

APPENDIX 2 – GRANT AGREEMENT SAMPLES

Request for Proposal No. 250000002670
Prepaid Inpatient Health Plan (PIHP)

See below for samples of grant agreements.

Grant Agreement Between
{dept_name} Services
hereinafter referred to as the "Department"
and
{legal_name}
DBA: {agency_name}
{add_line_1}
{add_line_2}
Federal I.D.#: {fed_id}, Unique Entity Identifier: {uei_no}
hereinafter referred to as the "Grantee"
for
{pgm_desc}
Part 1

1. Period of Agreement:

This Agreement will commence on the date of the Grantee's signature or {start_dt}, whichever is later, and continue through {end_dt}. No activity will be performed and no costs to the state will be incurred prior to {start_dt} or the effective date of the Agreement, whichever is later. Throughout the Agreement, the date of the Grantee's signature or {start_dt}, whichever is later, will be referred to as the start date. This Agreement is in full force and effect for the period specified.

2. Program Budget and Agreement Amount:

A. Agreement Amount

The total amount of this Agreement is \${grant_amt}. Under the terms of this Agreement, the Department will provide funding not to exceed \${max_amt}. The source of funding provided by the Department can be obtained in the Schedule of Financial Assistance, available on-demand in the EGrAMS electronic grants management system (<http://egram-mi.com/mdhhs>).

The Agreement is designated as a:

{sub_recip_rel} Subrecipient relationship (federal funding); or
{recip_rel} Recipient (non-federal funding).

The Agreement is designated as:

Research and development project; or
X Not a research and development project.

B. Equipment Purchases and Title

Any Grantee equipment purchases supported in whole or in part through this Agreement must be listed in the supporting Equipment Inventory Schedule which should be attached to the Final Financial Status Report. Equipment means tangible, non-expendable, personal property having a useful life of more than one year and an acquisition cost of \$10,000 or more per unit. Title to items having a unit acquisition cost of less than \$10,000 will vest with the Grantee upon acquisition. The Department reserves the right to retain or transfer the title to all items of equipment having a unit acquisition cost of \$10,000 or more, to the extent that the Department's proportionate interest in such equipment supports such retention or transfer of title.

C. Deviation Allowance

A deviation allowance modifying an established budget category by \$10,000 or 15%, whichever is greater, is permissible without prior written approval of the Department. Any modification or deviations in excess of this provision, including any adjustment to the total amount of this Agreement, must be made in writing and executed by all parties through an amendment to this Agreement before the modifications can be implemented. This deviation allowance does not authorize new categories, subcontracts, equipment items or positions not shown in the attached Program Budget Summary and supporting detail schedules.

3. Purpose:

{purpose_stmt}

4. Statement of Work:

The Grantee agrees to undertake, perform and complete the activities described in Attachment A, which is part of this Agreement.

5. Financial Requirements:

The financial requirements must be followed as described in Part 2 and Attachment B, which are part of this Agreement.

6. Performance/Progress Report Requirements:

The progress reporting methods must be followed as described in Part 2 and Attachment C, which are part of this Agreement.

7. General Provisions:

The Grantee agrees to comply with the General Provisions as described in Part 2, which is part of this Agreement.

8. Administration of the Agreement:

The person acting for the Department in administering this Agreement (hereinafter referred to as the Contract Manager) is:

{first_name} {last_name} {title} {phone_no} {user_email}

Name	Title	Telephone No.	Email Address
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9. Grantee's Financial Contact for the Agreement:

The financial contact acting on behalf of the Grantee for this Agreement is:

{fin_name}

Name	Title
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{fin_email}

E-Mail Address	Telephone No.
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10. Special Conditions:

- A. This Agreement is valid upon approval and execution by the Department which may be contingent upon approval by the State Administrative Board, and signature by the Grantee.
- B. This Agreement is conditionally approved subject to and contingent upon the availability of funds.
- C. The funding provided by the Department under this Agreement is in exchange for all of the duties and restrictions placed on the Grantee through this Agreement.
- D. Based on the availability of funding, the Department may specify the amount of funding the Grantee may expend during a specific time period within the Agreement Period.
- E. The Department will not assume any responsibility or liability for costs incurred by the Grantee prior to the start date of this Agreement.
- F. The Grantee is required by MCL 18.1101 *et seq* to receive payments by electronic funds transfer.

11. Special Certification:

The individual or officer signing this Agreement certifies by their signature that they are authorized to sign this Agreement on behalf of the responsible governing board, official, or Grantee.

12. Signature Section:

FOR the GRANTEE
{agency_name}

{auth_name}

Name

Title

Date

For the {dept_name}

Terri Smith

{current_date}

Terri Smith, Director

Date

Bureau of Grants and Purchasing

Part 2
General Provisions

I. Responsibilities - Grantee

The Grantee, in accordance with the general purposes and objectives of this Agreement, must abide by the following:

A. Publication Rights

1. For materials produced in collaboration with both parties, ownership vests in both parties. For materials produced solely by grantee, grantee retains ownership, but provides the Department a royalty-free, non-exclusive, and irrevocable license to reproduce, publish, and use such materials copyrighted by the Grantee and authorizes others to reproduce and use such materials. The copyrighted materials cannot include recipient information or personal identification data.
2. Obtain prior written authorization from the Department's Office of Communications to use the Department's name for any materials copyrighted by the Grantee or modifications prior to reproduction and use of such materials.
3. The state of Michigan may modify the material copyrighted by the Grantee and may combine it with other copyrightable intellectual property to form a derivative work. The state of Michigan will own and hold all copyright and other intellectual property rights in any such derivative work, excluding any rights or interest granted in this Agreement to the Grantee. If the Grantee ceases to conduct business for any reason or ceases to support the copyrightable materials developed under this Agreement, the state of Michigan has the right to convert its licenses into transferable licenses to the extent consistent with any applicable obligations the Grantee has.
4. Obtain written authorization prior to publication or presentation, at least 14 days in advance, from the Department's Office of Communications, and give recognition to the Department in any and all publications, papers, and presentations arising from the Agreement activities.
5. Notify the Department's Bureau of Grants and Purchasing 30 days before applying to register a copyright with the U.S. Copyright Office. The Grantee must submit an annual report for all copyrighted materials developed by the Grantee through activities supported by this Agreement and must submit a final invention statement and certification within 60 days of the end of the Agreement period.
6. Not make any media releases related to this Agreement, without prior written authorization from the Department's Office of Communications.

B. Fees

1. Guarantee that any claims made to the Department under this Agreement will not be financed by any sources other than the Department under the terms of this Agreement. If funding is received through any other source, the Grantee agrees to budget the additional source of funds and reflect the source of funding on the Financial Status Report.
2. Make reasonable efforts to collect 1st and 3rd party fees, where applicable, and report those collections on the Financial Status Report. Any under recoveries of otherwise available fees resulting from failure to bill for eligible activities will be excluded from reimbursable expenditures.

C. Grant Program Operation

Provide the necessary administrative, professional, and technical staff for operation of the grant program. The Grantee must obtain and maintain all necessary licenses, permits, or other authorizations necessary for the performance of this Agreement.

Use an accounting system that can identify and account for the funds received from each separate grant, regardless of funding source, and assure that grant funds are not commingled with any other funds.

D. Reporting

Utilize all report forms and reporting formats required by the Department at the start date of this Agreement and provide the Department with timely review and commentary on any new report forms and reporting formats proposed for issuance thereafter.

E. Record Maintenance/Retention

Maintain adequate program and fiscal records and files, including source documentation, to support program activities and all expenditures made under the terms of this Agreement, as required. The Grantee must assure that all terms of the Agreement will be appropriately adhered to and that records and detailed documentation for the grant project or grant program identified in this Agreement will be maintained for a period of not less than four (4) years from the date of termination, the date of submission of the final expenditure report, or until litigation and audit findings have been resolved. The retention schedule may be modified if required. This section applies to the Grantee, any parent, affiliate, or subsidiary organization of the Grantee and any subcontractor that performs activities in connection with this Agreement.

F. Authorized Access

1. Permit within 10 calendar days of providing notification and at reasonable times, access by authorized representatives of the Department, federal grantor agency, Inspectors General, Comptroller General of the United States, and State Auditor General, or any of their

duly authorized representatives, to records, papers, files, documentation, and personnel related to this Agreement, to the extent authorized by applicable state or federal law, rule, or regulation.

2. Acknowledge the rights of access in this section are not limited to the required retention period. The rights of access will last as long as the records are retained.
3. Cooperate and provide reasonable assistance to authorized representatives of the Department when those individuals request access to the Grantee's grant records. This includes requests to obtain records and to provide information regarding those records.

G. Audits

This section only applies to Grantees designated as subrecipients by the Department (see Part 1, Section 2 A.).

1. Required Audit or Audit Exemption Notice

Submit to the Department either a Single Audit, Financial Related Audit or Audit Exemption Notice as described below. A Financial Related Audit is applicable to for-profit Grantees that are designated as subrecipients. If submitting a Single Audit or Financial Related Audit, Grantees must also submit a corrective action plan prepared in accordance with 2 CFR 200.511(c) for any audit findings that impact the Department funded programs, and management letter (if issued) with a corrective action plan.

a. Single Audit

Grantees that are a state, local government, or non-profit organization that expend \$1,000,000 or more in federal awards during the Grantee's fiscal year must submit a Single Audit to the Department, regardless of the amount of funding received from the Department. The Single Audit must comply with the requirements of 2 CFR 200 Subpart F. The Single Audit reporting package must include all components described in 2 CFR 200.512 (c).

b. Financial Related Audit

Grantees that are for-profit organizations that expend \$1,000,000 or more in federal awards during the Grantee's fiscal year must submit either a financial related audit prepared in accordance with Government Auditing Standards relating to all federal awards, or an audit that meets the requirements contained in 2 CFR 200 Subpart F, if required by the federal awarding agency.

c. Audit Exemption Notice

Grantees exempt from the Single Audit and Financial Related

Audit requirements (a. and b. above) must submit an Audit Exemption Notice that certifies these exemptions. The template Audit Exemption Notice and further instructions are available at State of Michigan - MDHHS by selecting Inside MDHHS – MDHHS Audit - Audit Reporting.

2. Financial Statement Audit

Grantees exempt from the Single Audit and Financial Related Audit requirements (that are required to submit an Audit Exemption Notice as described above) must submit to the Department a Financial Statement Audit prepared in accordance with generally accepted auditing standards if the audit includes disclosures that may negatively impact the Department funded programs including but not limited to fraud, going concern uncertainties, financial statement misstatements and violations of the Agreement requirements. If submitting a Financial Statement Audit, Grantees must also submit a corrective action plan for any audit findings that impact the Department funded programs.

3. Due Date and Where to Send

The required audit and any other required submissions (i.e., corrective action plan, and management letter with a corrective action plan), and/or Audit Exemption Notice must be submitted to the Department within the earlier of 30 calendar days after receipt of the auditor's report(s) or nine months after the end of the Grantee's fiscal year by e-mail to MDHHS-AuditReports@michigan.gov. Single Audit reports must be submitted simultaneously to the Department and Federal Audit Clearinghouse, in accordance with 2 CFR 200.512(a). The required submissions must be assembled in PDF files and compatible with Adobe Acrobat (read only). The subject line must state the agency name and fiscal year end. The Department reserves the right to request a hard copy of the audit materials if for any reason the electronic submission process is not successful.

4. Penalty

a. Delinquent Single Audit or Financial Related Audit

If the Grantee does not submit the required Single Audit or Financial Related Audit, including any management letter and applicable corrective action plan(s), within nine months after the end of the Grantee's fiscal year, the Department may withhold from any payment from the Department to the Grantee an amount equal to five percent of the audit year's grant funding (not to exceed \$200,000) until the required filing is received by the Department. The Department may retain the amount withheld if the Grantee is more than 120 days delinquent in meeting the filing requirements. The Department may terminate

any current grant agreements if the Grantee is more than 180 days delinquent in meeting the filing requirements.

b. Delinquent Audit Exemption Notice

Failure to submit the Audit Exemption Notice, when required, may result in withholding from any payment from Department to the Grantee an amount equal to one percent of the audit year's grant funding until the Audit Exemption Notice is received.

5. Other Audits

The Department or federal agencies may also conduct or arrange for agreed upon procedures or additional audits to meet their needs.

H. Subrecipient Monitoring

1. When passing federal funds through to a subrecipient (if the Agreement does not prohibit the passing of federal funds through to a subrecipient), the Grantee must:
 - a. Ensure that every subaward is clearly identified to the subrecipient as a subaward and includes the information required by 2 CFR 200.332.
 - b. Ensure the subrecipient complies with all the requirements of this Agreement.
 - c. Evaluate each subrecipient's risk for noncompliance as required by 2 CFR 200.332(b).
 - d. Monitor the activities of the subrecipient as necessary to ensure that the subaward is used for authorized purposes, in compliance with federal statutes, regulations, and the terms and conditions of the subawards; that subaward performance goals are achieved; and that all monitoring requirements of 2 CFR 200.332(d) are met including reviewing financial and programmatic reports, following up on corrective actions, and issuing management decisions for audit findings.
 - e. Verify that every subrecipient is audited as required by 2 CFR 200 Subpart F.
2. Develop a subrecipient monitoring plan that addresses the above requirements and provides reasonable assurance that the subrecipient administers federal awards in compliance with laws, regulations, and the provisions of this Agreement, and that performance goals are achieved. The subrecipient monitoring plan should include a risk-based assessment to determine the level of oversight and monitoring activities, such as reviewing financial and performance reports, performing site visits, and maintaining regular contact with subrecipients.
3. Establish requirements to ensure compliance for for-profit subrecipients as required by 2 CFR 200.501(h), as applicable.

4. Ensure that transactions with subrecipients/contractors comply with laws, regulations, and provisions of contracts or grant agreements.

I. Notification of Modifications

Provide notification to the Department within 14 days or sooner if circumstances warrant, in writing, of any action by its governing board or any other funding source that would require or result in significant modification in the provision of statement of work, funding, or compliance with operational procedures.

J. Software Compliance

Ensure software compliance and compatibility with the Department's data systems for activities provided under this Agreement, including but not limited to stored data, databases, and interfaces for the production of work products and reports. All required data under this Agreement must be provided in an accurate and timely manner without interruption, failure, or errors due to the inaccuracy of the Grantee's business operations for processing data. All information systems, electronic or hard copy, that contain state or federal data must be protected from unauthorized access. State or federal data includes data and information provided to Grantee or Grantee's Subcontractor by or on behalf of the State or federal government, and all data and information derived therefrom, is the exclusive property of the State or federal government.

K. Human Subjects

Comply with Federal Policy for the Protection of Human Subjects, 45 CFR 46. The Grantee agrees that prior to the initiation of the research, the Grantee will submit Institutional Review Board (IRB) application material for all research involving human subjects, which is conducted in programs sponsored by the Department or in programs which receive funding from or through the state of Michigan, to the Department's IRB for review and approval, or the IRB application and approval materials for acceptance of the review of another IRB. All such research must be approved by a federally assured IRB, but the Department's IRB can only accept the review and approval of another institution's IRB under a formally approved interdepartmental agreement. The manner of the review will be agreed upon between the Department's IRB Chairperson and the Grantee's authorized official.

L. Mandatory Disclosures

1. Disclose to the Department in writing within 14 days, or sooner if circumstances warrant, of receiving notice of any litigation, investigation, arbitration, or other proceeding (collectively, "Proceeding") involving Grantee, a subcontractor, or an officer or director of Grantee or subcontractor that arises during the term of this Agreement including:
 - a. All violations of federal and state criminal law involving fraud, bribery, or gratuity violations potentially affecting the Agreement.

- b. A criminal Proceeding;
 - c. A parole or probation Proceeding;
 - d. A Proceeding under the Sarbanes-Oxley Act;
 - e. A civil Proceeding involving:
 - 1. A claim that might reasonably be expected to adversely affect Grantee's viability or financial stability; or
 - 2. A governmental or public entity's claim or written allegation of fraud; or
 - 3. Any complaint filed in a legal or administrative proceeding alleging the Grantee or its subcontractors discriminated against its employees, subcontractors, vendors, or suppliers during the term of this Agreement; or
 - f. A Proceeding involving any license that Grantee is required to possess in order to perform under this Agreement.
 - g. Any criminal activity that occurs by an employee, agent, or subcontractor of Grantee while conducting activities pursuant to this Agreement.
2. Notify the Contract Manager, at least 90 calendar days before the effective date, of a change in Grantee's ownership or executive management.

M. Statement of Work Progress Reports

Submit quarterly Statement of Work progress reports to the Department via the <http://egram-mi.com/mdhhs> website by the 15th day of the month following the end of the quarter and a final report no later than 15 days following the end of this Agreement.

N. Conflict of Interest and Code of Conduct Standards

- 1. Be subject to the provisions of MCL 15.321 *et seq*, as amended, MCL Act 15.341 *et seq*, as amended, and 2 CFR 200.318 (c)(1) and (2).
- 2. Uphold high ethical standards and be prohibited from the following:
 - a. Holding or acquiring an interest that would conflict with this Agreement;
 - b. Doing anything that creates an appearance of impropriety with respect to the award or performance of this Agreement;
 - c. Attempting to influence or appearing to influence any state employee by the direct or indirect offer of anything of value; or
 - d. Paying or agreeing to pay any person, other than employees and consultants working for Grantee, any consideration contingent upon the award of this Agreement.

3. Immediately notify the Department of any violation or potential violation of these standards. This Section applies to Grantee, any parent, affiliate, or subsidiary organization of Grantee, and any subcontractor that performs activities in connection with this Agreement.

O. Travel Costs

1. Be reimbursed for travel costs (including mileage, meals, and lodging) budgeted and incurred related to activities provided under this Agreement.
 - a. If the Grantee has a documented policy related to travel reimbursement for employees and if the Grantee follows that documented policy, the Department will reimburse the Grantee for travel costs at the Grantee's documented reimbursement rate for employees. Otherwise, the state of Michigan travel reimbursement rate applies.
 - b. Federally funded Grantees must comply with Title 2 CRF 200.475.
 - c. State of Michigan travel rates may be found at the following website: http://www.michigan.gov/dtmb/0,5552,7-358-82548_13132---,00.html.
 - d. International travel must be pre-approved by the Department and itemized in the budget.

P. Federal Funding Accountability and Transparency Act (FFATA)

1. Complete and upload the FFATA Executive Compensation report to the EGrAMS agency profile if:
 - a. The Grantee's federal revenue was 80% or more of the Grantee's annual gross revenue; AND
 - b. Grantee's gross revenue from federal awards was \$25,000,000 or more; AND
 - c. The public does not have access to the information about executive officers' compensation through periodic reports filed under Section 13(a) or 15(d) of the Securities Exchange Act of 1934 or Section 6104 of the Internal Revenue Code of 1986.
2. The FFATA Executive Compensation report template can be found in EGrAMS documents.

Q. Insurance Requirements

1. Maintain at least a minimum of the insurances or governmental self-insurances listed below and be responsible for all deductibles. All required insurance or self-insurance must:
 - a. Protect the state of Michigan from claims that may arise out of, are alleged to arise out of, or result from Grantee's or a subcontractor's performance;

- b. Be primary and non-contributing to any comparable liability insurance (including self-insurance) carried by the state; and
- c. Be provided by a company with an A.M. Best rating of “A-” or better and a financial size of VII or self or governmental self-insurance.

2. Insurance Types

- a. Commercial General Liability Insurance or Governmental Self-Insurance: Except for Governmental Self-Insurance, policies must be endorsed to add “the state of Michigan, its departments, divisions, agencies, offices, commissions, officers, employees, and agents” as additional insureds using endorsement CG 20 10 11 85, or both CG 20 10 12 19 and CG 20 37 12 19.

If the Grantee will interact with children, schools, or the cognitively impaired, the Grantee must maintain appropriate insurance coverage related to sexual abuse and molestation liability.

- b. Workers’ Compensation Insurance or Governmental Self-Insurance: Coverage according to applicable laws governing work activities. Policies must include waiver of subrogation, except where waiver is prohibited by law.
 - c. Employers Liability Insurance or Governmental Self-Insurance.
 - d. Privacy and Security Liability (Cyber Liability) Insurance: cover information security and privacy liability, privacy notification costs, regulatory defense and penalties, and website media content liability.
- 3. Require that subcontractors maintain the required insurances contained in this Section.
 - 4. This Section is not intended to and is not to be construed in any manner as waiving, restricting, or limiting the liability of the Grantee from any obligations under this Agreement.
 - 5. Grantee must promptly notify the Department of any knowledge regarding an occurrence which the Grantee reasonably believes may result in a claim against the Department. The Grantee must cooperate with the Department regarding such claim.

R. Fiscal Questionnaire

- 1. Complete and upload the yearly fiscal questionnaire to the EGrAMS agency profile within three months of the start of the Agreement.
- 2. The fiscal questionnaire template can be found in EGrAMS documents.

S. Criminal Background Check

1. Conduct or cause to be conducted a search that reveals information similar or substantially similar to information found on an Internet Criminal History Access Tool (ICHAT) check and a national and state sex offender registry check for each new employee, employee, subcontractor, subcontractor employee, or volunteer who under this Agreement works directly with clients or has access to client information.
 - a. ICHAT: Home Page - ICHAT Menu (michigan.gov)
 - b. Michigan Public Sex Offender Registry: <http://www.mipsor.state.mi.us>
 - c. National Sex Offender Registry: <http://www.nsopw.gov>
2. Conduct or cause to be conducted a Central Registry (CR) check for each new employee, employee, subcontractor, subcontractor employee, or volunteer who under this Agreement works directly with children.
 - a. Central Registry: https://www.michigan.gov/mdhhs/0,5885,7-339-73971_7119_50648_48330-180331--,00.html
3. Require each new employee, employee, subcontractor, subcontractor employee, or volunteer who, under this Agreement, works directly with clients or who has access to client information to notify the Grantee in writing of criminal convictions (felony or misdemeanor), pending felony charges, or placement on the Central Registry as a perpetrator, at hire or within 10 days of the event after hiring.
4. Determine whether to prohibit any employee, subcontractor, subcontractor employee, or volunteer from performing work directly with clients or accessing client information related to clients under this Agreement, based on the results of a positive ICHAT response or reported criminal felony conviction or perpetrator identification.
5. Determine whether to prohibit any employee, subcontractor, subcontractor employee, or volunteer from performing work directly with children under this Agreement, based on the results of a positive CR response or reported perpetrator identification.
6. Require any employee, subcontractor, subcontractor employee, or volunteer who may have access to any databases of information maintained by the federal government that contain confidential or personal information, including but not limited to federal tax information, to have a fingerprint background check performed.

T. Real Property Acquisitions

1. Real property means land, including land improvements, structures and appurtenances thereto, but excludes moveable machinery and equipment.
2. Adhere to the following if property acquisition is supported in whole or in part through this Agreement:
 - a. The property will be used to support the expansion of the services identified through this Agreement.
 - b. The property shall not be conveyed, transferred, or leased, either wholly or partially, whether in fee, by easement, or otherwise, for a period of seven years, unless the Department provides written approval and consent.
 - c. These restrictions must be recorded with the Warranty Deed and a copy must be provided to the Department.
 - d. The above property acquisition requirements are continuing obligations that survive the termination or expiration of the Agreement.

II. Responsibilities - Department

The Department, in accordance with the general purposes and objectives of this Agreement, will:

A. Reimbursement

Provide reimbursement in accordance with the terms and conditions of this Agreement based upon appropriate reports, records, and documentation maintained by the Grantee.

B. Report Forms

Provide any report forms and reporting formats required by the Department at the start date of this Agreement and provide to the Grantee any new report forms and reporting formats proposed for issuance thereafter at least 30 days prior to their required usage in order to afford the Grantee an opportunity to review.

III. Assurances

The Grantee gives the following assurances to the Department:

A. Compliance with Applicable Laws

The Grantee will comply with applicable federal and state laws, guidelines, rules, and regulations in carrying out the terms of this Agreement. The Grantee will also comply with all applicable general administrative requirements, such as 2 CFR 200, covering cost principles, grant/agreement principles, and audits, in carrying out the terms of this Agreement. The Grantee will comply with all applicable requirements in the original grant awarded to the Department if the Grantee is a subgrantee. The Department may determine that the Grantee has not complied with applicable federal or state laws,

guidelines, rules, and regulations in carrying out the terms of this Agreement and may then terminate this Agreement under Part 2, Section V.

B. Anti-Lobbying Act

The Grantee will comply with the Anti-Lobbying Act (31 U.S.C. 1352) as revised by the Lobbying Disclosure Act of 1995 (2 U.S.C. 1601 *et seq.*), Federal Acquisition Regulations 52.203.11 and 52.203.12, and Section 503 of the Departments of Labor, Health & Human Services, and Education, and Related Agencies section of the current fiscal year Omnibus Consolidated Appropriations Act. Further, the Grantee must require that the language of this assurance be included in the award documents of all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients must certify and disclose accordingly.

C. Non-Discrimination

1. The Grantee must comply with the Department's non-discrimination statement: "The Michigan Department of Health and Human Services does not discriminate against any individual or group on the basis of race, national origin, color, sex, disability, religion, age, height, weight, familial status, partisan considerations, or genetic information. Sex-based discrimination includes, but is not limited to, discrimination based on sexual orientation, gender identity, gender expression, sex characteristics, and pregnancy."
2. The Grantee further agrees that every subcontract entered into for the performance of any contract or purchase order resulting therefrom, will contain a provision requiring non-discrimination in employment, activity delivery and access, as herein specified, binding upon each subcontractor. This covenant is required pursuant to the Elliot-Larsen Civil Rights Act (MCL 37.2101 *et seq.*) and the Persons with Disabilities Civil Rights Act (MCL 37.1101 *et seq.*), and any breach thereof may be regarded as a material breach of this Agreement.
3. The Grantee will comply with all federal and state statutes relating to nondiscrimination. These include but are not limited to:
 - a. Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination based on race, color, or national origin;
 - b. Title IX of the Education Amendments of 1972, as amended (20 U.S.C. 1681-1683, 1685-1686), which prohibits discrimination based on sex;
 - c. Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. 794), which prohibits discrimination based on disabilities;
 - d. The Age Discrimination Act of 1975, as amended (42 U.S.C.

- 6101-6107), which prohibits discrimination based on age;
- e. The Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination based on drug abuse;
 - f. The Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment, and Rehabilitation Act of 1970 (P.L. 91-616) as amended, relating to nondiscrimination based on alcohol abuse or alcoholism;
 - g. Sections 523 and 527 of the Public Health Service Act of 1944 (42 U.S.C. 290dd-2), as amended, relating to confidentiality of alcohol and drug abuse patient records;
 - h. Any other nondiscrimination provisions in the specific statute(s) under which application for federal assistance is being made; and,
 - i. The requirements of any other nondiscrimination statute(s) which may apply to the application.
4. Additionally, assurance is given to the Department that proactive efforts will be made to identify and encourage the participation of minority-owned and women-owned businesses, and businesses owned by persons with disabilities in contract solicitations. The Grantee must include language in all contracts awarded under this Agreement which (1) prohibits discrimination against minority-owned and women-owned businesses and businesses owned by persons with disabilities in subcontracting; and (2) makes discrimination a material breach of contract.

D. Debarment and Suspension

The Grantee will comply with federal regulation 2 CFR 180 and certifies to the best of its knowledge and belief that it, its employees, and its subcontractors:

- 1. Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any federal department or contractor;
- 2. Have not within a five-year period preceding this Agreement been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (federal, state, or local) or private transaction or contract under a public transaction; violation of federal or state antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, tax evasion, receiving stolen property, making false claims, or obstruction of justice;
- 3. Are not presently indicted or otherwise criminally or civilly charged by a government entity (federal, state, or local) with commission of any of the

offenses enumerated in section 2;

4. Have not within a five-year period preceding this Agreement had one or more public transactions (federal, state, or local) terminated for cause or default; and
5. Have not committed an act of so serious or compelling a nature that it affects the Grantee's present responsibilities.

E. Pro-Children Act

1. The Grantee will comply with the Pro-Children Act of 1994 (P.L. 103-227; 20 U.S.C. 6081, *et seq.*), which requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted by and used routinely or regularly for the provision of health, day care, early childhood development activities, education, or library activities to children under the age of 18, if the activities are funded by federal programs either directly or through state or local governments, by federal grant, contract, loan, or loan guarantee. The law also applies to children's activities that are provided in indoor facilities that are constructed, operated, or maintained with such federal funds. The law does not apply to children's activities provided in private residences; portions of facilities used for inpatient drug or alcohol treatment; activity providers whose sole source of applicable federal funds is Medicare or Medicaid; or facilities where Women, Infants, and Children (WIC) coupons are redeemed. Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1,000 for each violation and/or the imposition of an administrative compliance order on the responsible entity. The Grantee also assures that this language will be included in any subawards which contain provisions for children's activities.
2. The Grantee also assures, in addition to compliance with P.L. 103-227, any activity funded in whole or in part through this Agreement will be delivered in a smoke-free facility or environment. Smoking must not be permitted anywhere in the facility, or those parts of the facility under the control of the Grantee. If activities are delivered in facilities or areas that are not under the control of the Grantee (e.g., a mall, restaurant, or private work site), the activities must be smoke-free.

F. Hatch Act and Intergovernmental Personnel Act

The Grantee will comply with the Hatch Act (5 U.S.C. 1501-1508, 5 U.S.C. 7321-7326), and the Intergovernmental Personnel Act of 1970 (P.L. 91-648), as amended by Title VI of the Civil Service Reform Act of 1978 (P.L. 95-454). Federal funds cannot be used for partisan political purposes of any kind by any person or organization involved in the administration of federally assisted programs.

G. Employee Whistleblower Protections

The Grantee will comply with 41 U.S.C. 4712 and must insert this clause in all subcontracts.

H. Clean Air Act and Federal Water Pollution Control Act

The Grantee will comply with the Clean Air Act (42 U.S.C. 7401-7671(q)) and the Federal Water Pollution Control Act (33 U.S.C. 1251-1388), as amended. This Agreement and anyone working on this Agreement will be subject to the Clean Air Act and Federal Water Pollution Control Act and must comply with all applicable standards, orders, or regulations issued pursuant to these Acts. Violations must be reported to the Department.

I. Victims of Trafficking and Violence Protection Act

The Grantee will comply with the Victims of Trafficking and Violence Protection Act of 2000 (P.L. 106-386), as amended.

This Agreement and anyone working on this Agreement will be subject to P.L. 106-386 and must comply with all applicable standards, orders, or regulations issued pursuant to this Act. Violations must be reported to the Department.

J. Procurement of Recovered Materials

The Grantee will comply with section 6002 of the Solid Waste Disposal Act of 1965 (P.L. 89-272), as amended.

This Agreement and anyone working on this Agreement will be subject to section 6002 of P.L. 89-272, as amended, and must comply with all applicable standards, orders, or regulations issued pursuant to this Act. Violations must be reported to the Department.

K. Subcontracts

For any subcontracted activity or product, the Grantee will ensure:

1. That a written subcontract is executed by all affected parties prior to the initiation of any new subcontract activity or delivery of any subcontracted product. Exceptions to this policy may be granted by the Department if the Grantee asks the Department in writing within 30 days of execution of the Agreement.
2. That any executed subcontract to this Agreement must require the subcontractor to comply with all applicable terms and conditions of this Agreement. In the event of a conflict between this Agreement and the provisions of the subcontract, the provisions of this Agreement will prevail.

A conflict between this Agreement and a subcontract, however, will not be deemed to exist where the subcontract:

- a. Contains additional non-conflicting provisions not set forth in this Agreement;
- b. Restates provisions of this Agreement to afford the Grantee the

same or substantially the same rights and privileges as the Department; or

- c. Requires the subcontractor to perform duties and/or activities in less time than that afforded the Grantee in this Agreement.
3. That the subcontract does not affect the Grantee's accountability to the Department for the subcontracted activity.
4. That any billing or request for reimbursement for subcontract costs is supported by a valid subcontract and adequate source documentation on costs and activities.
5. That the Grantee will submit a copy of the executed subcontract if requested by the Department.

L. Procurement

1. Grantee will ensure that all purchase transactions, whether negotiated or advertised, are conducted openly and competitively in accordance with the principles and requirements of 2 CFR 200.
2. The funds must not be used for the purchase of foreign goods or services, or both, if competitively priced and of comparable quality American goods or services, or both, are available.
3. Preference must be given to goods and services manufactured or provided by Michigan businesses, if they are competitively priced and of comparable quality.
4. Preference must be given to goods and services that are manufactured or provided by Michigan businesses owned and operated by veterans, if they are competitively priced and of comparable quality.
5. Records must be sufficient to document the significant history of all purchases and must be maintained for a minimum of four (4) years after the end of the Agreement period.

M. Health Insurance Portability and Accountability Act

To the extent that the Health Insurance Portability and Accountability Act (HIPAA) is applicable to the Grantee under this Agreement, the Grantee assures that it is in compliance with requirements of HIPAA including the following:

1. The Grantee must not share any protected health information provided by the Department that is covered by HIPAA except as permitted or required by applicable law, or to a subcontractor as appropriate under this Agreement.
2. The Grantee will ensure that any subcontractor will have the same obligations as the Grantee not to share any protected health data and information from the Department that falls under HIPAA requirements in the terms and conditions of the subcontract.
3. The Grantee must only use the protected health data and information

for the purposes of this Agreement.

4. The Grantee must have written policies and procedures addressing the use of protected health data and information that falls under the HIPAA requirements. The policies and procedures must meet all applicable federal and state requirements including the HIPAA regulations. These policies and procedures must include restricting access to the protected health data and information by the Grantee's employees.
5. The Grantee must have a policy and procedure to immediately report to the Department any suspected or confirmed unauthorized use or disclosure of protected health information that falls under the HIPAA requirements of which the Grantee becomes aware. The Grantee will work with the Department to mitigate the breach and will provide assurances to the Department of corrective actions to prevent further unauthorized uses or disclosures. The Department may demand specific corrective actions and assurances and the Grantee must provide the same to the Department.
6. Failure to comply with any of these contractual requirements may result in the termination of this Agreement in accordance with Part 2, Section V.
7. In accordance with HIPAA requirements, the Grantee is liable for any claim, loss, or damage relating to unauthorized use or disclosure of protected health data and information, including without limitation the Department's costs in responding to a breach, received by the Grantee from the Department or any other source.
8. The Grantee will enter into a business associate agreement should the Department determine such an agreement is required under HIPAA.

N. Website Incorporation

The Department is not bound by any content on Grantee's website or other internet communication platforms or technologies, unless expressly incorporated directly into this Agreement. The Department is not bound by any end user license agreement or terms of use unless specifically incorporated in this Agreement or any other agreement signed by the Department. The Grantee must not refer to the Department on the Grantee's website or other internet communication platforms or technologies without the prior written approval of the Department.

O. Survival

The provisions of this Agreement, including all attachments and addendums, that impose continuing obligations will survive the expiration or termination of this Agreement.

P. Non-Disclosure of Confidential Information

1. The Grantee agrees that it will use confidential information solely for the purpose of this Agreement. The Grantee agrees to hold all confidential information in strict confidence and not to copy, reproduce, sell, transfer, or otherwise dispose of, give, or disclose such confidential information to third parties other than employees, agents, or subcontractors of a party who have a need to know in connection with this Agreement or to use such confidential information for any purpose whatsoever other than the performance of this Agreement. The Grantee must take all reasonable precautions to safeguard the confidential information. These precautions must be at least as great as the precautions the Grantee takes to protect its own confidential or proprietary information.
2. Meaning of Confidential Information
For the purpose of this Agreement the term "confidential information" means all information and documentation that:
 - a. Has been marked "confidential" or with words of similar meaning, at the time of disclosure by such party;
 - b. If disclosed orally or not marked "confidential" or with words of similar meaning, was subsequently summarized in writing by the disclosing party and marked "confidential" or with words of similar meaning;
 - c. Should reasonably be recognized as confidential information of the disclosing party;
 - d. Is unpublished or not available to the general public; or
 - e. Is designated by law as confidential.
3. The term "confidential information" does not include any information or documentation that was:
 - a. Subject to disclosure under the Michigan Freedom of Information Act (FOIA);
 - b. Already in the possession of the receiving party without an obligation of confidentiality;
 - c. Developed independently by the receiving party, as demonstrated by the receiving party, without violating the disclosing party's proprietary rights;
 - d. Obtained from a source other than the disclosing party without an obligation of confidentiality; or
 - e. Publicly available when received or thereafter became publicly available (other than through an unauthorized disclosure by, through, or on behalf of, the receiving party).
4. The Grantee must notify the Department within one business day after discovering any unauthorized use or disclosure of confidential

information. The Grantee will cooperate with the Department in every way possible to regain possession of the confidential information and prevent further unauthorized use or disclosure.

Q. Cap on Salaries

None of the funds awarded to the Grantee through this Agreement will be used to pay, either through a grant or other external mechanism, the salary of an individual at a rate in excess of Executive Level II. The current rates of pay for the Executive Schedule are located on the United States Office of Personnel Management web site, <http://www.opm.gov>, by navigating to Policy — Pay & Leave — Salaries & Wages. The salary rate limitation does not restrict the salary that a Grantee may pay an individual under its employment; rather, it merely limits the portion of that salary that may be paid with funds from this Agreement.

IV. Financial Requirements

A. Operating Advance

1. Operating Advance Requests

An operating advance may be requested by the Grantee to assist with program operations necessary for achieving the objectives set forth in this Agreement. The amount requested to be advanced must not exceed 16.67% of the total state agreement amount. The operating advance amount requested must be reasonable in relation to factors including but not limited to program requirements, the period of the Agreement, and the financial obligation. To initiate a request, the Grantee must follow these guidelines.

- a. The Grantee must ensure all requests for an operating advance are prepared and submitted in accordance with the specific guidelines and procedures as outlined in Part II, Chapter 10, Section 200 of the Financial Management Guide. FMG
- b. The Grantee must address all requests for an operating advance to the Contract Manager, as identified in Part 1, Section 8 of this grant agreement.
- c. The request must be submitted in writing on the Grantee's official letterhead and include the following information:
 1. Grant program name;
 2. Grantee agency name;
 3. Grant agreement number;
 4. Amount of the advance being requested;
 5. A detailed schedule of expenditures covered by the amount of the advance request, including dates that the expenses are expected to be incurred;

6. A justification statement outlining the necessity of an advance payment for the success of the project;
7. The reason an advance payment is needed in lieu of reimbursement of incurred expenses;
8. The Grantee's most recent audited financial statements.

2. Operating Advance Administration

The Department may, at its discretion, disburse an initial operating advance payment equal to the amount approved by the department, constituting no more than 16.67% of the grant state agreement amount after the execution of the grant agreement and approval of the operating advance request. The operating advance payments will be administered as follows:

- a. Operating advances will be monitored and adjusted by the Department relative to the Agreement amount.
- b. The operating advance must be recorded as an account payable liability to the Department in the Grantee's financial records. The operating advance payable liability must remain in the Grantee's financial records until fully recovered by the Department.
- c. Recovery of the operating advance shall be made through deductions from each payment to the grantee during the fiscal year in which the operating advance was issued.
- d. The Department reserves the right to accelerate the rate of recovery when, in the sole opinion of the Department, the amount of previous and/or future billings is anticipated to be less than the need to assure full recovery of the operating advance from the current year's award. In such a case, payments may be adjusted to recover up to 100% of the outstanding operating advance from a single billing
- e. The operating advance must be returned to the Department within 30 days of the end of the Department's fiscal year or end date of this Agreement, whichever is earliest. Subsequent Department agreements may not be executed if an outstanding operational advance has not been repaid.
- f. The Department requires an annual confirmation of the outstanding operating advance. At the end of either the Agreement period or Department's fiscal year, whichever is earliest, the Grantee must respond to the Department's request for confirmation of the operating advance. Failure to respond to the confirmation request may result in the Department recovering all or part of an outstanding operating advance.

B. Reimbursement Method

The Grantee will be paid for allowable expenditures incurred by the Grantee, submitted for reimbursement on the Financial Status Reports (FSRs), and approved by the Department. Reimbursement from the Department is based on the understanding that Department funds will be paid up to the total Department allocation as agreed to in the approved budget. Department funds are the first source after the application of fees and earmarked sources unless a specific local match condition exists.

C. Financial Status Report Submission

The Grantee must electronically prepare and submit FSRs to the Department via the EGrAMS website <http://egram-mi.com/mdhhs>.

FSRs must be submitted on a monthly basis, no later than 30 days after the close of each calendar month. The monthly FSRs must reflect total actual program expenditures, up to the total agreement amount. Adjustments should not be made to reported expenditures to account for any operational advance funding received. Failure to meet financial reporting responsibilities as identified in this Agreement may result in withholding future payments.

The Grantee representative who submits the FSR is certifying to the best of their knowledge and belief that the report is true, complete, and accurate and the expenditures, disbursements, and cash receipts are for the purposes and objectives set forth in the terms and conditions of this Agreement. The individual submitting the FSR should be aware that any false, fictitious, or fraudulent information, or the omission of any material facts, may subject them to criminal, civil, or administrative penalties for fraud, false statements, false claims, or otherwise.

The instructions for completing the FSR form are available on the EGrAMS website <http://egram-mi.com/mdhhs>. Send FSR questions to FSRMDHHS@michigan.gov.

D. Reimbursement Mechanism

All Grantees must register using the on-line vendor self-service site to receive all state of Michigan payments as Electronic Funds Transfers (EFT)/Direct Deposits, as mandated by MCL 18.1283a. Vendor registration information is available through the Department of Technology, Management and Budget's web site: <https://www.michigan.gov/sigmavss>.

E. Final Obligations and Financial Status Reporting Requirements

1. Obligation Report

The Obligation Report, based on annual guidelines, must be submitted by the due date established by and using the format provided by the Department's Expenditures Operations Division. The Grantee must provide an estimate of unbilled expenditures through the end of the

Department's fiscal year. The information on the report will be used to record the Department's year-end accounts payable and receivable for this Agreement.

2. Department Fiscal Year-End Closing

The Department will notify the Grantee of the date by which FSRs should be submitted to ensure timely payment processing during the Department's fiscal year end closing period.

3. Final FSRs

Final FSRs are due 30 days following the end of the Agreement period. The final FSR must be clearly marked "Final." Final FSRs not received by the due date may result in the loss of funding requested on the Obligation Report and may result in a potential reduction in a subsequent year's Agreement amount.

F. Recoupment

The Department reserves the right to recoup, reclaim, or otherwise collect any funding disbursed under this agreement that are unspent, misused, or outstanding from the grantee.

1. Unobligated Funds

Any unobligated balance of funds held by the Grantee at the end of the Agreement period will be returned to the Department within 30 days of the end of the Agreement or treated in accordance with instructions provided by the Department.

2. Misused Funds

If the Department reasonably determines the funds allocated for an executed grant agreement under this section were misused or their use misrepresented by the grantee, the Department shall not award any additional funds under that executed grant agreement and shall refer the grant for review following internal audit protocols. Funds are considered misused if they are spent in a manner that is not consistent with the terms, conditions, or purpose(s) outlined in this agreement. Misuse of funds may also include, but is not limited to, fraudulent or illegal activities.

3. Outstanding Operating Advances

The operating advance must be returned to the Department within 30 days of the end of the Department's fiscal year or the end date of this Agreement, whichever is earliest. Outstanding operating advances will be treated in accordance with instructions provided by the Department. Subsequent Department agreements may not be executed if an outstanding operational advance has not been repaid.

G. Indirect Costs

The Grantee may use an approved federal or state indirect rate in their budget

calculations and financial status reporting. If the Grantee does not have an existing approved federal or state indirect rate, they may use a 15% de minimis rate in accordance with 2 CFR 200 to recover their indirect costs. Subrecipients may elect to use the cost allocation method to account for indirect costs in accordance with § 200.405(d).

V. Agreement Termination

This Agreement may be terminated without further liability or penalty to the Department for any of the following reasons:

- A. By either party by giving 30 days written notice to the other party stating the reasons for termination and the effective date.
- B. Immediately if the Grantee or an official of the Grantee or an owner is convicted of any activity referenced in Part 2 Section III. D. of this Agreement during the term of this Agreement or any extension thereof.
- C. Immediately if the Grantee, as determined by the State:
 - 1. Endangers the value, integrity, or security of any facility, data, or personnel; or,
 - 2. Engages in any conduct that may expose the State to liability; or
 - 3. Violates this agreement.
- D. Immediately by mutual agreement of both parties.

VI. Stop Work Order

The Department may suspend any or all activities under this Agreement at any time. The Department will provide the Grantee with a written stop work order detailing the suspension. Grantee must comply with the stop work order upon receipt. The Department will not pay for activities, Grantee's incurred expenses or financial losses, or any additional compensation during a stop work period.

VII. Final Reporting Upon Termination

Should this Agreement be terminated by either party, within 30 days after the termination, the Grantee must return all State and federal data and provide the Department with all financial, performance, and other reports required as a condition of this Agreement. The Department will make payments to the Grantee for allowable reimbursable costs not covered by previous payments or other state or federal programs. The Grantee must immediately refund to the Department any funds not authorized for use and any payments or funds advanced to the Grantee in excess of allowable reimbursable expenditures.

VIII. Severability

If any part of this Agreement is held invalid or unenforceable by any court of competent jurisdiction, that part will be deemed deleted from this Agreement and the severed part will be replaced by agreed upon language that achieves the same or similar objectives. The remaining parts of the Agreement will continue in full force and effect.

IX. Waiver

Failure by the Department to enforce any provision of this Agreement will not constitute a waiver of the Department's right to enforce any other provision of this Agreement.

X. Amendments

Any changes to this Agreement will be valid only if made in writing and executed by all parties through an amendment to this Agreement. Any change proposed by the Grantee which would affect the Department funding of any project must be submitted in writing to the Department immediately upon determining the need for such change. The Department has sole discretion to approve or deny the amendment request. The Grantee must, upon request of the Department and receipt of a proposed amendment, amend this Agreement.

XI. Liability

The Grantee assumes all liability to third parties, including loss or damage because of claims, demands, costs, or judgments arising out of activities, such as but not limited to direct activity delivery, to be carried out by the Grantee in the performance of this Agreement, under the following conditions:

- A. The liability, loss, or damage is caused by, or arises out of, the actions of or failure to act on the part of the Grantee, any of its subcontractors, anyone directly or indirectly employed by the Grantee, or anyone performing activities at the direction of the Grantee under this agreement.
- B. Nothing herein will be construed as a waiver of any governmental immunity that has been provided to the Grantee or its employees by statute or court decisions. The Department is not liable for consequential, incidental, indirect, or special damages, regardless of the nature of the action.
- C. In the event of data and/or security breaches, the Grantee must:
 - 1. Cooperate with the Department in investigating the occurrence, making available all relevant records, logs, files, data reporting, and other materials required to comply with applicable law or as otherwise required by the Department;
 - 2. In the case of unauthorized disclosure or breach of confidential information, at the Department's sole election, with approval and assistance from the Department, notify the affected individuals with compromised Personally Identifiable Information (PII) or Protected Health Information (PHI) as soon as practicable but no later than is required to comply with applicable law and provide third-party credit and identity monitoring services to each of the affected individuals for the period required to comply with applicable law, or, in the absence of any legally required monitoring services, for no less than 24 months following the date of notification to such individuals;
 - 3. Perform or take any other actions required to comply with applicable law as a result of the occurrence, including pay for: any costs associated with the occurrence, any costs incurred by the Department in

investigating and resolving the occurrence, and reasonable attorney's fees associated with such investigation, and resolution.

XII. State of Michigan Agreement

This Agreement is governed, construed, and enforced in accordance with Michigan law, excluding choice-of-law principles, and all claims relating to or arising out of this Agreement are governed by Michigan law, excluding choice-of-law principles. Any dispute arising from this Agreement must be resolved in Michigan Court of Claims, if brought by Grantee, and in a Michigan state court of competent jurisdiction, if brought by MDHHS. Grantee consents to venue in a Michigan court of competent jurisdiction, and waives any objections, such as lack of personal jurisdiction or *forum non conveniens*. Grantee must appoint agents in Michigan to receive service of process.

DRAFT

- A Attachment A - Statement of Work**
- B1 Attachment B1 - Program Budget Summary**
- B2 Attachment B2 - Program Budget - Cost Detail Schedule**

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- B3 Attachment B3 - Equipment Inventory Schedule**
- C Attachment C - Performance Report Requirements**

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SPECIAL PROVISIONS

SUGS SUD Prevention Services

Table of Contents

PROJECT-SPECIFIC REQUIREMENTS	3
Addressing Prevention and Mental Health Promotion Programming	4
Primary Prevention Strategies	4
Primary Prevention Designation.....	5
STRATEGIC PLAN	5
GENERAL PROVISIONS.....	6
STATEMENT OF WORK	6
MICHIGAN ADMINISTRATIVE CODE: SUBSTANCE USE DISORDER ADMINISTRATIVE RULES	6
SUBSTANCE USE DISORDER POLICIES & TECHNICAL ADVISORIES	7
PERFORMANCE/PROGRESS REPORT REQUIREMENTS	7
Report Instructions.....	8
SUD Financial Reporting Requirements	8
Fiscal Year-End Reporting	9
Legislative Report	9
SUD Non-Financial Reporting Requirements.....	10
Michigan Prevention Data System (MPDS)	11
SUBSTANCE USE DISORDER RECIPIENT RIGHTS TRAINING.....	11
SUBSTANCE USE DISORDER LICENSING AND RECIPIENT RIGHTS RESOURCE DOCUMENTS	11
AVAILABILITY OF SERVICES.....	11
SUPTR BLOCK GRANT REQUIREMENTS AND APPLICABILITY TO STATE FUNDS	12
Selected SUPTR Block Grant Specific Requirements Applicable to PIHPs.....	12
Marijuana Restriction	13
PROGRAM OPERATION.....	13
NOTIFICATION OF MODIFICATIONS.....	13

SOFTWARE COMPLIANCE	13
LICENSURE OF SUBCONTRACTORS.....	14
ADMINISTRATIVE AND FINANCIAL MATCH RULES	14
MANAGEMENT OF DEPARTMENT-ADMINISTERED FUNDS	14
Unobligated Funds.....	14
FEES.....	14
Reporting Fees and Collections Revenues.....	15
Sliding Fee Scale	15
Inability to Pay.....	15
RISK MONITORING.....	15
MINIMUM SUBCONTRACTOR INFORMATION TO BE RETAINED BY GRANTEE....	16
RESIDENCY IN PIHP REGION	17
REIMBURSEMENT RATES FOR SERVICES	17
MEDIA CAMPAIGNS	17
SAMHSA/DHHS PUBLICATION LICENSE.....	17
NATIONAL OUTCOME MEASURES (NOMS).....	18
CLAIMS MANAGEMENT SYSTEM.....	18
PERSONS INVOLVED WITH THE MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES (MDHHS)	18
CHARITABLE CHOICE.....	18
FETAL ALCOHOL SPECTRUM DISORDERS (FASD).....	19
FASD Prevention Activities	20
COMMUNICABLE DISEASE	20
TOBACCO USE PREVENTION, SYNAR.....	20

The MDHHS Health Services Bureau of Specialty Behavioral Health Services, Division of Substance Use, Gambling and Epidemiology (SUGE) is responsible for oversight of SUD Prevention, Treatment and Recovery activities and services.

PROJECT-SPECIFIC REQUIREMENTS

Prevention funds may be used for needs assessment and related activities. All prevention services must be based on a formal local needs assessment. The Department endorses a community-based, consequence-driven model of prevention. Based on the needs assessment, prevention activities should be targeted to high-risk groups and directed to those at greatest risk of substance use disorders and/or most in need of services within these high-risk groups. PIHPs are not required to implement prevention programming for all high-risk groups. The PIHP may also provide needed prevention services to the general population. The needs assessment should reveal the demand for strategies with universal, selective, or indicated populations.

The high-risk subgroups include but are not limited to children of people who misuse substances; pregnant women/teens; people who end high school pre-graduation; people with violent or delinquent behavior; people with mental health problems; economically disadvantaged citizens; people with differing physical abilities; people who experience abuse; persons already using substances; and people with housing insecurity. Additionally, infants and children exposed prenatally to ATOD; underserved minority groups; and youth and adults in a criminal justice setting are identified as high-risk subgroups.

Prevention services must be provided through the six strategies identified by CSAP. These strategies are information dissemination; education; alternatives; problem identification and referral; community-based processes; and environmental change.

PIHPs have the flexibility to use all six strategies, or a select group, of prevention strategies based on its needs assessment. PIHPs are not required to fund all six primary prevention strategies. Prevention-related funding limitations the PIHP must adhere to are:

1. PIHP expenditure requirements for prevention, including Synar.
2. 90% of prevention expenditures are expected to be directed to programs which are implemented as a result of an evidence-based decision-making process.
3. Alternative strategy activities must reflect evidence-based approaches and best practices such as multi-generational and adult to youth mentoring.
4. Information dissemination must be part of a multifaceted regional prevention strategy rather than independent, stand-alone activities. No more than 10% of prevention strategies and programs shall be designated as information dissemination.
5. Funds cannot be used to enforce state laws regarding sale of tobacco, vapor and alternative nicotine products to individuals under age 21.

The PIHP must monitor and evaluate prevention programs at least annually to determine if the program outcomes, milestones and other indicators are achieved, as well as check fidelity to program components and compliance with state and federal requirements. Indicators may include integrity to prevention best practice models including those related to planning prevention interventions such as risk/protective factor assessment, community assets/resource assessment, levels of community support, evaluation, etc. A written monitoring procedure, which includes requirements for corrective action plans to address issues of concern with a provider, is required.

Addressing Prevention and Mental Health Promotion Programming

Prevention programming is intended to reduce the consequences of SUDs in communities by preventing or delaying the onset of use and reducing the progression of SUDs in individuals. Prevention is an ordered set of steps along a continuum that promotes individual, family and community health; prevents mental and behavioral disorders; supports resilience and recovery; and reinforces treatment principles to prevent relapse. This multi-component and strategic approach should cover all age groups including support for children, senior citizens, all socio-economic classes, diverse cultures, minority and populations that are under-served, service men and women, gender-specific and targeted groups that are at high-risk for developing a substance use disorder. A minimum of 90 percent of the prevention services funded by the PIHPs must be evidence-based. For reference, see evidence-based guidance document.

Prevention service providers receiving substance use block grant and other federal funding via PIHPs must evaluate prevention services implemented in the PIHP catchment areas as specified by contract and/or grant reporting requirements.

Primary Prevention Strategies

The PIHP is expected to use its Prevention allocation to meet tobacco-related performance objectives and to accomplish other Prevention objectives contained in each PIHP's Strategic Plan. There are no separate allocations for Tobacco Vendor Education, Synar, or Non-Synar Tobacco Retailer Inspections. Prevention allocation is calculated at a minimum of 20% of the PIHP base allocation to ensure statewide compliance with the BG minimum Prevention expenditures on primary prevention strategies directed at individuals not identified to need treatment. While primary prevention set-aside funds must be used to fund strategies that have a positive impact on the prevention of substance use, it is important to note that many evidence-based substance use disorder prevention strategies also have a positive impact on other health and social outcomes such as education, juvenile justice involvement, violence prevention, and mental health.

The Substance Use Prevention, Treatment and Recovery Services Block Grant (SUPTRS BG) statute requires comprehensive primary prevention programming that includes activities and services provided in a variety of settings. The program must encompass both the general population and sub-groups that are at high risk for substance misuse. The program may include one or more of the following strategies based on needs assessment and PIHP strategic plan:

1. **Information dissemination** providing awareness and knowledge of the nature, extent, and effects of alcohol, tobacco, and other drug use, misuse, and addiction on individuals, families, and communities.
2. **Education** aimed at affecting knowledge, concepts, principles, critical life and/or social skills, such as decision making, refusal skills, critical analysis, and systematic judgment abilities.
3. **Alternative programs** that provide for the participation of target populations in activities that exclude alcohol, tobacco, and other drug use.
4. **Problem identification and referral** that aims at identification of those who have engaged in illegal/age-inappropriate use of tobacco, alcohol, or other drugs or those who have been determined to be at high-risk for these behaviors in order to assess if the behavior can be reversed by education to prevent further use.
5. **Community-based processes** that include organizing, planning, and enhancing effectiveness of program, policy, and practice implementation, interagency collaboration, coalition building, and networking.
6. **Environmental strategies** that establish or change written and unwritten community standards, codes, and attitudes, thereby influencing incidence and prevalence of the misuse of alcohol, tobacco and other drugs used in the general population.

In addition, prevention strategies are classified using the Institute of Medicine (IOM) Model of Universal, Selective, and Indicated, which classifies preventive interventions based on risk. Adapted definitions for these categories appear below:

Universal: Activities targeted to the public or a whole population group that has not been identified based on individual risk.

Selective: Activities targeted to individuals or a subgroup of the population whose risk of developing a disorder is significantly higher than average.

Indicated: Activities targeted to individuals in high-risk environments, identified as having minimal but detectable signs or symptoms foreshadowing disorder or having biological markers indicating predisposition for disorder but not meeting diagnostic levels.

Primary Prevention Designation

Prevention services reduce the risk that an individual will develop problems that might require that he or she enter the substance use disorder treatment system. PIHPs shall follow the prevention provider designation requirements as set forth by the Department.

STRATEGIC PLAN

The Grantee will carry out its responsibilities under this Agreement consistent with the PIHP's current three-year SUGE-approved Strategic Plans for substance use prevention, treatment and recovery services. Contact SUGE staff directly for details.

GENERAL PROVISIONS

The Grantee agrees to comply with the General Provisions outlined in this agreement. The Grantee also agrees to comply with the requirements described in the SUBSTANCE USE DISORDER POLICIES AND TECHNICAL ADVISORIES, which is part of this agreement, and also available at: <https://www.michigan.gov/mdhhs/keep-mi-healthy/mentalhealth/drugcontrol/reportstats/reportcontent/policies-and-advisories>.

STATEMENT OF WORK

The following section provides an explanation of the specifications and expectations that the Grantee must meet, and the substance use disorder services that must be provided under the contract. The Grantee agrees to undertake, perform and complete the services.

The general SUD responsibilities of the Grantee under this Agreement, based on P.A. 500 of 2012, as amended, are to:

1. Develop comprehensive plans for substance use disorder treatment and rehabilitation services and substance use disorder prevention services consistent with guidelines established by the Department.
2. Provide technical assistance for local substance use disorder service programs.
3. Submit an annual budget request to the Department for use of state administered funds for its substance use disorder treatment and rehabilitation services and substance use disorder prevention services in accordance with guidelines established by the Department.
4. Make contracts necessary and incidental to the performance of the department-designated community mental health entity's and community mental-health services program's functions. The contracts may be made with public or private agencies, organizations, associations, and individuals to provide for substance use disorder treatment and rehabilitation services and substance use disorder prevention services.
5. Annually evaluate and assess substance use disorder services in the department designated PIHP entity in accordance with guidelines established by the Department.

MICHIGAN ADMINISTRATIVE CODE: SUBSTANCE USE DISORDER ADMINISTRATIVE RULES

Guidelines and Requirements for Substance Use Disorder Service Delivery at: <https://ars.apps.lara.state.mi.us>. Search for "Substance Use Disorder Service Programs".

SUBSTANCE USE DISORDER POLICIES & TECHNICAL ADVISORIES

The Grantee agrees to comply with the requirements described in the following policies and technical advisories that can be found at: <https://www.michigan.gov/mdhhs/keep-mi-healthy/mentalhealth/drugcontrol/reportstats/reportcontent/policies-and-advisories>.

The relevant Prevention policies are listed here. The website includes other resources.

Document Number	Effective Date	Document Name
SUBSTANCE USE DISORDER SERVICES POLICIES:		
PREVENTION		
P-P-01	07/21/2015	SYNAR
P-P-02	10/01/2023	Communicable Disease Communicable Disease Provider Information Plan/Report at: https://www.michigan.gov/mdhhs/0,5885,7-339-71550_2941_38765-563523--,00.html Online Training: Level 1 Communicable Disease at: https://www.improvingmipractices.org/
P-T-16	10/01/2022	SUD Credentialing and Staff Qualifications

PERFORMANCE/PROGRESS REPORT REQUIREMENTS

The following tables indicate the report that grantees are required to submit to the Department under this agreement. The table also indicates the period covered by each report, the report due date, where within the Department the report must be submitted.

The contents of the tables may be superseded by written communication from MDHHS Health Services. The SUGE Project Coordinator may request additional ad hoc reports as needed to address state or federal program inquiries. A reasonable amount of time will be allowed to respond, and the submission method and due date will be included in the request. The Grantee is expected to comply in a timely manner.

The Grantee is responsible for submitting all applicable reports on time and per reporting instructions. Reports must be submitted as indicated in the Financial and Non-Financial Reporting tables that follow. Reports will be submitted to EGrAMS (<http://egram-mi.com/mdhhs>) or a MDHHS program email address, as indicated in the

tables. Reports transmitted on or before the due date are considered timely. The received date will be determined by the date of submission to EGrAMS or the date transmitted to the email address indicated in the tables. Reports that do not conform to instructions may not be determined as “received”. If Grantees wish to request a due date extension, the request must be submitted to the MDHHS Program Manager identified in the grant agreement. The request is not approved until the Grantee receives an affirmative response from the Program Manager.

Schedule E of the MDHHS/PIHP Medicaid Managed Care contract also includes reporting requirements that relate to SUD activities.

EGRAMS reporting templates are available to download in EGRAMS. Most program report forms and instructions are also available at the MDHHS Mental Health and Substance Abuse Reporting Requirements Website 60 days prior to the due date: <https://www.michigan.gov/mdhhs/keep-mi-healthy/mentalhealth/reporting>. Customized or ad hoc report forms will be delivered by the MDHHS Program Manager by email to the Grantee’s Project Director, with instructions and due dates.

Report Instructions

- Instructions are included in Reporting forms when appropriate.
- Instructions may also be found in the Reporting Table at: <https://www.michigan.gov/mdhhs/keep-mi-healthy/mentalhealth/reporting>.
- EGRAMS submission instructions are found in EGRAMS on the left menu “About EGRAMS” prior to logging in to EGRAMS. See Grantee: Project-Based Standard Instructions or Grantee Training Videos.
- FSR and Workplan reports in EGRAMS offer instructions within the templates
- SUGE Project Coordinators or SUD Contract Managers can respond to specific questions about the reports.
- The EGRAMS Help Desk can help with EGRAMS submission instructions or EGRAMS operations. EGrAMS Help Desk: 517-335-3359 or MDHHS-EGrAMS-Help@michigan.gov.

SUD Financial Reporting Requirements

The Grantee must assure that the financial data in these reports are consistent and reconcile between any related reports. Otherwise, the reports will be considered as not submitted and will be subject to financial penalty.

The Department may choose to withhold payment when any financial report is delinquent by thirty (30) calendar days or more and may retain the amount withheld if the report is sixty (60) or more calendar days delinquent. The Legislative Report has more stringent requirements. See Legislative Report section.

The following chart outlines the due dates and submission method for Financial reports.

Due Date	Report Title	Report Period	Submission Method
30 Days after close of each quarter	Financial Status Report (FSR)	Quarterly	EGRAMS: Each Project
		Oct 1-Dec 31 Jan 1-Mar 31 Apr 1-June 30 July 1-Sep 30	
February 28 after end of Agreement Period	Legislative Report	October 1 to September 30, 2025	EGRAMS: SUGS TRMT project
February 28 after end of Agreement Period	Primary Prevention Expenditures Status Report (PESR)	October 1 to September 30, 2025	EGRAMS: SUGS PREV project
TBD -Announced by MDHHS Accounting	Obligation Financial Status Report (FSR)	October 1 to September 30	EGRAMS: Each Project
60 days after end of Agreement Period	Final Financial Status Report (FSR)	October 1 to September 30	EGRAMS: Each Project

Fiscal Year-End Reporting

Additional Financial Reports will be requested by memo from MDHHS Expenditures Operations Division as it prepares for the fiscal year closing. The memo will provide a description and a schedule of the required year-end financial reporting activities. Grantees are required to submit this information as detailed.

Legislative Report

The project expenditures are reported on the MDHHS Legislative Report in addition to many other SUD project expenditures. The Legislative Report is submitted to the SUGS TRMT project in EGrAMS as shown in the Financial Reporting table.

If the Grantee does not submit required Legislative Report within fifteen (15) calendar days of the due date, the Department may withhold from the current year funding an amount equal to five (5) percent of that funding (not to exceed \$100,000) until the Department receives the delinquent report. The Department may retain the amount withheld if the contractor is more than forty-five (45) calendar days delinquent in meeting the filing requirements.

SUD Non-Financial Reporting Requirements

The following table indicates reporting due dates and submission method for Non-Financial reports. If submitted in EGRAMS, the project is identified. The EGRAMS attachment report forms are available for download in EGrAMS in the relevant project.

Due Date	Report Title	Report Period	Submission Method
October 31	Communicable Disease Plan (optional participation)	Projected October 1 to September 30	Email: MeisterJ1@michigan.gov and cc: ColemanL7@michigan.gov
Monthly Due last day of month following Report Period	Priority Populations Waiting List Deficiencies Report	Monthly October 1 – September 30	EGrAMS: SUGS TRMT project
Quarterly Due last day of month following Report Period	Priority Population Care Coordination Report	Quarterly Oct 1-Dec 31 Jan 1-Mar 31 Apr 1-June 30 July 1-Sep 30	EGrAMS: SUGS TRMT project
Quarterly Due 15 th of month following Report Period	Quarterly Workplan Report	Quarterly Oct 1-Dec 31 Jan 1-Mar 31 Apr 1-June 30 July 1-Sep 30	EGRAMS: Each Project
Quarterly Due last day of month following Report Period	Child Referral Report	Quarterly Oct 1-Dec 31 Jan 1-Mar 31 Apr 1-June 30 July 1-Sep 30	EGrAMS: SUGS WSS project
Quarterly Due last day of month following Report Period	Injecting Drug Users 90% Capacity Treatment Report	Quarterly Oct 1-Dec 31 Jan 1-Mar 31 Apr 1-June 30 July 1-Sep 30	EGrAMS: SUGS TRMT project
August 15	Charitable Choice Report	October 1 to September 30	EGRAMS: SUGS TRMT project
TBD	Master Retailer List Update	TBD	Email: MeisterJ1@michigan.gov and cc: ColemanL7@michigan.gov
Next Study in 2028	Synar Coverage Study Canvassing Forms	TBD	Email: MeisterJ1@michigan.gov and ohs@michigan.gov
October 15 following End of Agreement Period	Youth Access to Tobacco Activity Annual Report	October 1 to September 30	EGRAMS: SUGS PREV project
November 30 following End of Agreement period	Communicable Disease Report (if CD plan was submitted)	October 1 to September 30	Email: MeisterJ1@michigan.gov and cc: ColemanL7@michigan.gov

Due Date	Report Title	Report Period	Submission Method
November 30 following End of Agreement period	Annual Women's Specialty Services (WSS) Report	October 1 to September 30	EGrAMS: SUGS WSS project

Michigan Prevention Data System (MPDS)

PIHPs are required to collect and report the state-required prevention data elements throughout the prevention provider network either through participation in the MPDS or through an upload of the state-required prevention data records to MPDS on a monthly basis. PIHPs must assure that all records submitted to the state system are consistent with the MPDS User Manual for Provider Agencies.

It is the responsibility of the PIHPs to ensure that the services reported to the system accurately reflects staff service provision and participant information for all PIHP-administered fund sources. It is the responsibility of the PIHPs to monitor provider completeness, timeliness and accuracy of provider data maintained in the system in a manner which will ensure a minimum of 90 percent accuracy.

SUBSTANCE USE DISORDER RECIPIENT RIGHTS TRAINING

Register or login at <https://www.improvingmipractices.org/practice-areas/substance-use-disorder>. Search for "Recipient Rights for Substance Abuse Services"

SUBSTANCE USE DISORDER LICENSING AND RECIPIENT RIGHTS RESOURCE DOCUMENTS

Michigan Department of Licensing & Regulatory Affairs, Bureau of Community and Health Systems maintains Substance Use Disorder Licensing and Recipient Rights Resource Documents at: <https://www.michigan.gov/lara/bureau-list/bchs/substance-use-disorder-licensure>.

AVAILABILITY OF SERVICES

The grantee must assure that, for any subcontracted treatment or prevention service, each subcontractor maintains service availability throughout the agreement period for persons who do not have the ability to pay. The grantee is required to manage its authorizations for services and its expenditures in light of known available resources in such a manner as to avoid the need for imposing arbitrary caps on authorizations or spending. "Arbitrary caps" are those that are not adjusted according to individualized determinations of the needs of clients. This requirement is consistent with Michigan Department of Health and Human Services Medicaid Manual, Medical Necessity Criterion 2.5, under Behavioral Health and Intellectual and Developmental Disability Supports and Services.

SUPTR BLOCK GRANT REQUIREMENTS AND APPLICABILITY TO STATE FUNDS

Federal requirements deriving from Public Law 102-321, as amended by Public Law 106-310, and federal regulations in 45 CFR Part 96 are pass-through requirements. Federal SUPTR Block Grant requirements that are applicable to states are passed on to PIHPs unless otherwise specified.

42 CFR Parts 54 and 54a, and 45 CFR Parts 96, 260, and 1050, pertaining to the final rules for the Charitable Choice Provisions and Regulations, are applicable to PIHPs as stated elsewhere in this Agreement.

Sections from PL 102-321, as amended, that apply to PIHPs and contractors include but are not limited to:

- 1921(b)
- 1922 (a)(1)(2)
- 1922(b)(1)(2)
- 1923
- 1923(a)(1) and (2), and 1923(b)
- 1924(a)(1)(A) and (B)
- 1924(c)(2)(A) and (B)
- 1927(a)(1) and (2), and 1927(b)(1)
- 1927(b)(2): 1928(b) and (c)
- 1929
- 1931(a)(1)(A), (B), (C), (D), (E) and (F)
- 1932(b)(1)
- 1941
- 1942(a)
- 1943(b)
- 1947(a)(1) and (2).

Selected SUPTR Block Grant Specific Requirements Applicable to PIHPs

1. Block Grant funds shall not be used to pay for inpatient hospital services except under conditions specified in federal law.
2. Funds shall not be used to make cash payments to intended recipients of services.
3. Funds shall not be used to purchase or improve land, purchase, construct, or permanently improve (other than minor remodeling) any building or any other facility or purchase major medical equipment.

4. Funds shall not be used to satisfy any requirement for the expenditure of non-Federal funds as a condition for the receipt of Federal funding.
5. Funds shall not be used to provide individuals with hypodermic needles or syringes so that such individuals may use illegal drugs.
6. Funds shall not be used to enforce state laws regarding the sale of tobacco products to individuals under the age of 21.
7. Funds shall not be used to pay the salary of an individual at a rate in excess of Level I of the current Federal Executive Schedule.
8. Funds shall not be used to purchase promotional items, including but not limited to clothing, commemorative items such as pens, mugs/cups, folders/folios, lanyards, and conference bags.

SUPTR Block Grant requirements also apply to the Michigan Department of Health and Human Services administered state funds, unless a written exception is obtained from MDHHS Health Services.

Marijuana Restriction

SAMHSA grant funds may not be used to purchase, prescribe, or provide marijuana or treatment using marijuana. See, e.g., 45 CFR § 75.300(a) (requiring HHS to ensure that Federal funding is expended in full accordance with U.S. statutory and public policy requirements); 21 U.S.C. 812(c)(10) and 841 (prohibiting the possession, manufacture, sale, purchase, or distribution of marijuana).

PROGRAM OPERATION

The Grantee shall provide the necessary administrative, professional, and technical staff for operation of the program.

NOTIFICATION OF MODIFICATIONS

The Grantee shall provide timely notification to the Department, in writing, of any action by its governing board or any other funding source that would require or result in significant modification in the provision of services, funding or compliance with operational procedures.

SOFTWARE COMPLIANCE

The Grantee must ensure software compliance and compatibility with the Department's data systems for services provided under this agreement including, but not limited to stored data, databases, and interfaces for the production of work products and reports. All required data under this agreement shall be provided in an accurate and timely manner without interruption, failure or errors due to the inaccuracy of the Contractor's business operations for processing date/time data.

LICENSURE OF SUBCONTRACTORS

The Grantee shall enter into agreements for substance use disorder prevention, treatment, and recovery services only with providers appropriately designated for the service provided.

The Grantee must ensure that network providers residing and providing services in bordering states meet all applicable licensing and certification requirements within their state that such providers are accredited per the requirements of this Agreement, and that provider staff are credentialed per the requirements of this Agreement.

ADMINISTRATIVE AND FINANCIAL MATCH RULES

Pursuant to Section 6213 of Public Act No. 368 of 1978, as amended, Michigan has promulgated match requirement rules. Rules 325.4151 through 325.4153 appear in the 1981 Annual Administrative Code Supplement. In brief, the rule defines allowable matching fund sources and states that the allowable match must equal at least ten percent of each comprehensive PIHP budget - less direct federal and other state funds.

Per PA 368, Administrative Rules, and contract, direct state/federal funds are funds that come to the PIHP directly from a federal agency or another state source. Funds that flow to the PIHP from the Department are not in this category, such as SDA, and, therefore, are subject to the local match requirement. Match requirements apply both to budgeted funds during the agreement period and to actual expenditures at year-end.

“Fees and collections” as defined in the Rule include only those fees and collections that are associated with services paid for by the PIHP.

If the PIHP is found to be out of compliance with Match requirements, or cannot provide reasonable evidence of compliance, the Department may withhold payment or recover payment in an amount equal to the amount of the Match shortfall.

MANAGEMENT OF DEPARTMENT-ADMINISTERED FUNDS

The Grantee shall manage all Department-administered funds under its control in such a way as to assure reasonable balance among the separate requirements for each funds source.

Unobligated Funds

Any unobligated balance of funds held by the Grantee at the end of the agreement period will be returned to the Department or treated in accordance with instructions provided by the Department.

FEES

The Grantee shall make reasonable efforts to collect 1st and 3rd party fees, where applicable, and report these as outlined by the Department’s fiscal procedures. Any

under recoveries of otherwise available fees resulting from failure to bill for eligible services will be excluded from reimbursable expenditures.

Reporting Fees and Collections Revenues

The Grantee is required to report all actual fees and collections revenue received by the Grantee and all actual fees and collections revenue received and reported by its contracted services providers. "Fees and collections" are as defined in the Annual Administrative Code Supplement, Rule 325.4151 and in the ADMINISTRATIVE AND FINANCIAL MATCH RULES section of this Attachment.

Sliding Fee Scale

The PIHP shall implement a sliding fee scale every fiscal year. All treatment and prevention providers shall utilize the PIHP sliding fee scale. The sliding fee scale must be established according to the most recent year's Federal Poverty Guidelines. It must consist of a minimum of two distinctive fees based upon the income and family size of the individual seeking substance use disorders services.

The Grantee must assure that all available sources of payments are identified and applied prior to the use of Department-administered funds. The PIHP must have written policies and implement procedures to be used by network providers in determining an individual's ability or inability to pay, when payment liability is to be waived, and in identifying all other liable third parties. The PIHP must also have policies and procedures for monitoring providers and for sanctioning noncompliance.

Financial information needed to determine ability to pay (financial responsibility) must be reviewed annually or at a change in an individual's financial status, whichever occurs sooner.

The scale must be applied to all persons seeking substance use disorders services funded in whole or in part by the PIHP. The PIHP has the option to charge fees for AMS services, or not to charge. If the PIHP charges for AMS services, the same sliding fee scale as applied to treatment services must be used.

Inability to Pay

Services may not be denied because of an individual's inability to pay. If a person's income falls within the PIHP's regional sliding fee scale, clinical need must be determined through the standard assessment and patient placement process. If a financially and clinically eligible person has third party insurance, that insurance must be utilized to its full extent. Then, if benefits are exhausted, or if the person needs a service not fully covered by that third party insurance, or if the co-pay or deductible amount is greater than the person's ability to pay, Community Grant funds may be applied. Community Grant funds may not be denied solely on the basis of a person having third party insurance.

RISK MONITORING

1. Federal authorities conduct national cross-site evaluation at their discretion. Requests may come from federal authorities that require additional reporting.

Grantees will receive notice when these requests are made and be given time to respond appropriately.

2. Grantees are required to participate in an annual site visit. Prior to the site visit, the SUGE Project Coordinator will send a desk audit with grant requirements that the grantee is expected to demonstrate compliance with. The grantee and SUGE Project Coordinator will review the grantee's responses to the desk audit and corresponding compliance ratings during the site visit.
3. As per federal requirements (SAMHSA NoA, 45 CFR 96.30, FY2020 – Award Standard Terms), a financial review must be conducted for each subrecipient based on a risk assessment that will determine the monitoring frequency. The Grantee is designated as a sub-recipient under this sub-award agreement and therefore, will establish a sub-recipient grantee or contractor relationship with subsequent entities that are provided with Federal funds to support service delivery. The Grantee certifies and assures that it will, and all its pass-through sub-recipients and contractors will, maintain effective program and financial records that fully disclose the amount and disposition of SAMHSA funds received. This includes providing all financial documentation to support all expenses reported on the Grantee's FSRs, eligibility, the portion of the program services, and other records upon request for the purpose of financial and programmatic review. If the Grantee determines that subsequent entities have a contractor relationship, the financial documentation should consist of the number of participants served, service(s) provided and units of service. Documentation of how the Grantee determines its relationships with its contractor(s) and/or subrecipient(s) will be required for financial and programmatic review.

MINIMUM SUBCONTRACTOR INFORMATION TO BE RETAINED BY GRANTEE

1. Budgeting Information for Each Service.
2. Documentation of How Fixed Unit Rates Were Established: The PIHP shall maintain documentation regarding how each of the unit rates used in its agreements was established. The process of establishing and adopting rates must be consistent with criteria in OMB Circular 2 CFR 200 Subpart E, and with the requirements of individual fund sources.
3. Indirect Cost Documentation: The PIHP shall review subcontractor indirect cost documentation in accordance with OMB Circular 2 CFR 200 Subpart E, as applicable.
4. Equipment Inventories: All allowable PIHP contractor's equipment purchase(s) supported in whole or in part through this agreement must be listed in the supporting Equipment Inventory Schedule. Equipment means tangible, non-expendable, personal property having useful life of more than one (1) year and

an acquisition cost of \$5,000 or more per unit. Title to items having a unit acquisition cost of less than \$5,000 shall vest with the Grantee upon acquisition. The Department reserves the right to retain or transfer the title to all items of equipment having a unit acquisition cost of \$5,000 or more, to the extent that the Department's proportionate interest in such equipment supports such retention or transfer of title.

RESIDENCY IN PIHP REGION

The PIHP may not limit access to the programs and services funded by this portion of the Agreement only to the residents of the PIHP's region, because the funds provided by the Department under this Agreement come from federal and statewide resources. Members of federal and state-identified priority populations must be given access to screening and to assessment and treatment services, consistent with the requirements of this portion of the Agreement, regardless of their residency. However, for non-priority populations, the PIHP may give its residents priority in obtaining services funded under this portion of the Agreement when the actual demand for services by residents eligible for services under this portion of the Agreement exceeds the capacity of the agencies funded under this portion of the Agreement.

REIMBURSEMENT RATES FOR SERVICES

The PIHP must pay the same rate when purchasing the same service from the same provider, regardless of fund source.

MEDIA CAMPAIGNS

A media campaign, very broadly, is a message or series of messages conveyed through mass media channels including print, broadcast, and electronic media. Messages regarding the availability of services in the PIHP region are not considered to be media campaigns. Media campaigns must be compatible with MDHHS values and guidelines, be coordinated with MDHHS campaigns whenever feasible and costs must be proportionate to likely outcomes. The PIHP shall not finance any media campaign using Department-administered funding without prior written approval by the Department.

SAMHSA/DHHS PUBLICATION LICENSE

The federal awarding agency, Substance Abuse and Mental Health Services Administration, Department of Health and Human Services (SAMHSA/DHHS), reserves a royalty-free, nonexclusive, and irrevocable license to reproduce, publish or otherwise use, and to authorize others to use, for federal government purposes:

- (a) The copyright in any work developed under a grant, sub-grant, or contract under a grant or sub-grant; and

(b) Any rights of copyright to which a grantee, sub-grantee, or a contractor purchases ownership with grant support.

NATIONAL OUTCOME MEASURES (NOMS)

Complete, accurate, and timely reporting of treatment and prevention data is necessary for the Department to meet its federal reporting requirements. For the SUD Treatment NOMS, it is the PIHP's responsibility to ensure that the client information reported on these records accurately describes each client's status at admission first date of service (admission) and on the last day of service (discharge). For SUD Prevention NOMS, it is the PIHP's responsibility to ensure prevention services data accurately reflects the number of persons served by age, gender, race & ethnicity and total number of evidence-based programs and strategies.

CLAIMS MANAGEMENT SYSTEM

The Grantee shall make timely payments to all providers for clean claims. This includes payment at 90% or higher of clean claims from network providers within 60 days of receipt, and 99% or higher of all clean claims within 90 days of receipt.

A clean claim is a valid claim completed in the format and time frames specified by the PIHP and that can be processed without obtaining additional information from the provider. It does not include a claim from a provider who is under investigation for fraud or abuse, or a claim under review for medical necessity. A valid claim is a claim for services that the PIHP is responsible for under this Agreement. It includes services authorized by the PIHP.

The PIHP must have a provider appeal process to resolve provider-billing disputes promptly and fairly.

PERSONS INVOLVED WITH THE MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES (MDHHS)

The PIHP must work with the MDHHS office(s) in its region to facilitate access to prevention, assessment and treatment services for persons involved with MDHHS, including families in the child welfare system and public assistance recipients. The PIHP must develop written agreements with MDHHS offices that specify payment and eligibility for services, access to services priority, information sharing (including confidentiality considerations), and other factors as may be of local importance.

CHARITABLE CHOICE

The September 30, 2003, Federal Register (45 CFR part 96) contains federal Charitable Choice SAPT block grant regulations, which apply to both prevention and treatment providers/programs. In summary, the regulations require:

1. that the designation of religious (or faith-based) organizations as such be based on the organization's self-identification as religious (or faith based),

2. that these organizations are eligible to participate as providers—e.g., a “level playing field” with regard to participating in the PIHP provider panel,
3. that a program beneficiary receiving services from such an organization who objects to the religious character of a program has a right to notice, referral, and alternative services which meet standards of timeliness, capacity, accessibility, and equivalency—and ensuring contact to this alternative provider, and
4. other requirements, including-exclusion of inherently religious activities and non-discrimination.

The PIHP is required to comply with all applicable requirements of the Charitable Choice regulations. The PIHP must ensure that treatment clients and prevention service recipients are notified of their right to request alternative services. Notice may be provided by the AMS or by providers that are faith-based. The PIHP must assign responsibility for providing the notice to the AMS, to providers, or both. Notification must be in the form of the model notice contained in the final regulations, or the PIHP may request written approval from MDHHS of an equivalent notice. The PIHP must also ensure that its AMS administer the processing of requests for alternative services. This is applicable to all face-to-face services funded in whole or part by SAPT Block Grant funds, including prevention and treatment services. The PIHP must submit an annual report on the number of such requests for alternative services made by the agency during the fiscal year, per PIHP Reporting Requirements.

The model notice contained in the federal regulations is:

No provider of substance abuse services receiving Federal funds from the U.S. Substance Abuse and Mental Health Services Administration, including this organization, may discriminate against you on the basis of religion, a religious belief, a refusal to hold a religious belief, or a refusal to actively participate in a religious practice. If you object to the religious character of this organization, Federal law gives you the right to a referral to another provider of substance abuse services. The referral, and your receipt of alternative services, must occur within a reasonable period of time after you request them. The alternative provider must be accessible to you and have the capacity to provide substance abuse services. The services provided to you by the alternative provider must be of a value not less than the value of the services you would have received from this organization.

FETAL ALCOHOL SPECTRUM DISORDERS (FASD)

Substance abuse treatment programs are in a unique position to have an impact on the fetal alcohol spectrum disorder (FASD) problem in two ways. First, it is required that these programs include FASD prevention within their treatment regimen for those women that are included in the selective or indicated group based on Institute of Medicine (IOM) prevention categories. Second, for those treatment programs that have contact with the children born to women who have used alcohol it is required that the

program screen these children for FASD and, if appropriate, refer for further diagnostics services.

FASD Prevention Activities

FASD prevention should be a part of all substance abuse treatment programs that serve women. Providing education on the risks of drinking during pregnancy and FASD detection and services are easily incorporated into the treatment regimes. The IOM Committee to Study Fetal Alcohol Syndrome has recommended three prevention approaches. The universal approach involves educating the public and influencing public policies. The selective approach is targeting interventions to groups that have increased risk for FASD problems such as women of childbearing age that drink. The indicated approach looks at groups who have already exhibited risk behaviors, such as, pregnant women who are drinking or who gave birth to a child who has been diagnosed with FASD. This policy recommends using one of the FASD prevention curriculums for women in the selected or indicated group.

COMMUNICABLE DISEASE

Consistent with Prevention Policy #2: Communicable disease providers are not required to be licensed. All SUD provider staff including prevention, treatment, and recovery, who interact with individuals receiving services at a contracted provider must have at least a basic knowledge of HIV/AIDS, TB, Hepatitis, and STD/I, and the relationship to substance use. PIHP regions are required to maintain a tracking mechanism to assure SUD provider staff completes Level 1 training.

TOBACCO USE PREVENTION, SYNAR

In July 1992, Congress enacted the Alcohol, Drug Abuse, and Mental Health Administration Reorganization Act (PL 102-321), which includes an amendment (section 1926) aimed at decreasing youth access to tobacco. In December 2019, federal legislation was signed that increased the age of sale for tobacco from 18 to 21. The Synar regulation requires states to enforce underage access laws to a degree that reasonably can be expected to reduce the illegal sale of tobacco products to individuals under the age of 21. In July 2022, the Michigan Youth Tobacco Act was updated to raise the minimum legal sale age for tobacco products, vapor products, and alternative nicotine products from 18 to 21 years, bringing it in line with federal Tobacco 21. The Synar regulation requires that states reduce its retailer violation rate (RVR) to 20% or less. The penalty for noncompliance may be a loss of up to 10% of SUPTR Block Grant funding. PIHPs are responsible for administering the official Synar Survey and other Synar-related activities including but not limited to Master Retailer List update, non-Synar checks, and vendor education.

Additional Synar information and resources are found at: www.michigan.gov/synar.

SPECIAL PROVISIONS

State Opioid Response 4: PIHP Prevention, Treatment, Harm Reduction, and Recovery Interventions

The MDHHS Health Services Administration, Bureau of Specialty Behavioral Health Services, Division of Substance Use, Gambling and Epidemiology (SUGE) is responsible for oversight of SUD Prevention, Treatment and Recovery activities and services.

PURPOSE, OBJECTIVES AND AUDIENCE

The purpose of the Michigan State Opioid Response 4 project (SOR 4) is to 1) increase access to MOUD using the three FDA approved medications; 2) reduce unmet treatment needs; 3) reduce overdose related deaths through the provision of prevention, treatment, harm reduction, and recovery activities for OUD and StUD; and 4) improve quality of treatment for StUD and OUD.

Funding from this grant will serve the following objectives: improving the state infrastructure for individuals with an OUD and StUD; training PIHP and provider administration on infrastructure improvements, training provider staff on evidence based interventions and fidelity measures, and increasing educational opportunities for certified peers; implementing evidence based prevention and treatment interventions; expanding overdose education and harm reduction services including naloxone distribution; increasing supportive peer services to probationers and parolees; supporting the use of peers in medical and community settings; expanding recovery friendly communities that include housing and employment support; improving access for racial and ethnic minorities; and disseminating educational messaging regarding anti-stigma, OUD, and StUD.

The primary target of Michigan's SOR 4 initiative is adults aged 25 to 44 with OUD. Additional populations of focus are African Americans, adolescents and transitional age youth, and American Indians/Alaska Natives. Michigan's SOR will: increase the availability of prevention focused evidence-based practices (EBP); increase access to naloxone and harm reduction services; improve outcomes for justice-involved individuals; expand SUD education in medical and social work schools; increase statewide treatment and recovery capacity to address gaps in needs; increase access to MOUD using the three FDA-approved medications; increase availability of treatment and recovery support services for individuals with OUDs and StUD; improve the quality of services for individuals with OUDs and StUD by providing training on EBPs and continuing education for peers, to promote positive treatment outcomes and long-term recovery.

PROJECT REQUIREMENTS

The Grantee must:

- Employ an SOR coordinator to facilitate implementation of selected initiatives
- Ensure implementation of identified prevention, treatment and recovery support services evidence-based practices (EBP) for individuals who are misusing opioids and/or stimulants
- Ensure ready access to naloxone with the incorporation of harm reduction education
- Enhance the utilization of peer support specialists in high-need areas for screening and engagement of at-risk populations, with referral to harm reduction and treatment services
- Report project specific administrative and program/service activities and related expenditures as indicated in these Provisions “Reporting Requirements”
- Grantees must additionally comply with all requirements in the SOR 4 Notice of Funding Opportunity [FY 2024 State Opioid Response Groups \(samhsa.gov\)](https://www.samhsa.gov/funding-opportunities/sor-4-notice-of-funding-opportunity) .

Administrative Staffing Requirement

To facilitate the implementation of this grant, each Grantee must employ an SOR Coordinator for the duration of the grant. The SOR Coordinator will be responsible for the coordination of all SOR 4 activities and the prevention of overlapping efforts with Substance Abuse Block Grant and other opioid activities.

Initiatives

Each Grantee may not be participating in all initiatives.

The funding being provided to each Grantee is for the implementation of the following initiatives with training being provided by the state. If additional training is needed within the region beyond what the state is providing, these funds can be utilized for those means. Training activity should be reported in progress reports.

SOR 4 funding is to be the funding source of last resort. Activities within the initiatives listed, that are not funded through traditional mechanisms, can be funded through this grant; however, these funds may not be used to supplant prior funding for those activities.

A) Prevention Initiatives

Prevention Evidence-Based Programs

To complement the activities of the SOR grant, three evidence-based youth prevention programs will be approved for training and implementation. Grantees will have the opportunity to support the following programs in school and community settings:

- Botvin LifeSkills: This program has been employed as a primary EBP and used in conjunction with other EBPs for several years. It has been shown to be effective across all ages, and greater effects with individuals at higher risk for substance use.

<https://www.lifeskillstraining.com/>.

- Prime for Life: This program is designed for individuals who may be making high-risk choices, and can be used across universal, selective and indicated audiences. It has been shown to be effective for youth and college students and works to change substance use behaviors by changing beliefs, attitudes, risk perceptions, motivation and the knowledge of how to reduce their risk of substance related problems throughout their lives. <https://www.primeforlife.org/>.
- Project Towards No Drug Abuse (PTNDA): PTNDA is a classroom-based program targeted at high school age youth that focuses on three factors: motivation, skills and decision making to stop or reduce the use of cigarettes, alcohol, marijuana and other drugs. <http://tnd.usc.edu/>.
- Guiding Good Choices: Guiding Good Choices (GGC) promotes healthy, protective parent–child interactions and addresses children’s risk for early substance use. <https://www.communitiesthatcare.net/programs/ggc/>
- Strengthening Families: The Strengthening Families Program (SFP) is an evidence-based family skills training program for high-risk and general population families. Parents and youth attend weekly SFP skills classes together, learning parenting skills and youth life and refusal skills. They have separate class training for parents and youth the first hour, followed by a joint family practice session the second hour. <https://strengtheningfamiliesprogram.org/>
- Celebrating Families: The Celebrating Families! curriculum is an evidence based cognitive behavioral, support group model written for families in which one or both parents have a serious problem with alcohol or other drugs and in which there is a high risk for domestic violence, child abuse, or neglect. Celebrating Families works with every member of the family, from ages 3 through adult, to strengthen recovery from alcohol and/or other drugs, break the cycle of addiction and increase successful family reunification. <https://celebratingfamilies.net/>

Overdose Education and Naloxone Distribution with Harm Reduction

Grantees will receive funding to support overdose education and naloxone trainings as well as distribution of fentanyl test strips. Grantees may additionally support the purchase of vending machines and Nalox-Boxes modified to dispense NARCAN, fentanyl test strips, and other harm reduction resources in areas of high need such as libraries, drop-in centers, and jail lobbies. The Grantee is expected to work with their provider network to order NARCAN from the MDHHS online NARCAN Direct portal.

B) Treatment Initiatives

Peer Outreach and Linkage

This project will implement peer services in emergency departments, outpatient settings such as FQHC’s or Urgent Care facilities, and community settings such as libraries and engagement centers. Peers will utilize an SBIRT model to provide assessment with a resulting referral to treatment and recovery services. Follow up on referred clients will

be required by the coaches within 30 days to assess for the need of additional services and peer support.

Mobile Care Units

Mobile care units are retrofitted vans/buses that will bring counseling, therapeutic, and physical health services to OUD patients. The units will have an area for intake and scheduling, a restroom to incorporate urine screening, and at least one private room for counseling. Harm reduction activities including overdose education and naloxone and fentanyl test strip distribution are expected to be provided within the mobile care units. The units may also have a telehealth component. GPRA incentives for individuals receiving mobile care unit treatment services may be purchased in this funding category.

OUD/StUD Treatment

Funding will be awarded specifically to cover the costs of uninsured/under-insured patients for OUD and stimulant use disorder treatment services, including MOUD, case management, and transportation costs. This is for coverage beyond what is provided through Block Grant. Providers that receive these funds will be required to collect GPRA data on all patients covered under this grant. Contingency management incentives may also be made available to any individual engaged in MOUD, no matter their funding source. Training in the intervention is required for any provider agency offering this service. Provider agencies will be required to report the number of individuals engaged in contingency management and follow the federal guidelines regarding incentive limits for this purpose. This is \$15 per incentive and no more than \$75 per year per person. Additionally, funds will be made available to support the start-up costs of new MAT providers in areas with indicated need. GPRA incentives for individuals receiving OUD/StUD treatment services may be purchased in this funding category.

Jail-Based MOUD Expansion

Grantees will have the opportunity to expand the development of jail-based MAT programs. Collaboration with jail-based partners will need to be established for the expansion of MAT services to individuals presenting with an OUD currently incarcerated. The first few weeks after release are known to be the most critical in preventing recidivism and overdose death, thus a collaboration in service provision for persons post-release will be required. Linkages with peer support upon re-entry into the community is strongly encouraged. GPRA incentives for individuals receiving jail-based treatment services may be purchased in this funding category.

C) Recovery Initiatives

Recovery Housing

Following the National Alliance for Recovery Residencies (NARR) guidelines, recovery housing will be increased within the state for OUD clients. OROSC will partner with the Michigan Chapter of NARR to provide oversight of recovery residences in the state.

Each Grantee will be provided funding to cover the housing costs of individuals with OUD and stimulant use disorder. Funding may also be used to provide minor updates and repairs to existing recovery housing to house individuals with OUD and/or to assist recovery housing facilities in bringing outpatient services to the location as needed. All recovery houses must be in compliance with the NARR guidelines. GPRA incentives for individuals receiving recovery housing services may be purchased in this funding category.

OUD/StUD Recovery

Grantees will receive funding to support outreach and engagement activities of local Recovery Community Organizations, peer recovery coaching services, drop-in/engagement centers, and housing assistance for individuals entering long term recovery. Grantees will similarly support case managers at opioid treatment programs and other outpatient providers to assist individuals with securing employment and applying for public assistance benefits. Lastly, Grantees will have the opportunity to assist individuals with housing supports and legal assistance as needed. GPRA incentives for individuals receiving ongoing recovery support services may be purchased in this funding category.

AVAILABILITY OF SERVICES

The Grantee must assure that, for any subcontracted treatment or prevention service, each subcontractor maintains service availability throughout the agreement period for persons who do not have the ability to pay. The Grantee is required to manage its authorizations for services and its expenditures in light of known available resources in such a manner as to avoid the need for imposing arbitrary caps on authorizations or spending. “Arbitrary caps” are those that are not adjusted according to individualized determinations of the needs of clients. This requirement is consistent with Michigan Department of Health and Human Services Medicaid Manual, Medical Necessity Criterion 2.5, under Behavioral Health and Intellectual and Developmental Disability Supports and Services.

REPORTING REQUIREMENTS

As described in the SOR notice of funding opportunity, the program outcomes have a significant influence on the determination of continued funding and so participation in the evaluation process is mandatory. The MDHHS SOR Project Coordinator will communicate reporting and evaluation instructions during the project initiation phase. Progress surveys and interviews will be included.

A) Programmatic Updates

Grantees are required to submit programmatic updates every month. These updates will be highlights of program progress, barriers, and next steps. Quantitative data including number of individuals served will be required for each program. See Table 1 for Minimal Indicators for Data Collection.

Grantees will submit these programmatic updates to the SOR 4 Project Coordinator and Wayne State University Project Evaluator via survey forms in the Qualtrics survey platform.

B) GPRA Data Collection

Grantees are expected to comply with GPRA data collection for all clients receiving ongoing treatment and recovery services funded by the grant. To remain in compliance with the grant, there will be a required completion rate of 100% at initial collection, 100% at discharge, and 80% at the six-month follow up point. Participants may receive a \$30 gift card incentive for completing the six-month follow-up interview. Recipients should enter their data within 1 day, but no later than 7 days, after the intake interview is conducted. This guidance applies to recipients who manually enter their data and batch upload their data. Wayne State University will provide training and technical assistance on GPRA survey completion.

Table 1: Minimal Indicators for Data Collection

Initiative/Activity	Indicators and Data
Evidence-Based Prevention Programs	<ul style="list-style-type: none"> • # of providers trained • # participants enrolled • # of individuals reached through strategic messaging (social media, media campaigns) on the consequences of opioid/stimulant misuse • # of individuals in diverse or underrepresented populations reached through programming
OEND with Harm Reduction	<ul style="list-style-type: none"> • # of naloxone kits purchased • # of naloxone kits distributed & where • # of fentanyl test strips purchased • # of fentanyl test strips distributed & where • # of new communities/sites with distribution • # of individuals trained & occupation & location • # of kits used/ # of saves • # of individuals in diverse or underrepresented populations reached through programming
Peer Outreach and Linkage	<ul style="list-style-type: none"> • # of peers hired • Hours a week staffed • # of new clinics or community sites engaged • Breakdown of how peers spend time • # of clients engaged • # of screenings conducted • # of referrals made
Mobile Care Units	<ul style="list-style-type: none"> • # of people served • # of services delivered by type • Geographic area covered • GPRA data

<p> OUD/StUD Treatment </p>	<ul style="list-style-type: none"> • # of services delivered by type • GPRA data
<p> Jail-Based MOUD </p>	<ul style="list-style-type: none"> • # of people served; type of service • Services provided by type • Meetings held or trainings conducted • GPRA data
<p> Recovery Housing </p>	<ul style="list-style-type: none"> • # of people served • Status of MARR certification • GPRA data
<p> OUD/StUD Recovery </p>	<ul style="list-style-type: none"> • # of people receiving recovery coaching • # of outreach events held; persons reached • # of people receiving employment support • # of people receiving housing or legal assistance

Risk Monitoring

- A) Federal authorities conduct national cross-site evaluation at their discretion. Requests may come from federal authorities that require additional reporting. Grantees will receive notice when these requests are made and be given time to respond appropriately.
- B) Grantees are required to participate in an annual site visit. Prior to the site visit, the SOR 4 Project Coordinator will send a desk audit with grant requirements that the Grantee is expected to demonstrate compliance with. The Grantee and SOR 4 Project Coordinator will review the Grantee's responses to the desk audit and corresponding compliance ratings during the site visit.
- C) As per federal requirements (SAMHSA NoA, 45 CFR 96.30, FY2022 – Award Standard Terms), a financial review must be conducted for each subrecipient based on a risk assessment that will determine the monitoring frequency. The Grantee is designated as a sub-recipient under this sub-award agreement and therefore, will establish a sub-recipient Grantee or contractor relationship with subsequent entities that are provided with Federal funds to support service delivery. The Grantee certifies and assures that it will, and all its pass-through subrecipients and contractors will, maintain effective program and financial records that fully disclose the amount and disposition of SAMHSA funds received. This includes providing all financial documentation to support all expenses reported on the Grantee's FSRs, eligibility, the portion of the program funded with other sources of revenue, job descriptions, sub-contracts for services, and other records upon request for the purpose of financial and programmatic review. If the Grantee determines that the subsequent entities have a contractor relationship, the financial documentation should consist of the number of participants served, service(s) provided and units of service. Documentation of how the Grantee determines its relationships with its contractor(s) and/or subrecipient(s) will be required for financial and programmatic review.

Financial Reporting

- A) Financial Status Reports (FSR) are due quarterly within 30 days after the close of each quarter. The Final FSR is due to MDHHS within 60 days following the end of the Agreement period. FSRs are submitted in EGRAMS for each project.
- B) The Department may choose to withhold payment when any financial report is delinquent by thirty (30) calendar days or more and may retain the amount withheld if the report is sixty (60) or more days delinquent.
- C) In addition to the quarterly FSR to be submitted in the EGrAMS system, the Grantee is required to submit an SOR 4 Quarterly Budget Report that indicates expenditures by each individual SOR 4 initiative. Figure 1 provides a sample report. The MDHHS Substance Use, Gambling and Epidemiology Section (SUGE) State Opioid Coordinator will email the Grantee the editable version. The Grantee must submit the completed SOR Quarterly Budget Report and attach it to the respective quarterly FSR. Per SAMHSA's notice of award, Grantees and subrecipients are required to track funding of activities by providers and be prepared to submit these data to SAMHSA upon request.

Figure 1: Sample SOR 4 Quarterly Budget Report

FY25 SOR 4 Special Projects - Quarterly Budget Report							
The PIHP must complete the report and submit it attached to the respective quarterly FSR in EGrAMS.							
PIHP:							
Quarterly Reporting Period:							
Contact Person/Title:							
Email:							
Expenditure Category Detail	SOR 4 Budgeted Revenue	Q1 Expenditures	Q2 Expenditures	Q3 Expenditures	Q4 Expenditures	Total Annual Expenditures	BALANCE
Evidence Based Prevention	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Jail-based MOUD	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Mobile Care Units	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
OEND	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
ODU/StUD Recovery	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
ODU/StUD Treatment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Peer Outreach and Linkage	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
PIHP Administrative (Direct Costs)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
PIHP Administrative (Indirect Costs)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Recovery Housing	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total SOR 4 Funding	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
OPTIONAL - ADDITIONAL REMARKS							

- D) Year-End Financial Reporting: Additional Financial Reports will be requested by memo from MDHHS Expenditures Operations Division as it prepares for the fiscal year closing. The memo will provide a description and a schedule of the required year-end financial reporting activities. Grantees are required to submit this information as detailed.
- E) Legislative Report: The SOR expenditures must be reported on the year-end Legislative Report. If the Grantee does not submit the required Legislative Report within fifteen (15) calendar days of the due date, the Department may withhold from the current year funding an amount equal to five (5) percent of that funding (not to exceed \$100,000) until the Department receives the delinquent report. The Department may retain the amount withheld if the contractor is more than forty-five (45) calendar days delinquent in meeting the filing requirements. The Grantee must assure that the financial data in these reports are consistent and reconcile between any related reports. Otherwise, the reports will be considered as not submitted and will be subject to financial penalty, as previously mentioned.

The following chart outlines due dates and submission methods for financial reports.

Report Title	Due Date	Report Period	Submission Method
SOR Budget Report	30 Days after close of each quarter	Quarterly	EGRAMS: Submit with Quarterly FSR
		Oct 1-Dec 31 Jan 1-Mar 31 Apr 1-June 30 July 1-Sep 30	
Financial Status Report (FSR)	30 Days after close of each quarter	Quarterly	EGRAMS: Each Project
		Oct 1-Dec 31 Jan 1-Mar 31 Apr 1-June 30 July 1-Sep 30	
Legislative Report	February 28 after end of Agreement Period	October 1 to September 30	EGRAMS: SUGS TRMT project
Obligation Financial Status Report (FSR)	TBD Announced by MDHHS Accounting	October 1 to September 30	EGRAMS: Each Project
EGRAMS Final Financial Status Report (FSR)	60 days after end of Agreement Period	October 1 to September 30	EGRAMS: Each Project

SPECIAL PROVISIONS

SUBSTANCE USE DISORDER SERVICES - ADMINISTRATION

Table of Contents

PURPOSE.....	4
PROGRAM-SPECIFIC REQUIREMENTS	4
STRATEGIC PLAN	4
GENERAL PROVISIONS	4
STATEMENT OF WORK	4
MICHIGAN ADMINISTRATIVE CODE: SUBSTANCE USE DISORDER ADMINISTRATIVE RULES	5
SUBSTANCE USE DISORDER POLICIES & TECHNICAL ADVISORIES	6
PERFORMANCE/PROGRESS REPORT REQUIREMENTS	7
Report Instructions.....	9
SUD Financial Reporting Requirements	9
Fiscal Year-End Reporting.....	10
Legislative Report	10
SUD Non-Financial Reporting Requirements.....	10
Sentinel Event Reporting Requirements	12
SUBSTANCE USE DISORDER RECIPIENT RIGHTS TRAINING.....	12
SUBSTANCE USE DISORDER LICENSING AND RECIPIENT RIGHTS RESOURCE DOCUMENTS	12
AVAILABILITY OF SERVICES.....	12
SUBSTANCE USE PREVENTION, TREATMENT, AND RECOVERY BLOCK GRANT (SUPTRS BG) REQUIREMENTS AND APPLICABILITY TO STATE FUNDS	12
Selected SUPTRS BG-Specific Requirements Applicable to PIHPs.....	13
Marijuana Restriction	14
Allowable Expenditures for Recovery Support Services	14
PROGRAM OPERATION.....	14
NOTIFICATION OF MODIFICATIONS.....	14
SOFTWARE COMPLIANCE	14
LICENSURE OF SUBCONTRACTORS.....	14

ACCREDITATION OF SUBCONTRACTORS	15
ASAM LOC REQUIREMENTS FOR SUBCONTRACTORS	15
Level of Care ASAM Title(s):.....	15
SUD TREATMENT PROVIDER NETWORK OVERSIGHT	16
ADMINISTRATIVE AND FINANCIAL MATCH RULES	16
MANAGEMENT OF DEPARTMENT-ADMINISTERED FUNDS	17
Unobligated Funds.....	17
FEES.....	17
Reporting Fees and Collections Revenues.....	17
Sliding Fee Scale	17
Inability to Pay.....	18
RISK MONITORING.....	18
MINIMUM SUBCONTRACTOR INFORMATION TO BE RETAINED BY GRANTEE....	19
SUBCONTRACTS WITH HOSPITALS	19
RESIDENCY IN PIHP REGION	19
REIMBURSEMENT RATES FOR SUBSTANCE USE DISORDER SERVICES	20
MINIMUM CRITERIA FOR REIMBURSING FOR SERVICES TO PERSONS WITH CO- OCCURRING DISORDERS	20
NATIONAL OUTCOME MEASURES (NOMS).....	20
CLAIMS MANAGEMENT SYSTEM.....	20
CARE MANAGEMENT	21
PURCHASING DRUG SCREENS.....	21
PURCHASING HIV EARLY INTERVENTION SERVICES	21
PRIORITY POPULATION CARE COORDINATOR.....	22
PERSONS ASSOCIATED WITH THE CORRECTIONS SYSTEM	22
MDOC Referrals, Screening and Assessment.....	22
Plan of Service	23
Residential Services	23
Service Participation	24
Testimony	24
Training	25
Compliance Monitoring	25
Provider Network Oversight.....	25

PERSONS INVOLVED WITH THE MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES (MDHHS)	25
PRIMARY CARE COORDINATION	25
CHARITABLE CHOICE.....	26
TREATMENT SERVICES	27
SATISFACTION SURVEYS	27
CLINICAL ELIGIBILITY: DSM - DIAGNOSIS	27
INTENSIVE OUTPATIENT TREATMENT – WEEKLY FORMAT	27
OPIOID TREATMENT SERVICES.....	28
Medication Assisted Treatment (MAT).....	28
FETAL ALCOHOL SPECTRUM DISORDERS.....	28
SUB-ACUTE DETOXIFICATION	29
RESIDENTIAL TREATMENT	30
WAIT LIST REQUIREMENTS.....	30
ACCESS TIMELINESS STANDARDS	30
ADMISSION PREFERENCE AND INTERIM SERVICES	30
Admission Priority Requirements Chart	30

The MDHHS Health Services Bureau of Specialty Behavioral Health Services, Division of Substance Use, Gambling and Epidemiology (SUGE) is responsible for oversight of SUD Prevention, Treatment and Recovery activities and services.

PURPOSE

The focus of the program is to provide for the administration and coordination of substance use disorder (SUD) services within the designated Pre-paid Inpatient Health Plan (PIHP) region. Substance Use Prevention, Treatment, and Recovery Services Block Grant (SUPTRS BG) grantees should direct this funding to prioritize and address the unique SUD prevention, intervention, treatment, and recovery support needs and gaps in their region's service systems.

PROGRAM-SPECIFIC REQUIREMENTS

All Grantees are required to comply with the current version of the MDHHS document titled "Establishing Administrative Costs Within and Across the Prepaid Inpatient Health Plan (PIHP) System" that is posted at <https://www.michigan.gov/mdhhs/keep-mi-healthy/mentalhealth/reporting> under the *Administrative Cost Reporting – Forms and Instructions* tab.

The workplan that the Grantee enters to EGrAMS must address each of the seven core functions described in "Establishing Administrative Costs Within and Across the Prepaid Inpatient Health Plan (PIHP) System".

STRATEGIC PLAN

The Grantee will carry out its responsibilities under this Agreement consistent with the PIHP's current three-year SUGE-approved Strategic Plans for substance use prevention, treatment and recovery services. Contact SUGE staff directly for details.

GENERAL PROVISIONS

The Grantee agrees to comply with the General Provisions outlined in this agreement. The Grantee also agrees to comply with the requirements described in the SUBSTANCE USE DISORDER POLICIES AND TECHNICAL ADVISORIES, which is part of this agreement, and also available at: <https://www.michigan.gov/mdhhs/keep-mi-healthy/mentalhealth/drugcontrol/reportstats/reportcontent/policies-and-advisories>.

STATEMENT OF WORK

The following section provides an explanation of the specifications and expectations that the Grantee must meet, and the substance use disorder services that must be provided under the contract. The Grantee agrees to undertake, perform and complete the services.

The general SUD responsibilities of the Grantee under this Agreement, based on P.A. 500 of 2012, as amended, are to:

1. Develop comprehensive plans for substance use disorder treatment and rehabilitation services and substance use disorder prevention services consistent with guidelines established by the Department.
2. Review and comment to the Department of Licensing and Regulatory Affairs on applications for licenses submitted by local treatment, rehabilitation, and prevention organizations.
3. Provide technical assistance for local substance use disorder service programs.
4. Collect and transfer data and financial information from local programs to the Department of Licensing and Regulatory Affairs.
5. Submit an annual budget request to the Department for use of state administered funds for its substance use disorder treatment and rehabilitation services and substance use disorder prevention services in accordance with guidelines established by the Department.
6. Make contracts necessary and incidental to the performance of the department-designated community mental health entity's and community mental-health services program's functions. The contracts may be made with public or private agencies, organizations, associations, and individuals to provide for substance use disorder treatment and rehabilitation services and substance use disorder prevention services.
7. Annually evaluate and assess substance use disorder services in the department designated PIHP entity in accordance with guidelines established by the Department.

MICHIGAN ADMINISTRATIVE CODE: SUBSTANCE USE DISORDER ADMINISTRATIVE RULES

Guidelines and Requirements for Substance Use Disorder Service Delivery at: <https://ars.apps.lara.state.mi.us>. Search for "Substance Use Disorder Service Programs".

SUBSTANCE USE DISORDER POLICIES & TECHNICAL ADVISORIES

The Grantee agrees to comply with the requirements described in the following policies and technical advisories that can be found at: <https://www.michigan.gov/mdhhs/keep-mi-healthy/mentalhealth/drugcontrol/reportstats/reportcontent/policies-and-advisories>.

Document #	Effective Date	Document Name
SUBSTANCE USE DISORDER SERVICES POLICIES:		
ADMINISTRATIVE / GENERAL / CONTRACT		
TREATMENT		
P-T-01	09/21/2007	Obsolete
P-T-02	11/01/2012	Acupuncture
P-T-03	10/01/2006	Buprenorphine
P-T-04	12/01/2006	Off-Site Dosing Requirements for Medication Assisted Treatment
P-T-05	10/01/2012	Criteria for Using Methadone for Medication-Assisted Treatment and Recovery See MDHHS Substance Use Disorder Services Policies page for link to Consent for an Adolescent to Participate in Opioid Pharmacotherapy Treatment form
P-T-06	04/02/2012	Individualized Treatment and Recovery Planning
P-T-07	11/30/2011	Access Management System: Replaced with PIHP Attachment P4.1.1 and CMHSP Attachment P3.1.1
P-T-08	01/01/2008	Substance Abuse Case Management Program Requirements
P-T-09	03/15/2017	Outpatient Treatment Continuum of Service
P-T-10	05/03/2013	Residential Treatment Continuum of Services
P-T-11	10/01/2009	Fetal Alcohol Spectrum Disorders
P-T-12	10/01/2010	Women's Treatment Services
P-T-13	07/01/2017	Withdrawal Management Continuum of Services

P-T-14	06/01/2018	Adolescent Substance Use Treatment Services Policy
P-T-15	07/19/2019	Young Adult and Transitional Age Youth Treatment Services
P-T-16	10/01/2022	SUD Credentialing and Staff Qualifications
SUBSTANCE USE DISORDER SERVICES TECHNICAL ADVISORIES:		
Document #	Effective Date	Document Name
ADMINISTRATIVE / GENERAL / CONTRACT		
TA-A-01	10/01/2006	Advisory Council
TREATMENT		
TA-T-01	10/01/2006	Replaced by P-T-03
TA-T-02	12/01/2006	Replaced by P-T-04
TA-T-03	01/01/2008	Replaced by P-T-08 on 1/1/08
TA-T-04	10/01/2009	Replaced by P-T-11
TA-T-05	10/01/2006	Welcoming
TA-T-06	08/10/2007	Counseling Requirement for Clients Receiving Methadone Treatment
TA-T-07	09/01/2012	Peer Recovery Support Services
TA-T-08	07/01/2020	Enhanced Women's Services
TA-T-09	11/30/2011	Early Intervention
TA-T-11	09/01/2012	Recovery Housing
TA-T-12	70/30/2019	Recovery Policy Practice Advisory

PERFORMANCE/PROGRESS REPORT REQUIREMENTS

The following tables indicate the report that Grantees are required to submit to the Department under this agreement. The table also indicates the period covered by each report, the report due date, where within the Department the report must be submitted. The contents of the tables may be superseded by written communication from MDHHS Health Services.

The SUGE Project Coordinator may request additional ad hoc reports as needed to address state or federal program inquiries. A reasonable amount of time will be allowed

to respond, and the submission method and due date will be included in the request. The Grantee is expected to comply in a timely manner.

The Grantee is responsible for submitting all applicable reports on time and per reporting instructions. Reports must be submitted as indicated in the Financial and Non-Financial Reporting tables that follow. Reports will be submitted to EGrAMS (<http://egrams-mi.com/mdhhs>) or a MDHHS program email address. Reports transmitted on or before the due date are considered timely. The received date will be determined by the date of submission to EGrAMS or the date transmitted to the email address. Reports that do not conform to instructions may not be determined as “received”. If Grantees wish to request a due date extension, the request must be submitted to the MDHHS Program Manager identified in the grant agreement. The request is not approved until the Grantee receives an affirmative response.

Schedule E of the MDHHS/PIHP Medicaid Managed Care contract also includes reporting requirements that relate to SUD activities.

EGRAMS reporting templates are available to download in EGRAMS. Most program report forms and instructions are also available at the MDHHS Mental Health and Substance Abuse Reporting Requirements Website 60 days prior to the due date: <https://www.michigan.gov/mdhhs/keep-mi-healthy/mentalhealth/reporting>. Customized or ad hoc report forms will be delivered by the MDHHS Program Manager by email to the Grantee’s Project Director, with instructions and due dates.

The following resources on the Reporting Website, contain relevant forms and instructions, for the current fiscal year, in addition to those noted in the tables below:

- MICHIGAN PIHP/CMHSP PROVIDER QUALIFICATIONS (i.e., Behavioral Health Provider education and certification requirements)
- SUD (Non-Medicaid) Reporting Instructions and Forms (Reporting Index)
- PIHP/CMHSP Encounter Reporting Costing Per Code and Code Chart (i.e., Department approved HCPCS and Revenue Codes)

Submit Encounter data to the Data Exchange Gateway (DEG):

For transactions: put c:\4951@DCHEDI

- BH – TEDS (Specifications, Requirements, Q&A, Coding Instructions)

Submit BH-TEDS data to the Data Exchange Gateway (DEG):

To submit Client Admission and Discharge Client records electronically via DEG to BPHASA/MIS Operations - Michigan Department of Health and Human Services - Michigan Department of Technology, Management & Budget

Data Exchange Gateway (DEG)

For admissions: put c:\4823 4823@dchbull

For discharges: put c:\4824 4824@dchbull

Report Instructions

- Instructions are included in Reporting forms when appropriate.
- Instructions may also be found in the Reporting Table at: <https://www.michigan.gov/mdhhs/keep-mi-healthy/mentalhealth/reporting>.
- EGrAMS submission instructions are found in EGrAMS on the left menu “About EGrAMS” prior to logging in to EGrAMS. See Grantee: Project-Based Standard Instructions or Grantee Training Videos.
- FSR and Workplan reports in EGrAMS offer instructions within the templates
- SUGE Project Coordinators or SUD Contract Managers can respond to specific questions about the reports.
- The EGrAMS Help Desk can help with EGrAMS submission instructions or EGrAMS operations. EGrAMS Help Desk: 517-335-3359 or MDHHS-EGrAMS-Help@michigan.gov.

SUD Financial Reporting Requirements

The Grantee must assure that the financial data in these reports are consistent and reconcile between any related reports. Otherwise, the reports will be considered as not submitted and will be subject to financial penalty.

The Department may choose to withhold payment when any financial report is delinquent by thirty (30) calendar days or more and may retain the amount withheld if the report is sixty (60) or more calendar days delinquent. The Legislative Report has more stringent requirements. See Legislative Report section.

The following chart outlines the due dates and submission method for Financial reports.

Due Date	Report Title	Report Period	Submission Method
30 Days after close of each quarter	Financial Status Report (FSR)	Quarterly	EGRAMS: Each Project
		Oct 1-Dec 31 Jan 1-Mar 31 Apr 1-June 30 July 1-Sep 30	
February 28 after end of Agreement Period	Legislative Report	October 1 to September 30	EGRAMS: SUGS TRMT Project
February 28 after end of Agreement Period	Primary Prevention Expenditures Status Report (PESR)	October 1 to September 30	EGRAMS: SUGS PREV Project

Due Date	Report Title	Report Period	Submission Method
TBD Announced by MDHHS Accounting	Obligation Financial Status Report (FSR)	October 1 to September 30	EGRAMS: Each Project
60 days after end of Agreement Period	Final Financial Status Report (FSR)	October 1 to September 30	EGRAMS: Each Project

The SUGE Project Coordinator may request program data, the status of expenditures, or a year-end expenditure projection for the purpose of determining if the statewide target for Women's Specialty Services Maintenance of Effort will be met. The Grantee must respond in a timely manner, as indicated in the request.

Fiscal Year-End Reporting

Additional Financial Reports will be requested by memo from MDHHS Expenditures Operations Division as it prepares for the fiscal year closing. The memo will provide a description and a schedule of the required year-end financial reporting activities. Grantees are required to submit this information as detailed.

Legislative Report

Expenditures from SUD projects are reported in the annual Legislative Report, which is submitted to the SUGS TRMT project in EGRAMS.

If the Grantee does not submit required Legislative Report within fifteen (15) calendar days of the due date, the Department may withhold from the current year funding an amount equal to five (5) percent of that funding (not to exceed \$100,000) until the Department receives the delinquent report. The Department may retain the amount withheld if the contractor is more than forty-five (45) calendar days delinquent in meeting the filing requirements.

SUD Non-Financial Reporting Requirements

The following table indicates reporting due dates and submission method for Non-Financial reports. If submitted in EGrAMS, the project is identified. The EGrAMS attachment report forms are available for download in EGrAMS in the relevant project.

Due Date	Report Title	Report Period	Submission Method
October 31	Communicable Disease Plan (optional participation)	Projected October 1 to September 30	Email: MeisterJ1@michigan.gov and cc: ColemanL7@michigan.gov
Monthly Due last day of month following Report Period	Priority Populations Waiting List Deficiencies Report	Monthly October 1 – September 30	EGrAMS: SUGS TRMT project
Quarterly Due last day of month following Report Period	Priority Population Care Coordination Report	Quarterly Oct 1-Dec 31 Jan 1-Mar 31 Apr 1-June 30 July 1-Sep 30	EGrAMS: SUGS TRMT project
Quarterly Due 15 th of month following Report Period	Quarterly Workplan Report	Quarterly Oct 1-Dec 31 Jan 1-Mar 31 Apr 1-June 30 July 1-Sep 30	EGrAMS: Each project
Quarterly Due last day of month following Report Period	Child Referral Report	Quarterly Oct 1-Dec 31 Jan 1-Mar 31 Apr 1-June 30 July 1-Sep 30	EGrAMS: SUGS WSS project
Quarterly Due last day of month following Report Period	Injecting Drug Users 90% Capacity Treatment Report	Quarterly Oct 1-Dec 31 Jan 1-Mar 31 Apr 1-June 30 July 1-Sep 30	EGrAMS: SUGS TRMT project
August 15	Charitable Choice Report	October 1 to September 30	EGrAMS: SUGS TRMT project
TBD	Master Retailer List Update	TBD	Email: MeisterJ1@michigan.gov and cc: ColemanL7@michigan.gov
Next Study in 2028	Synar Coverage Study Canvassing Forms	Regions participating and Study Period TBD	Email: MeisterJ1@michigan.gov and cc: ColemanL7@michigan.gov
October 15 following End of Agreement Period	Youth Access to Tobacco Activity Annual Report	October 1 to September 30	EGrAMS: SUGS PREV project
November 30 following End of Agreement period	Communicable Disease Report (if CD plan was submitted)	October 1 to September 30	Email: MeisterJ1@michigan.gov and cc: ColemanL7@michigan.gov
November 30 following End of Agreement period	Annual Women's Specialty Services (WSS) Report	October 1 to September 30	EGrAMS: SUGS WSS project

Sentinel Event Reporting Requirements

Sentinel Event reporting is required to be submitted through the Michigan Crisis and Access Line (MiCAL) Customer Relationship Module (CRM) and to be consistent with the MDHHS/PIHP Medicaid Managed Specialty Supports and Services Program contract, as outlined in the Quality Assessment and Performance Improvement Program (QAPIP) standards. If an incident is determined to be a Sentinel Event, the PIHP must report this to MDHHS within 24 hours by email to MDHHS-BHDDA-Contracts-Mgmt@michigan.gov. Further reporting will be completed within the MiCAL CRM, including outcomes of the root cause analysis.

SUBSTANCE USE DISORDER RECIPIENT RIGHTS TRAINING

Register or login at <https://www.improvingmipractices.org/practice-areas/substance-use-disorder>. Search for “Recipient Rights for Substance Abuse Services”

SUBSTANCE USE DISORDER LICENSING AND RECIPIENT RIGHTS RESOURCE DOCUMENTS

Michigan Department of Licensing & Regulatory Affairs, Bureau of Community and Health Systems maintains Substance Use Disorder Licensing and Recipient Rights Resource Documents at: <https://www.michigan.gov/lara/bureau-list/bchs/substance-use-disorder-licensure>.

AVAILABILITY OF SERVICES

The grantee must assure that, for any subcontracted treatment or prevention service, each subcontractor maintains service availability throughout the agreement period for persons who do not have the ability to pay. The grantee is required to manage its authorizations for services and its expenditures in light of known available resources in such a manner as to avoid the need for imposing arbitrary caps on authorizations or spending. “Arbitrary caps” are those that are not adjusted according to individualized determinations of the needs of clients. This requirement is consistent with Michigan Department of Health and Human Services Medicaid Manual, Medical Necessity Criterion 2.5, under Behavioral Health and Intellectual and Developmental Disability Supports and Services.

SUBSTANCE USE PREVENTION, TREATMENT, AND RECOVERY BLOCK GRANT (SUPTRS BG) REQUIREMENTS AND APPLICABILITY TO STATE FUNDS

Federal requirements deriving from Public Law 102-321, as amended by Public Law 106-310, and federal regulations in 45 CFR Part 96 are pass-through requirements. Federal Substance Use Prevention, Treatment, and Recovery Services Block Grant (SUPTRS BG) requirements that are applicable to states are passed on to Grantees unless otherwise specified.

42 CFR Parts 54 and 54a, and 45 CFR Parts 96, 260, and 1050, pertaining to the final rules for the Charitable Choice Provisions and Regulations, are applicable to Grantees as stated elsewhere in this Agreement.

Sections from PL 102-321, as amended, that apply to Grantees and contractors include but are not limited to:

- 1921(b)
- 1922 (a)(1)(2)
- 1922(b)(1)(2)
- 1923
- 1923(a)(1) and (2), and 1923(b)
- 1924(a)(1)(A) and (B)
- 1924(c)(2)(A) and (B)
- 1927(a)(1) and (2), and 1927(b)(1)
- 1927(b)(2): 1928(b) and (c)
- 1929
- 1931(a)(1)(A), (B), (C), (D), (E) and (F)
- 1932(b)(1)
- 1941
- 1942(a)
- 1943(b)
- 1947(a)(1) and (2).

Selected SUPTRS BG-Specific Requirements Applicable to PIHPs

1. Block Grant funds shall not be used to pay for inpatient hospital services except under conditions specified in federal law.
2. Funds shall not be used to make cash payments to intended recipients of services.
3. Funds shall not be used to purchase or improve land, purchase, construct, or permanently improve (other than minor remodeling) any building or any other facility or purchase major medical equipment.
4. Funds shall not be used to satisfy any requirement for the expenditure of non-Federal funds as a condition for the receipt of Federal funding.
5. Funds shall not be used to provide individuals with hypodermic needles or syringes so that such individuals may use illegal drugs.
6. Funds shall not be used to enforce state laws regarding the sale of tobacco products to individuals under the age of 18.
7. Funds shall not be used to pay the salary of an individual at a rate in excess of Level I of the current Federal Executive Schedule.
8. Funds shall not be used to purchase promotional items, including but not limited to clothing, commemorative items such as pens, mugs/cups, folders/folios, lanyards, and conference bags.

SUPTR Block Grant requirements also apply to the MDHHS Health Services administered state funds, unless a written exception is obtained from Health Services.

Marijuana Restriction

SAMHSA grant funds may not be used to purchase, prescribe, or provide marijuana or treatment using marijuana. See, e.g., 45 CFR § 75.300(a) (requiring HHS to ensure that Federal funding is expended in full accordance with U.S. statutory and public policy requirements); 21 U.S.C. 812(c)(10) and 841 (prohibiting the possession, manufacture, sale, purchase, or distribution of marijuana).

Allowable Expenditures for Recovery Support Services

In August of 2023, SAMHSA provided notice of expenditure restrictions for Recovery Support Services providers who receive Substance Use Prevention, Treatment and Recovery Services Block Grant (SUPTRS BG) funding. Recipients of this funding must adhere to the Allowable expenditures and restrictions as detailed in the following SAMHSA document “Allowable Recovery Support Services Expenditures through the SUPTRS BG and the Mental Health Block Grant (MHBG):

<https://www.samhsa.gov/sites/default/files/recovery-support-services-subg-mhbg.pdf>.

PROGRAM OPERATION

The Grantee shall provide the necessary administrative, professional, and technical staff for operation of the program.

NOTIFICATION OF MODIFICATIONS

The Grantee shall provide timely notification to the Department, in writing, of any action by its governing board or any other funding source that would require or result in significant modification in the provision of services, funding or compliance with operational procedures.

SOFTWARE COMPLIANCE

The Grantee must ensure software compliance and compatibility with the Department’s data systems for services provided under this agreement including, but not limited to stored data, databases, and interfaces for the production of work products and reports. All required data under this agreement shall be provided in an accurate and timely manner without interruption, failure or errors due to the inaccuracy of the Contractor’s business operations for processing date/time data.

LICENSURE OF SUBCONTRACTORS

The Grantee shall enter into agreements for substance use disorder treatment, and recovery services only with providers appropriately designated for the service provided.

The Grantee must ensure that network providers residing and providing services in bordering states meet all applicable licensing and certification requirements within their state that such providers are accredited per the requirements of this Agreement, and that provider staff are credentialed per the requirements of this Agreement.

ACCREDITATION OF SUBCONTRACTORS

The Grantee shall enter into agreements for treatment services provided through outpatient, Methadone, sub-acute detoxification and residential providers only with providers accredited by one of the following accrediting bodies: The Joint Commission (TJC); Commission on Accreditation of Rehabilitation Facilities (CARF); the American Osteopathic Association (AOA); Council on Accreditation of Services for Families and Children (COA); National Committee on Quality Assurance (NCQA), or Accreditation Association for Ambulatory Health Care (AAAHC). The Grantee must determine compliance through review of correspondence from accreditation bodies to providers.

Accreditation is not needed in order to provide Access Management System (AMS) services, whether these services are operated by a PIHP or through an agreement with a PIHP or for the provision of broker/generalist case management services. Accreditation is required for AMS providers that also provide treatment services and for case management providers that either also provide treatment services or provide therapeutic case management. Accreditation is not required for peer recovery and recovery support services when these are provided through a prevention license.

ASAM LOC REQUIREMENTS FOR SUBCONTRACTORS

The Grantee shall enter into agreements for SUD treatment with organizations that provide services based on the American Society of Addiction Medicine (ASAM) Level of Care (LOC) only. This requirement is for community grant and all Medicaid/Healthy Michigan Plan funded services. The Grantee must ensure that to the extent licensing allows all of the following LOCs are available for adult and adolescent populations:

Level of Care ASAM Title(s):

- 0.5 Early Intervention
- 1 Outpatient Services
- 2.1 Intensive Outpatient Services
- 2.5 Partial Hospitalization Services
- 3.1 Clinically Managed Low Intensity Residential Services
- 3.3* Clinically Managed Population Specific High Intensity Residential Services
- 3.5 Clinically Managed High Intensity Residential Services
- 3.7 Medically Monitored Intensive Inpatient Services
- OTP Level 1** Opioid Treatment Program
- 1-WM Ambulatory Withdrawal Management without Extended On-Site Monitoring
- 2-WM Ambulatory Withdrawal Management with Extended On-Site Monitoring
- 3.2-WM Clinically Managed Residential Withdrawal Management
- 3.7-WM Medically Monitored Inpatient Withdrawal Management

* Not designated for adolescent populations

**Adolescent treatment per federal guidelines

It is further required that all SUD treatment providers complete the MDHHS Level of Care Designation Questionnaire and receive a formal designation for the LOC that is

being offered. The Grantee shall enter into a contract for these services only after the provider has received a state designation. The LOC designation must be renewed, every two years.

SUD TREATMENT PROVIDER NETWORK OVERSIGHT

The provision of SUD treatment services must be based on the ASAM LOC criteria. To ensure compliance with and fidelity to ASAM the Grantee shall ensure that policies and practices of annually reviewing their provider network include the following:

- On-site review of the program, policies, practices and clinical records.
- A reporting process back to MDHHS Health Services on the compliance with the purported LOC for each provider, including any corrective action that may have been taken and documentation that indicates all LOCs are available in the region.
- Ensuring review documentation is available for MDHHS Health Services during biannual Grantee site visits for comparison with MDHHS Health Services provider reviews.
- Minimum training requirements that include Communicable Disease, Recipient Rights and Confidentiality (42 CFR Part 2 & HIPAA).

If the Grantee plans to purchase case management services or peer recovery and recovery support services, and only these services, from an agency that is not accredited per this agreement, the Grantee may request a waiver of the accreditation requirement.

ADMINISTRATIVE AND FINANCIAL MATCH RULES

Pursuant to Section 6213 of Public Act No. 368 of 1978, as amended, Michigan has promulgated match requirement rules. Rules 325.4151 through 325.4153 appear in the 1981 Annual Administrative Code Supplement. In brief, the rule defines allowable matching fund sources and states that the allowable match must equal at least ten percent of each comprehensive Grantee budget.

Per PA 368, Administrative Rules, and contract, direct state/federal funds are funds that come to the Grantee directly from a federal agency or another state source. State funds that flow to the Grantee from MDHHS Health Services are not in this category, such as SDA, and therefore, are not subject to the local match requirement. Match requirements apply both to budgeted funds during the agreement period and to actual expenditures at year-end.

“Fees and collections” as defined in the Rule include only those fees and collections that are associated with services paid for by the Grantee.

If the Grantee is found to be out of compliance with Match requirements, or if the Grantee cannot provide reasonable evidence of compliance, the Department may withhold payment or recover payment in an amount equal to the amount of the Match shortfall.

MANAGEMENT OF DEPARTMENT-ADMINISTERED FUNDS

The Grantee shall manage all Department-administered funds under its control in such a way as to assure reasonable balance among the separate requirements for each funds source.

Unobligated Funds

Any unobligated balance of funds held by the Grantee at the end of the agreement period will be returned to the Department or treated in accordance with instructions provided by the Department.

FEES

The Grantee shall make reasonable efforts to collect 1st and 3rd party fees, where applicable, and report these as outlined by the Department's fiscal procedures. Any under recoveries of otherwise available fees resulting from failure to bill for eligible services will be excluded from reimbursable expenditures.

Reporting Fees and Collections Revenues

The Grantee is required to report all actual fees and collections revenue received by the Grantee and all actual fees and collections revenue received and reported by its contracted services providers. "Fees and collections" are as defined in the Annual Administrative Code Supplement, Rule 325.4151 and in the ADMINISTRATIVE AND FINANCIAL MATCH RULES section of this Attachment.

Sliding Fee Scale

The PIHP shall implement a sliding fee scale every fiscal year. All treatment and prevention providers shall utilize the PIHP sliding fee scale. The sliding fee scale must be established according to the most recent year's Federal Poverty Guidelines. It must consist of a minimum of two distinctive fees based upon the income and family size of the individual seeking substance use disorders services.

The Grantee must assure that all available sources of payments are identified and applied prior to the use of Department-administered funds. The PIHP must have written policies and implement procedures to be used by network providers in determining an individual's ability or inability to pay, when payment liability is to be waived, and in identifying all other liable third parties. The PIHP must also have policies and procedures for monitoring providers and for sanctioning noncompliance.

Financial information needed to determine ability to pay (financial responsibility) must be reviewed annually or at a change in an individual's financial status, whichever occurs sooner.

The scale must be applied to all persons seeking substance use disorders services funded in whole or in part by the PIHP. The PIHP has the option to charge fees for AMS services, or not to charge. If the PIHP charges for AMS services, the same sliding fee scale as applied to treatment services must be used.

Inability to Pay

Services may not be denied because of an individual's inability to pay. If a person's income falls within the PIHP's regional sliding fee scale, clinical need must be determined through the standard assessment and patient placement process. If a financially and clinically eligible person has third party insurance, that insurance must be utilized to its full extent. Then, if benefits are exhausted, or if the person needs a service not fully covered by that third party insurance, or if the co-pay or deductible amount is greater than the person's ability to pay, Community Grant funds may be applied. Community Grant funds may not be denied solely on the basis of a person having third party insurance.

RISK MONITORING

1. Federal authorities conduct national cross-site evaluation at their discretion. Requests may come from federal authorities that require additional reporting. Grantees will receive notice when these requests are made and be given time to respond appropriately.
2. Grantees are required to participate in an annual site visit. Prior to the site visit, the SUGE Project Coordinator will send a desk audit with grant requirements that the grantee is expected to demonstrate compliance with. The Grantee and SUGE Project Coordinator will review the grantee's responses to the desk audit and corresponding compliance ratings during the site visit.
3. As per federal requirements (SAMHSA NoA, 45 CFR 96.30, FY2020 – Award Standard Terms), a financial review must be conducted for each subrecipient based on a risk assessment that will determine the monitoring frequency. The Grantee is designated as a sub-recipient under this sub-award agreement and therefore, will establish a sub-recipient grantee or contractor relationship with subsequent entities that are provided with Federal funds to support service delivery. The Grantee certifies and assures that it will, and all its pass-through sub-recipients and contractors will, maintain effective program and financial records that fully disclose the amount and disposition of SAMHSA funds received. This includes providing all financial documentation to support all expenses reported on the Grantee's FSRs, eligibility, the portion of the program services, and other records upon request for the purpose of financial and programmatic review. If the Grantee determines that subsequent entities have a contractor relationship, the financial documentation should consist of the number of participants served, service(s) provided and units of service. Documentation of how the Grantee determines its relationships with its contractor(s) and/or subrecipient(s) will be required for financial and programmatic review.

MINIMUM SUBCONTRACTOR INFORMATION TO BE RETAINED BY GRANTEE

1. Budgeting Information for Each Service.
2. Documentation of How Fixed Unit Rates Were Established: The PIHP shall maintain documentation regarding how each of the unit rates used in its agreements was established. The process of establishing and adopting rates must be consistent with criteria in OMB Circular 2 CFR 200 Subpart E, and with the requirements of individual fund sources.
3. Indirect Cost Documentation: The PIHP shall review subcontractor indirect cost documentation in accordance with OMB Circular 2 CFR 200 Subpart E, as applicable.
4. Equipment Inventories: All allowable PIHP contractor's equipment purchase(s) supported in whole or in part through this agreement must be listed in the supporting Equipment Inventory Schedule. Equipment means tangible, non-expendable, personal property having useful life of more than one (1) year and an acquisition cost of \$5,000 or more per unit. Title to items having a unit acquisition cost of less than \$5,000 shall vest with the Grantee upon acquisition. The Department reserves the right to retain or transfer the title to all items of equipment having a unit acquisition cost of \$5,000 or more, to the extent that the Department's proportionate interest in such equipment supports such retention or transfer of title.

SUBCONTRACTS WITH HOSPITALS

Funds made available through the Department shall not be made available to public or private hospitals which refuse, solely on the basis of an individual's substance use disorder, admission or treatment for emergency medical conditions.

RESIDENCY IN PIHP REGION

The PIHP may not limit access to the programs and services funded by this portion of the Agreement only to the residents of the PIHP's region, because the funds provided by the Department under this Agreement come from federal and statewide resources. Members of federal and state-identified priority populations must be given access to screening and to assessment and treatment services, consistent with the requirements of this portion of the Agreement, regardless of their residency. However, for non-priority populations, the PIHP may give its residents priority in obtaining services funded under this portion of the Agreement when the actual demand for services by residents eligible for services under this portion of the Agreement exceeds the capacity of the agencies funded under this portion of the Agreement.

REIMBURSEMENT RATES FOR SUBSTANCE USE DISORDER SERVICES

The Grantee must pay the same rate when purchasing the same service from the same provider, regardless of whether the services are paid for by Block Grant, Medicaid, or other Department administered funds.

Pursuant to 2023 PA 119 Section 965 and any properly promulgated successor guidance issued, the Grantee shall maintain a bundled rate at not less than \$19.00 per unit for the administration and services of methadone (provider code H0020).

MINIMUM CRITERIA FOR REIMBURSING FOR SERVICES TO PERSONS WITH CO-OCCURRING DISORDERS

Department funds made available to the Grantee through this Agreement, and which are allowable for treatment services, may be used to reimburse providers for integrated mental health and substance use disorder treatment services to persons with co-occurring substance use and mental health disorders. The PIHP may reimburse a Community Mental Health Services Program (CMHSP) or Pre-paid Inpatient Health Plan (PIHP) for substance use disorders treatment services for such persons who are receiving mental health treatment services through the CMHSP or PIHP. The PIHP may also reimburse a provider, other than a CMHSP or PIHP, for substance use disorders treatment provided to persons with co-occurring substance use and mental health disorders. As always, when reimbursing for substance use disorders treatment, the PIHP must have an agreement with the CMHSP (or other provider); and the CMHSP (or other provider) must meet all minimum qualifications, including licensure, accreditation and data reporting.

NATIONAL OUTCOME MEASURES (NOMS)

Complete, accurate, and timely reporting of treatment data is necessary for the Department to meet its federal reporting requirements. For the SUD Treatment NOMS, it is the PIHP's responsibility to ensure that the client information reported on these records accurately describes each client's status at admission first date of service (admission) and on the last day of service (discharge).

CLAIMS MANAGEMENT SYSTEM

The Grantee shall make timely payments to all providers for clean claims. This includes payment at 90% or higher of clean claims from network providers within 60 days of receipt, and 99% or higher of all clean claims within 90 days of receipt.

A clean claim is a valid claim completed in the format and time frames specified by the PIHP and that can be processed without obtaining additional information from the provider. It does not include a claim from a provider who is under investigation for fraud or abuse, or a claim under review for medical necessity. A valid claim is a claim for services that the PIHP is responsible for under this Agreement. It includes services authorized by the PIHP.

The PIHP must have a provider appeal process to promptly and fairly resolve provider-billing disputes.

CARE MANAGEMENT

The Grantee may pay for care management as a service designed to support PIHP resource allocation as well as service utilization. Care management is in recognition that some clients represent such service or financial risk that closer monitoring of individual cases is warranted. Care management must be purchased and reported consistent with the instructions for the Administrative Expenditures Report in REQUIRED SUBSTANCE USE DISORDER (SUD) SERVICES REPORTS to this agreement.

PURCHASING DRUG SCREENS

(This item does not apply to medication-assisted services)

Department-administered treatment funds can be used to pay for drug screens, if all of the following criteria are met:

1. No other responsible payment source will pay for the screens. This includes self-pay, Medicaid, and private insurance. Documentation must be placed in the client file;
2. The screens are justified by specific medical necessity criteria as having clinical or therapeutic benefit; and
3. Screens performed by professional laboratories can be paid for one time per admission to residential or detoxification services, if specifically justified. Other than these one-time purchases, Department funds may only be used for in house "dip stick" screens.

PURCHASING HIV EARLY INTERVENTION SERVICES

Department-administered Community Grant funds (blended SUPTR Block Grant and General Fund) cannot be used to pay for HIV Early Intervention Services because Michigan is not a Designated State for HIV. Per 45 CFR, Part 96, Substance Abuse Prevention and Treatment Block Grant, the definition of Early Intervention Services relating to HIV means:

1. appropriate pretest counseling for HIV and AIDS;
2. testing individuals with respect to such disease, including tests to confirm the presence of the disease, tests to diagnose the extent of the deficiency in the immune system, and tests to provide information on appropriate therapeutic measures for preventing and treating the deterioration of the immune system and for preventing and treating conditions arising from the disease; appropriate post-test counseling; and
3. providing the therapeutic measures described in Paragraph (b) of this definition.

To review the full document, go to: <http://law.justia.com/us/cfr/title45/45-1.0.1.1.53.12.html>.

PRIORITY POPULATION CARE COORDINATOR

Each PIHP will maintain a position to provide care coordination and engagement activities to priority populations in the PIHP's catchment area. The position will be the primary contact for the Michigan Department of Corrections to ensure timely placement of individuals returning to the community, and assist the individual in obtaining required state identification, insurance and other supportive needs. Within 30 days following the end of the quarter, the primary care coordinator is expected to report the quarter's number of priority population individuals served, number of individuals served from MDOC and child welfare in this quarter, challenges experienced, successes experienced, and assistance requested from MDHHS. Please reference the following sections of these Treatment and Access Project special provisions for additional details regarding priority populations: Persons Associated with the Corrections System, Persons Involved with the Michigan Department of Health and Human Services, Admission Preference and Interim Services and Admission Priority Requirements Chart.

PERSONS ASSOCIATED WITH THE CORRECTIONS SYSTEM

Under an arrangement between the Michigan Department of Corrections (MDOC) and MDHHS, the Grantee must be responsible for medically necessary community-based substance use disorder treatment services for individuals under the supervision of the MDOC once those individuals are no longer incarcerated. These individuals are typically under parole or probation orders and excludes individuals referred by court and services through local community corrections (PA 5ll) systems.

MDOC Referrals, Screening and Assessment

1. Individuals under MDOC supervision are considered a priority population for assessment and admission for substance use disorder treatment services due to the public safety needs related to their MDOC involvement. The Grantee must ensure timely access to supports and services in accordance with this Contract.
2. The Grantee must designate a point of contact within each Grantee catchment area for referral, screening and assessment problem identification and resolution. The position title and contact information will be provided to the State, which will provide the information to the MDOC Central Office Personnel. The Grantee must provide this contact information to MDOC Supervising Agents in their regions.
3. The MDOC Supervising Agent will refer individuals in need of substance use disorder treatment through the established referral process at the Grantee. The Supervising Agent will make best efforts to obtain from the individual a signed Michigan Behavioral Health Standard Consent Form, MDHHS-5515, and provide it to the Grantee and/or designated access point along with any pertinent background information and the most recent MDOC Risk Assessment summary.
4. The Supervising Agent will assist the individual in calling the Grantee or designated access point for a substance abuse telephonic screening for services. Individuals that are subsequently referred for substance use disorder treatment

as a result of a positive screening must receive an in-person assessment. If the individual referred is incarcerated, the Supervising Agent will make best efforts to facilitate service initiation and appropriate contact with the Grantee/Designated Access Point. Provided that it is possible to do so, the Grantee must make best efforts to ensure the individual receives a telephonic, video or in-person screening for services at the designated location as arranged by MDOC Supervising Agent. The Grantee/designated access point may not deny an individual an in-person assessment via phone screening.

5. Assessments must be conducted in accordance with MDHHS-approved assessment instruments (if any) and admissions decisions based on MDHHS-approved medical necessity criteria included in this Contract. In the case of MDOC supervised individuals, these assessments should include consideration of the individual's presenting symptoms and substance use/abuse history prior to and during incarceration and consideration of their SUD treatment history while incarcerated. To the extent consistent with HIPAA, the Michigan Mental Health Code and 42 CFR Part 2, and with the written consent of the individual, the Grantee/designated provider will provide notice of an admission decision to the Supervising Agent within one business day, and if accepted, the name and contact information of the individual's treatment provider. If the individual is not referred for treatment services, the Grantee/designated access point will provide information regarding community resources such as AA/NA or other support groups to the individual.
6. The Grantee will not honor Supervising Agent requests or proscriptions for level or duration of care, services or supports and must base admission and treatment decisions only on medical necessity criteria and professional assessment factors.

Plan of Service

1. The individualized master treatment plan must be developed in a manner consistent with the principles of individualized treatment services, as identified in policy.
2. Grantee/designated provider agrees to inform the Supervising Agent when Medication Assisted Treatment (MAT) is being used, including medication type. If the medication type changes, Grantee/designated provider must inform the Supervising Agent. Grantee/designated provider must obtain a release of information from the beneficiary.

Residential Services

1. If an individual referred for residential treatment does not appear for, or is determined not to meet, medical necessity criteria for that level of care, the Supervising Agent must be notified with one business day. If an individual is participating in residential treatment, the individual may not be given unsupervised day passes, furloughs, etc. without consultation with the

Supervising Agent. Leaves for any non-emergent medical procedure should be reviewed/coordinated with the Supervising Agent. If an individual is absent from an off-site supervised therapeutic activity without proper authorization, Grantee/designated provider must notify the Supervising Agent by the end of the day on which the absence occurred.

2. Grantee/designated provider may require individuals participating in residential treatment to submit to drug testing when returning from off property activities and any other time there is a suspicion of use. Positive drug test results and drug test refusals must be reported to the Supervising Agent. Grantee/designated provider must obtain a release of information from the individual.
3. Additional reporting notifications for individuals receiving residential care include:
 - 1) Death of an individual under supervision.
 - 2) Relocation of an individual's placement for more than 24 hours.
 - 3) Grantee/designated provider must immediately, and no more than one hour from awareness of the occurrence, notify the MDOC Supervising Agent any serious sentinel event by or upon an individual under MDOC supervision while on the treatment premises or while on authorized leaves.
 - 4) Grantee/designated provider must notify the MDOC Supervising Agent of any criminal activity involving an MDOC supervised individual within one hour of learning of the activity.

Service Participation

1. Grantee must ensure the designated provider completes a monthly progress report on each individual on a template supplied by the MDOC and must ensure it is sent via encrypted email to the Supervising Agent by the fifth day of the following month.
2. Grantee/designated provider must not terminate any referred individual from treatment for violation of the program rules and regulations without prior notification to the individual's Supervising Agent, except in extreme circumstances. Grantee/designated provider must collaborate with the MDOC for any non-emergency removal of the referred individual and allow the MDOC time to develop a transportation plan and a supervision plan prior to removal.
3. Grantee must ensure a recovery plan is completed and sent to the Supervising Agent within five business days of discharge. Recovery planning must include an offender's acknowledgement of the plan and Grantee/Contractor's referral of the offender to the prescribed recovery support or follow up services.

Testimony

With a properly executed release inclusive of the court with jurisdiction, Grantee and/or its designated provider, must provide testimony to the extent consistent with applicable law, including HIPAA and 42 CFR Part 2.

Training

1. In support of the needs of programs providing services to individuals under MDOC supervision, the MDHHS will make available training on criminogenic risk factors and special therapy concerns regarding the needs of this population.
2. Grantee must ensure its provider network delivers services to individuals served consistent with professional standards of practice, licensing standards, and professional ethics.

Compliance Monitoring

Grantee is not accountable to the MDOC under this contract. Grantee must permit the MDHHS, or its designee, to visit Grantee to monitor Grantee provider network oversight activities for the individuals serviced under this Section.

Grantee is solely responsible for the composition, compensation, and performance of its contracted provider network. To the extent necessary, Grantee must include performance requirements/standards based on existing regulatory or contractual requirements applicable to the MDOC-supervised population. Provider network oversight must be in compliance with applicable sections of this contract.

Provider Network Oversight

Grantee is solely responsible for the composition, compensation, and performance of its contracted provider network. To the extent necessary, Grantee must include performance requirements/standards based on existing regulatory or contractual requirements applicable to the MDOC-supervised population. Provider network oversight must be in compliance with applicable sections of this contract.

PERSONS INVOLVED WITH THE MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES (MDHHS)

The Grantee must work with the MDHHS office(s) in its region to facilitate access to prevention, assessment and treatment services for persons involved with MDHHS, including families in the child welfare system and public assistance recipients. The Grantee must develop written agreements with MDHHS offices that specify payment and eligibility for services, access to services priority, information sharing (including confidentiality considerations), and other factors as may be of local importance.

PRIMARY CARE COORDINATION

The Grantee must take all appropriate steps to assure that substance use disorder treatment services are coordinated with primary health care. In the case that PIHPs contract for the Medicaid substance abuse program, PIHPs are reminded that coordination efforts must be consistent with these contracts. Treatment case files must include, at minimum, the primary care physician's name and address, a signed release of information for purposes of coordination, or a statement that the client has refused to sign a release.

Care coordination agreements or joint referral agreements, by themselves, are not sufficient to show that the Grantee has taken all appropriate steps related to coordination of care. Client case file documentation is also necessary.

CHARITABLE CHOICE

The September 30, 2003 Federal Register (45 CFR part 96) contains federal Charitable Choice SUPTR block grant regulations, which apply to both prevention and treatment providers/programs. In summary, the regulations require:

1. that the designation of religious (or faith-based) organizations as such be based on the organization's self-identification as religious (or faith based),
2. that these organizations are eligible to participate as providers—e.g. a “level playing field” with regard to participating in the PIHP provider panel,
3. that a program beneficiary receiving services from such an organization who objects to the religious character of a program has a right to notice, referral, and alternative services which meet standards of timeliness, capacity, accessibility and equivalency—and ensuring contact to this alternative provider, and
4. other requirements, including-exclusion of inherently religious activities and non-discrimination.

The Grantee is required to comply with all applicable requirements of the Charitable Choice regulations. The Grantee must ensure that treatment clients and prevention service recipients are notified of their right to request alternative services. Notice may be provided by the AMS or by providers that are faith-based. The Grantee must assign responsibility for providing the notice to the AMS, to providers, or both. Notification must be in the form of the model notice contained in the final regulations, or the Grantee may request written approval from MDHHS Health Services of an equivalent notice. The Grantee must also ensure that its AMS administer the processing of requests for alternative services. This is applicable to all face-to-face services funded in whole or part by SUPTR Block Grant funds, including prevention and treatment services. The Grantee must submit an annual report on the number of such requests for alternative services made by the agency during the fiscal year, per PIHP Reporting Requirements.

The model notice contained in the federal regulations is:

No provider of substance abuse services receiving Federal funds from the U.S. Substance Abuse and Mental Health Services Administration, including this organization, may discriminate against you on the basis of religion, a religious belief, a refusal to hold a religious belief, or a refusal to actively participate in a religious practice. If you object to the religious character of this organization, Federal law gives you the right to a referral to another provider of substance abuse services. The referral, and your receipt of alternative services, must occur within a reasonable period of time after you request them. The alternative provider must be accessible to you and have the capacity to provide substance abuse services. The services provided to you by the alternative provider must be of a value not less than the value of the services you would have received from this organization.

TREATMENT SERVICES

Using criteria for medical necessity, a PIHP may:

1. Deny services
 - a. that are deemed ineffective for a given condition based upon professionally and scientifically recognized and accepted standards of care;
 - b. that are experimental or investigational in nature: or c) for which there exists another appropriate, efficacious, less-restrictive and cost-effective service, setting or support, that otherwise satisfies the standards for medically-necessary services; and/or
 - c. Employ various methods to determine amount, scope and duration of services, including prior authorization for certain services, concurrent utilization reviews, centralized assessment and referral, gate-keeping arrangements, protocols, and guidelines;
2. Not deny SUD services solely based on PRESET limits of the cost, amount, scope, and duration of services: but instead determination of the need for services shall be conducted on an individualized basis. This does not preclude the establishment of quantitative benefit limits that are based on industry standards and consistent with this contract, and that are provisional and subject to modification based on individual clinical needs and clinical progress.

SATISFACTION SURVEYS

The Grantee shall assure that all network subcontractors providing treatment conduct satisfaction surveys of persons receiving treatment at least once a year. Surveys may be conducted by individual providers or may be conducted centrally by the PIHP. Clients may be active clients or clients discharged up to 12 months prior to their participation in the survey. Surveys may be conducted by mail, telephone, or face-to-face. The Grantee must compile findings and results of client satisfaction surveys for all providers, and must make findings and results, by provider, available to the public.

CLINICAL ELIGIBILITY: DSM - DIAGNOSIS

In order to be eligible for treatment services purchased in whole or part by state-administered funds under the agreement, an individual must be found to meet the criteria for one or more selected substance use disorders found in the current version of the Diagnostic and Statistical Manual of Mental Disorders (DSM). Reimbursable disorders are listed in the TEDS Instructions.

INTENSIVE OUTPATIENT TREATMENT – WEEKLY FORMAT

The Grantee may purchase Intensive outpatient treatment (IOP) only if the treatment consists of regularly scheduled treatment, usually group therapy, within a structured program, for at least three days and at least nine hours per week.

OPIOID TREATMENT SERVICES

The *Medication Assisted Treatment Guidelines for Opioid Use Disorders* shall be used to facilitate Grantee compliance with the treatment of opioid use disorders in all publicly funded opioid treatment programs. In reference to this document the term ‘Guideline’ shall be utilized in the medical sense, as research and application of technology/protocols and treatment pathways provided as a ‘guidance’ to physicians. PIHPs will work with the Department to establish and implement a timeline and benchmarks toward full implementation of the Guidelines.

Medication Assisted Treatment (MAT)

Medication-Assisted Treatment (MAT) is a standard of care that is broadly recognized as an essential pillar in any comprehensive approach to the national opioid addiction and overdose epidemic. The State of Michigan seeks to ensure that no consumer is denied access to or pressured to reject the full-service array of evidence-based and potentially life-saving treatment options, including MAT, that are determined to be medically necessary for the individualized needs of that consumer.

Treatment options should be discussed in an objective way so each consumer can make an informed decision based on research and outcome data. The State of Michigan expects that PIHP-contracted SUD treatment providers will do the following:

1. Adopt a MAT-inclusive treatment philosophy that recognizes multiple pathways to recovery;
2. Reject pressuring MAT clients to adopt a tapering schedule and/or a mandated period of abstinence;
3. Develop and/or strengthen policies that prohibit disparaging, delegitimizing, and/or stigmatizing of MAT either with individual clients or in the public domain;
4. When a consumer on MAT (or considering MAT) is seeking treatment services at the point of access, access staff will respect MAT as a choice without judgment, stigma, or pressure to change recovery pathways.

If a provider does not have capacity to work with a person receiving MAT, the provider will work with the consumer and with local PIHP or appropriate Access Departments to facilitate a warm handoff/transfer to another provider, who can provide ancillary services (counseling, case management, recovery supports, recovery housing) while the client pursues his or her chosen recovery pathway.

FETAL ALCOHOL SPECTRUM DISORDERS

Substance use disorder (SUD) treatment programs are in a unique position to impact the fetal alcohol spectrum disorder (FASD) problem. First, it is required that SUD programs include FASD prevention within their treatment regimen for those women that are included in the selective or indicated group based on Institute of Medicine (IOM) prevention categories. Second, for those treatment programs that have contact with the children born to women who have used alcohol it is required that the program screen these children for FASD and, if appropriate, refer for further diagnostic services.

SUB-ACUTE DETOXIFICATION

Sub-acute detoxification is defined as supervised care for the purpose of managing the effects of withdrawal from alcohol and/or other drugs as part of a planned sequence of addiction treatment. Detoxification is limited to the stabilization of the medical effects of the withdrawal and to the referral to necessary ongoing treatment and/or support services. Licensure as a sub-acute detoxification program is required. Sub-acute detoxification is part of a continuum of care for substance use disorders and does not constitute the end goal in the treatment process. The detoxification process consists of three essential components: evaluation, stabilization, and fostering client readiness for, and entry into, treatment. A detoxification process that does not incorporate all three components is considered incomplete and inadequate.

Detoxification can take place in both residential and outpatient settings, and at various levels of intensity within these settings. Client placement to setting and to level of intensity must be based on ASAM PPC 2-R and individualized determination of client need. The following combinations of sub-acute detoxification settings and levels of intensity correspond to the LOC determination based on the ASAM PPC 2-R.

In an Outpatient Setting

- Ambulatory Detoxification without extended on-site monitoring corresponding to ASAM Level I-D, or ambulatory detoxification with extended on-site monitoring (ASAM Level II-D).
- Outpatient setting sub-acute detoxification must be provided under the supervision of a Substance Abuse Treatment Specialist. Services must have arrangements for access to licensed medical personnel as needed. ASAM Level II-D ambulatory detoxification services must be monitored by appropriately certified and licensed nurses.

In a Residential Setting

- Clinically Managed Residential Detoxification - Non-Medical or Social Detoxification Setting: Emphasizes peer and social support for persons who warrant 24-hour support (ASAM Level III.2-D). These services must be provided under the supervision of a Substance Abuse Treatment Specialist. Services must have arrangements for access to licensed medical personnel as needed.
- Medically Managed Residential Detoxification - Freestanding Detoxification Center:
These services must be staffed 24-hours-per-day, seven-days-per-week by a licensed physician or by the designated representative of a licensed physician (ASAM Level III.7-D). This service is limited to stabilization of the medical effects of the withdrawal, and referral to necessary ongoing treatment and/or support services. This service, when clinically indicated, is an alternative to acute medical care provided by licensed health care professionals in a hospital setting.

RESIDENTIAL TREATMENT

Residential treatment is defined as intensive therapeutic service which includes overnight stay and planned therapeutic, rehabilitative or didactic counseling to address cognitive and behavioral impairments for the purpose of enabling the beneficiary to participate and benefit from less intensive treatment. A program director is responsible for the overall management of the clinical program, and treatment is provided by appropriate certified professional staff, including substance abuse specialists. Residential treatment must be staffed 24-hours-per-day. The clinical program must be provided under the supervision of a Substance Abuse Treatment Specialist with either full licensure or limited licensure as a psychologist, master's social worker, professional counselor, marriage and family therapist or physician. Services may be provided by a substance abuse treatment specialist or a non-degreed staff. This intensive therapeutic service is limited to those beneficiaries who, because of specific cognitive and behavioral impairments, need a safe and stable environment to benefit from treatment.

WAIT LIST REQUIREMENTS

Any individual determined to be eligible for SUPTRS BG services who is not able to be immediately admitted to services will be placed on the Wait List. Access Management staff are required to contact the individual waiting for services minimally monthly to determine their continued interest in services. Individuals eligible for SUPTRS BG funded services must be admitted within 120 days of requesting services. Access Management is required to collect demographic data on wait listed individuals, as required by SUPTRS BG funding.

ACCESS TIMELINESS STANDARDS

Access timeliness requirements are the same as those applicable to Medicaid substance use disorders services, as specified in the agreement between MDHHS and the PIHPs. Access must be expedited when appropriate, based on the presenting characteristics of individuals.

ADMISSION PREFERENCE AND INTERIM SERVICES

The Code of Federal Regulations and the Michigan Public Health Code define priority population clients. The priority populations are identified as follows and in the order of importance:

1. Injecting drug user.
2. Pregnant.
3. Injecting drug user.
4. Parent at risk of losing their child(ren) due to substance use.
5. All others.

Admission Priority Requirements Chart

The following chart indicates the current admission priority standard for each population along with the current interim service requirements. Suggested services are in italics:

<u>Population</u>	<u>Admission Requirement</u>	<u>Interim Service Requirement</u>	<u>Authority</u>
Pregnant Injecting Drug User	1) Screened & referred w/in 24 hrs. 2) Detox, Meth. or Residential – Offer Admission w/in 24 business hrs Other Levels of Care – Offer Admission w/in 48 Business hrs	Begin w/in 48 hrs: 1. Counseling & education on: A. HIV & TB B. Risks of needle sharing C. Risks of transmission to sexual partners & infants Effects of alcohol & drug use on the fetus 2. Referral for pre-natal care 3. <i>Early Intervention Clinical Svc</i>	CFR 96.121; CFR 96.131; Tx Policy #04 Recommended
Pregnant Substance User	1) Screened & referred within 24 hrs 2) Detox, Meth or Residential Offer admission w/in 24 business hrs Other Levels of Care – Offer Admission w/in 48 Business hrs Begin w/in 48 hrs	Begin within 48 hrs: 1. Counseling & education on: A. HIV & TB B. Risks of needle sharing C. Risks of transmission to sexual partners & infants Effects of alcohol & drug use on the fetus 2. Referral for pre-natal care 3. <i>Early Intervention Clinical Svc</i>	CFR 96.121; CFR 96.131; Recommended
Injecting Drug User	Screened & referred within 24 hrs; Offer Admission w/in 14 days	Begin within 48 hrs– maximum waiting time 120 days 1. Counseling & education on: A. HIV & TB B. Risks of needle sharing C. Risks of transmission to sexual partners & infants 2. <i>Early Intervention Clinical Svc</i>	CFR 96.121; CFR 96.126 Recommended

Parent at Risk of Losing Children	Screened & referred w/in 24 hrs. Offer Admission w/in 14 days	Begin w/in 48 business hrs <i>Early Intervention Clinical Services</i>	Recommended
Individual under the supervision of MDOC AND referred by MDOC, or individual being released directly from an MDOC facility without supervision AND referred by MDOC	Screened & referred within 48 hours. Offer Admission w/in 14 days	N/A	MDHHS
All Others	Screened & referred w/in seven calendar days. Capacity to offer Admission w/in 14 days	Not Required	CFR 96.131(a) – sets the order of priority

SPECIAL PROVISIONS

Women's Specialty Services

Table of Contents

PURPOSE.....	4
STRATEGIC PLAN	4
GENERAL PROVISIONS	4
STATEMENT OF WORK	4
PROJECT SPECIFIC REQUIREMENTS	5
SERVICES FOR PREGNANT WOMEN, PRIMARY CAREGIVER WITH DEPENDENT CHILDREN, CAREGIVER ATTEMPTING TO REGAIN CUSTODY OF THEIR CHILDREN	5
Required WSS Services.....	6
MICHIGAN ADMINISTRATIVE CODE: SUBSTANCE USE DISORDER ADMINISTRATIVE RULES	6
SUBSTANCE USE DISORDER POLICIES & TECHNICAL ADVISORIES	6
PERFORMANCE/PROGRESS REPORT REQUIREMENTS	8
Report Instructions.....	9
SUD Financial Reporting Requirements	10
Fiscal Year-End Reporting	11
Legislative Report	11
SUD Non-Financial Reporting Requirements.....	11
Sentinel Event Reporting Requirements	12
SUBSTANCE USE DISORDER RECIPIENT RIGHTS TRAINING.....	12
SUBSTANCE USE DISORDER LICENSING AND RECIPIENT RIGHTS RESOURCE DOCUMENTS	12
AVAILABILITY OF SERVICES.....	13
SUBSTANCE USE PREVENTION, TREATMENT, AND RECOVERY BLOCK GRANT (SUPTRS BG) REQUIREMENTS AND APPLICABILITY TO STATE FUNDS	13
Selected SUPTRS BG Specific Requirements Applicable to PIHPs	14
Marijuana Restriction	14
Allowable Expenditures for Recovery Support Services	14
PROGRAM OPERATION.....	14

NOTIFICATION OF MODIFICATIONS.....	15
SOFTWARE COMPLIANCE	15
LICENSURE OF SUBCONTRACTORS.....	15
ACCREDITATION OF SUBCONTRACTORS	15
ASAM LOC Requirements for Subcontractors	16
Level of Care ASAM Title(s):.....	16
SUD TREATMENT PROVIDER NETWORK OVERSIGHT	16
ADMINISTRATIVE AND FINANCIAL MATCH RULES	17
MANAGEMENT OF DEPARTMENT-ADMINISTERED FUNDS	17
Unobligated Funds.....	17
FEES.....	17
Reporting Fees and Collections Revenues	17
Sliding Fee Scale	18
Inability to Pay.....	18
RISK MONITORING.....	18
MINIMUM SUBCONTRACTOR INFORMATION TO BE RETAINED BY GRANTEE....	19
SUBCONTRACTS WITH HOSPITALS	20
RESIDENCY IN PIHP REGION	20
REIMBURSEMENT RATES FOR SUBSTANCE USE DISORDER SERVICES	20
MINIMUM CRITERIA FOR REIMBURSING FOR SERVICES TO PERSONS WITH CO- OCCURRING DISORDERS	20
NATIONAL OUTCOME MEASURES (NOMS).....	21
CLAIMS MANAGEMENT SYSTEM.....	21
CARE MANAGEMENT.....	21
PURCHASING DRUG SCREENS.....	21
PURCHASING HIV EARLY INTERVENTION SERVICES	22
PRIORITY POPULATION CARE COORDINATOR.....	22
PERSONS ASSOCIATED WITH THE CORRECTIONS SYSTEM	22
MDOC Referrals, Screening and Assessment.....	23
Plan of Service.....	24
Residential Services	24
Service Participation	25
Testimony	25

Training	25
Compliance Monitoring	25
PERSONS INVOLVED WITH THE MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES (MDHHS)	26
PRIMARY CARE COORDINATION	26
CHARITABLE CHOICE	26
TREATMENT SERVICES	27
SATISFACTION SURVEYS	28
CLINICAL ELIGIBILITY: DSM DIAGNOSIS	28
INTENSIVE OUTPATIENT TREATMENT – WEEKLY FORMAT	28
OPIOID TREATMENT SERVICES.....	28
Medication Assisted Treatment (MAT)/Medications for the Treatment of Opioid Use Disorder (MOUD)	28
FETAL ALCOHOL SPECTRUM DISORDERS (FASD).....	29
SUB-ACUTE DETOXIFICATION	29
RESIDENTIAL TREATMENT	30
WAIT LIST REQUIREMENTS	31
ACCESS TIMELINESS STANDARDS	31
ADMISSION PREFERENCE AND INTERIM SERVICES	31
Admission Priority Requirements Chart	31

The MDHHS Health Services Bureau of Specialty Behavioral Health Services, Division of Substance Use, Gambling and Epidemiology (SUGE) is responsible for oversight of SUD Prevention, Treatment and Recovery activities and services.

PURPOSE

The focus of the program is to provide for the administration and coordination of substance use disorder (SUD) services within the designated Pre-paid Inpatient Health Plan (PIHP) region. Substance Use Prevention, Treatment, and Recovery Services Block Grant (SUPTRS BG) grantees should direct this funding to prioritize and address the unique SUD prevention, intervention, treatment, and recovery support needs and gaps in their region's service systems for Women's Specialty Services.

STRATEGIC PLAN

The Grantee will carry out its responsibilities under this Agreement consistent with the PIHP's current three-year SUGE-approved Strategic Plans for substance use prevention, treatment and recovery services. Contact SUGE staff directly for details.

GENERAL PROVISIONS

The Grantee agrees to comply with the General Provisions outlined in this agreement. The Grantee also agrees to comply with the requirements described in the SUBSTANCE USE DISORDER POLICIES AND TECHNICAL ADVISORIES, which is part of this agreement, and also available at: <https://www.michigan.gov/mdhhs/keep-mi-healthy/mentalhealth/drugcontrol/reportstats/reportcontent/policies-and-advisories>.

STATEMENT OF WORK

The following section provides an explanation of the specifications and expectations that the Grantee must meet, and the substance use disorder services that must be provided under the contract. The Grantee agrees to undertake, perform and complete the services.

The general SUD responsibilities of the Grantee under this Agreement, based on P.A. 500 of 2012, as amended, are to:

1. Develop comprehensive plans for substance use disorder treatment and rehabilitation services and substance use disorder prevention services consistent with guidelines established by the Department.
2. Review and comment to the Department of Licensing and Regulatory Affairs on applications for licenses submitted by local treatment, rehabilitation, and prevention organizations.
3. Provide technical assistance for local substance use disorder service programs.
4. Collect and transfer data and financial information from local programs to the Department of Licensing and Regulatory Affairs.

5. Submit an annual budget request to the Department for use of state administered funds for its substance use disorder treatment and rehabilitation services and substance use disorder prevention services in accordance with guidelines established by the Department.
6. Make contracts necessary and incidental to the performance of the department-designated community mental health entity's and community mental-health services program's functions. The contracts may be made with public or private agencies, organizations, associations, and individuals to provide for substance use disorder treatment and rehabilitation services and substance use disorder prevention services.
7. Annually evaluate and assess substance use disorder services in the department designated PIHP entity in accordance with guidelines established by the Department.

PROJECT SPECIFIC REQUIREMENTS

The statewide Women's Specialty Services (WSS) minimum expenditure target is \$5,622,440 across the entirety of the grant project. The Grantee's WSS funding includes any required WSS subcontract amount. All program/services objectives related to WSS remain in place. Attainment of the expenditure target and program/services objectives is a contract performance requirement. The target can be amended by mutual agreement. The Department will not approve amendments that appear to create risk of failing to meet the Women's Specialty minimum expenditure target.

The SUPTR Block Grant Final Rule, at 45 CFR Part 96, sections 96.124(e) and 96.137, requires that Block Grant funds used for women's specialty treatment services and support services are payment of last resort. These funds cannot be used to pay for services or supports that can be paid by other sources, including public funds, private insurance, or self-pay. For example, Medicaid, Medicare, Healthy Michigan Plan (HMP), and MI Child are first source of payment for women and children who are admitted to or eligible for these programs. In particular, when women and/or children are enrolled in Medicaid or are eligible for Medicaid or HMP, SUPTR Block Grant funds cannot be used to pay for Medicaid covered services and supports.

SERVICES FOR PREGNANT WOMEN, PRIMARY CAREGIVER WITH DEPENDENT CHILDREN, CAREGIVER ATTEMPTING TO REGAIN CUSTODY OF THEIR CHILDREN

The Grantee must assure that providers screen and/or assess pregnant women, primary caregivers with dependent children, and primary Caregivers attempting to regain custody of their children to determine whether these individuals need and request the defined federal services that are listed below. All federally mandated services must be made available.

REQUIRED WSS SERVICES

Providers receiving funding from the state-administered funds set aside for pregnant women and women with dependent children must provide or arrange for the 5 types of services, as listed below. Use of state administered funds to purchase primary medical care and primary pediatric care must be approved, in writing, in advance, by the Department contract manager. Federal requirements are contained in 45 CFR (Part 96) section 96.124, and may be summarized as:

1. Primary medical care for women, including referral for prenatal care if pregnant, and while the women are receiving such treatment, child care;
2. Primary pediatric care for their children, including immunizations;
3. Gender specific substance use disorders treatment and other therapeutic interventions for women, which may address issues of relationships, sexual and physical abuse, parenting, and childcare while the women are receiving these services;
4. Therapeutic interventions for children in custody of women in treatment, which may, among other things, address their developmental needs, issues of sexual and physical abuse, and neglect; and
5. Sufficient case management and transportation to ensure that women and their dependent children have access to the above-mentioned services.

These five types of services may be provided through this grant only when no other source of support is available and when no other source is financially responsible. MDHHS Health Services extends the federal requirements above to primary caregivers attempting to regain custody of their children or at risk of losing custody of their children due to a substance use disorder. These individuals are a priority service population in Michigan and therefore, the five federal requirements listed above must be provided to them.

Each WSS Grantee must specify the intended use of the funding in the EGrAMS work plan, consistent with these Special Provisions.

MICHIGAN ADMINISTRATIVE CODE: SUBSTANCE USE DISORDER ADMINISTRATIVE RULES

Guidelines and Requirements for Substance Use Disorder Service Delivery at: <https://ars.apps.lara.state.mi.us>. Search for “Substance Use Disorder Service Programs”.

SUBSTANCE USE DISORDER POLICIES & TECHNICAL ADVISORIES

The Grantee agrees to comply with the requirements described in the following policies and technical advisories that can be found at: <https://www.michigan.gov/mdhhs/keep-mi-healthy/mentalhealth/drugcontrol/reportstats/reportcontent/policies-and-advisories>.

Document #	Effective Date	Document Name
SUBSTANCE USE DISORDER SERVICES POLICIES:		
ADMINISTRATIVE / GENERAL / CONTRACT		
TREATMENT		
P-T-01	09/21/2007	Obsolete
P-T-02	11/01/2012	Acupuncture
P-T-03	10/01/2006	Buprenorphine
P-T-04	12/01/2006	Off-Site Dosing Requirements for Medication Assisted Treatment
P-T-05	10/01/2012	Criteria for Using Methadone for Medication-Assisted Treatment and Recovery See MDHHS Substance Use Disorder Services Policies page for link to Consent for an Adolescent to Participate in Opioid Pharmacotherapy Treatment form
P-T-06	04/02/2012	Individualized Treatment and Recovery Planning
P-T-07	11/30/2011	Access Management System: Replaced with PIHP Attachment P4.1.1 and CMHSP Attachment P3.1.1
P-T-08	01/01/2008	Substance Abuse Case Management Program Requirements
P-T-09	03/15/2017	Outpatient Treatment Continuum of Service
P-T-10	05/03/2013	Residential Treatment Continuum of Services
P-T-11	10/01/2009	Fetal Alcohol Spectrum Disorders
P-T-12	10/01/2010	Women's Treatment Services
P-T-13	07/01/2017	Withdrawal Management Continuum of Services
P-T-14	06/01/2018	Adolescent Substance Use Treatment Services Policy
P-T-15	07/19/2019	Young Adult and Transitional Age Youth Treatment Services
P-T-16	10/01/2022	SUD Credentialing and Staff Qualifications
SUBSTANCE USE DISORDER SERVICES TECHNICAL ADVISORIES:		
Document #	Effective Date	Document Name
ADMINISTRATIVE / GENERAL / CONTRACT		
TA-A-01	10/01/2006	Advisory Council

TREATMENT		
TA-T-01	10/01/2006	Replaced by P-T-03
TA-T-02	12/01/2006	Replaced by P-T-04
TA-T-03	01/01/2008	Replaced by P-T-08 on 1/1/08
TA-T-04	10/01/2009	Replaced by P-T-11
TA-T-05	10/01/2006	Welcoming
TA-T-06	08/10/2007	Counseling Requirement for Clients Receiving Methadone Treatment
TA-T-07	09/01/2012	Peer Recovery Support Services
TA-T-08	07/01/2020	Enhanced Women's Services
TA-T-09	11/30/2011	Early Intervention
TA-T-11	09/01/2012	Recovery Housing
TA-T-12	70/30/2019	Recovery Policy Practice Advisory

PERFORMANCE/PROGRESS REPORT REQUIREMENTS

The following tables indicate the report that Grantees are required to submit to the Department under this agreement. The table also indicates the period covered by each report, the report due date, where within the Department the report must be submitted. The contents of the tables may be superseded by written communication from MDHHS Health Services.

The SUGE Project Coordinator may request additional ad hoc reports as needed to address state or federal program inquiries. A reasonable amount of time will be allowed to respond, and the submission method and due date will be included in the request. The Grantee is expected to comply in a timely manner.

The Grantee is responsible for submitting all applicable reports on time and per reporting instructions. Reports must be submitted as indicated in the Financial and Non-Financial Reporting tables that follow. Reports will be submitted to EGrAMS (<http://egrams-mi.com/mdhhs>) or a MDHHS program email address, as indicated in the tables. Reports transmitted on or before the due date are considered timely. The received date will be determined by the date of submission to EGrAMS or the date transmitted to the email address indicated in the tables. Reports that do not conform to instructions may not be determined as "received". If Grantees wish to request a due date extension, the request must be submitted to the MDHHS Program Manager identified in the grant agreement. The request is not approved until the Grantee receives an affirmative response from the Program Manager.

Schedule E of the MDHHS/PIHP Medicaid Managed Care contract also includes reporting requirements that relate to SUD activities.

EGRAMS reporting templates are available to download in EGRAMS. Most program report forms and instructions are also available at the MDHHS Mental Health and Substance Abuse Reporting Requirements Website 60 days prior to the due date: <https://www.michigan.gov/mdhhs/keep-mi-healthy/mentalhealth/reporting>. Customized

or ad hoc report forms will be delivered by the MDHHS Program Manager by email to the Grantee's Project Director, with instructions and due dates.

The following resources on the Reporting Website, contain relevant forms and instructions, for the current fiscal year, in addition to those noted in the tables below:

- MICHIGAN PIHP/CMHSP PROVIDER QUALIFICATIONS (i.e., Behavioral Health Provider education and certification requirements)
- SUD (Non-Medicaid) Reporting Instructions and Forms (Reporting Index)
- PIHP/CMHSP Encounter Reporting Costing Per Code and Code Chart (i.e., Department approved HCPCS and Revenue Codes)

Submit Encounter data to the Data Exchange Gateway (DEG):

For transactions: put c:\4951@DCHEDI

- BH – TEDS (Specifications, Requirements, Q&A, Coding Instructions)

Submit BH-TEDS data to the Data Exchange Gateway (DEG):

To submit Client Admission and Discharge Client records electronically via DEG to BPHASA//MIS Operations - Michigan Department of Health and Human Services - Michigan Department of Technology, Management & Budget

Data Exchange Gateway (DEG)

For admissions: put c:\4823 4823@dchbull

For discharges: put c:\4824 4824@dchbull

Report Instructions

- Instructions are included in Reporting forms when appropriate.
- Instructions may also be found in the Reporting Table at: <https://www.michigan.gov/mdhhs/keep-mi-healthy/mentalhealth/reporting>.
- EGrAMS submission instructions are found in EGrAMS on the left menu "About EGrAMS" prior to logging in to EGrAMS. See Grantee: Project-Based Standard Instructions or Grantee Training Videos.
- FSR and Workplan reports in EGrAMS offer instructions within the templates
- SUGE Project Coordinators or SUD Contract Managers can respond to specific questions about the reports.
- The EGrAMS Help Desk can help with EGrAMS submission instructions or EGrAMS operations. EGrAMS Help Desk: 517-335-3359 or MDHHS-EGrAMS-Help@michigan.gov.

SUD Financial Reporting Requirements

The Grantee must assure that the financial data in these reports are consistent and reconcile between any related reports. Otherwise, the reports will be considered as not submitted and will be subject to financial penalty.

The Department may choose to withhold payment when any financial report is delinquent by thirty (30) calendar days or more and may retain the amount withheld if the report is sixty (60) or more calendar days delinquent. The Legislative Report has more stringent requirements. See Legislative Report section.

The following chart outlines the due dates and submission method for Financial reports.

Due Date	Report Title	Report Period	Submission Method
30 Days after close of each quarter	Financial Status Report (FSR)	Quarterly Oct 1-Dec 31 Jan 1-Mar 31 Apr 1-June 30 July 1-Sep 30	EGRAMS: Each Project
February 28 after end of Agreement Period	Legislative Report	October 1 to September 30	EGRAMS: SUGS TRMT Project
February 28 after end of Agreement Period	Primary Prevention Expenditures Status Report (PESR)	October 1 to September 30	EGRAMS: SUGS PREV Project
TBD Announced by MDHHS Accounting	Obligation Financial Status Report (FSR)	October 1 to September 30	EGRAMS: Each Project
60 days after end of Agreement Period	Final Financial Status Report (FSR)	October 1 to September 30	EGRAMS: Each Project

The SUGE Project Coordinator may request program data, the status of expenditures, or a year-end expenditure projection for the purpose of determining if the statewide target for Women's Specialty Services Maintenance of Effort will be met. The Grantee must respond in a timely manner, as indicated in the request.

Fiscal Year-End Reporting

Additional Financial Reports will be requested by memo from MDHHS Expenditures Operations Division as it prepares for the fiscal year closing. The memo will provide a description and a schedule of the required year-end financial reporting activities. Grantees are required to submit this information as detailed.

Legislative Report

If the Grantee does not submit required Legislative Report within fifteen (15) calendar days of the due date, the Department may withhold from the current year funding an amount equal to five (5) percent of that funding (not to exceed \$100,000) until the Department receives the delinquent report. The Department may retain the amount withheld if the contractor is more than forty-five (45) calendar days delinquent in meeting the filing requirements.

SUD Non-Financial Reporting Requirements

The following table indicates reporting due dates and submission method for Non-Financial reports. If submitted in EGrAMS, the project is identified. The EGrAMS attachment report forms are available for download in EGrAMS in the relevant project.

Due Date	Report Title	Report Period	Submission Method
October 31	Communicable Disease Plan (optional participation)	Projected October 1 to September 30	Email: MeisterJ1@michigan.gov and cc: ColemanL7@michigan.gov
Monthly Due last day of month following Report Period	Priority Populations Waiting List Deficiencies Report	Monthly October 1 – September 30	EGrAMS: SUGS TRMT project
Quarterly Due last day of month following Report Period	Priority Population Care Coordination Report	Quarterly Oct 1-Dec 31 Jan 1-Mar 31 Apr 1-June 30 July 1-Sep 30	EGrAMS: SUGS TRMT project
Quarterly Due 15 th of month following Report Period	Quarterly Workplan Report	Quarterly Oct 1-Dec 31 Jan 1-Mar 31 Apr 1-June 30 July 1-Sep 30	EGrAMS: Each project
Quarterly Due last day of month following Report Period	Child Referral Report	Quarterly Oct 1-Dec 31 Jan 1-Mar 31 Apr 1-June 30 July 1-Sep 30	EGrAMS: SUGS WSS project
Quarterly Due last day of month following Report Period	Injecting Drug Users 90% Capacity Treatment Report	Quarterly Oct 1-Dec 31 Jan 1-Mar 31 Apr 1-June 30 July 1-Sep 30	EGrAMS: SUGS TRMT project

Due Date	Report Title	Report Period	Submission Method
August 15	Charitable Choice Report	October 1 to September 30	EGrAMS: SUGS TRMT project
TBD	Master Retailer List Update	TBD	Email: MeisterJ1@michigan.gov and cc: ColemanL7@michigan.gov
Next Study in 2028	Synar Coverage Study Canvassing Forms	Regions participating and Study Period TBD	Email: MeisterJ1@michigan.gov and cc: ColemanL7@michigan.gov
October 15 following End of Agreement Period	Youth Access to Tobacco Activity Annual Report	October 1 to September 30	EGrAMS: SUGS PREV project
November 30 following End of Agreement period	Communicable Disease Report (if CD plan was submitted)	October 1 to September 30	Email: MeisterJ1@michigan.gov and cc: ColemanL7@michigan.gov
November 30 following End of Agreement period	Annual Women's Specialty Services (WSS) Report	October 1 to September 30	EGrAMS: SUGS WSS project

Sentinel Event Reporting Requirements

Sentinel Event reporting is required to be submitted through the Michigan Crisis and Access Line (MiCAL) Customer Relationship Module (CRM) and to be consistent with the MDHHS/PIHP Medicaid Managed Specialty Supports and Services Program contract, as outlined in the Quality Assessment and Performance Improvement Program (QAPIP) standards. If an incident is determined to be a Sentinel Event, the PIHP must report this to MDHHS within 24 hours by email to MDHHS-BHDDA-Contracts-Mgmt@michigan.gov. Further reporting will be completed within the MiCAL CRM, including outcomes of the root cause analysis.

SUBSTANCE USE DISORDER RECIPIENT RIGHTS TRAINING

Register or login at <https://www.improvingmipractices.org/practice-areas/substance-use-disorder>. Search for "Recipient Rights for Substance Abuse Services"

SUBSTANCE USE DISORDER LICENSING AND RECIPIENT RIGHTS RESOURCE DOCUMENTS

Michigan Department of Licensing & Regulatory Affairs, Bureau of Community and Health Systems maintains Substance Use Disorder Licensing and Recipient Rights Resource Documents at: <https://www.michigan.gov/lara/bureau-list/bchs/substance-use-disorder-licensure>.

AVAILABILITY OF SERVICES

The Grantee must assure that, for any subcontracted treatment or prevention service, each subcontractor maintains service availability throughout the agreement period for persons who do not have the ability to pay. The grantee is required to manage its authorizations for services and its expenditures in light of known available resources in such a manner as to avoid the need for imposing arbitrary caps on authorizations or spending. "Arbitrary caps" are those that are not adjusted according to individualized determinations of the needs of clients. This requirement is consistent with Michigan Department of Health and Human Services Medicaid Manual, Medical Necessity Criterion 2.5, under Behavioral Health and Intellectual and Developmental Disability Supports and Services.

SUBSTANCE USE PREVENTION, TREATMENT, AND RECOVERY BLOCK GRANT (SUPTRS BG) REQUIREMENTS AND APPLICABILITY TO STATE FUNDS

Federal requirements deriving from Public Law 102-321, as amended by Public Law 106-310, and federal regulations in 45 CFR Part 96 are pass-through requirements. Federal Substance Use Prevention, Treatment, and Recovery Services Block Grant (SUPTRS BG) requirements that are applicable to states are passed on to Grantees unless otherwise specified.

42 CFR Parts 54 and 54a, and 45 CFR Parts 96, 260, and 1050, pertaining to the final rules for the Charitable Choice Provisions and Regulations, are applicable to Grantees as stated elsewhere in this Agreement.

Sections from PL 102-321, as amended, that apply to PIHPs and contractors include but are not limited to:

- 1921(b)
- 1922 (a)(1)(2)
- 1922(b)(1)(2)
- 1923
- 1923(a)(1) and (2), and 1923(b)
- 1924(a)(1)(A) and (B)
- 1924(c)(2)(A) and (B)
- 1927(a)(1) and (2), and 1927(b)(1)
- 1927(b)(2): 1928(b) and (c)
- 1929
- 1931(a)(1)(A), (B), (C), (D), (E) and (F)
- 1932(b)(1)
- 1941
- 1942(a)
- 1943(b)
- 1947(a)(1) and (2).

Selected SUPTRS BG Specific Requirements Applicable to PIHPs

1. Block Grant funds shall not be used to pay for inpatient hospital services except under conditions specified in federal law.
2. Funds shall not be used to make cash payments to intended recipients of services.
3. Funds shall not be used to purchase or improve land, purchase, construct, or permanently improve (other than minor remodeling) any building or any other facility or purchase major medical equipment.
4. Funds shall not be used to satisfy any requirement for the expenditure of non-Federal funds as a condition for the receipt of Federal funding.
5. Funds shall not be used to provide individuals with hypodermic needles or syringes so that such individuals may use illegal drugs.
6. Funds shall not be used to enforce state laws regarding the sale of tobacco products to individuals under the age of 18.
7. Funds shall not be used to pay the salary of an individual at a rate in excess of Level I of the current Federal Executive Schedule.
8. Funds shall not be used to purchase promotional items, including but not limited to clothing, commemorative items such as pens, mugs/cups, folders/folios, lanyards, and conference bags.

SUPTR Block Grant requirements also apply to the Michigan Department of Health and Human Services Health Services administered state funds, unless a written exception is obtained from HSA.

Marijuana Restriction

SAMHSA grant funds may not be used to purchase, prescribe, or provide marijuana or treatment using marijuana. See, e.g., 45 CFR § 75.300(a) (requiring HHS to ensure that Federal funding is expended in full accordance with U.S. statutory and public policy requirements); 21 U.S.C. 812(c)(10) and 841 (prohibiting the possession, manufacture, sale, purchase, or distribution of marijuana).

Allowable Expenditures for Recovery Support Services

In August of 2023, SAMHSA provided notice of expenditure restrictions for Recovery Support Services providers who receive Substance Use Prevention, Treatment and Recovery Services Block Grant (SUPTRS BG) funding. Recipients of this funding must adhere to the Allowable expenditures and restrictions as detailed in the following SAMHSA document “Allowable Recovery Support Services Expenditures through the SUPTRS BG and the Mental Health Block Grant (MHBG):

<https://www.samhsa.gov/sites/default/files/recovery-support-services-subg-mhbg.pdf>.

PROGRAM OPERATION

The Grantee shall provide the necessary administrative, professional, and technical staff for operation of the program.

NOTIFICATION OF MODIFICATIONS

The Grantee shall provide timely notification to the Department, in writing, of any action by its governing board or any other funding source that would require or result in significant modification in the provision of services, funding or compliance with operational procedures.

SOFTWARE COMPLIANCE

The Grantee must ensure software compliance and compatibility with the Department's data systems for services provided under this agreement including, but not limited to stored data, databases, and interfaces for the production of work products and reports. All required data under this agreement shall be provided in an accurate and timely manner without interruption, failure or errors due to the inaccuracy of the PIHP's business operations for processing date/time data.

LICENSURE OF SUBCONTRACTORS

The Grantee shall enter into agreements for substance use disorder treatment, and recovery services only with providers appropriately licensed for the service provided. as required by Section 6234 of P.A. 501 of 2012, as amended.

The Grantee must ensure that network providers residing and providing services in bordering states meet all applicable licensing and certification requirements within their state that such providers are accredited per the requirements of this Agreement, and that provider staff are credentialed per the requirements of this Agreement.

ACCREDITATION OF SUBCONTRACTORS

The Grantee shall enter into agreements for treatment services provided through outpatient, Methadone, sub-acute detoxification and residential providers only with providers accredited by one of the following accrediting bodies: The Joint Commission (TJC); Commission on Accreditation of Rehabilitation Facilities (CARF); the American Osteopathic Association (AOA); Council on Accreditation of Services for Families and Children (COA); National Committee on Quality Assurance (NCQA), or Accreditation Association for Ambulatory Health Care (AAAHC). The Grantee must determine compliance through review of correspondence from accreditation bodies to providers.

Accreditation is not needed in order to provide Access Management System (AMS) services, whether these services are operated by a PIHP or through an agreement with a PIHP or for the provision of broker/generalist case management services. Accreditation is required for AMS providers that also provide treatment services and for case management providers that either also provide treatment services or provide therapeutic case management. Accreditation is not required for peer recovery and recovery support services when these are provided through a prevention license.

ASAM LOC REQUIREMENTS FOR SUBCONTRACTORS

The Grantee shall enter into agreements for SUD treatment with organizations that provide services based on the American Society of Addiction Medicine (ASAM) Level of Care (LOC) only. This requirement is for community grant and all Medicaid/Healthy Michigan Plan funded services. The Grantee must ensure that to the extent licensing allows all of the following LOCs are available for adult and adolescent populations:

Level of Care ASAM Title(s):

- 1.0 Outpatient Long-Term Remission Monitoring
- 1.5 Outpatient Therapy
- 2.1 Intensive Outpatient Services
- 2.5 High-Intensity Outpatient Treatment
- 3.1 Clinically Managed Low Intensity Residential Treatment
- 3.5 Clinically Managed High Intensity Residential Treatment
- 3.7 Medically Managed Residential Treatment
- OTP Level 1** Opioid Treatment Program
- 1.7 Medically Managed Outpatient Treatment
- 2.7 Medically Managed Intensive Outpatient Treatment
- 3.2-WM Clinically Managed Residential Withdrawal Management
- 3.7-WM Medically Monitored Inpatient Withdrawal Management

**Adolescent treatment per federal guidelines

It is further required that all SUD treatment providers complete the MDHHS Health Services Level of Care Designation Questionnaire and receive a formal designation for the LOC that is being offered. The Grantee shall enter into a contract for these services only after the provider has received a state designation. The LOC designation must be renewed, every two years.

SUD TREATMENT PROVIDER NETWORK OVERSIGHT

The provision of SUD treatment services must be based on the ASAM LOC criteria. To ensure compliance with and fidelity to ASAM the Grantee shall ensure that policies and practices of annually reviewing their provider network include the following:

- On-site review of the program, policies, practices and clinical records.
- A reporting process back to MDHHS Health Services on the compliance with the purported LOC for each provider, including any corrective action that may have been taken and documentation that indicates all LOCs are available in the region.
- Ensuring review documentation is available for MDHHS Health Services during biannual Grantee site visits for comparison with MDHHS Health Services provider reviews.
- Minimum training requirements that include Communicable Disease, Recipient Rights and Confidentiality (42 CFR Part 2 & HIPAA).

If the Grantee plans to purchase case management services or peer recovery and recovery support services, and only these services, from an agency that is not accredited per this agreement, the Grantee may request a waiver of the accreditation requirement.

ADMINISTRATIVE AND FINANCIAL MATCH RULES

Pursuant to Section 6213 of Public Act No. 368 of 1978, as amended, Michigan has promulgated match requirement rules. Rules 325.4151 through 325.4153 appear in the 1981 Annual Administrative Code Supplement. In brief, the rule defines allowable matching fund sources and states that the allowable match must equal at least ten percent of each comprehensive PIHP budget.

Per PA 368, Administrative Rules, and contract, direct state/federal funds are funds that come to the Grantee directly from a federal agency or another state source. State funds that flow to the Grantee from the Department are not in this category, such as SDA, and therefore, are not subject to the local match requirement. Match requirements apply both to budgeted funds during the agreement period and to actual expenditures at year-end.

“Fees and collections” as defined in the Rule include only those fees and collections that are associated with services paid for by the Grantee.

If the Grantee is found to be out of compliance with Match requirements, or cannot provide reasonable evidence of compliance, the Department may withhold payment or recover payment in an amount equal to the amount of the Match shortfall.

MANAGEMENT OF DEPARTMENT-ADMINISTERED FUNDS

The Grantee shall manage all Department-administered funds under its control in such a way as to assure reasonable balance among the separate requirements for each funds source.

Unobligated Funds

Any unobligated balance of funds held by the Grantee at the end of the agreement period will be returned to the Department or treated in accordance with instructions provided by the Department.

FEES

The Grantee shall make reasonable efforts to collect 1st and 3rd party fees, where applicable, and report these as outlined by the Department’s fiscal procedures. Any under recoveries of otherwise available fees resulting from failure to bill for eligible services will be excluded from reimbursable expenditures.

Reporting Fees and Collections Revenues

The Grantee is required to report all actual fees and collections revenue received by the Grantee and all actual fees and collections revenue received and reported by its

contracted services providers. “Fees and collections” are as defined in the Annual Administrative Code Supplement, Rule 325.4151 and in the ADMINISTRATIVE AND FINANCIAL MATCH RULES section of this Attachment.

Sliding Fee Scale

The PIHP shall implement a sliding fee scale every fiscal year. All treatment and prevention providers shall utilize the PIHP sliding fee scale. The sliding fee scale must be established according to the most recent year’s Federal Poverty Guidelines. It must consist of a minimum of two distinctive fees based upon the income and family size of the individual seeking substance use disorders services.

The Grantee must assure that all available sources of payments are identified and applied prior to the use of Department-administered funds. The PIHP must have written policies and implement procedures to be used by network providers in determining an individual’s ability or inability to pay, when payment liability is to be waived, and in identifying all other liable third parties. The PIHP must also have policies and procedures for monitoring providers and for sanctioning noncompliance.

Financial information needed to determine ability to pay (financial responsibility) must be reviewed annually or at a change in an individual’s financial status, whichever occurs sooner.

The scale must be applied to all persons seeking substance use disorders services funded in whole or in part by the PIHP. The PIHP has the option to charge fees for AMS services, or not to charge. If the PIHP charges for AMS services, the same sliding fee scale as applied to treatment services must be used.

Inability to Pay

Services may not be denied because of an individual’s inability to pay. If a person’s income falls within the PIHP’s regional sliding fee scale, clinical need must be determined through the standard assessment and patient placement process. If a financially and clinically eligible person has third party insurance, that insurance must be utilized to its full extent. Then, if benefits are exhausted, or if the person needs a service not fully covered by that third party insurance, or if the co-pay or deductible amount is greater than the person’s ability to pay, Community Grant funds may be applied. Community Grant funds may not be denied solely on the basis of a person having third party insurance.

RISK MONITORING

1. Federal authorities conduct national cross-site evaluation at their discretion. Requests may come from federal authorities that require additional reporting. Grantees will receive notice when these requests are made and be given time to respond appropriately.
2. Grantees are required to participate in an annual site visit. Prior to the site visit, the SUGE Project Coordinator will send a desk audit with grant requirements that the grantee is expected to demonstrate compliance with. The grantee and SUGE

Project Coordinator will review the grantee's responses to the desk audit and corresponding compliance ratings during the site visit.

3. As per federal requirements (SAMHSA NoA, 45 CFR 96.30, FY2020 – Award Standard Terms), a financial review must be conducted for each subrecipient based on a risk assessment that will determine the monitoring frequency. The Grantee is designated as a sub-recipient under this sub-award agreement and therefore, will establish a sub-recipient grantee or contractor relationship with subsequent entities that are provided with Federal funds to support service delivery. The Grantee certifies and assures that it will, and all its pass-through sub-recipients and contractors will, maintain effective program and financial records that fully disclose the amount and disposition of SAMHSA funds received. This includes providing all financial documentation to support all expenses reported on the Grantee's FSRs, eligibility, the portion of the program services, and other records upon request for the purpose of financial and programmatic review. If the Grantee determines that subsequent entities have a contractor relationship, the financial documentation should consist of the number of participants served, service(s) provided and units of service. Documentation of how the Grantee determines its relationships with its contractor(s) and/or subrecipient(s) will be required for financial and programmatic review.

MINIMUM SUBCONTRACTOR INFORMATION TO BE RETAINED BY GRANTEE

1. Budgeting Information for Each Service.
2. Documentation of How Fixed Unit Rates Were Established: The Grantee shall maintain documentation regarding how each of the unit rates used in its agreements was established. The process of establishing and adopting rates must be consistent with criteria in OMB Circular 2 CFR 200 Subpart E, and with the requirements of individual fund sources.
3. Indirect Cost Documentation: The Grantee shall review subcontractor indirect cost documentation in accordance with OMB Circular 2 CFR 200 Subpart E, as applicable.
4. Equipment Inventories: All allowable PIHP contractor's equipment purchase(s) supported in whole or in part through this agreement must be listed in the supporting Equipment Inventory Schedule. Equipment means tangible, non-expendable, personal property having useful life of more than one (1) year and an acquisition cost of \$5,000 or more per unit. Title to items having a unit acquisition cost of less than \$5,000 shall vest with the Grantee upon acquisition. The Department reserves the right to retain or transfer the title to all items of equipment having a unit acquisition cost of \$5,000 or more, to the extent that the Department's proportionate interest in such equipment supports such retention or transfer of title.

SUBCONTRACTS WITH HOSPITALS

Funds made available through the Department shall not be made available to public or private hospitals which refuse, solely on the basis of an individual's substance use disorder, admission or treatment for emergency medical conditions.

RESIDENCY IN PIHP REGION

The PIHP may not limit access to the programs and services funded by this portion of the Agreement only to the residents of the PIHP's region, because the funds provided by the Department under this Agreement come from federal and statewide resources. Members of federal and state-identified priority populations must be given access to screening and to assessment and treatment services, consistent with the requirements of this portion of the Agreement, regardless of their residency. However, for non-priority populations, the PIHP may give its residents priority in obtaining services funded under this portion of the Agreement when the actual demand for services by residents eligible for services under this portion of the Agreement exceeds the capacity of the agencies funded under this portion of the Agreement.

REIMBURSEMENT RATES FOR SUBSTANCE USE DISORDER SERVICES

The Grantee must pay the same rate when purchasing the same service from the same provider, regardless of whether the services are paid for by Block Grant, Medicaid, or other Department administered funds.

Pursuant to 2023 PA 119 Section 965 and any properly promulgated successor guidance issued, the Grantee shall maintain a bundled rate at not less than \$19.00 per unit for the administration and services of methadone (provider code H0020).

MINIMUM CRITERIA FOR REIMBURSING FOR SERVICES TO PERSONS WITH CO-OCCURRING DISORDERS

Department funds made available to the Grantee through this Agreement, and which are allowable for treatment services, may be used to reimburse providers for integrated mental health and substance use disorder treatment services to persons with co-occurring substance use and mental health disorders. The PIHP may reimburse a Community Mental Health Services Program (CMHSP) or Pre-paid Inpatient Health Plan (PIHP) for substance use disorders treatment services for such persons who are receiving mental health treatment services through the CMHSP or PIHP. The PIHP may also reimburse a provider, other than a CMHSP or PIHP, for substance use disorders treatment provided to persons with co-occurring substance use and mental health disorders. As always, when reimbursing for substance use disorders treatment, the PIHP must have an agreement with the CMHSP (or other provider); and the CMHSP (or other provider) must meet all minimum qualifications, including licensure, accreditation and data reporting.

NATIONAL OUTCOME MEASURES (NOMS)

Complete, accurate, and timely reporting of treatment and prevention data is necessary for the Department to meet its federal reporting requirements. For the SUD Treatment NOMS, it is the PIHP's responsibility to ensure that the client information reported on these records accurately describes each client's status at admission first date of service (admission) and on the last day of service (discharge). For SUD Prevention NOMS, it is the PIHPs responsibility to ensure prevention services data accurately reflects the number of persons served by age, gender, race & ethnicity and total number of evidence-based programs and strategies.

CLAIMS MANAGEMENT SYSTEM

The Grantee shall make timely payments to all providers for clean claims. This includes payment at 90% or higher of clean claims from network providers within 60 days of receipt, and 99% or higher of all clean claims within 90 days of receipt.

A clean claim is a valid claim completed in the format and time frames specified by the PIHP and that can be processed without obtaining additional information from the provider. It does not include a claim from a provider who is under investigation for fraud or abuse, or a claim under review for medical necessity. A valid claim is a claim for services that the PIHP is responsible for under this Agreement. It includes services authorized by the PIHP.

The PIHP must have a provider appeal process to resolve provider-billing disputes promptly and fairly.

CARE MANAGEMENT

The Grantee may pay for care management as a service designed to support PIHP resource allocation as well as service utilization. Care management is in recognition that some clients represent such service or financial risk that closer monitoring of individual cases is warranted. Care management must be purchased and reported consistent with the instructions for the Administrative Expenditures Report in REQUIRED SUBSTANCE USE DISORDER (SUD) SERVICES REPORTS to this agreement.

PURCHASING DRUG SCREENS

(This item does not apply to medication-assisted services)

Department-administered treatment funds can be used to pay for drug screens, if all of the following criteria are met:

1. No other responsible payment source will pay for the screens. This includes self-pay, Medicaid, and private insurance. Documentation must be placed in the client file;
2. The screens are justified by specific medical necessity criteria as having clinical or therapeutic benefit; and

3. Screens performed by professional laboratories can be paid for one time per admission to residential or detoxification services, if specifically justified. Other than these one-time purchases, Department funds may only be used for in house "dip stick" screens.

PURCHASING HIV EARLY INTERVENTION SERVICES

Department-administered Community Grant funds (blended SUPTR Block Grant and General Fund) cannot be used to pay for HIV Early Intervention Services because Michigan is not a Designated State for HIV. Per 45 CFR, Part 96, Substance Abuse Prevention and Treatment Block Grant, the definition of Early Intervention Services relating to HIV means:

1. appropriate pretest counseling for HIV and AIDS;
2. testing individuals with respect to such disease, including tests to confirm the presence of the disease, tests to diagnose the extent of the deficiency in the immune system, and tests to provide information on appropriate therapeutic measures for preventing and treating the deterioration of the immune system and for preventing and treating conditions arising from the disease; appropriate post-test counseling; and
3. providing the therapeutic measures described in Paragraph (b) of this definition.

To review the full document, go to: <http://law.justia.com/us/cfr/title45/45-1.0.1.1.53.12.html>.

PRIORITY POPULATION CARE COORDINATOR

Each PIHP will maintain a position to provide care coordination and engagement activities to priority populations in the PIHP's catchment area. The position will be the primary contact for the Michigan Department of Corrections to ensure timely placement of individuals returning to the community, and assist the individual in obtaining required state identification, insurance and other supportive needs. Within 30 days following the end of the quarter, the primary care coordinator is expected to report the quarter's number of priority population individuals served, number of individuals served from MDOC and child welfare in this quarter, challenges experienced, successes experienced, and assistance requested from MDHHS. Please reference the following sections of these Treatment and Access Project special provisions for additional details regarding priority populations: Persons Associated with the Corrections System, Persons Involved with the Michigan Department of Health and Human Services, Admission Preference and Interim Services and Admission Priority Requirements Chart.

PERSONS ASSOCIATED WITH THE CORRECTIONS SYSTEM

Under an arrangement between the Michigan Department of Corrections (MDOC) and MDHHS, the Grantee must be responsible for medically necessary community-based substance use disorder treatment services for individuals under the supervision of the

MDOC once those individuals are no longer incarcerated. These individuals are typically under parole or probation orders and excludes individuals referred by court and services through local community corrections (PA 5ll) systems.

MDOC Referrals, Screening and Assessment

1. Individuals under MDOC supervision are considered a priority population for assessment and admission for substance use disorder treatment services due to the public safety needs related to their MDOC involvement. The Grantee must ensure timely access to supports and services in accordance with this Contract.
2. The Grantee must designate a point of contact within each Grantee catchment area for referral, screening and assessment problem identification and resolution. The position title and contact information will be provided to the State, which will provide the information to the MDOC Central Office Personnel. The Grantee must provide this contact information to MDOC Supervising Agents in their regions.
3. The MDOC Supervising Agent will refer individuals in need of substance use disorder treatment through the established referral process at the Grantee. The Supervising Agent will make best efforts to obtain from the individual a signed Michigan Behavioral Health Standard Consent Form, MDHHS-5515, and provide it to the Grantee and/or designated access point along with any pertinent background information and the most recent MDOC Risk Assessment summary.
4. The Supervising Agent will assist the individual in calling the Grantee or designated access point for a substance abuse telephonic screening for services. Individuals that are subsequently referred for substance use disorder treatment as a result of a positive screening must receive an in-person assessment. If the individual referred is incarcerated, the Supervising Agent will make best efforts to facilitate service initiation and appropriate contact with the Grantee/Designated Access Point. Provided that it is possible to do so, the Grantee must make best efforts to ensure the individual receives a telephonic, video or in-person screening for services at the designated location as arranged by MDOC Supervising Agent. The Grantee/designated access point may not deny an individual an in-person assessment via phone screening.
5. Assessments must be conducted in accordance with MDHHS-approved assessment instruments (if any) and admissions decisions based on MDHHS-approved medical necessity criteria included in this Contract. In the case of MDOC supervised individuals, these assessments should include consideration of the individual's presenting symptoms and substance use/abuse history prior to and during incarceration and consideration of their SUD treatment history while incarcerated. To the extent consistent with HIPAA, the Michigan Mental Health Code and 42 CFR Part 2, and with the written consent of the individual, the Grantee/designated provider will provide notice of an admission decision to the Supervising Agent within one business day, and if accepted, the name and contact information of the individual's treatment provider. If the individual is not

referred for treatment services, the Grantee/designated access point will provide information regarding community resources such as AA/NA or other support groups to the individual.

6. The Grantee will not honor Supervising Agent requests or proscriptions for level or duration of care, services or supports and must base admission and treatment decisions only on medical necessity criteria and professional assessment factors.

Plan of Service

1. The individualized master treatment plan must be developed in a manner consistent with the principles of individualized treatment services, as identified in policy.
2. Grantee/designated provider agrees to inform the Supervising Agent when Medication Assisted Treatment (MAT) is being used, including medication type. If the medication type changes, Grantee/designated provider must inform the Supervising Agent. Grantee/designated provider must obtain a release of information from the beneficiary.

Residential Services

1. If an individual referred for residential treatment does not appear for, or is determined not to meet, medical necessity criteria for that level of care, the Supervising Agent must be notified with one business day. If an individual is participating in residential treatment, the individual may not be given unsupervised day passes, furloughs, etc. without consultation with the Supervising Agent. Leaves for any non-emergent medical procedure should be reviewed/coordinated with the Supervising Agent. If an individual is absent from an off-site supervised therapeutic activity without proper authorization, Grantee/designated provider must notify the Supervising Agent by the end of the day on which the absence occurred.
2. Grantee/designated provider may require individuals participating in residential treatment to submit to drug testing when returning from off property activities and any other time there is a suspicion of use. Positive drug test results and drug test refusals must be reported to the Supervising Agent. Grantee/designated provider must obtain a release of information from the individual.
3. Additional reporting notifications for individuals receiving residential care include:
 - 1) Death of an individual under supervision.
 - 2) Relocation of an individual's placement for more than 24 hours.
 - 3) Grantee/designated provider must immediately, and no more than one hour from awareness of the occurrence, notify the MDOC Supervising Agent any serious sentinel event by or upon an individual under MDOC supervision while on the treatment premises or while on authorized leaves.

4) Grantee/designated provider must notify the MDOC Supervising Agent of any criminal activity involving an MDOC supervised individual within one hour of learning of the activity.

Service Participation

1. Grantee must ensure the designated provider completes a monthly progress report on each individual on a template supplied by the MDOC and must ensure it is sent via encrypted email to the Supervising Agent by the fifth day of the following month.
2. Grantee/designated provider must not terminate any referred individual from treatment for violation of the program rules and regulations without prior notification to the individual's Supervising Agent, except in extreme circumstances. Grantee/designated provider must collaborate with the MDOC for any non-emergency removal of the referred individual and allow the MDOC time to develop a transportation plan and a supervision plan prior to removal.
3. Grantee must ensure a recovery plan is completed and sent to the Supervising Agent within five business days of discharge. Recovery planning must include an offender's acknowledgement of the plan and Grantee/Contractor's referral of the offender to the prescribed recovery support or follow up services.

Testimony

With a properly executed release inclusive of the court with jurisdiction, Grantee and/or its designated provider, must provide testimony to the extent consistent with applicable law, including HIPAA and 42 CFR Part 2.

Training

1. In support of the needs of programs providing services to individuals under MDOC supervision, the MDHHS will make available training on criminogenic risk factors and special therapy concerns regarding the needs of this population.
2. Grantee must ensure its provider network delivers services to individuals served consistent with professional standards of practice, licensing standards, and professional ethics.

Compliance Monitoring

Grantee is not accountable to the MDOC under this contract. Grantee must permit the MDHHS, or its designee, to visit Grantee to monitor Grantee provider network oversight activities for the individuals serviced under this Section.

Grantee is solely responsible for the composition, compensation, and performance of its contracted provider network. To the extent necessary, Grantee must include performance requirements/standards based on existing regulatory or contractual requirements applicable to the MDOC-supervised population. Provider network oversight must be in compliance with applicable sections of this contract.

PERSONS INVOLVED WITH THE MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES (MDHHS)

The Grantee must work with the MDHHS office(s) in its region to facilitate access to prevention, assessment and treatment services for persons involved with MDHHS, including families in the child welfare system and public assistance recipients. The Grantee must develop written agreements with MDHHS offices that specify payment and eligibility for services, access to services priority, information sharing (including confidentiality considerations), and other factors as may be of local importance. The Grantee's Priority Population Coordinator must be available to receive priority notifications from MDHHS, submitted by county offices, and ensure that those individuals are identified as a priority population for admission to treatment services.

The Grantee's Priority Population Coordinator must be available to receive priority notifications from MDHHS, submitted by county offices, and ensure that those individuals are identified as a priority population for admission to treatment services.

PRIMARY CARE COORDINATION

The Grantee must take all appropriate steps to assure that substance use disorder treatment services are coordinated with primary health care. In the case that PIHPs contract for the Medicaid substance abuse program, PIHPs are reminded that coordination efforts must be consistent with these contracts. Treatment case files must include, at minimum, the primary care physician's name and address, a signed release of information for purposes of coordination, or a statement that the client has refused to sign a release.

Care coordination agreements or joint referral agreements, by themselves, are not sufficient to show that the Grantee has taken all appropriate steps related to coordination of care. Client case file documentation is also necessary.

CHARITABLE CHOICE

The September 30, 2003 Federal Register (45 CFR part 96) contains federal Charitable Choice SUPTR block grant regulations, which apply to both prevention and treatment providers/programs. In summary, the regulations require:

1. that the designation of religious (or faith-based) organizations as such be based on the organization's self-identification as religious (or faith based),
2. that these organizations are eligible to participate as providers—e.g. a "level playing field" with regard to participating in the PIHP provider panel,
3. that a program beneficiary receiving services from such an organization who objects to the religious character of a program has a right to notice, referral, and alternative services which meet standards of timeliness, capacity, accessibility and equivalency—and ensuring contact to this alternative provider, and
4. other requirements, including-exclusion of inherently religious activities and non-discrimination.

The Grantee is required to comply with all applicable requirements of the Charitable Choice regulations. The Grantee must ensure that treatment clients and prevention service recipients are notified of their right to request alternative services. Notice may be provided by the AMS or by providers that are faith-based. The Grantee must assign responsibility for providing the notice to the AMS, to providers, or both. Notification must be in the form of the model notice contained in the final regulations, or the Grantee may request written approval from MDHHS Health Services of an equivalent notice. The Grantee must also ensure that its AMS administer the processing of requests for alternative services. This is applicable to all face-to-face services funded in whole or part by SUPTR Block Grant funds, including prevention and treatment services. The Grantee must submit an annual report on the number of such requests for alternative services made by the agency during the fiscal year, per PIHP Reporting Requirements.

The model notice contained in the federal regulations is:

No provider of substance abuse services receiving Federal funds from the U.S. Substance Abuse and Mental Health Services Administration, including this organization, may discriminate against you on the basis of religion, a religious belief, a refusal to hold a religious belief, or a refusal to actively participate in a religious practice. If you object to the religious character of this organization, Federal law gives you the right to a referral to another provider of substance abuse services. The referral, and your receipt of alternative services, must occur within a reasonable period of time after you request them. The alternative provider must be accessible to you and have the capacity to provide substance abuse services. The services provided to you by the alternative provider must be of a value not less than the value of the services you would have received from this organization.

TREATMENT SERVICES

Using criteria for medical necessity, a PIHP may:

1. Deny services
 - a. that are deemed ineffective for a given condition based upon professionally and scientifically recognized and accepted standards of care;
 - b. that are experimental or investigational in nature; or c) for which there exists another appropriate, efficacious, less-restrictive and cost-effective service, setting or support, that otherwise satisfies the standards for medically-necessary services; and/or
2. Employ various methods to determine amount, scope and duration of services, including prior authorization for certain services, concurrent utilization reviews, centralized assessment and referral, gate-keeping arrangements, protocols, and guidelines;
3. Not deny SUD services solely based on PRESET limits of the cost, amount, scope, and duration of services: but instead determination of the need for services shall be conducted on an individualized basis. This does not preclude

the establishment of quantitative benefit limits that are based on industry standards and consistent with this contract, and that are provisional and subject to modification based on individual clinical needs and clinical progress.

SATISFACTION SURVEYS

The Grantee shall assure that all network subcontractors providing treatment conduct satisfaction surveys of persons receiving treatment at least once a year. Surveys may be conducted by individual providers or may be conducted centrally by the PIHP. Clients may be active clients or clients discharged up to 12 months prior to their participation in the survey. Surveys may be conducted by mail, telephone, or face-to-face. The Grantee must compile findings and results of client satisfaction surveys for all providers, and must make findings and results, by provider, available to the public.

CLINICAL ELIGIBILITY: DSM DIAGNOSIS

In order to be eligible for treatment services purchased in whole or part by state-administered funds under the agreement, an individual must be found to meet the criteria for one or more selected substance use disorders found in the current version of the Diagnostic and Statistical Manual of Mental Disorders (DSM). Reimbursable disorders are listed in the TEDS Instructions.

INTENSIVE OUTPATIENT TREATMENT – WEEKLY FORMAT

The Grantee may purchase Intensive outpatient treatment (IOP) only if the treatment consists of regularly scheduled treatment, usually group therapy, within a structured program, for at least three days and at least nine hours per week.

OPIOID TREATMENT SERVICES

The *Medication Assisted Treatment Guidelines for Opioid Use Disorders* shall be used to facilitate Grantee compliance with the treatment of opioid use disorders in all publicly funded opioid treatment programs. In reference to this document the term ‘Guideline’ shall be utilized in the medical sense, as research and application of technology/protocols and treatment pathways provided as a ‘guidance’ to physicians. PIHPs will work with the Department to establish and implement a timeline and benchmarks toward full implementation of the Guidelines.

Medication Assisted Treatment (MAT)/Medications for the Treatment of Opioid Use Disorder (MOUD)

MAT/MOUD is a standard of care that is broadly recognized as an essential pillar in any comprehensive approach to the national opioid addiction and overdose epidemic. The State of Michigan seeks to ensure that no consumer is denied access to or pressured to reject the full-service array of evidence-based and potentially life-saving treatment options, including MAT/MOUD, that are determined to be medically necessary for the individualized needs of that consumer.

Treatment options should be discussed in an objective way so each consumer can make an informed decision based on research and outcome data. The State of Michigan expects that PIHP-contracted SUD treatment providers will do the following:

1. Adopt a MAT-inclusive treatment philosophy that recognizes multiple pathways to recovery;
2. Reject pressuring MAT clients to adopt a tapering schedule and/or a mandated period of abstinence;
3. Develop and/or strengthen policies that prohibit disparaging, delegitimizing, and/or stigmatizing of MAT either with individual clients or in the public domain;
4. When a consumer on MAT (or considering MAT) is seeking treatment services at the point of access, access staff will respect MAT as a choice without judgment, stigma, or pressure to change recovery pathways.

If a provider does not have capacity to work with a person receiving MAT, the provider will work with the consumer and with local PIHP or appropriate Access Departments to facilitate a warm handoff/transfer to another provider, who can provide ancillary services (counseling, case management, recovery supports, recovery housing) while the client pursues his or her chosen recovery pathway.

FETAL ALCOHOL SPECTRUM DISORDERS (FASD)

Substance abuse treatment programs are in a unique position to have an impact on the fetal alcohol spectrum disorder (FASD) problem in two ways. First, it is required that these programs include FASD prevention within their treatment regimen for those women that are included in the selective or indicated group based on Institute of Medicine (IOM) prevention categories. Second, for those treatment programs that have contact with the children born to women who have used alcohol it is required that the program screen these children for FASD and, if appropriate, refer for further diagnostics services.

SUB-ACUTE DETOXIFICATION

Sub-acute detoxification is defined as supervised care for the purpose of managing the effects of withdrawal from alcohol and/or other drugs as part of a planned sequence of addiction treatment. Detoxification is limited to the stabilization of the medical effects of the withdrawal and to the referral to necessary ongoing treatment and/or support services. Licensure as a sub-acute detoxification program is required. Sub-acute detoxification is part of a continuum of care for substance use disorders and does not constitute the end goal in the treatment process. The detoxification process consists of three essential components: evaluation, stabilization, and fostering client readiness for, and entry into, treatment. A detoxification process that does not incorporate all three components is considered incomplete and inadequate.

Detoxification can take place in both residential and outpatient settings, and at various levels of intensity within these settings. Client placement to setting and to level of intensity must be based on ASAM PPC 2-R and individualized determination of client

need. The following combinations of sub-acute detoxification settings and levels of intensity correspond to the LOC determination based on the ASAM PPC 2-R.

In an Outpatient Setting

- Ambulatory Detoxification without extended on-site monitoring corresponding to ASAM Level I-D, or ambulatory detoxification with extended on-site monitoring (ASAM Level II-D).
- Outpatient setting sub-acute detoxification must be provided under the supervision of a Substance Abuse Treatment Specialist. Services must have arrangements for access to licensed medical personnel as needed. ASAM Level II-D ambulatory detoxification services must be monitored by appropriately certified and licensed nurses.

In a Residential Setting

- Clinically Managed Residential Detoxification - Non-Medical or Social Detoxification Setting: Emphasizes peer and social support for persons who warrant 24-hour support (ASAM Level III.2-D). These services must be provided under the supervision of a Substance Abuse Treatment Specialist. Services must have arrangements for access to licensed medical personnel as needed.
- Medically Managed Residential Detoxification - Freestanding Detoxification Center: These services must be staffed 24-hours-per-day, seven-days-per-week by a licensed physician or by the designated representative of a licensed physician (ASAM Level III.7- D). This service is limited to stabilization of the medical effects of the withdrawal, and referral to necessary ongoing treatment and/or support services. This service, when clinically indicated, is an alternative to acute medical care provided by licensed health care professionals in a hospital setting.

RESIDENTIAL TREATMENT

Residential treatment is defined as intensive therapeutic service which includes overnight stay and planned therapeutic, rehabilitative or didactic counseling to address cognitive and behavioral impairments for the purpose of enabling the beneficiary to participate and benefit from less intensive treatment. A program director is responsible for the overall management of the clinical program, and treatment is provided by appropriate certified professional staff, including substance abuse specialists. Residential treatment must be staffed 24-hours-per-day. The clinical program must be provided under the supervision of a Substance Abuse Treatment Specialist with either full licensure or limited licensure as a psychologist, master's social worker, professional counselor, marriage and family therapist or physician. Services may be provided by a substance abuse treatment specialist or a non-degreed staff. This intensive therapeutic service is limited to those beneficiaries who, because of specific cognitive and behavioral impairments, need a safe and stable environment to benefit from treatment.

WAIT LIST REQUIREMENTS

Any individual determined to be eligible for SUPTRS BG services who is not able to be immediately admitted to services will be placed on the Wait List. Access Management staff are required to contact the individual waiting for services minimally monthly to determine their continued interest in services. Individuals eligible for SUPTRS BG funded services must be admitted within 120 days of requesting services. Access Management is required to collect demographic data on wait listed individuals, as required by SUPTRS BG funding.

ACCESS TIMELINESS STANDARDS

Access timeliness requirements are the same as those applicable to Medicaid substance use disorders services, as specified in the agreement between BHDDA and the PIHPs. Access must be expedited when appropriate based on the presenting characteristics of individuals.

ADMISSION PREFERENCE AND INTERIM SERVICES

The Code of Federal Regulations and the Michigan Public Health Code define priority population clients. Priority populations are identified as follows in order of importance:

1. Injecting drug user.
2. Pregnant.
3. Injecting drug user.
4. Parent at risk of losing their child(ren) due to substance use.
5. All others.

Admission Priority Requirements Chart

The following chart indicates the current admission priority standard for each population along with the current interim service requirements. Suggested services are in *italics*:

Pregnant Injecting Drug User	<p>1) Screened & referred w/in 24 hrs.</p> <p>2) Detox, Meth. or Residential – Offer Admission w/in 24 business hrs</p> <p>Other Levels of Care – Offer Admission w/in 48 Business hrs</p>	<p>Begin w/in 48 hrs:</p> <p>1. Counseling & education on:</p> <ul style="list-style-type: none"> A. HIV & TB B. Risks of needle sharing C. Risks of transmission to sexual partners & infants <p>Effects of alcohol & drug use on the fetus</p> <p>2. Referral for pre-natal care</p> <p>3. <i>Early Intervention Clinical Svc</i></p>	<p>CFR 96.121; CFR 96.131; Tx Policy #04</p> <p>Recommended</p>

Pregnant Substance User	<p>1) Screened & referred w/in 24 hrs</p> <p>2) Detox, Meth or Residential Offer admission w/in 24 business hrs</p> <p>Other Levels of Care – Offer Admission w/in 48 Business hrs Begin w/in 48 hrs</p>	<p>Begin w/in 48 hrs:</p> <p>1. Counseling & education on: A. HIV & TB B. Risks of needle sharing C. Risks of transmission to sexual partners & infants Effects of alcohol & drug use on the fetus</p> <p>2. Referral for pre-natal care</p> <p>3. <i>Early Intervention Clinical Svc</i></p>	<p>CFR 96.121; CFR 96.131;</p> <p>Recommended</p>
Injecting Drug User	<p>Screened & referred w/in 24 hrs; Offer Admission w/in 14 days</p>	<p>Begin w/in 48 hrs – maximum waiting time 120 days</p> <p>1. Counseling & education on: A. HIV & TB B. Risks of needle sharing C. Risks of transmission to sexual partners & infants</p> <p>2. <i>Early Intervention Clinical Svc</i></p>	<p>CFR 96.121; CFR 96.126</p> <p>Recommended</p>
Parent at Risk of Losing Children	<p>Screened & referred w/in 24 hrs. Offer Admission w/in 14 days</p>	<p>Begin w/in 48 business hrs</p> <p><i>Early Intervention Clinical Services</i></p>	<p>Recommended</p>
Individual under the supervision of MDOC AND referred by MDOC or individual being released directly from an MDOC facility without supervision AND referred by MDOC.	<p>Screened & referred within 48 hours. Offer Admission w/in 14 days</p>	N/A	MDHHS

All Others	Screened & referred w/in seven calendar days. Capacity to offer Admission w/in 14 days	Not Required	CFR 96.131(a) – sets the order of priority
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SPECIAL PROVISIONS

TREATMENT AND ACCESS MANAGEMENT

Table of Contents

PURPOSE.....	4
STRATEGIC PLAN	4
GENERAL PROVISIONS.....	4
STATEMENT OF WORK	4
MICHIGAN ADMINISTRATIVE CODE: SUBSTANCE USE DISORDER ADMINISTRATIVE RULES	5
SUBSTANCE USE DISORDER POLICIES & TECHNICAL ADVISORIES	5
PERFORMANCE/PROGRESS REPORT REQUIREMENTS	7
Report Instructions.....	8
SUD Financial Reporting Requirements	8
Fiscal Year-End Reporting	9
Legislative Report	9
SUD Non-Financial Reporting Requirements.....	9
Sentinel Event Reporting Requirements	11
SUBSTANCE USE DISORDER RECIPIENT RIGHTS TRAINING	11
SUBSTANCE USE DISORDER LICENSING AND RECIPIENT RIGHTS RESOURCE DOCUMENTS	11
AVAILABILITY OF SERVICES.....	11
SUBSTANCE USE PREVENTION, TREATMENT, AND RECOVERY BLOCK GRANT (SUPTRS BG) REQUIREMENTS AND APPLICABILITY TO STATE FUNDS	11
Selected SUPTRS BG-Specific Requirements Applicable to PIHPs.....	12
Marijuana Restriction	13
Allowable Expenditures for Recovery Support Services	13
PROGRAM OPERATION.....	13
NOTIFICATION OF MODIFICATIONS.....	13
SOFTWARE COMPLIANCE	13
LICENSURE OF SUBCONTRACTORS.....	13
ACCREDITATION OF SUBCONTRACTORS	14

ASAM LOC REQUIREMENTS FOR SUBCONTRACTORS	14
Level of Care ASAM Title(s):.....	14
SUD TREATMENT PROVIDER NETWORK OVERSIGHT	15
ADMINISTRATIVE AND FINANCIAL MATCH RULES	15
MANAGEMENT OF DEPARTMENT-ADMINISTERED FUNDS	16
Unobligated Funds	16
FEES.....	16
Reporting Fees and Collections Revenues	16
Sliding Fee Scale	16
Inability to Pay.....	17
RISK MONITORING.....	17
MINIMUM SUBCONTRACTOR INFORMATION TO BE RETAINED BY GRANTEE....	18
SUBCONTRACTS WITH HOSPITALS	18
RESIDENCY IN PIHP REGION	18
REIMBURSEMENT RATES FOR SUBSTANCE USE DISORDER SERVICES	19
MINIMUM CRITERIA FOR REIMBURSING FOR SERVICES TO PERSONS WITH CO- OCCURRING DISORDERS.....	19
NATIONAL OUTCOME MEASURES (NOMS).....	19
CLAIMS MANAGEMENT SYSTEM.....	19
CARE MANAGEMENT.....	20
PURCHASING DRUG SCREENS.....	20
PURCHASING HIV EARLY INTERVENTION SERVICES	20
PRIORITY POPULATION CARE COORDINATOR.....	21
PERSONS ASSOCIATED WITH THE CORRECTIONS SYSTEM	21
MDOC Referrals, Screening and Assessment.....	21
Plan of Service	22
Residential Services	22
Service Participation	23
Testimony	23
Training	24
Compliance Monitoring	24
Provider Network Oversight	24

PERSONS INVOLVED WITH THE MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES (MDHHS)	24
PRIMARY CARE COORDINATION	24
CHARITABLE CHOICE	25
TREATMENT SERVICES	26
SATISFACTION SURVEYS	26
CLINICAL ELIGIBILITY: DSM - DIAGNOSIS	26
INTENSIVE OUTPATIENT TREATMENT – WEEKLY FORMAT	26
OPIOID TREATMENT SERVICES.....	27
Medication Assisted Treatment (MAT)/Medications for the Treatment of Opioid Use Disorder (MOUD)	27
FETAL ALCOHOL SPECTRUM DISORDERS.....	27
WITHDRAWAL MANAGEMENT	28
RESIDENTIAL TREATMENT	29
WAIT LIST REQUIREMENTS.....	29
ACCESS TIMELINESS STANDARDS	29
ADMISSION PREFERENCE AND INTERIM SERVICES	29
Admission Priority Requirements Chart	30

The MDHHS Health Services Bureau of Specialty Behavioral Health Services, Division of Substance Use, Gambling and Epidemiology (SUGE) is responsible for oversight of SUD Prevention, Treatment and Recovery activities and services.

PURPOSE

The focus of the program is to provide for the administration and coordination of substance use disorder (SUD) services within the designated Pre-paid Inpatient Health Plan (PIHP) region. Substance Use Prevention, Treatment, and Recovery Services Block Grant (SUPTRS BG) grantees should direct this funding to prioritize and address the unique SUD prevention, intervention, treatment, and recovery support needs and gaps in their region's service systems.

STRATEGIC PLAN

The Grantee will carry out its responsibilities under this Agreement consistent with the PIHP's current three-year SUGE-approved Strategic Plans for substance use prevention, treatment and recovery services. Contact SUGE staff directly for details.

GENERAL PROVISIONS

The Grantee agrees to comply with the General Provisions outlined in this agreement. The Grantee also agrees to comply with the requirements described in the SUBSTANCE USE DISORDER POLICIES AND TECHNICAL ADVISORIES, which is part of this agreement, and also available at: <https://www.michigan.gov/mdhhs/keep-mi-healthy/mentalhealth/drugcontrol/reportstats/reportcontent/policies-and-advisories>.

STATEMENT OF WORK

The following section provides an explanation of the specifications and expectations that the Grantee must meet, and the substance use disorder services that must be provided under the contract. The Grantee agrees to undertake, perform and complete the services.

The general SUD responsibilities of the Grantee under this Agreement, based on P.A. 500 of 2012, as amended, are to:

1. Develop comprehensive plans for substance use disorder treatment and rehabilitation services and substance use disorder prevention services consistent with guidelines established by the Department.
2. Review and comment to the Department of Licensing and Regulatory Affairs on applications for licenses submitted by local treatment, rehabilitation, and prevention organizations.
3. Provide technical assistance for local substance use disorder service programs.
4. Collect and transfer data and financial information from local programs to the Department of Licensing and Regulatory Affairs.
5. Submit an annual budget request to the Department for use of state administered funds for its substance use disorder treatment and rehabilitation services and

substance use disorder prevention services in accordance with guidelines established by the Department.

6. Make contracts necessary and incidental to the performance of the department-designated community mental health entity's and community mental-health services program's functions. The contracts may be made with public or private agencies, organizations, associations, and individuals to provide for substance use disorder treatment and rehabilitation services and substance use disorder prevention services.
7. Annually evaluate and assess substance use disorder services in the department designated PIHP entity in accordance with guidelines established by the Department.

MICHIGAN ADMINISTRATIVE CODE: SUBSTANCE USE DISORDER ADMINISTRATIVE RULES

Guidelines and Requirements for Substance Use Disorder Service Delivery at: <https://ars.apps.lara.state.mi.us>. Search for "Substance Use Disorder Service Programs".

SUBSTANCE USE DISORDER POLICIES & TECHNICAL ADVISORIES

The Grantee agrees to comply with the requirements described in the following policies and technical advisories that can be found at: <https://www.michigan.gov/mdhhs/keep-mi-healthy/mentalhealth/drugcontrol/reportstats/reportcontent/policies-and-advisories>.

Document #	Effective Date	Document Name
SUBSTANCE USE DISORDER SERVICES POLICIES:		
ADMINISTRATIVE / GENERAL / CONTRACT		
TREATMENT		
P-T-01	09/21/2007	Obsolete
P-T-02	11/01/2012	Acupuncture
P-T-03	10/01/2006	Buprenorphine
P-T-04	12/01/2006	Off-Site Dosing Requirements for Medication Assisted Treatment
P-T-05	10/01/2012	Criteria for Using Methadone for Medication-Assisted Treatment and Recovery See MDHHS Substance Use Disorder Services Policies page for link to Consent for an Adolescent to Participate in Opioid Pharmacotherapy Treatment form
P-T-06	04/02/2012	Individualized Treatment and Recovery Planning

P-T-07	11/30/2011	Access Management System: Replaced with PIHP Attachment P4.1.1 and CMHSP Attachment P3.1.1
P-T-08	01/01/2008	Substance Abuse Case Management Program Requirements
P-T-09	03/15/2017	Outpatient Treatment Continuum of Service
P-T-10	05/03/2013	Residential Treatment Continuum of Services
P-T-11	10/01/2009	Fetal Alcohol Spectrum Disorders
P-T-12	10/01/2010	Women's Treatment Services
P-T-13	07/01/2017	Withdrawal Management Continuum of Services
P-T-14	06/01/2018	Adolescent Substance Use Treatment Services Policy
P-T-15	07/19/2019	Young Adult and Transitional Age Youth Treatment Services
P-T-16	10/01/2022	SUD Credentialing and Staff Qualifications
SUBSTANCE USE DISORDER SERVICES TECHNICAL ADVISORIES:		
Document #	Effective Date	Document Name
ADMINISTRATIVE / GENERAL / CONTRACT		
TA-A-01	10/01/2006	Advisory Council
TREATMENT		
TA-T-01	10/01/2006	Replaced by P-T-03
TA-T-02	12/01/2006	Replaced by P-T-04
TA-T-03	01/01/2008	Replaced by P-T-08 on 1/1/08
TA-T-04	10/01/2009	Replaced by P-T-11
TA-T-05	10/01/2006	Welcoming
TA-T-06	08/10/2007	Counseling Requirement for Clients Receiving Methadone Treatment
TA-T-07	09/01/2012	Peer Recovery Support Services
TA-T-08	07/01/2020	Enhanced Women's Services
TA-T-09	11/30/2011	Early Intervention
TA-T-11	09/01/2012	Recovery Housing
TA-T-12	70/30/2019	Recovery Policy Practice Advisory

PERFORMANCE/PROGRESS REPORT REQUIREMENTS

The following tables indicate the report that Grantees are required to submit to the Department under this agreement. The table also indicates the period covered by each report, the report due date, where within the Department the report must be submitted. The contents of the tables may be superseded by written communication from MDHHS Health Services.

The SUGE Project Coordinator may request additional ad hoc reports as needed to address state or federal program inquiries. A reasonable amount of time will be allowed to respond, and the submission method and due date will be included in the request. The Grantee is expected to comply in a timely manner.

The Grantee is responsible for submitting all applicable reports on time and per reporting instructions. Reports must be submitted as indicated in the Financial and Non-Financial Reporting tables that follow. Reports will be submitted to EGrAMS (<http://egrams-mi.com/mdhhs>) or a MDHHS program email address, as indicated in the tables. Reports transmitted on or before the due date are considered timely. The received date will be determined by the date of submission to EGrAMS or the date transmitted to the email address indicated in the tables. Reports that do not conform to instructions may not be determined as “received”. If Grantees wish to request a due date extension, the request must be submitted to the MDHHS Program Manager identified in the grant agreement. The request is not approved until the Grantee receives an affirmative response from the Program Manager.

Schedule E of the MDHHS/PIHP Medicaid Managed Care contract also includes reporting requirements that relate to SUD activities.

EGRAMS reporting templates are available to download in EGRAMS. Most program report forms and instructions are also available at the MDHHS Mental Health and Substance Abuse Reporting Requirements Website 60 days prior to the due date: <https://www.michigan.gov/mdhhs/keep-mi-healthy/mentalhealth/reporting>. Customized or ad hoc report forms will be delivered by the MDHHS Program Manager by email to the Grantee’s Project Director, with instructions and due dates.

The following resources on the Reporting Website, contain relevant forms and instructions, for the current fiscal year, in addition to those noted in the tables below:

- MICHIGAN PIHP/CMHSP PROVIDER QUALIFICATIONS (i.e., Behavioral Health Provider education and certification requirements)
- SUD (Non-Medicaid) Reporting Instructions and Forms (Reporting Index)
- PIHP/CMHSP Encounter Reporting Costing Per Code and Code Chart (i.e., Department approved HCPCS and Revenue Codes)

Submit Encounter data to the Data Exchange Gateway (DEG):

For transactions: put c:\4951@DCHEDI

- BH – TEDS (Specifications, Requirements, Q&A, Coding Instructions)

Submit BH-TEDS data to the Data Exchange Gateway (DEG):

To submit Client Admission and Discharge Client records electronically via DEG to BPHASA/MIS Operations - Michigan Department of Health and Human Services - Michigan Department of Technology, Management & Budget

Data Exchange Gateway (DEG)

For admissions: put c:\4823 4823@dchbull

For discharges: put c:\4824 4824@dchbull

Report Instructions

- Instructions are included in Reporting forms when appropriate.
- Instructions may also be found in the Reporting Table at: <https://www.michigan.gov/mdhhs/keep-mi-healthy/mentalhealth/reporting>.
- EGrAMS submission instructions are found in EGrAMS on the left menu “About EGrAMS” prior to logging in to EGrAMS. See Grantee: Project-Based Standard Instructions or Grantee Training Videos.
- FSR and Workplan reports in EGrAMS offer instructions within the templates
- SUGE Project Coordinators or SUD Contract Managers can respond to specific questions about the reports.
- The EGrAMS Help Desk can help with EGrAMS submission instructions or EGrAMS operations. EGrAMS Help Desk: 517-335-3359 or MDHHS-EGrAMS-Help@michigan.gov.

SUD Financial Reporting Requirements

The Grantee must assure that the financial data in these reports are consistent and reconcile between any related reports. Otherwise, the reports will be considered as not submitted and will be subject to financial penalty.

The Department may choose to withhold payment when any financial report is delinquent by thirty (30) calendar days or more and may retain the amount withheld if the report is sixty (60) or more calendar days delinquent. The Legislative Report has more stringent requirements. See Legislative Report section.

The following chart outlines the due dates and submission method for Financial reports.

Due Date	Report Title	Report Period	Submission Method
30 Days after close of each quarter	Financial Status Report (FSR)	Quarterly	EGRAMS: Each Project
		Oct 1-Dec 31 Jan 1-Mar 31 Apr 1-June 30 July 1-Sep 30	
February 28 after end of Agreement Period	Legislative Report	October 1 to September 30	EGRAMS: SUGS TRMT Project
February 28 after end of Agreement Period	Primary Prevention Expenditures Status Report (PESR)	October 1 to September 30	EGRAMS: SUGS PREV Project
TBD Announced by MDHHS Accounting	Obligation Financial Status Report (FSR)	October 1 to September 30	EGRAMS: Each Project
60 days after end of Agreement Period	Final Financial Status Report (FSR)	October 1 to September 30	EGRAMS: Each Project

The SUGS Project Coordinator may request program data, the status of expenditures, or a year-end expenditure projection for the purpose of determining if the statewide target for Women's Specialty Services Maintenance of Effort will be met. The Grantee must respond in a timely manner, as indicated in the request.

Fiscal Year-End Reporting

Additional Financial Reports will be requested by memo from MDHHS Expenditures Operations Division as it prepares for the fiscal year closing. The memo will provide a description and a schedule of the required year-end financial reporting activities. Grantees are required to submit this information as detailed.

Legislative Report

If the Grantee does not submit required Legislative Report within fifteen (15) calendar days of the due date, the Department may withhold from the current year funding an amount equal to five (5) percent of that funding (not to exceed \$100,000) until the Department receives the delinquent report. The Department may retain the amount withheld if the contractor is more than forty-five (45) calendar days delinquent in meeting the filing requirements.

SUD Non-Financial Reporting Requirements

The following table indicates reporting due dates and submission method for Non-Financial reports. If submitted in EGrAMS, the project is identified. The EGrAMS attachment report forms are available for download in EGrAMS in the relevant project.

Due Date	Report Title	Report Period	Submission Method
October 31	Communicable Disease Plan (optional participation)	Projected October 1 to September 30	Email: MeisterJ1@michigan.gov and cc: ColemanL7@michigan.gov
Monthly Due last day of month following Report Period	Priority Populations Waiting List Deficiencies Report	Monthly October 1 – September 30	EGrAMS: SUGS TRMT project
Quarterly Due last day of month following Report Period	Priority Population Care Coordination Report	Quarterly Oct 1-Dec 31 Jan 1-Mar 31 Apr 1-June 30 July 1-Sep 30	EGrAMS: SUGS TRMT project
Quarterly Due 15 th of month following Report Period	Quarterly Workplan Report	Quarterly Oct 1-Dec 31 Jan 1-Mar 31 Apr 1-June 30 July 1-Sep 30	EGrAMS: Each project
Quarterly Due last day of month following Report Period	Child Referral Report	Quarterly Oct 1-Dec 31 Jan 1-Mar 31 Apr 1-June 30 July 1-Sep 30	EGrAMS: SUGS WSS project
Quarterly Due last day of month following Report Period	Injecting Drug Users 90% Capacity Treatment Report	Quarterly Oct 1-Dec 31 Jan 1-Mar 31 Apr 1-June 30 July 1-Sep 30	EGrAMS: SUGS TRMT project
August 15	Charitable Choice Report	October 1 to September 30	EGrAMS: SUGS TRMT project
TBD	Master Retailer List Update	TBD	Email: MeisterJ1@michigan.gov and cc: ColemanL7@michigan.gov
Next Study in 2028	Synar Coverage Study Canvassing Forms	Regions participating and Study Period TBD	Email: MeisterJ1@michigan.gov and cc: ColemanL7@michigan.gov
October 15 following End of Agreement Period	Youth Access to Tobacco Activity Annual Report	October 1 to September 30	EGrAMS: SUGS PREV project
November 30 following End of Agreement period	Communicable Disease Report (if CD plan was submitted)	October 1 to September 30	Email: MeisterJ1@michigan.gov and cc: ColemanL7@michigan.gov
November 30 following End of Agreement period	Annual Women's Specialty Services (WSS) Report	October 1 to September 30	EGrAMS: SUGS WSS project

Sentinel Event Reporting Requirements

Sentinel Event reporting is required to be submitted through the Michigan Crisis and Access Line (MiCAL) Customer Relationship Module (CRM) and to be consistent with the MDHHS/PIHP Medicaid Managed Specialty Supports and Services Program contract, as outlined in the Quality Assessment and Performance Improvement Program (QAPIP) standards. If an incident is determined to be a Sentinel Event, the PIHP must report this to MDHHS within 24 hours by email to MDHHS-BHDDA-Contracts-Mgmt@michigan.gov. Further reporting will be completed within the MiCAL CRM, including outcomes of the root cause analysis.

SUBSTANCE USE DISORDER RECIPIENT RIGHTS TRAINING

Register or login at <https://www.improvingmipractices.org/practice-areas/substance-use-disorder>. Search for “Recipient Rights for Substance Abuse Services”

SUBSTANCE USE DISORDER LICENSING AND RECIPIENT RIGHTS RESOURCE DOCUMENTS

Michigan Department of Licensing & Regulatory Affairs, Bureau of Community and Health Systems maintains Substance Use Disorder Licensing and Recipient Rights Resource Documents at: <https://www.michigan.gov/lara/bureau-list/bchs/substance-use-disorder-licensure>.

AVAILABILITY OF SERVICES

The grantee must assure that, for any subcontracted treatment or prevention service, each subcontractor maintains service availability throughout the agreement period for persons who do not have the ability to pay. The grantee is required to manage its authorizations for services and its expenditures in light of known available resources in such a manner as to avoid the need for imposing arbitrary caps on authorizations or spending. “Arbitrary caps” are those that are not adjusted according to individualized determinations of the needs of clients. This requirement is consistent with Michigan Department of Health and Human Services Medicaid Manual, Medical Necessity Criterion 2.5, under Behavioral Health and Intellectual and Developmental Disability Supports and Services.

SUBSTANCE USE PREVENTION, TREATMENT, AND RECOVERY BLOCK GRANT (SUPTRS BG) REQUIREMENTS AND APPLICABILITY TO STATE FUNDS

Federal requirements deriving from Public Law 102-321, as amended by Public Law 106-310, and federal regulations in 45 CFR Part 96 are pass-through requirements. Federal Substance Use Prevention, Treatment, and Recovery Services Block Grant (SUPTRS BG) requirements that are applicable to states are passed on to Grantees unless otherwise specified.

42 CFR Parts 54 and 54a, and 45 CFR Parts 96, 260, and 1050, pertaining to the final rules for the Charitable Choice Provisions and Regulations, are applicable to Grantees as stated elsewhere in this Agreement.

Sections from PL 102-321, as amended, that apply to Grantees and contractors include but are not limited to:

- 1921(b)
- 1922 (a)(1)(2)
- 1922(b)(1)(2)
- 1923
- 1923(a)(1) and (2), and 1923(b)
- 1924(a)(1)(A) and (B)
- 1924(c)(2)(A) and (B)
- 1927(a)(1) and (2), and 1927(b)(1)
- 1927(b)(2): 1928(b) and (c)
- 1929
- 1931(a)(1)(A), (B), (C), (D), (E) and (F)
- 1932(b)(1)
- 1941
- 1942(a)
- 1943(b)
- 1947(a)(1) and (2).

Selected SUPTRS BG-Specific Requirements Applicable to PIHPs

1. Block Grant funds shall not be used to pay for inpatient hospital services except under conditions specified in federal law.
2. Funds shall not be used to make cash payments to intended recipients of services.
3. Funds shall not be used to purchase or improve land, purchase, construct, or permanently improve (other than minor remodeling) any building or any other facility or purchase major medical equipment.
4. Funds shall not be used to satisfy any requirement for the expenditure of non-Federal funds as a condition for the receipt of Federal funding.
5. Funds shall not be used to provide individuals with hypodermic needles or syringes so that such individuals may use illegal drugs.
6. Funds shall not be used to enforce state laws regarding the sale of tobacco products to individuals under the age of 18.
7. Funds shall not be used to pay the salary of an individual at a rate in excess of Level I of the current Federal Executive Schedule.
8. Funds shall not be used to purchase promotional items, including but not limited to clothing, commemorative items such as pens, mugs/cups, folders/folios, lanyards, and conference bags.

SUPTR Block Grant requirements also apply to the Michigan Department of Health and Human Services administered state funds, unless a written exception is obtained from MDHHS Health Services.

Marijuana Restriction

SAMHSA grant funds may not be used to purchase, prescribe, or provide marijuana or treatment using marijuana. See, e.g., 45 CFR § 75.300(a) (requiring HHS to ensure that Federal funding is expended in full accordance with U.S. statutory and public policy requirements); 21 U.S.C. 812(c)(10) and 841 (prohibiting the possession, manufacture, sale, purchase, or distribution of marijuana).

Allowable Expenditures for Recovery Support Services

In August of 2023, SAMHSA provided notice of expenditure restrictions for Recovery Support Services providers who receive Substance Use Prevention, Treatment and Recovery Services Block Grant (SUPTRS BG) funding. Recipients of this funding must adhere to the Allowable expenditures and restrictions as detailed in the following SAMHSA document “Allowable Recovery Support Services Expenditures through the SUPTRS BG and the Mental Health Block Grant :

<https://www.samhsa.gov/sites/default/files/recovery-support-services-subg-mhbg.pdf>.

PROGRAM OPERATION

The Grantee shall provide the necessary administrative, professional, and technical staff for operation of the program.

NOTIFICATION OF MODIFICATIONS

The Grantee shall provide timely notification to the Department, in writing, of any action by its governing board or any other funding source that would require or result in significant modification in the provision of services, funding or compliance with operational procedures.

SOFTWARE COMPLIANCE

The Grantee must ensure software compliance and compatibility with the Department’s data systems for services provided under this agreement including, but not limited to stored data, databases, and interfaces for the production of work products and reports. All required data under this agreement shall be provided in an accurate and timely manner without interruption, failure or errors due to the inaccuracy of the Contractor’s business operations for processing date/time data.

LICENSURE OF SUBCONTRACTORS

The Grantee shall enter into agreements for substance use disorder treatment, and recovery services only with providers appropriately licensed for the service provided. as required by Section 6234 of P.A. 501 of 2012, as amended.

The Grantee must ensure that network providers residing and providing services in bordering states meet all applicable licensing and certification requirements within their state that such providers are accredited per the requirements of this Agreement, and that provider staff are credentialed per the requirements of this Agreement.

ACCREDITATION OF SUBCONTRACTORS

The Grantee shall enter into agreements for treatment services provided through outpatient, Methadone, sub-acute detoxification and residential providers only with providers accredited by one of the following accrediting bodies: The Joint Commission (TJC); Commission on Accreditation of Rehabilitation Facilities (CARF); the American Osteopathic Association (AOA); Council on Accreditation of Services for Families and Children (COA); National Committee on Quality Assurance (NCQA), or Accreditation Association for Ambulatory Health Care (AAAHC). The Grantee must determine compliance through review of correspondence from accreditation bodies to providers.

Accreditation is not needed in order to provide Access Management System (AMS) services, whether these services are operated by a PIHP or through an agreement with a PIHP or for the provision of broker/generalist case management services.

Accreditation is required for AMS providers that also provide treatment services and for case management providers that either also provide treatment services or provide therapeutic case management. Accreditation is not required for peer recovery and recovery support services when these are provided through a prevention license.

ASAM LOC REQUIREMENTS FOR SUBCONTRACTORS

The Grantee shall enter into agreements for SUD treatment with organizations that provide services based on the American Society of Addiction Medicine (ASAM) Level of Care (LOC) only. This requirement is for community grant and all Medicaid/Healthy Michigan Plan funded services. The Grantee must ensure that to the extent licensing allows all of the following LOCs are available for adult and adolescent populations:

Level of Care ASAM Title(s):

- 1.0 Outpatient Long-Term Remission Monitoring
- 1.5 Outpatient Therapy
- 2.1 Intensive Outpatient Services
- 2.5 High-Intensity Outpatient Treatment
- 3.1 Clinically Managed Low Intensity Residential Treatment
- 3.5 Clinically Managed High Intensity Residential Treatment
- 3.7 Medically Managed Residential Treatment
- OTP Level 1** Opioid Treatment Program
- 1.7 Medically Managed Outpatient Treatment
- 2.7 Medically Managed Intensive Outpatient Treatment
- 3.2-WM Clinically Managed Residential Withdrawal Management
- 3.7-WM Medically Monitored Inpatient Withdrawal Management

**Adolescent treatment per federal guidelines

It is further required that all SUD treatment providers complete the MDHHS Health Services Level of Care Designation Questionnaire and receive a formal designation for the LOC that is being offered. The Grantee shall enter into a contract for these services only after the provider has received a state designation. The LOC designation must be renewed, every two years.

SUD TREATMENT PROVIDER NETWORK OVERSIGHT

The provision of SUD treatment services must be based on the ASAM LOC criteria. To ensure compliance with and fidelity to ASAM the Grantee shall ensure that policies and practices of annually reviewing their provider network include the following:

- On-site review of the program, policies, practices and clinical records.
- A reporting process back to MDHHS Health Services on the compliance with the purported LOC for each provider, including any corrective action that may have been taken and documentation that indicates all LOCs are available in the region.
- Ensuring review documentation is available for MDHHS Health Services during biannual Grantee site visits for comparison with MDHHS Health Services provider reviews.
- Minimum training requirements that include Communicable Disease, Recipient Rights and Confidentiality (42 CFR Part 2 & HIPAA).

If the Grantee plans to purchase case management services or peer recovery and recovery support services, and only these services, from an agency that is not accredited per this agreement, the Grantee may request a waiver of the accreditation requirement.

ADMINISTRATIVE AND FINANCIAL MATCH RULES

Pursuant to Section 6213 of Public Act No. 368 of 1978, as amended, Michigan has promulgated match requirement rules. Rules 325.4151 through 325.4153 appear in the 1981 Annual Administrative Code Supplement. In brief, the rule defines allowable matching fund sources and states that the allowable match must equal at least ten percent of each comprehensive Grantee budget.

Per PA 368, Administrative Rules, and contract, direct state/federal funds are funds that come to the Grantee directly from a federal agency or another state source. State funds that flow to the Grantee from MDHHS Health Services are not in this category, such as SDA, and therefore, are not subject to the local match requirement. Match requirements apply both to budgeted funds during the agreement period and to actual expenditures at year-end.

“Fees and collections” as defined in the Rule include only those fees and collections that are associated with services paid for by the Grantee.

If the Grantee is found to be out of compliance with Match requirements, or if the Grantee cannot provide reasonable evidence of compliance, the Department may withhold payment or recover payment in an amount equal to the amount of the Match shortfall.

MANAGEMENT OF DEPARTMENT-ADMINISTERED FUNDS

The Grantee shall manage all Department-administered funds under its control in such a way as to assure reasonable balance among the separate requirements for each funds source.

Unobligated Funds

Any unobligated balance of funds held by the Grantee at the end of the agreement period will be returned to the Department or treated in accordance with instructions provided by the Department.

FEES

The Grantee shall make reasonable efforts to collect 1st and 3rd party fees, where applicable, and report these as outlined by the Department's fiscal procedures. Any under recoveries of otherwise available fees resulting from failure to bill for eligible services will be excluded from reimbursable expenditures.

Reporting Fees and Collections Revenues

The Grantee is required to report all actual fees and collections revenue received by the Grantee and all actual fees and collections revenue received and reported by its contracted services providers. "Fees and collections" are as defined in the Annual Administrative Code Supplement, Rule 325.4151 and in the ADMINISTRATIVE AND FINANCIAL MATCH RULES section of this Attachment.

Sliding Fee Scale

The PIHP shall implement a sliding fee scale every fiscal year. All treatment and prevention providers shall utilize the PIHP sliding fee scale. The sliding fee scale must be established according to the most recent year's Federal Poverty Guidelines. It must consist of a minimum of two distinctive fees based upon the income and family size of the individual seeking substance use disorders services.

The Grantee must assure that all available sources of payments are identified and applied prior to the use of Department-administered funds. The PIHP must have written policies and implement procedures to be used by network providers in determining an individual's ability or inability to pay, when payment liability is to be waived, and in identifying all other liable third parties. The PIHP must also have policies and procedures for monitoring providers and for sanctioning noncompliance.

Financial information needed to determine ability to pay (financial responsibility) must be reviewed annually or at a change in an individual's financial status, whichever occurs sooner.

The scale must be applied to all persons seeking substance use disorders services funded in whole or in part by the PIHP. The PIHP has the option to charge fees for AMS services, or not to charge. If the PIHP charges for AMS services, the same sliding fee scale as applied to treatment services must be used.

Inability to Pay

Services may not be denied because of an individual's inability to pay. If a person's income falls within the PIHP's regional sliding fee scale, clinical need must be determined through the standard assessment and patient placement process. If a financially and clinically eligible person has third party insurance, that insurance must be utilized to its full extent. Then, if benefits are exhausted, or if the person needs a service not fully covered by that third party insurance, or if the co-pay or deductible amount is greater than the person's ability to pay, Community Grant funds may be applied. Community Grant funds may not be denied solely on the basis of a person having third party insurance.

RISK MONITORING

1. Federal authorities conduct national cross-site evaluation at their discretion. Requests may come from federal authorities that require additional reporting. Grantees will receive notice when these requests are made and be given time to respond appropriately.
2. Grantees are required to participate in an annual site visit. Prior to the site visit, the SUGE Project Coordinator will send a desk audit with grant requirements that the grantee is expected to demonstrate compliance with. The Grantee and SUGE Project Coordinator will review the grantee's responses to the desk audit and corresponding compliance ratings during the site visit.
3. As per federal requirements (SAMHSA NoA, 45 CFR 96.30, FY2020 – Award Standard Terms), a financial review must be conducted for each subrecipient based on a risk assessment that will determine the monitoring frequency. The Grantee is designated as a sub-recipient under this sub-award agreement and therefore, will establish a sub-recipient grantee or contractor relationship with subsequent entities that are provided with Federal funds to support service delivery. The Grantee certifies and assures that it will, and all its pass-through sub-recipients and contractors will, maintain effective program and financial records that fully disclose the amount and disposition of SAMHSA funds received. This includes providing all financial documentation to support all expenses reported on the Grantee's FSRs, eligibility, the portion of the program services, and other records upon request for the purpose of financial and programmatic review. If the Grantee determines that subsequent entities have a contractor relationship, the financial documentation should consist of the number of participants served, service(s) provided and units of service. Documentation of how the Grantee determines its relationships with its contractor(s) and/or subrecipient(s) will be required for financial and programmatic review.

MINIMUM SUBCONTRACTOR INFORMATION TO BE RETAINED BY GRANTEE

1. Budgeting Information for Each Service.
2. Documentation of How Fixed Unit Rates Were Established: The PIHP shall maintain documentation regarding how each of the unit rates used in its agreements was established. The process of establishing and adopting rates must be consistent with criteria in OMB Circular 2 CFR 200 Subpart E, and with the requirements of individual fund sources.
3. Indirect Cost Documentation: The PIHP shall review subcontractor indirect cost documentation in accordance with OMB Circular 2 CFR 200 Subpart E, as applicable.
4. Equipment Inventories: All allowable PIHP contractor's equipment purchase(s) supported in whole or in part through this agreement must be listed in the supporting Equipment Inventory Schedule. Equipment means tangible, non-expendable, personal property having useful life of more than one (1) year and an acquisition cost of \$5,000 or more per unit. Title to items having a unit acquisition cost of less than \$5,000 shall vest with the Grantee upon acquisition. The Department reserves the right to retain or transfer the title to all items of equipment having a unit acquisition cost of \$5,000 or more, to the extent that the Department's proportionate interest in such equipment supports such retention or transfer of title.

SUBCONTRACTS WITH HOSPITALS

Funds made available through the Department shall not be made available to public or private hospitals which refuse, solely on the basis of an individual's substance use disorder, admission or treatment for emergency medical conditions.

RESIDENCY IN PIHP REGION

The PIHP may not limit access to the programs and services funded by this portion of the Agreement only to the residents of the PIHP's region, because the funds provided by the Department under this Agreement come from federal and statewide resources. Members of federal and state-identified priority populations must be given access to screening and to assessment and treatment services, consistent with the requirements of this portion of the Agreement, regardless of their residency. However, for non-priority populations, the PIHP may give its residents priority in obtaining services funded under this portion of the Agreement when the actual demand for services by residents eligible for services under this portion of the Agreement exceeds the capacity of the agencies funded under this portion of the Agreement.

REIMBURSEMENT RATES FOR SUBSTANCE USE DISORDER SERVICES

The Grantee must pay the same rate when purchasing the same service from the same provider, regardless of whether the services are paid for by Block Grant, Medicaid, or other Department administered funds.

Pursuant to 2023 PA 119 Section 965 and any properly promulgated successor guidance issued, the Grantee shall maintain a bundled rate at not less than \$19.00 per unit for the administration and services of methadone (provider code H0020).

MINIMUM CRITERIA FOR REIMBURSING FOR SERVICES TO PERSONS WITH CO-OCCURRING DISORDERS

Department funds made available to the Grantee through this Agreement, and which are allowable for treatment services, may be used to reimburse providers for integrated mental health and substance use disorder treatment services to persons with co-occurring substance use and mental health disorders. The PIHP may reimburse a Community Mental Health Services Program (CMHSP) or Pre-paid Inpatient Health Plan (PIHP) for substance use disorders treatment services for such persons who are receiving mental health treatment services through the CMHSP or PIHP. The PIHP may also reimburse a provider, other than a CMHSP or PIHP, for substance use disorders treatment provided to persons with co-occurring substance use and mental health disorders. As always, when reimbursing for substance use disorders treatment, the PIHP must have an agreement with the CMHSP (or other provider); and the CMHSP (or other provider) must meet all minimum qualifications, including licensure, accreditation and data reporting.

NATIONAL OUTCOME MEASURES (NOMS)

Complete, accurate, and timely reporting of treatment data is necessary for the Department to meet its federal reporting requirements. For the SUD Treatment NOMS, it is the PIHP's responsibility to ensure that the client information reported on these records accurately describes each client's status at admission first date of service (admission) and on the last day of service (discharge).

CLAIMS MANAGEMENT SYSTEM

The Grantee shall make timely payments to all providers for clean claims. This includes payment at 90% or higher of clean claims from network providers within 60 days of receipt, and 99% or higher of all clean claims within 90 days of receipt.

A clean claim is a valid claim completed in the format and time frames specified by the PIHP and that can be processed without obtaining additional information from the provider. It does not include a claim from a provider who is under investigation for fraud or abuse, or a claim under review for medical necessity. A valid claim is a claim for services that the PIHP is responsible for under this Agreement. It includes services authorized by the PIHP.

The PIHP must have a provider appeal process to promptly and fairly resolve provider-billing disputes.

CARE MANAGEMENT

The Grantee may pay for care management as a service designed to support PIHP resource allocation as well as service utilization. Care management is in recognition that some clients represent such service or financial risk that closer monitoring of individual cases is warranted. Care management must be purchased and reported consistent with the instructions for the Administrative Expenditures Report in REQUIRED SUBSTANCE USE DISORDER (SUD) SERVICES REPORTS to this agreement.

PURCHASING DRUG SCREENS

(This item does not apply to medication-assisted services)

Department-administered treatment funds can be used to pay for drug screens, if all of the following criteria are met:

1. No other responsible payment source will pay for the screens. This includes self-pay, Medicaid, and private insurance. Documentation must be placed in the client file;
2. The screens are justified by specific medical necessity criteria as having clinical or therapeutic benefit; and
3. Screens performed by professional laboratories can be paid for one time per admission to residential or detoxification services, if specifically justified. Other than these one-time purchases, Department funds may only be used for in house "dip stick" screens.

PURCHASING HIV EARLY INTERVENTION SERVICES

Department-administered Community Grant funds (blended SUPTRS Block Grant and General Fund) cannot be used to pay for HIV Early Intervention Services because Michigan is not a Designated State for HIV. Per 45 CFR, Part 96, Substance Abuse Prevention and Treatment Block Grant, the definition of Early Intervention Services relating to HIV means:

1. appropriate pretest counseling for HIV and AIDS;
2. testing individuals with respect to such disease, including tests to confirm the presence of the disease, tests to diagnose the extent of the deficiency in the immune system, and tests to provide information on appropriate therapeutic measures for preventing and treating the deterioration of the immune system and for preventing and treating conditions arising from the disease; appropriate post-test counseling; and
3. providing the therapeutic measures described in Paragraph (b) of this definition.

To review the full document, go to: <http://law.justia.com/us/cfr/title45/45-1.0.1.1.53.12.html>.

PRIORITY POPULATION CARE COORDINATOR

Each PIHP will maintain a position to provide care coordination and engagement activities to priority populations in the PIHP's catchment area. The position will be the primary contact for the Michigan Department of Corrections to ensure timely placement of individuals returning to the community, and assist the individual in obtaining required state identification, insurance and other supportive needs. Within 30 days following the end of the quarter, the primary care coordinator is expected to report the quarter's number of priority population individuals served, number of individuals served from MDOC and child welfare in this quarter, challenges experienced, successes experienced, and assistance requested from MDHHS. Please reference the following sections of these Treatment and Access Project special provisions for additional details regarding priority populations: Persons Associated with the Corrections System, Persons Involved with the Michigan Department of Health and Human Services, Admission Preference and Interim Services and Admission Priority Requirements Chart.

PERSONS ASSOCIATED WITH THE CORRECTIONS SYSTEM

Under an arrangement between the Michigan Department of Corrections (MDOC) and MDHHS, the Grantee must be responsible for medically necessary community-based substance use disorder treatment services for individuals under the supervision of the MDOC once those individuals are no longer incarcerated. These individuals are typically under parole or probation orders and excludes individuals referred by court and services through local community corrections (PA 5II) systems.

MDOC Referrals, Screening and Assessment

1. Individuals under MDOC supervision are considered a priority population for assessment and admission for substance use disorder treatment services due to the public safety needs related to their MDOC involvement. The Grantee must ensure timely access to supports and services in accordance with this Contract.
2. The Grantee must designate a point of contact within each Grantee catchment area for referral, screening and assessment problem identification and resolution. The position title and contact information will be provided to the State, which will provide the information to the MDOC Central Office Personnel. The Grantee must provide this contact information to MDOC Supervising Agents in their regions.
3. The MDOC Supervising Agent will refer individuals in need of substance use disorder treatment through the established referral process at the Grantee. The Supervising Agent will make best efforts to obtain from the individual a signed Michigan Behavioral Health Standard Consent Form, MDHHS-5515, and provide it to the Grantee and/or designated access point along with any pertinent background information and the most recent MDOC Risk Assessment summary.
4. The Supervising Agent will assist the individual in calling the Grantee or designated access point for a substance abuse telephonic screening for services.

Individuals that are subsequently referred for substance use disorder treatment as a result of a positive screening must receive an in-person assessment. If the individual referred is incarcerated, the Supervising Agent will make best efforts to facilitate service initiation and appropriate contact with the Grantee/Designated Access Point. Provided that it is possible to do so, the Grantee must make best efforts to ensure the individual receives a telephonic, video or in-person screening for services at the designated location as arranged by MDOC Supervising Agent. The Grantee/designated access point may not deny an individual an in-person assessment via phone screening.

5. Assessments must be conducted in accordance with MDHHS-approved assessment instruments (if any) and admissions decisions based on MDHHS-approved medical necessity criteria included in this Contract. In the case of MDOC supervised individuals, these assessments should include consideration of the individual's presenting symptoms and substance use/abuse history prior to and during incarceration and consideration of their SUD treatment history while incarcerated. To the extent consistent with HIPAA, the Michigan Mental Health Code and 42 CFR Part 2, and with the written consent of the individual, the Grantee/designated provider will provide notice of an admission decision to the Supervising Agent within one business day, and if accepted, the name and contact information of the individual's treatment provider. If the individual is not referred for treatment services, the Grantee/designated access point will provide information regarding community resources such as AA/NA or other support groups to the individual.
6. The Grantee will not honor Supervising Agent requests or proscriptions for level or duration of care, services or supports and must base admission and treatment decisions only on medical necessity criteria and professional assessment factors.

Plan of Service

1. The individualized master treatment plan must be developed in a manner consistent with the principles of individualized treatment services, as identified in policy.
2. Grantee/designated provider agrees to inform the Supervising Agent when Medication Assisted Treatment (MAT) is being used, including medication type. If the medication type changes, Grantee/designated provider must inform the Supervising Agent. Grantee/designated provider must obtain a release of information from the beneficiary.

Residential Services

1. If an individual referred for residential treatment does not appear for, or is determined not to meet, medical necessity criteria for that level of care, the Supervising Agent must be notified with one business day. If an individual is participating in residential treatment, the individual may not be given

unsupervised day passes, furloughs, etc. without consultation with the Supervising Agent. Leaves for any non-emergent medical procedure should be reviewed/coordinated with the Supervising Agent. If an individual is absent from an off-site supervised therapeutic activity without proper authorization, Grantee/designated provider must notify the Supervising Agent by the end of the day on which the absence occurred.

2. Grantee/designated provider may require individuals participating in residential treatment to submit to drug testing when returning from off property activities and any other time there is a suspicion of use. Positive drug test results and drug test refusals must be reported to the Supervising Agent. Grantee/designated provider must obtain a release of information from the individual.
3. Additional reporting notifications for individuals receiving residential care include:
 - a) Death of an individual under supervision.
 - b) Relocation of an individual's placement for more than 24 hours.
 - c) Grantee/designated provider must immediately, and no more than one hour from awareness of the occurrence, notify the MDOC Supervising Agent of any serious sentinel event by or upon an individual under MDOC supervision while on the treatment premises or while on authorized leaves.
 - d) Grantee/designated provider must notify the MDOC Supervising Agent of any criminal activity involving an MDOC supervised individual within one hour of learning of the activity.

Service Participation

1. Grantee must ensure the designated provider completes a monthly progress report on each individual on a template supplied by the MDOC and must ensure it is sent via encrypted email to the Supervising Agent by the fifth day of the following month.
2. Grantee/designated provider must not terminate any referred individual from treatment for violation of the program rules and regulations without prior notification to the individual's Supervising Agent, except in extreme circumstances. Grantee/designated provider must collaborate with the MDOC for any non-emergency removal of the referred individual and allow the MDOC time to develop a transportation plan and a supervision plan prior to removal.
3. Grantee must ensure a recovery plan is completed and sent to the Supervising Agent within five business days of discharge. Recovery planning must include an offender's acknowledgement of the plan and Grantee/Contractor's referral of the offender to the prescribed recovery support or follow up services.

Testimony

With a properly executed release inclusive of the court with jurisdiction, Grantee and/or its designated provider, must provide testimony to the extent consistent with applicable law, including HIPAA and 42 CFR Part 2.

Training

1. In support of the needs of programs providing services to individuals under MDOC supervision, the MDHHS will make available training on criminogenic risk factors and special therapy concerns regarding the needs of this population.
2. Grantee must ensure its provider network delivers services to individuals served consistent with professional standards of practice, licensing standards, and professional ethics.

Compliance Monitoring

Grantee is not accountable to the MDOC under this contract. Grantee must permit the MDHHS, or its designee, to visit Grantee to monitor Grantee provider network oversight activities for the individuals serviced under this Section.

Provider Network Oversight

Grantee is solely responsible for the composition, compensation, and performance of its contracted provider network. To the extent necessary, Grantee must include performance requirements/standards based on existing regulatory or contractual requirements applicable to the MDOC-supervised population. Provider network oversight must be in compliance with applicable sections of this contract.

PERSONS INVOLVED WITH THE MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES (MDHHS)

The Grantee must work with the MDHHS office(s) in its region to facilitate access to prevention, assessment and treatment services for persons involved with MDHHS, including families in the child welfare system and public assistance recipients. The Grantee must develop written agreements with MDHHS offices that specify payment and eligibility for services, access to services priority, information sharing (including confidentiality considerations), and other factors as may be of local importance.

The Grantee's Priority Population Coordinator must be available to receive priority notifications from MDHHS, submitted by county offices, and ensure that those individuals are identified as a priority population for admission to treatment services.

PRIMARY CARE COORDINATION

The Grantee must take all appropriate steps to assure that substance use disorder treatment services are coordinated with primary health care. In the case that PIHPs contract for the Medicaid substance abuse program, PIHPs are reminded that coordination efforts must be consistent with these contracts. Treatment case files must include, at minimum, the primary care physician's name and address, a signed release of information for purposes of coordination, or a statement that the client has refused to sign a release.

Care coordination agreements or joint referral agreements, by themselves, are not sufficient to show that the Grantee has taken all appropriate steps related to coordination of care. Client case file documentation is also necessary.

CHARITABLE CHOICE

The September 30, 2003 Federal Register (45 CFR part 96) contains federal Charitable Choice SUPTR block grant regulations, which apply to both prevention and treatment providers/programs. In summary, the regulations require:

1. that the designation of religious (or faith-based) organizations as such be based on the organization's self-identification as religious (or faith based),
2. that these organizations are eligible to participate as providers—e.g. a “level playing field” with regard to participating in the PIHP provider panel,
3. that a program beneficiary receiving services from such an organization who objects to the religious character of a program has a right to notice, referral, and alternative services which meet standards of timeliness, capacity, accessibility and equivalency—and ensuring contact to this alternative provider, and
4. other requirements, including-exclusion of inherently religious activities and non-discrimination.

The Grantee is required to comply with all applicable requirements of the Charitable Choice regulations. The Grantee must ensure that treatment clients and prevention service recipients are notified of their right to request alternative services. Notice may be provided by the AMS or by providers that are faith-based. The Grantee must assign responsibility for providing the notice to the AMS, to providers, or both. Notification must be in the form of the model notice contained in the final regulations, or the Grantee may request written approval from MDHHS Health Services of an equivalent notice. The Grantee must also ensure that its AMS administer the processing of requests for alternative services. This is applicable to all face-to-face services funded in whole or part by SUPTRS Block Grant funds, including prevention and treatment services. The Grantee must submit an annual report on the number of such requests for alternative services made by the agency during the fiscal year, per PIHP Reporting Requirements.

The model notice contained in the federal regulations is:

No provider of substance abuse services receiving Federal funds from the U.S. Substance Abuse and Mental Health Services Administration, including this organization, may discriminate against you on the basis of religion, a religious belief, a refusal to hold a religious belief, or a refusal to actively participate in a religious practice. If you object to the religious character of this organization, Federal law gives you the right to a referral to another provider of substance abuse services. The referral, and your receipt of alternative services, must occur within a reasonable period of time after you request them. The alternative provider must be accessible to you and have the capacity to provide substance abuse services. The services provided to you by the alternative provider must be of a value not less than the value of the services you would have received from this organization.

TREATMENT SERVICES

Using criteria for medical necessity, a PIHP may:

1. Deny services
 - a) that are deemed ineffective for a given condition based upon professionally and scientifically recognized and accepted standards of care;
 - b) that are experimental or investigational in nature: or c) for which there exists another appropriate, efficacious, less restrictive and cost-effective service, setting or support, that otherwise satisfies the standards for medically necessary services; and/or
 - c) Employ various methods to determine amount, scope and duration of services, including prior authorization for certain services, concurrent utilization reviews, centralized assessment and referral, gate-keeping arrangements, protocols, and guidelines.
2. Not deny SUD services solely based on PRESET limits of the cost, amount, scope, and duration of services: but instead, determination of the need for services shall be conducted on an individualized basis. This does not preclude the establishment of quantitative benefit limits that are based on industry standards and consistent with this contract, and that are provisional and subject to modification based on individual clinical needs and clinical progress.

SATISFACTION SURVEYS

The Grantee shall assure that all network subcontractors providing treatment conduct satisfaction surveys of persons receiving treatment at least once a year. Surveys may be conducted by individual providers or may be conducted centrally by the PIHP. Clients may be active clients or clients discharged up to 12 months prior to their participation in the survey. Surveys may be conducted by mail, telephone, or face-to-face. The Grantee must compile findings and results of client satisfaction surveys for all providers, and must make findings and results, by provider, available to the public.

CLINICAL ELIGIBILITY: DSM - DIAGNOSIS

In order to be eligible for treatment services purchased in whole or part by state-administered funds under the agreement, an individual must be found to meet the criteria for one or more selected substance use disorders found in the current version of the Diagnostic and Statistical Manual of Mental Disorders (DSM). Reimbursable disorders are listed in the TEDS Instructions.

INTENSIVE OUTPATIENT TREATMENT – WEEKLY FORMAT

The Grantee may purchase Intensive outpatient treatment (IOP) only if the treatment consists of regularly scheduled treatment, usually group therapy, within a structured program, for at least three days and at least nine hours per week.

OPIOID TREATMENT SERVICES

The *Medication Assisted Treatment Guidelines for Opioid Use Disorders* shall be used to facilitate Grantee compliance with the treatment of opioid use disorders in all publicly funded opioid treatment programs. In reference to this document the term 'Guideline' shall be utilized in the medical sense, as research and application of technology/protocols and treatment pathways provided as a 'guidance' to physicians. PIHPs will work with the Department to establish and implement a timeline and benchmarks toward full implementation of the Guidelines.

Medication Assisted Treatment (MAT)/Medications for the Treatment of Opioid Use Disorder (MOUD)

MAT/MOUD is a standard of care that is broadly recognized as an essential pillar in any comprehensive approach to the national opioid addiction and overdose epidemic. The State of Michigan seeks to ensure that no consumer is denied access to or pressured to reject the full-service array of evidence-based and potentially life-saving treatment options, including MAT/MOUD, that are determined to be medically necessary for the individualized needs of that consumer.

Treatment options should be discussed in an objective way so each consumer can make an informed decision based on research and outcome data. The State of Michigan expects that PIHP-contracted SUD treatment providers will do the following:

1. Adopt a MAT-inclusive treatment philosophy that recognizes multiple pathways to recovery;
2. Reject pressuring MAT clients to adopt a tapering schedule and/or a mandated period of abstinence;
3. Develop and/or strengthen policies that prohibit disparaging, delegitimizing, and/or stigmatizing of MAT either with individual clients or in the public domain;
4. When a consumer on MAT (or considering MAT) is seeking treatment services at the point of access, access staff will respect MAT as a choice without judgment, stigma, or pressure to change recovery pathways.

If a provider does not have capacity to work with a person receiving MAT, the provider will work with the consumer and with local PIHP or appropriate Access Departments to facilitate a warm handoff/transfer to another provider, who can provide ancillary services (counseling, case management, recovery supports, recovery housing) while the client pursues his or her chosen recovery pathway.

FETAL ALCOHOL SPECTRUM DISORDERS

Substance use disorder (SUD) treatment programs are in a unique position to impact the fetal alcohol spectrum disorder (FASD) problem. First, it is required that SUD programs include FASD prevention within their treatment regimen for those women that are included in the selective or indicated group based on Institute of Medicine (IOM) prevention categories. Second, for those treatment programs that have contact with the children born to women who have used alcohol it is required that the program screen these children for FASD and, if appropriate, refer for further diagnostic services.

WITHDRAWAL MANAGEMENT

Sub-acute detoxification is defined as supervised care for the purpose of managing the effects of withdrawal from alcohol and/or other drugs as part of a planned sequence of addiction treatment. Withdrawal Management (WM) is limited to the stabilization of the medical effects of the withdrawal and to the referral to necessary ongoing treatment and/or support services. Licensure as a sub-acute detoxification program is required. WM is part of a continuum of care for substance use disorders and does not constitute the end goal in the treatment process. The WM process consists of three essential components: evaluation, stabilization, and fostering client readiness for, and entry into, treatment. A WM process that does not incorporate all three components is considered incomplete and inadequate.

WM can take place in both residential and outpatient settings, and at various levels of intensity within these settings. Client placement to setting and to level of intensity must be based on ASAM Criteria 4th Edition and individualized determination of client need. The following combinations of WM settings and levels of intensity correspond to the LOC determination based on the ASAM Criteria 4th Edition.

In an Outpatient Setting

- Ambulatory Detoxification without extended on-site monitoring corresponding to ASAM Level I-D, or ambulatory detoxification with extended on-site monitoring (ASAM Level II-D).
- Outpatient setting sub-acute detoxification must be provided under the supervision of a Substance Abuse Treatment Specialist. Services must have arrangements for access to licensed medical personnel as needed. ASAM Level II-D ambulatory detoxification services must be monitored by appropriately certified and licensed nurses.

In a Residential Setting

- Clinically Managed Residential Detoxification - Non-Medical or Social Detoxification Setting: Emphasizes peer and social support for persons who warrant 24-hour support (ASAM Level III.2-D). These services must be provided under the supervision of a Substance Abuse Treatment Specialist. Services must have arrangements for access to licensed medical personnel as needed.
- Medically Managed Residential Detoxification - Freestanding Detoxification Center:
These services must be staffed 24-hours-per-day, seven-days-per-week by a licensed physician or by the designated representative of a licensed physician (ASAM Level III.7- D). This service is limited to stabilization of the medical effects of the withdrawal, and referral to necessary ongoing treatment and/or support services. This service, when clinically indicated, is an alternative to acute medical care provided by licensed health care professionals in a hospital setting.

RESIDENTIAL TREATMENT

Residential treatment is defined as intensive therapeutic service which includes overnight stay and planned therapeutic, rehabilitative or didactic counseling to address cognitive and behavioral impairments for the purpose of enabling the beneficiary to participate and benefit from less intensive treatment. A program director is responsible for the overall management of the clinical program, and treatment is provided by appropriate certified professional staff, including substance abuse specialists.

Residential treatment must be staffed 24-hours-per-day. The clinical program must be provided under the supervision of a Substance Abuse Treatment Specialist with either full licensure or limited licensure as a psychologist, master's social worker, professional counselor, marriage and family therapist or physician. Services may be provided by a substance abuse treatment specialist or a non-degreed staff. This intensive therapeutic service is limited to those beneficiaries who, because of specific cognitive and behavioral impairments, need a safe and stable environment to benefit from treatment.

WAIT LIST REQUIREMENTS

Any individual determined to be eligible for SUPTRS BG services who is not able to be immediately admitted to services will be placed on the Wait List. Access Management staff are required to contact the individual waiting for services minimally monthly to determine their continued interest in services. Individuals eligible for SUPTRS BG funded services must be admitted within 120 days of requesting services. Access Management is required to collect demographic data on wait listed individuals, as required by SUPTRS BG funding.

ACCESS TIMELINESS STANDARDS

Access timeliness requirements are the same as those applicable to Medicaid substance use disorders services, as specified in the agreement between Health Services and the PIHPs. Access must be expedited when appropriate, based on the presenting characteristics of individuals.

ADMISSION PREFERENCE AND INTERIM SERVICES

The Code of Federal Regulations and the Michigan Public Health Code define priority population clients. The priority populations are identified as follows and in the order of importance:

1. Pregnant Injecting drug user.
2. Pregnant.
3. Injecting drug user.
4. Parent at risk of losing their child(ren) due to substance use.
5. Individual under MDOC Supervision and referred by MDOC.
6. All others.

Admission Priority Requirements Chart

The following chart indicates the current admission priority standard for each population along with the current interim service requirements. Suggested services are in italics:

<u>Population</u>	<u>Admission Requirement</u>	<u>Interim Service Requirement</u>	<u>Authority</u>
Pregnant Injecting Drug User	1) Screened & referred w/in 24 hrs. 2) Detox, Meth. or Residential – Offer Admission w/in 24 business hrs Other Levels of Care – Offer Admission w/in 48 Business hrs	Begin w/in 48 hrs: 1. Counseling & education on: A. HIV & TB B. Risks of needle sharing C. Risks of transmission to sexual partners & infants Effects of alcohol & drug use on the fetus 2. Referral for pre-natal care 3. <i>Early Intervention Clinical Svc</i>	CFR 96.121; CFR 96.131; Tx Policy #04 Recommended
Pregnant Substance User	1) Screened & referred w/in 24 hrs 2) Detox, Meth or Residential Offer admission w/in 24 business hrs Other Levels of Care – Offer Admission w/in 48 Business hrs Begin w/in 48 hrs	Begin w/in 48 hrs: 1. Counseling & education on: A. HIV & TB B. Risks of needle sharing C. Risks of transmission to sexual partners & infants Effects of alcohol & drug use on the fetus 2. Referral for pre-natal care 3. <i>Early Intervention Clinical Svc</i>	CFR 96.121; CFR 96.131; Recommended
Injecting Drug User	Screened & referred w/in 24 hrs; Offer Admission w/in 14 days	Begin w/in 48 hrs – maximum waiting time 120 days 1. Counseling & education on: A. HIV & TB B. Risks of needle sharing C. Risks of transmission to sexual partners & infants 2. <i>Early Intervention Clinical Svc</i>	CFR 96.121; CFR 96.126 Recommended

Parent at Risk of Losing Children	Screened & referred w/in 24 hrs. Offer Admission w/in 14 days	Begin w/in 48 business hrs <i>Early Intervention Clinical Services</i>	Recommended
Individual under the supervision of MDOC AND referred by MDOC or individual being released directly from an MDOC facility without supervision AND referred by MDOC.	Screened & referred within 48 hours. Offer Admission w/in 14 days	N/A	MDHHS
All Others	Screened & referred w/in seven calendar days. Capacity to offer Admission w/in 14 days	Not Required	CFR 96.131(a) – sets the order of priority