Substance Use Disorder Prevention Special Provisions

I. Substance Use Disorder Grant General Provisions

The Grantee agrees to comply with the Provisions outlined in this agreement. The Grantee also agrees to comply with the requirements described in the relevant SUBSTANCE USE DISORDER POLICIES AND TECHNICAL ADVISORIES, which is part of this agreement, outlined under each grant project.

The SUD Policies and Technical Advisories are also available at:
https://www.michigan.gov/mdhhs/keep-mi-healthy/mentalhealth/drugcontrol/reportstats/reportcontent/policies-and-advisories

A. 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**

B. Substance Use Disorder Recipient Rights Resource Documents

Michigan Department of Licensing & Regulatory Affairs, Bureau of Community and Health Systems maintains Substance Use Disorder Recipient Rights Resource Documents at

https://www.michigan.gov/lara/0,4601,7-154-89334_63294_30419_79925---,00.html

C. Selected Specific Grant Requirements

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 Federal Executive Schedule.

D. Marijuana Restriction

Grant funds may not be used, directly or indirectly, to purchase, prescribe, or provide marijuana or treatment using marijuana. Treatment in this context includes the treatment of opioid use disorder. Grant funds also cannot be provided to any individual who or organization that provides or permits marijuana use for the purposes of treating substance use or mental disorders. See, e.g., 45 C.F.R. 75.300(a) (requiring HHS to ensure that Federal funding is expended in full accordance with U.S. statutory requirements.); 21 U.S.C. 812(c) (10) and 841 (prohibiting the possession, manufacture, sale, purchase, or distribution of marijuana). This prohibition does not apply to

those providing such treatment in the context of clinical research permitted by the DEA and under an FDA-approved investigational new drug application where the article being evaluated is marijuana or a constituent thereof that is otherwise a banned controlled substance under federal law.

E. Inability to Pay

Services may not be denied because of an individual's inability to pay. If a person's income falls within the 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.

F. Availability of Services

Grantee must maintain 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.

G. Risk Monitoring

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.

Grantees are required to participate in an annual site visit.

H. Residency in PIHP Region

The Grantee 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 Grantee 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.

I. Reimbursement Rates for Services

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

J. 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, be coordinated with MDHHS campaigns whenever feasible and costs must be proportionate to likely outcomes. The Grantee shall not finance any media campaign using Department administered funding without prior written approval by the LRE.

K. 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, the grantee shall 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).

L. 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 LRE 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 LRE is responsible for under this Agreement.

M. 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.

N. Charitable Choice

The Grantee is required to comply with all applicable requirements of the Charitable Choice regulations (45 CFR part 96). The Grantee must ensure that treatment clients and prevention service recipients are notified of their right to request alternative services.

O. 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.

P. 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.

II. Prevention Services Special Provisions

When providing services pursuant to this agreement, Grantee shall abide by the Provisions and requirements of services as set forth in the LRE Prevention Provider Manual and/or Public Health Code and Annual Plan for Substance Use Disorder services.

A. Prevention Requirements

Grantee will comply with requirements outlined in the LRE Prevention Providers Operations Manual which can be found here: https://www.lsre.org/for-providers/substance-abuse-prevention

B. Addressing Prevention and Mental Health Promotion Programming

Reference Prevention Provider Operations Manual

C. Primary Prevention Strategies

Reference Prevention Provider Operations Manual

D. Primary Prevention Licensing

Reference Prevention Provider Operations Manual

E. Substance Use Disorder Prevention Policies

List of Documents maintained at:

https://www.michigan.gov/mdhhs/0,5885,7-339-71550_2941_4871_45835_48569-133156--,00.html

SUBSTANCE USE DISORDER SERVICES POLICIES **Prevention**		
Document #	**Effective Date**	**Document Name**
P-P-01	07/21/2015	SYNAR
P-P-02	01/01/2012	Communicable Disease Communicable Disease Provider Information Plan/Report: https://www.michigan.gov/mdhhs/0,5885,7-339-71550_2941_38765-563523--,00.html

		Online Training: Level 1 Communicable Disease: https://www.improvingmipractices.org/
P-T-16	10/01/2022	SUD Credentialing and Staff Qualifications

F. Fetal Alcohol Spectrum Disorders

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.

G. Fetal Alcohol 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.

H. Communicable Disease

Consistent with Prevention Policy #2: Communicable disease providers are not required to be licensed. All SUD providers staff with client contact should have at least a basic knowledge of HIV/AIDS, TB, Hepatitis, and STD/I, and the relationship to substance use. Grantees are required to maintain a tracking mechanism to assure SUD provider staff completes Level 1 training.

I. 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.

J. Tobacco Use Prevention, SYNAR (only applicable to DYUTR Providers)

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. It requires states to have laws in place prohibiting the sale and distribution of tobacco products to persons under 18 years-of-age and to enforce those laws effectively. In December 2019, federal legislation was signed that increased the age of sale for

tobacco from 18 to 21. States have a period of three years to align its Synar program with Tobacco 21 and be in compliance with the required 20% or lower Retailer Violation Rate. 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:

https://www.michigan.gov/mdhhs/0,5885,7-339-71550_2941_4871_29888_48562-150144--,00.html

K. SYNAR Coverage Study: Protocol

Under the Substance Abuse Prevention and Treatment Block Grant requirement, states must conduct annual, unannounced, random inspections of tobacco retailers to determine the compliance rate with federal laws prohibiting the sale of tobacco products to persons under the age of 21. These Synar surveys involve choosing a random sample of tobacco retail outlets from a well-maintained master tobacco retailer list. Every three years, each state is also required to check the coverage and accuracy of that master list by conducting a coverage study as close as possible to the time of the Synar survey. "Coverage" indicates how completely the list contains (covers) all of the eligible outlets in the State for the Synar survey. An eligible outlet is a retailer that sells tobacco, vapor, or alternative nicotine products and is accessible to individuals under the age of 21. The coverage rate is the percentage of all eligible outlets in the State that actually appear on the master list (list frame). The coverage rate can be estimated through a coverage study, which is a special type of survey conducted to measure the coverage or incompleteness of the list. Coverage studies (CS) are conducted every three years as required and prescribed by CSAP. The Substance Abuse and Mental Health Services Administration (SAMHSA) recommendation is for a ninety (90) percent coverage rate; however, the actual mandate is for eighty (80) percent coverage. The study will also provide an additional means of checking address accuracy and outlet eligibility, beyond the various methods used to clean the list regularly.

Grantees selected to participate in the coverage study will be notified by LRE and provided the method and procedure requirements to conduct the Michigan Tobacco Retailer Coverage Study Activity.