



## Mid-State Health Network

### SUD Treatment Contract – FY25 Change Log

#### Throughout Document

- Grammar; Spelling; Punctuation; Usage changes for clarity
- Page #'s shown are as indicated in the document

#### Coversheet (Pg. 1)

- Changed Fiscal Year to 2025 (throughout document)

#### Glossary (Pg. 3 - 8)

- Added “Adverse Benefit Determination”
- Added “Harm Reduction”
- Updated terms and language as needed and required by MDHHS

#### II. Treatment Service Obligations of the Provider (Pg. 9 - 19)

##### A. General Provisions

- A.2. Access to Service – Added language for new process

##### C. Other Provisions

- C.2. Rendering Provider – Deleted reference to “Temporary Privileging” form
- Added language for clarification
- C.3. Consumer Satisfaction – Added language for clarification
- C.4. Sentinel Events – Added language for clarification
- C.18. Compliance w/ MDHHS Contract – Deleted reference to COVID-19
- C.19. Investigation & Proceedings – Added required language for clarification
- C. 20. Program Compliance – Added clarification of requirements
- C.21. Disclosure of Litigation – Added required language

#### VI. Contractual Provisions (Pg. 22 – 35)

##### C. Block Grant

- 1. f. Added “21” as the age requirement

##### D. Termination

- 1. Changed notice requirements from 60 to 120 days

##### F. Liability Insurance

- Added language and limits per MDHHS Master Agreement requirements

#### ATTACHMENT A: STATEMENT OF WORK (Pg. 37 – 45)

- 12. Added language for clarification regarding screening
- 20. Added language for clarification

#### ATTACHMENT B: COST REIMBURSEMENT (Pg. 46 - 48)

- Updated language for clarity regarding OT pay



**Mid-State Health Network**

**ATTACHMENT C: PERFORMANCE MEASURES (Pg. 49 - 50)**

- Deleted MMBPIS exception provision
- 3. Added MSHN Standard

**ATTACHMENT D: HIPAA/HITECH BUSINESS ASSOCIATE AGREEMENT (Pg. 51 - 56)**

- No Changes

**ATTACHMENT – REPORTING REQUIREMENTS (Pg. 57)**

- To be updated following final review

**ATTACHMENT – MSHN TRAINING GRID (Pg. 58)**

- To be updated following final review

**ATTACHMENT – PROVIDER FEE SCHEDULE REPORT (Pg. 59)**

- Sent as a separate excel spreadsheet

<b>Review:</b>	<b>Date:</b>	<b>Outcome:</b>
MSHN internal	6.5.24	Changes/Updates noted
Deputy Director	6.24.24	No further edits
CEO	6.13.24	No further edits
Release to Network		