.

**Network Provider:** Any provider that receives Medicaid funding directly or indirectly to order, refer, or render covered services as a result of the state's contract with the NMRE, its member CMHSPs, and the Substance Use Disorder provider panel.

**Prepaid Inpatient Health Plan (PIHP):** One of ten organizations in Michigan responsible for managing Medicaid services related to behavioral health, development disabilities, and substance use.

**Substance Abuse and Mental Health Administration (SAMHSA):** The agency within the U.S. Department of Health and Human Services that leads public health efforts to advance the behavioral health of the

nation. SAMHSA's mission is to reduce the impact of substance abuse and mental illness on America's communities.

**TPA:** Third Party Administrator

Purpose

The purpose of this policy is to establish a structure to ensure monitoring and oversight of Grant Recipients.

Policy

The NMRE will follow all requirements set forth in the grant guidelines.

Approval Signature

A handwritten signature in black ink, appearing to read "Eric Ruck", is written over a horizontal line.

NMRE Chief Executive Officer

March 20, 2024

Date

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## Procedure

### **A. Procurement**

The NMRE will issue grant opportunities in accordance with the NMRE Procurement Policy.

Request for Proposals (RFP) and Request for Information (RFI) materials will be distributed with requirements that, to be considered, grant recipients agree to maintain the confidentiality of alcohol and drug abuse client records according to the provisions of Title 42 of the Code of Federal Regulations, Part II and require documentation of this standard.

Upon contracting with a new provider, the NMRE will furnish contract award materials accompanied by notice of NMRE's ability to contract with nonprofit and for-profit agencies and the rules surrounding the use of SAMHSA grant funds. Additionally, Government Performance and Results (GPRA) requirements will be disclosed upon award notification. Monthly, or as required, the NMRE will obtain reports from Grant Recipients specific to the submitted program and Statement of Work.

In addition, supporting documentation of billed services will be monitored and reviewed. Grant Recipients will submit supporting documentation of the billed amount, which will be reviewed at the time of submission.

### **B. Monitoring and Oversight**

The NMRE will conduct monitoring and oversight of the grant monthly at a minimum. This process will consist of utilizing reports from Grant Recipients based on project submissions.

The NMRE may contract with for-profit or nonprofit agencies for service delivery. For for-profit agencies, NMRE will assure that recipients utilize third party and other revenue realized from the provision of services to the extent possible and use SAMHSA grant funds only for services to individuals who are not covered by public or commercial health insurance programs, individuals for whom coverage has been formally determined to be unaffordable, or for services that are not sufficiently covered by an individual's health insurance plan. Recipients will be expected to facilitate the health insurance application and enrollment process for eligible uninsured clients.

The NMRE will ensure that criminal background checks are conducted as a condition for employment for its own potential employees and this requirement must also be passed down to the Network Providers, including Grant Recipients.

The NMRE will comply with all applicable requirements of Charitable Choice regulations. The NMRE will ensure that treatment clients and prevention services recipients are notified of their right to request alternative services. Notice may be provided by the Account Management System (AMS) or by faith-based providers. The NMRE will assign responsibility for providing the notice to the AMS, to providers, or both (SAMHSA Charitable Choice Statutes and Regulations).

NMRE will assure recipients use funding to supplement and not supplant existing prevention, treatment, and recovery activities in their state. Recipients will be required to describe how they will improve retention in care, using a chronic care model or other innovative model that has been shown to improve retention in care (SAMHSA FOA).

### **C. Reporting**

All SAMHSA Grant Recipients will be required to collect and report certain data so that SAMHSA can meet its obligations under the Government Performance and Results (GPRA) Modernization Act of 2010. Data will be collected via a face-to-face interview using an approved tool at three data collection points: intake to services, six months post intake, and at discharge. Grant Recipients will be expected to do a GPRA interview on all clients in their specified unduplicated target number and are also expected to achieve a six-month follow-up rate of 80 percent. Recipients should enter their data within 1 day—but no later than 7 days—after the GPRA interview is conducted. This guidance applies to recipients who manually enter their data and batch upload their data. (SAMHSA NOA).

### **D. Use of Grant Funds**

Grant funds will be used for treatment and recovery support services and will only be utilized to provide services to individuals that specifically address opioid or stimulant misuse issues. If either an opioid or stimulant misuse problem (history) exists concurrently with other substance use, all substance use issues may be addressed. Individuals who have no history of or no current issues with opioid or stimulant misuse will not receive treatment or recovery services with grant funds. (SAMHSA NOA and OROSC application).

Grant funds will be used to fund prevention, treatment and recovery support services and practices that have a demonstrated evidence-base, and that are appropriate for the population(s) of focus. At its discretion, the NMRE may choose to use contingencies to reward and incentivize treatment compliance with a maximum contingency value being \$15 per contingency. No individual will receive contingencies totaling more than \$75 per year of their treatment.

Grant services will be utilized for eligible individuals only as dictated by the grant requirements.

Funds may not be expended through the grant or a subaward by any agency which would deny any eligible individual access to their program because of their use of FDA-approved medications for the treatment of substance use disorders (e.g., methadone, buprenorphine products including buprenorphine/naloxone combination formulations and buprenorphine monoproduct formulations, naltrexone products including extended-release and oral formulations or long acting products such as extended release injectable or implantable buprenorphine.) Specifically, individuals will be allowed to participate in methadone treatment rendered in accordance with current federal and state methadone dispensing regulations from an Opioid Treatment Program and ordered by a physician who has evaluated the individual and determined that methadone is an appropriate

medication treatment for their opioid use disorder. Similarly, medications available by prescription or office-based implantation will be permitted if it is appropriately authorized through prescription by a licensed prescriber or provider. In all cases, medication assisted treatment (MAT) must be permitted to be continued for as long as the prescriber or treatment provider determines that the medication is clinically beneficial. Recipients must assure that individuals will not be compelled to no longer use MAT as part of the conditions of any programming if stopping is inconsistent with a licensed prescriber's recommendation or valid prescription (SAMHSA NOA and FOA).

Funds may not be utilized to provide incentives to any Health Care Professionals for receipt of any type of Professional Development Training, or to make direct payments to individuals to enter treatment or continue to participate in prevention or treatment services (GPRA incentives and CM incentives not applicable).

#### **E. Assurances**

The NMRE will ensure that all qualified practitioners who serve clients with substance use disorders and are employed by an organization receiving funding through SOR meet the MATE Act Training Requirements as delineated in Section 1263 of the Consolidated Appropriations Act, 2023. For more information on the training requirements and related resources, see [Training Requirements \(MATE Act\) Resources | SAMHSA](#) and [https://www.deadiversion.usdoj.gov/faq/MATE\\_Act\\_faq.html](https://www.deadiversion.usdoj.gov/faq/MATE_Act_faq.html).

The NMRE will ensure that grant funds will not be used, directly or indirectly, to purchase, prescribe, or provide marijuana or treatment using marijuana. Treatment in this context includes the treatment of opioid use disorder. Grant funds also cannot be provided to any individual who or organization that provides or permits marijuana use for the purposes of treating substance use or mental disorders [45 C.F.R. § 75.300(a)]. This prohibition will not apply to those providing such treatment in the context of clinical research permitted by the DEA and under an FDA-approved investigational new drug application where the article being evaluated is marijuana or a constituent thereof that is otherwise a banned controlled substance under federal law.

The NMRE will ensure HIV and viral hepatitis testing will be performed as clinically indicated and referral to appropriate treatment provided to those testing positive. Vaccination for hepatitis A and B should be provided or referral made for same as clinically indicated. Where the individual has not already received the recommended vaccinations below, provide and/or refer to vaccination services. Recommended vaccinations include but are not limited to: Hepatitis A; Hepatitis B; Human papillomavirus (HPV) (for those up to age 26); Meningococcal; Pneumococcal (pneumonia); Tetanus, diphtheria, and pertussis (Tdap); and Zoster (shingles) (for those ages 18 and older). When there are no other sources of funding available, and as clinically indicated, testing for potential complications of OUD or stimulant use disorder will be provided. These tests include a complete blood count (CBC), international normalized ratio (INR), and a comprehensive metabolic panel (CMP).

Approval Signature



NMRE Chief Executive Officer

6/20/2025

Date