

## Substance Use Disorder Women's Specialty Services (WSS) 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](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. Women's Specialty Services Special Provisions**

### **A. LRE Substance Use Disorder Provider Manual**

Grantee will comply with requirements outlined in the **LRE Substance Use Disorder Provider Manual**

- a. Manual Link: <https://www.ltre.org/for-providers/provider-network>

### **B. Purpose**

The focus of the program is to provide for the administration and coordination of substance use disorder (SUD) services within the designated PIHP region. SABG 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.

### **C. Substance Use Disorder Treatment and Access Special Provisions**

Women's Specialty Services are subject to the Special Provisions outlined in the Substance Use Disorder Treatment and Access Special Provisions Section of this agreement.

### **D. Women's Specialty Services (WSS) Funding**

The SAPT 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, Substance Abuse Prevention and Treatment Block Grant funds cannot be used to pay for Medicaid covered services and supports.

### **E. Services for Pregnant Women, Primary Caregiver with Dependent Children, Caregiver Attempting to Regain Custody of their Children**

Grantee must 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**

Grantees 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.