

Fiscal Year 2019 Substance Use Disorder Prevention Services
Contractual Agreement

Between

Mid-State Health Network
530 W. Ionia St., Ste. F
Lansing, MI 48933
517-253-7525

And

«PROVIDER»

(as a "Subrecipient" as that term is defined in OMB 2 CFR 200 Subpart A;
CFDA#: 93.959)

For the purpose of:
Prevention Services

Payment by:
Cost Reimbursement

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ACRONYM AND GLOSSARY DEFINITIONS

CMHSP stands for Community Mental Health Service Program. MSHN has 12 CMHSP partners each of which has a role in being a potential door for clients to access SUD services.

Cost-Reimbursement means allowable and reasonable costs [incurred](#) by a contractor in the performance of a contract are reimbursed in accordance with the [terms](#) of the contract.

Covered PROVIDER or PROVIDER means a licensed substance use disorder facility or other health professional, a licensed hospital, or any other health care entity having an Agreement with MSHN to provide Covered Services to consumers enrolled in MSHN.

DYTUR means Designated Youth Tobacco Use Representative.

Early Intervention is a specifically focused treatment program including stage-based intervention for individuals with substance use disorders as identified through a screening or assessment process including individuals who may not meet the threshold of abuse or dependence. (The ASAM Criteria, 3rd Edition Level .05 Early Intervention)

Excluded individuals or entities are individuals or entities that have been excluded from participating, but not reinstated, in Medicare, Medicaid, or any other Federal health care programs. Bases for exclusion include convictions for program-related fraud and patient abuse, licensing board actions and default on Health education Assistance Loans.

FSR means Financial Status Report

MDHHS refers to the Michigan Department of Health and Human Services (MDHHS).

MSHN – Mid State Health Network – Prepaid Inpatient Health Plan (PIHP) responsible for twenty-one counties in the MSHN region as of January 1, 2014.

[MSHN-SUDSP Manual](#) which is incorporated into this agreement by reference and made a part hereof, means policies and procedures established by MSHN and titled “Mid-State Health Network Substance Use Disorder Services Provider Manual (MSHN-SUDSP Manual)”, which governs the provision of services covered by this plan by the PROVIDER to the covered consumer.

MPDS – Michigan Prevention Data System – is the State’s web-based data system that captures all direct funded prevention services and specific recovery based services and community out-reach services.

OROSC means Office of Recovery Oriented Systems of Care; State office formerly known as Bureau of Substance Abuse and Addiction Services (BSAAS).

Peer Support/Recovery Supports are programs designed to support and promote recovery and prevent relapse through supportive services that result in the knowledge and skills necessary for an individual’s recovery. Peer Recovery programs are designed and delivered primarily by individuals in recovery and offer social, emotional, and/or educational supportive services to help prevent relapse and promote recovery.

Recovery means a process of change through which individuals improve their health and wellness, live self-directed lives, and strive to reach their full potential. SAMHSA states Recovery is built on access to evidence-based clinical treatment and recovery support services for all populations.

RISC means Recovery and Integrated Services Collaborative, a regional effort to embed recovery-oriented systems of care (principles and practices) throughout the service provider network. Collaborative efforts of substance use and mental health providers and comprised of prevention providers, treatment providers, community members, and individuals in recovery.

ROSC refers to Recovery Oriented System of Care which describes a paradigm shift from an acute model of treatment to a care model that views SUD as a chronic illness. A ROSC is a coordinated network of community-based services and supports that is person-centered and builds over a period of months and/or years on the

strengths and resilience of individuals, families, and communities to achieve abstinence and improved health, wellness, and quality of life for those with or at risk of alcohol and drug problems.

SPF means Strategic Prevention Framework.

Subrecipient means an entity that expends awards received from a pass-through entity to carry out a project. As defined by Office of Management and Budget (OMB) 2 Code of Federal Regulations (CFR) 200 Subpart A, a subrecipient relationship exists when funding from a pass-through entity is provided to perform a portion of the scope of work or objectives of the pass-through entity's award agreement with the awarding agency. A pass-through entity is an entity that provides an award to a subrecipient to carry out a project. For purposes of this agreement, "subrecipient" refers to the SUD Treatment Service provider named on this agreement, where as "pass-through entity" refers to MSHN. See OMB 2 CFR 200 Subpart A for further information.

SUDPDS means Substance Use Disorder Prevention Data System (also referred to as **MPDS**; see above)

USDHHS means the United States Department of Health and Human Services.

FY 2019 CONTRACTUAL AGREEMENT

This Agreement is entered into by Mid-State Health Network (hereinafter referred to as “[MSHN](#)”) and «PROVIDER», as the subrecipient as defined in OMB 2 CFR 200 Subpart A, (hereinafter referred to as “PROVIDER”) and is effective from October 1, 2018, through September 30, 2019.

I. GENERAL CONTRACT SUMMARY

MSHN and PROVIDER wish to enter into an Agreement whereby the PROVIDER will render prevention services to consumers for whom MSHN arranges such services. The relationship between MSHN and PROVIDER is that of independent contractor and not of employer and employee or principal and agent. Neither party shall give any contrary indication or representation to any covered consumer, to any other consumer or entity, or to the public at large.

Therefore, in consideration of the Agreements set forth below, and intending to be legally bound, MSHN and PROVIDER hereby agree as follows:

- A. Statement of Work:** PROVIDER agrees to undertake, perform, and complete the services described in Attachment A that is hereby made a part of this Agreement. Additionally, PROVIDER agrees to follow all MDHHS and OROSC technical advisories and policies that are relevant to identified services for which they are contracted.
- B. Method of Payments and Performance Indicators:** The payment procedures and performance indicators shall be followed as described in Attachment B that is hereby made a part of this Agreement by reference.
- C. [MSHN-SUDSP Manual](#)** is hereby incorporated into this agreement by reference and made a part hereof. Contractual and data reporting requirements, located in the MSHN-SUDSP Manual, are also made part hereof and incorporated by reference. PROVIDER will provide the information required using the forms and formats required by MSHN as of the effective date of this Agreement. MSHN will not change reporting forms or formats unless extreme circumstances exist or the State or Federal government require a change, in which case MSHN will notify PROVIDER, allowing as much notice as is possible. MSHN reserves the right to modify, add to or delete from the MSHN-SUDSP Manual at any time for any reasons, and that reasonable notice, as circumstances permit, will be provided with as much advance notice as possible to the effective dates of changes.
- D. Additional Attachments:** PROVIDER is required to comply with language in all attachments to this contract as they apply.
 - Attachment A Statement of Work
 - Attachment B Cost Reimbursement
 - Attachment C Business Associate Agreement
 - Attachment D Disclosure of Ownership & Controlling Interest Statement
 - Attachment E Reporting Requirements for MSHN SUD Providers FY 2019
 - Attachment F MSHN Training Requirements

E. Billing Provisions

- 1. **Invoicing:** PROVIDER shall follow the provision as identified in IV.D Financial Status Report Requirements as the process for invoicing MSHN.

For cost reimbursement contracts, the, PROVIDER may receive 1/12th of the budgeted amount as an advance pursuant to MSHN’s cash advance policy. Subsequent months will be reimbursed based on actual costs, submitted via a Financial Status Report (FSR). The

advance must be re-paid to MSHN once the program is terminated or the level of care/service is converted to a fee-for-service method of reimbursement.

2. **PROVIDER Appeal Process:** If MSHN should deny PROVIDER any additional compensation to which PROVIDER believes it is entitled, PROVIDER shall notify MSHN in writing within thirty (30) days of the date of notification of denial, stating the grounds upon which it bases its claim for such additional compensation. Should MSHN fail to pay or adequately provide for such additional payment to PROVIDER within the thirty (30) days following receipt of notification from PROVIDER, PROVIDER shall have the right and process of appeal as set forth in the Grievance and Appeals Process defined in the MSHN-SUDSP Manual.

F. Other Provisions

1. **Quality Assurance:** PROVIDER shall cooperate with MSHN and participate in and comply with all peer review program, utilization review, quality assurance and/or total quality management programs, audit systems, site visits, grievance procedures, satisfaction surveys and other procedures as established from time to time by MSHN, or as required by regulatory or accreditation agencies. PROVIDER shall be bound by and comply with all final determinations rendered by each such peer review or grievance process. PROVIDER acknowledges and agrees that MSHN may also obtain site review findings and reports regarding the Provider from other PIHPs or CMHSPs, and MSHN may utilize such information in the exercise of its rights under this Agreement. MSHN retains the right to seek additional information or take further actions following the Provider site review, including without limitation conducting follow up site reviews.
2. **Credentialing/Re-Credentialing:** PROVIDER agrees to meet criteria for acceptance in the MSHN PROVIDER network including compliance with all applicable Federal and State laws, rules and regulations, and required criminal background checks, and accepts and shall abide by all credentialing procedures, re-credentialing requirements (P7.1.1), quality improvement standards policies, principals and procedures developed from time to time by MSHN. MSHN retains the right to approve, suspend, or terminate providers from participation in the MSHN Provider Network based on certain factors including but not limited to exclusions from Medicare/Medicaid; specific regional performance issues and/or criminal convictions under sections 1128(a) and 1128(b)(1),(2) or (3). See also MDHHS/PIHP Contract Attachment PII B.A. Substance Abuse Disorder Policy Manual.

PROVIDER acknowledges and agrees MSHN or any representative agent shall have the right to review and inspect records related to credentialing activities maintained by PROVIDER relative to its staff and contracted personnel/agencies. To the extent permitted by law, PROVIDER shall make such records available to MSHN or any representative agent and any governmental agency without charge to MSHN. Further, in regards to and in accordance with MSHN's Credentialing policies/procedures and practices, the PROVIDER hereby acknowledges and agrees that MSHN or its designee may share its credentialing information, site review findings and written report with other PIHPs or CMHSPs, upon request and as determined by MSHN, and any written response from the Provider. Notwithstanding anything to the contrary contained in this Agreement, PROVIDER also agrees that MSHN may also obtain credentialing information, site review findings and reports regarding the Provider from other PIHPs or CMHSPs, and MSHN may utilize such information in the exercise of its rights under this Agreement.

3. **Covered Services:** PROVIDER represents and warrants to MSHN that Covered Services shall be provided to all consumers in an appropriate, timely, and cost effective manner. Further, PROVIDER represents and warrants to MSHN that PROVIDER shall furnish such services according to applicable medical, mental health and substance use disorder

practices, national standards and applicable laws and regulations.

4. **PROVIDER Training:** PROVIDER agrees to obtain, at its own expense, ongoing training, and supervision according to applicable medical, mental health and substance use disorder practices and the licensing, credentialing or other qualifications policies, procedures or regulations of the State of Michigan and/or MSHN as outlined in Attachment F MSHN Training Requirements. PROVIDER shall furnish a written summary of such training and supervision efforts to MSHN upon request.
5. **Financial Review:** The PROVIDER must submit no later than six (6) months following the close of the provider's fiscal year an independent financial audit conducted by a Certified Public Accounting (CPA) firm.
6. **IRS Form 990:** PROVIDER that is non-profit tax-exempt organizations and required to file IRS form 990 shall submit, upon request of MSHN, a copy of the most recent informational return to the MSHN immediately following filing of same. For-profit organizations are required to submit, upon request of MSHN, a copy of their most recent corporate tax return to MSHN following filing of same.
7. **Accounting and Internal Controls:** PROVIDER shall ensure its accounting procedures and internal financial controls conform to generally accepted accounting principles in order that the costs allowed by this Agreement can be readily ascertained and expenditures verified there from. The parties understand and acknowledge that their accounting and financial reporting under this Agreement must be in compliance with MDHHS accounting and reporting requirements OMB 2 CFR 200. PROVIDER shall submit, upon request from PAYOR, complete and accurate equipment inventory listing itemizing any equipment purchases made through federal or state funds.
8. **License Requirements; Credentialing and Privileging Requirements:** The Provider shall obtain and maintain during the term of this Agreement all licenses, certifications, registrations, and approvals required by Federal, State and local laws, ordinances, rules and regulations for the Provider to operate and/or to provide services within the State of Michigan.

The Provider shall ensure, through credentialing, that the Provider's staff professionals and the Provider's subcontractors and their staff professionals have obtained and maintain all approvals, certifications and licenses required by Federal, State and local laws, ordinances, rules and regulations to practice their professions in the State. PROVIDER shall ensure any credentialing and re-credentialing processes do not discriminate against:

- a. A health care professional solely on the basis of license, registration, or certification;
- b. A health care professional who serves high-risk populations or who specializes in the treatment of conditions that require costly treatment.

The PIHP retains the right to approve, suspend or terminate providers from participation in the MSHN Provider Network based on certain factors including, but not limited to exclusions from Medicare/Medicaid and/or criminal convictions as described under sections 1128(a) and 1128(b)(1), (2) or (3) of the Social Security Act.

PROVIDER shall obtain Disclosure of Ownership, Control and Criminal Convictions for all of their providers at the time of application, upon execution of provider agreements, during re-credentialing, contract renewal or within thirty-five (35) days of any change in ownership of a disclosing agency.

The PIHP shall work in coordination with the PROVIDER as the responsible Provider responsible for removing, if necessary, disqualified participants from the network.

In the event that the PROVIDER license, certification is ever suspended, restricted, revoked, or expires and is not renewed, that affects the ability of the Provider to fulfill the requirements of this contract, the Provider shall immediately notify the Payor, in writing.

9. **Compliance with the MDHHS/PIHP Contract:** It is expressly understood and agreed by the parties hereto that this Agreement is subject to the terms and conditions of the MDHHS/PIHP Contract. The Provider shall comply with any applicable terms or conditions of such contract. The MDHHS Contract is incorporated by reference to this Contract, and by such incorporation, is made part of this Contract. Amendments to the MDHHS Contract are also terms of this Contract. The provisions of this Agreement shall be applicable unless a conflict exists between this Agreement and the provisions of the MDHHS/PIHP Contract. In the event that any provision of this Agreement is in conflict with the terms and conditions of the MDHHS/PIHP Contract, the provisions of said MDHHS/PIHP Contract shall prevail. However, a conflict shall not be deemed to exist where this Agreement:
- a. contains non-conflicting additional provisions and additional terms and conditions not set forth in the MDHHS Contracts;
 - b. restates provisions of the MDHHS/PIHP Contract to afford the Payor the same or substantially the same rights and privileges as the MDHHS; or,
 - c. requires the Provider to perform duties and/or services in less time than required of the Payor in the MDHHS/PIHP Contract.

In addition, the terms and provisions of this contract may be amended, by mutual agreement of the Payor and Provider, from time to time to ensure compliance with any Medicaid contract entered into by the Payor with the Michigan Department of Community Health.

10. The Provider's CEO shall inform, in writing, the Payor's CEO of any notice to, inquiry from, or investigation by any Federal, State, or local human services, fiscal, regulatory, investigatory, prosecutory, judicial, or law enforcement agency or protection and/or advocacy organization regarding the rights, safety, or care of a recipient of Medicaid services under this Agreement. The Provider also shall inform, in writing, the Payor's CEO immediately of any subsequent findings, recommendations, and results of such notices, inquiries, or investigations.
11. **Program Compliance:** PROVIDER shall implement and maintain a compliance and program integrity plan that is designed to guard against fraud and abuse in accordance with federal and state law, including but not limited to 42 CFR 438.608 and as included in the MDHHS/PIHP Master Agreement.
- a. The Compliance Plan must include, at a minimum, all of the following elements:
 - i. Written policies, procedures and standards of conduct that articulate the organization's commitment to comply with all applicable federal and state standards, including but not limited to the False Claims Act (31 USC 3729-3733, the elimination of fraud and abuse in Medicaid provisions of the Deficit Reduction Act of 2005; and the Michigan Medicaid False Claims Act (PA 72 of 1977, as amended by PA 337 of 2005) and the Michigan Whistleblowers Protection Act (PA 469 of 1980).
 - ii. Clearly defined practices that provide for prevention, detection, investigation, and remediation of any compliance related matters.
 - iii. The designation of a compliance officer and a compliance committee that are accountable to senior management;
 - iv. Effective training and education for the compliance officer and the organization's employees;
 - v. Effective lines of communication between the compliance officer and the organization's employees;
 - vi. Enforcement of standards through well publicized disciplinary guidelines;
 - vii. Provision for internal monitoring and reporting;
 - viii. Provision for prompt response to detected offenses, and for development of corrective action initiatives.
 - ix. Submission to MSHN of quarterly reports detailing program integrity activities.

Program Integrity activities include but are not limited to:

- 1) Tips/grievances received
 - 2) Data mining and analysis of paid claims, including audits performed based on the results
 - 3) Audits performed
 - 4) Overpayments collected
 - 5) Identification and investigation of fraud, waste and abuse (as these terms are defined in Section 33.0 Program Integrity of the MDHHS/PIHP Master Agreement)
 - 6) Corrective action plans implemented
 - 7) Provider dis-enrollments
 - 8) Contract terminations
- b. Upon request, PROVIDER will furnish a copy of the compliance plan to MSHN or the responsible MSHN.
 - c. PROVIDER agree to report immediately to the MSHN Compliance Officer any suspicion or knowledge of fraud or abuse, including if possible, the nature of the complaint, the name of the individuals or entity involved in the suspected fraud and abuse, including name, address, phone number, Medicaid identification number and/or any other identifying information. The PROVIDER agrees not to investigate or resolve the alleged fraud and/or abuse and to fully cooperate with any investigation by MSHN, its payers and/or the MDHHS or Office of the Attorney General and with any subsequent legal action that may arise from such investigation.
 - d. PROVIDER who is contracting with MSHN as licensed independent practitioner or individual ancillary service PROVIDER agree to comply with all applicable federal and state standards, including but not limited to the False Claims Act (31 USC 3729-3733, the elimination of fraud and abuse in Medicaid provisions of the Deficit Reduction Act of 2005; and the Michigan Medicaid False Claims Act (PA 72 of 1977, as amended by PA 337 of 2005). The PROVIDER agrees to utilize internal monitoring mechanisms to ensure only valid service claims, free of fraud and abuse, are submitted to MSHN for payment. PROVIDER agrees to immediately report to MSHN any invalid claims for correction and to cooperate with MSHN regarding reclamation of any payments made based upon invalid claims. PROVIDER agrees to implement internal process changes to mitigate the risk of future claims payment issues.
 - e. PROVIDER agrees to immediately notify MSHN with respect to any inquiry, investigation, sanction or otherwise from the Office of Inspector General (OIG).

II. General Provisions for MSHN

- A. **Payment Timelines:** Cost Reimbursement: MSHN shall make payment to provider within thirty (30) days of MSHN's receipt of the PROVIDER's FSR.
- B. **Advertising:** MSHN will include PROVIDER name, address, and areas of specialization in any directories that it may produce and publish for use by consumers who may directly avail themselves of substance use disorder services that are Covered Services. PROVIDER may include, in its advertising, that it is an authorized PROVIDER of Covered Services for MSHN subject to the provisions of section VI.A.1 of this agreement. PROVIDER may not finance any advertising using MSHN funding.

III. Medicaid Responsibilities of MSHN

- A. **MSHN shall furnish all of the following to PROVIDER:**
 1. **Access Center Phone Number:** An access center telephone number will be available twenty-four (24) hour per day, seven (7) days per week for network referrals.

2. **30-day Notice:** Thirty-day notice of change in benefits, Covered Services, and all operational policies and procedures with which PROVIDER shall comply as a condition of participation under this Agreement, unless circumstances warrant otherwise.

IV. Prevention Services

A. Responsibilities of the PROVIDER:

1. PROVIDER staff receiving funding from MSHN must be MCBAP certified as a CPS or a CPC or have a registered development plan through MCBAP. With prior approval from MSHN, specifically focused staff may also conduct programming, if staff only provides a specific curriculum that they have been trained. A certificate of training completion must be submitted. PROVIDER Agency must have a Substance Use Disorder CAIT License through LARA.
2. **Provider Training:** PROVIDER agrees to obtain, at its own expense, ongoing training and supervision according to applicable medical, mental health and substance use disorder practices and the licensing, credentialing or other qualifications policies, procedures or regulations of the State of Michigan and/or MSHN. PROVIDER shall furnish a written summary of such training and supervision efforts to MSHN.

B. Service Delivery Pursuant to Plan: PROVIDER shall deliver prevention services pursuant to the plan submitted and based on the Prevention Action Plan of MSHN. PROVIDER should whenever possible, collaborate with local SUD Prevention Coalition in developing their services. PROVIDER must get prior approval from MSHN Prevention Staff to make changes to their annual plan.

C. Prevention Activity Records: PROVIDER shall electronically submit a monthly record of prevention activity utilizing the statewide prevention data system known as MPDS. The PROVIDER should have all monthly activities entered by the tenth (10th) day of the following month. PROVIDER is responsible for reading the MPDS manual and input activities according to details outlined in the manual. Provider must indicate actual staff providing services in the system. All direct services paid in full or part with funding received from MSHN, must be entered into the Michigan Prevention Data System. Note: PROVIDER monthly prevention billings will not be processed until all monthly data has been entered into the MPDS, unless prior approval was granted by MSHN Prevention Specialist.

D. Prevention Reporting: In addition to data entry in the MPDS, prevention providers are also required to complete an annual plan, semi-annual additional unit report, and an annual outcome report.

E. Financial Status Reports Requirements: PROVIDER shall submit a monthly Financial Status Report (FSR) by the 10th day of each month after the month in which the service was rendered. All claims for the fiscal year must be submitted no later than forty-five (45) days following the close of the fiscal year. Any claims not submitted by the deadline may not be reimbursed by MSHN.

1. MSHN shall not make any payment for services rendered, which are not consistent with the MSHN approved Prevention Action Plan. Unless prior approval is received in writing by MSHN prevention staff.
2. PROVIDER and MSHN may amend this plan during the contract Agreement. The Prevention Plan shall be consistent with published MSHN requirements and with MDHHS requirements.

3. PROVIDER will adhere to the capped funding levels described in Attachment B.
 4. By submitting a request for reimbursement, PROVIDER warrants and represents that the services for which the request is made were provided. MSHN shall have the right to review PROVIDER records, upon reasonable notice and during business hours, to verify that such services were provided and retains the right to disqualify any expenditure claimed that is unallowable or is inconsistent with the terms of this section.
- F. Meeting Requirements:** PROVIDER staff is responsible for attending, as needed, prevention meetings.
- G. Training Requirements:** PROVIDER staff should attend regional prevention training and MDHHS-offered trainings.
- H. Direct Services Requirements:** It is expected that for each full-time employee funded the program will provide a minimum of 700 hours of direct services.
- I. Prohibition:** State administered substance use disorder prevention Block Grant funds may not be used to support smoking cessation programs, drug testing, or food (unless the food is a required piece of a research-based curriculum like Strengthening Families).
- J. Gambling Disorder:** To screen youth in FY19 for the possibility of a gambling disorder (hereinafter referred to as "GD"), MSHN prevention providers are expected, as part of post-tests (administered after youth prevention activities) to administer the NLCLiP, a 3-question GD screen that has been developed for youth.
1. After adding this brief screen to youth following prevention activity post-tests MSHN SUD contracted Prevention Staff will pass out cards with the MDHHS Problem Gambling Help-Line number. These should be distributed to all youth who participated in the activity and the post-test.
 2. Following a prevention activity, prevention providers are expected to aggregate, compile, and report the NLCLiP scores to MSHN on a monthly basis. MSHN will provide reporting form.
 3. Providers will receive a stipend of \$2.00 per NLCLiP administered with post-surveys.

V. DYTUR OBLIGATIONS: Responsibilities of the PROVIDER

- A. Designation:** PROVIDER's contracted to provide Designated Youth Tobacco Use Representative (DYTUR) services must be a licensed prevention program or local health department.
- B. Required Services:** At a minimum, funded DYTUR services must include; 1) Formal Synar compliance checks with vendors selected during the State random draw, 2) Non-Synar compliance checks (either civilian or in collaboration with law enforcement) with a minimum of 25% of vendors in their county, 3) Vendor education face to face visits with a minimum of 25% of vendors in their county, 4) Vendor list clean- up and 5) Community education regarding the Youth Tobacco Act and Synar amendment.
- C. Reimbursement:** DYTUR service reimbursement will be based on performance. The PROVIDER will submit a Financial Status Report (FSR) on a monthly basis, with the annual amount reimbursed not to exceed the amount referenced in Attachment B of this Agreement. If a PROVIDER is funded for both general prevention and DYTUR services, they may be combined and submitted on one FSR.
- D. Performance Criteria:**
1. PROVIDER will identify one (1) staff person to serve as its DYTUR and communicate this information to MSHN.

2. The DYTUR will accomplish Fiscal Year DYTUR Objectives, as submitted to MSHN, either by working cooperatively with existing community organizations, law enforcement agencies, and/or tobacco prevention coalitions, or by helping to establish community tobacco prevention organizations or coalitions.
- E. Meeting Requirements:** The DYTUR or designee is responsible for attending regional DYTUR meetings.
- F. Tobacco Compliance Checks:** The DYTUR shall be responsible for conducting a tobacco compliance check in accordance with guidelines set by the Michigan Department of Health and Humans Services and communicated to it from time-to-time by MSHN. MDHHS guidelines include, but are not limited to:
1. PROVIDERS must obtain work permits for all youth decoys, regardless if they are getting paid or volunteering.
 2. When conducting tobacco compliance checks, DYTURs must not use parents of the youth decoys to act as chaperones.
- G. Reporting:** All DYTUR services will be entered in the MPDS by the 10th of the month following the month activity occurred. Services should be entered in the system following guidelines provided by MSHN. Additional DYTUR reports will be submitted as directed by MSHN.
- H. Additional Guidelines:** The DYTUR will follow all additional guidelines as published by MSHN, the Prepaid Inpatient Health Plan (PIHP) contract with the Michigan Department of Health and Human Services, Office of Recovery Oriented Systems of Care requires that PIHPs comply with all applicable Federal and State laws, including laws and rules pertaining to worker's compensation. In an effort to confirm that Designated Youth Tobacco Use Representatives (DYTURs) contracting with the PIHPs are compliant with worker's compensation laws, including coverage of students employed (receiving cash payments for services) by DYTURs performing Synar, non-Synar and vendor education activities in which students are utilized, Provider shall maintain and supply to PAYOR upon request, verification of DYTURs coverage compliance.

VI. CONTRACTUAL PROVISIONS

A. General Responsibilities of the PROVIDER

1. **Publication Rights:** Where activities supported by this Agreement produce books, films, or other such copyrighted materials issued by the PROVIDER, the PROVIDER may copyright, but shall acknowledge that MSHN reserves a royalty-free, non-exclusive and irrevocable license to reproduce, publish and use such materials and to authorize others to reproduce and use such materials. This cannot include service consumer information or personal identification data. Any copyrighted materials or modifications bearing acknowledgment MSHN must be approved by MSHN prior to reproduction and use of such materials. The PROVIDER shall give recognition to the MSHN in any and all publication papers and presentations arising from the program and service contract herein; MSHN will do likewise.

In all cases, whether the material is copyrighted or not, the PROVIDER shall acknowledge on all of its publications, reports, brochures, flyers, etc., that public funds, provided by the State of Michigan through MSHN, were used to support the cost of publication and the delivery of the service, program, event, or publication described by it.

2. **Record Retention:** PROVIDER shall maintain adequate program, participant, and fiscal records and files including source documentation to support program activities and all expenditures made under the terms of this Agreement, as required. PROVIDER shall assure that all terms of the Agreement will be appropriately adhered to and that records

and detailed documentation for the services identified in this Agreement will be maintained pursuant to MSHN and MDHHS Record Retention guidelines. MSHN adheres to MDHHS' General Schedule #20 – Community Mental Health Services Programs' Record Retention and Disposal Schedule, located at MDHHS Record Retention Policy.

3. **Notification of Modification:** The Director of the PROVIDER agency shall ensure at least 60 days notification to the MSHN, in writing, of any action by its governing board or any other funding source, which would require or result in significant modification in the provision of services or funding or compliance with the terms and conditions of this contract, its attachments and referenced documents.
4. **Notices to MSHN:** PROVIDER shall notify MSHN within ten (10) business days of any of the following events: (i) of any civil, criminal, or other action brought against it for any reason or any finding of any licensing/regulatory body or accrediting body, the results of which suspend, revokes, or in any way limits PROVIDER authority to render Covered Services; (ii) of any actual or threatened loss, suspension, restriction or revocation of PROVIDER license or ability to fulfill its obligations under this agreement; (iii) of any malpractice action filed against PROVIDER; (iv) of any charge or finding of ethical or professional misconduct by PROVIDER; (v) of any loss of PROVIDER professional liability insurance or any material change in PROVIDER liability insurance; (vi) of any material change in information provided to MSHN in the accompanying PROVIDER Network Application or in the Credentialing Information concerning any PROVIDER; (vii) any other event which limits PROVIDER ability to discharge its responsibilities under this Agreement professionally, promptly and with due care and skill or (viii) PROVIDER is excluded from participation with the Federal procurement programs or any healthcare program (including the Medicare and Medicaid Programs).
5. **Notification of Provider Network Changes:** The PROVIDER shall notify MSHN within three (3) days of any changes to the composition of the provider network organizations that negatively affect access to care. PROVIDER shall have procedures to address changes in its network that negatively affect access to care. Changes in provider network composition that MSHN determines to negatively affect recipient access to covered services may be grounds for sanctions (42 CFR 438.207(c)(3)).
6. **Research Restrictions on Human Subjects:** PROVIDER shall notify MSHN who will seek approval, from MDHC, for any research involving human subjects as defined in the MDHHS-PIHP contract.

B. Assurances of PROVIDER

1. **Compliance with Applicable Laws:** PROVIDER will comply with applicable Federal and State laws, guidelines, rules and regulations in carrying out the terms of this Agreement. In addition, all expenses must meet OMB 2 CFR 200 Subpart E Cost Principles. PROVIDER will also comply with all applicable general administrative requirements such as grant/Agreement principles, and audit requirements, in carrying out the terms of this Agreement.
2. **Non-Discrimination:** PROVIDER shall not discriminate against or grant preferential treatment: to any employee or applicant for employment with respect to hire, tenure, terms, conditions, or privileges of employment, programs and service provided, or any matter directly or indirectly related to employment, in contract solicitations, or in the treatment of any consumer, recipient, patient or referral, under this Agreement, on the basis of race, sex, color, religion, ethnicity, or national origin, age, disability or sex including discrimination based on pregnancy, gender identity and sex stereotyping or otherwise as required by the Michigan Constitution, Article I, Section 26, the Elliott Larsen Civil Rights Act, 1976 PA 453, as amended, MCL 37.1101 et seq., PWDCRA and ADA and Section

504 of the Federal Rehabilitation Act of 1973, PL 93-112, 87 Stat 394, ACA Section 1557. Any breach of this section may be regarded as a material breach of this contract.

PROVIDER shall assure equal access for people with limited English proficiency, as outlined by the Office of Civil Rights Policy Guidance in the Title VI Prohibition Against Discrimination as it Affects Persons with Limited English Proficiency and also in accordance with the ACA Section 1557.

PROVIDER agrees to assure accommodation of physical and communication limitations for consumers served under this contract. In accordance with 42 CFR 438.6(m), PROVIDER must assure that the recipient is allowed to choose his or her health care professional to the extent possible and appropriate.

Assurance is given that proactive efforts will be extended in subcontracting to minority-owned, women-owned, and handicapped-owned businesses in accordance with ethical affirmative action practices. Discriminating against any of these people groups is prohibited and a material breach of contract.

3. **Debarment and Suspension:** By signing this agreement, assurance is hereby given to MSHN that PROVIDER will comply with Federal regulation 45 CFR Part 76 and certifies to the best of its knowledge and belief that it and its subcontractors:

- a. Are not now, nor ever been suspended, excluded from participating in, or subject to any sanction by a Federal or State health care program, or debarred from (nor affiliated with, as defined under the Federal Acquisition Regulations, anyone who is debarred from) participating in procurement activities governed by applicable Federal Acquisition Regulations, or non-procurement activities under the regulations issued under Executive Order No. 12549;
- b. Will immediately disclose any proposed or actual suspension, exclusion or sanction from any health care program funded in whole or in part by the Federal or State government, including Medicare or Medicaid, to MSHN;
- c. Will disclose any criminal charge or conviction, in particular those that fall within the ambit of 42 USC 1320a-7(a), against it as an entity, its officers, directors, employees or agents, relating to Medicare, Medicaid or other Federal or State health care program and will disclose charges and/or convictions for any other crime involving the delivery of a health care item or service.
 - i. Has not within a three-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) 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 or receiving stolen property.
 - ii. Is 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 i, and;
 - iii. Has not within a three-year period preceding this agreement had one or more public transactions (federal, state or local) terminated for cause or default.
- d. **PROVIDER Prohibited Relationships:** In order to comply with 42 CFR 438.610, PROVIDER may not have any of the following relationships with an individual who is excluded from participating in Federal health care programs:
 - i. Excluded individuals cannot be a director, officer, or partner of PROVIDER

- ii. Excluded individuals cannot have a beneficial ownership of five percent or more of PROVIDER 's equity; and
 - iii. Excluded individuals cannot have an employment, consulting, or other arrangement with PROVIDER for the provision of items or services that are significant and material to PROVIDER 's obligations under its contract with the MSHN/MSHN.
- e. PROVIDER will comply with Federal regulations by disclosing to the MSHN/MSHN CEO information about individuals with ownership or control interests in the PROVIDER, if any. These regulations also require PROVIDER to identify and report any additional ownership or control interests for those individuals in other entities, significant and material to PROVIDER obligations under its contract with MSHN/MSHN, as well as identifying when any of the individuals with ownership or control interests have spousal, parent-child, or sibling relationships with each other. PROVIDER must disclose changes in ownership and control information at the time of enrollment, re-enrollment, or within thirty-five (35) days of whenever a change in entity ownership or control takes place.
- f. An individual is considered to have an "ownership" or "control interest" in PROVIDER entity if it has direct or indirect ownership of 5 percent or more, or is a managing employee (e.g., a general manager, business manager, administrator, or director) who exercises operational or managerial control over the entity, or who directly or indirectly conducts the day-to-day operations of the entity as defined in section 1126(b) of the Act and under 42 CFR section 1001.1001(a)(1).
- g. PROVIDER shall comply with federal regulations to obtain, maintain, disclose, and furnish required information about ownership and control interests, business transactions, and criminal convictions as specified in 42 C.F.R. §455.104-106. In addition, PROVIDER shall ensure that any and all contracts, agreements, purchase orders, or leases to obtain space, supplies, equipment or services provided under the Medicaid agreement require compliance with 42 C.F.R. §455.104-106.
- h. **PROVIDER Responsibilities for Monitoring Office of Inspector General's Exclusions Database:** At the time of employment or establishment of an agreement or contract with a licensed independent health care practitioner (a licensed physician or fully licensed psychologist), director, or manager of PROVIDER, an individual with beneficial ownership of five percent or more, or an individual with a consulting, or other arrangement (e.g., sub-contract) with PROVIDER, for the provision of items or services that are significant and material to PROVIDER obligations under its contract (e.g., as defined in Attachment A) with MSHN/MSHN, PROVIDER must search, at least on a monthly basis, the Office of Inspector General's (OIG) exclusions database at <http://www.oig.hhs.gov> to ensure the individual or entity has not been excluded from participating in federal health care programs. PROVIDER will maintain documentation of the completion of such checks and make them available to MSHN/MSHN for inspection.
- i. **Notice requirements:** PROVIDER must notify MSHN CEO immediately if search results indicate that any licensed independent health care practitioner, director, or manager of the PROVIDER, an individual with beneficial ownership of five percent or more, or an individual with, a consulting or other arrangement with PROVIDER, for the provision of items or services that are significant and material to PROVIDER obligations under its contract with MSHN are on the OIG exclusions database.

- j. **PROVIDER Responsibility for Disclosing Criminal Convictions:** PROVIDER is required to promptly notify MSHN/MSHN CEO if any staff member, director, or manager of PROVIDER, individual with beneficial ownership of five percent or more, or an individual with an employment, consulting, or other arrangement with PROVIDER, for the provision of items or services that are significant and material to PROVIDER obligations under its contract with MSHN, has been convicted of a criminal offense described under sections 1128(a) and 1128(b)(1), (2), or (3) of the Act, or that have had civil money penalties or assessments imposed under section 1128A of the Act. (See 42 CFR 1001.1001(a)(1).
 - k. **Disclosure of Convictions:** PROVIDER must require staff members, directors, managers, or owners or contractors, for the provision of items or services that are significant and material to PROVIDER obligations under its contract with MSHN/MSHN, to disclose all felony convictions and any misdemeanors for violent crimes to PROVIDER. PROVIDER employment, consulting, or other agreements must contain language that requires disclosure of any such convictions to PROVIDER.
 - l. **PROVIDER Responsibility for Notifying the PIHP CEO of Administrative Actions that Could Lead to Formal Exclusion:** PROVIDER must promptly notify MSHN CEO if they have taken any administrative action that limits employee, director, manager, owner, consultant, or other contractor participation in the Medicaid program, including any conduct that results in suspension or termination of such individuals or entities.
 - m. **Review of Exclusion List:** The United States General Services Administration (GSA) maintains a list of parties excluded from federal programs <http://www.sam.gov>. Any rules and/or restrictions pertaining to the use of EPLS data can be found on GSA's web page. The State sanctioned list is at the Michigan Department of Health and Humans Services (MDHHS) www.michigan.gov/MDHHS (click on PROVIDER s, click on Information for Medicaid PROVIDERPROVIDER, click on List of Sanctioned PROVIDER s). The State of Michigan Department of Labor register is at MCLA 423.322. PROVIDER must make a monthly search for all excluded parties using all lists provided here and in Section 3.i. in addition to any/all other state and federal lists that may become available.
 - n. **Acceptance of Claims:** MSHN will not accept claims from PROVIDER for any items or services furnished, ordered, or prescribed by excluded individuals or entities. In the event PROVIDER has not made required disclosures, MSHN will not be held financially liable to accept PROVIDER claims from excluded individuals or entities. If payment had been disbursed to PROVIDER prior to MSHN receiving required disclosures of excluded individuals or entities, PROVIDER shall reimburse MSHN total actual cost(s) of identified claims.
4. **Subcontracts:** PROVIDER shall not subcontract any portion of this agreement without the written authorization of MSHN. However, any such subcontract shall not terminate the legal responsibility of the Provider to assure that all services required of it hereunder are fulfilled. The Provider agrees that any such subcontract shall:
- a. Be in writing, and include a full specification of the subcontracted services;
 - b. Contain a provision stating that this Agreement is incorporated by reference into the subcontract and made a part thereof;
 - c. contain a provision stating that the subcontract is subject to the terms and conditions of this Agreement, and expressly incorporating this Agreement into the subcontract, and,

- d. Contain all subcontracting requirements of the MDHHS/PIHP Contract, under applicable sections, "SUBCONTRACTING" Part I, Section 38.0 and Part II, Section 11.0.

The Provider, as a prime subcontractor of the Payor, is responsible under this Agreement for primary verification that the Provider's contracting procedures meet the MDHHS's requirements of the Payor as set forth in the MDHHS/PIHP Contract and that each of the Provider's subcontractors and each of its subcontracts therefore meet the requirements under this Agreement.

5. **Health Insurance Portability and Accountability Act:** To the extent that this act is pertinent to the services that the PROVIDER provides under this contract, the PROVIDER assures that it is in compliance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) requirements, as amended by the Health Information Technology for Economic and Clinical Health Act of 2009 (The HITECH Act) of Title XIII, Division A of the American Recovery and Reinvestment Act of 2009, and related regulations found at 45 CFR Parts 160 and 164, including the Standards for Privacy of Individually Identifiable Health Information (Privacy Rule), the Security Standards for the Protection of Electronic PHI (Security Rule), and the rules pertaining to Compliance and Investigations, Imposition of Civil Money Penalties, and Procedures for Hearings (Enforcement Rule), as amended from time to time, (hereafter collectively referred to as "HIPAA Regulations"); the Federal Confidentiality Law, 42 USC §§ 290dd-2 and underlying Regulations, 42 CFR Part 2 ("Part 2"). This includes the distribution of consumer handbooks and PROVIDER directories to consumers, and/or the MSHN HIPAA Privacy Notice.
6. **Tobacco-free Environment Federal Requirement/Pro-Children Act:** The Contractor also assures, in addition to compliance with P.L. 103-227, any services or activity funded in whole or in part through this Contract will be in a smoke-free facility or environment. Smoking shall not be permitted anywhere in the facility, or those parts of the facility under the control of the Contractor. If activities or services are delivered in facilities or areas that are not under the control of the Contractor (e.g., a mall, restaurant or private work site), the activities or services shall be smoke-free.

C. Termination

1. **By Either Party Without Cause:** This Agreement may be terminated by either party without regard to breach or other cause, and without liability by reason of such termination, upon ninety (90) days prior written notice to the other party.
2. **By Either Party for Breach:** This Agreement may be terminated on thirty (30) days prior written notice upon the failure of either party to carry out the terms and conditions of this Agreement, provided the alleged defaulting party is given notice of the alleged breach and fails to cure the default within the thirty (30) day period.
3. **By MSHN:** This Agreement may be terminated immediately without further liability on the part of MSHN, if PROVIDER or an official of PROVIDER or an owner is convicted of any activity in the above-referenced sections of this Agreement during the term of this Agreement or any extension thereof. This agreement may be terminated immediately by MSHN without further liability in the event of unavailability, reduction, or loss of funding whatever the cause.
 - a. **Final Reporting Upon Termination:** Should this Agreement be terminated by either party, within sixty (60) days after the termination, PROVIDER shall provide MSHN with all financial, performance, and other reports required as a condition of this Agreement. MSHN will make payments to PROVIDER for allowable reimbursable costs not covered by previous payments or other State or Federal programs. PROVIDER shall immediately refund to MSHN any funds not

authorized for use and any payments or funds advanced to PROVIDER in excess of allowable reimbursable expenditures. Any dispute arising as a result of this Agreement shall be resolved in the State of Michigan.

- b. **Severability:** If any provision of this Agreement or any provision of any document attached to or incorporated by reference is waived or held to be invalid, such waiver, or invalidity shall not affect other remaining provisions of this Agreement.
- c. **Amendments:** Any changes to this Agreement will be valid only if made in writing and accepted by all parties to this Agreement.
- d. **Liability:** All liability to third parties, loss, or damage as a result of claims, demands, costs, or judgments arising out of activities, such as direct service delivery, to be carried out by PROVIDER in the performance of this Agreement shall be the responsibility of the PROVIDER, and not the responsibility of MSHN, if the liability, loss, or damage is caused by, or arises out of, the actions or failure to act on the part of PROVIDER, any subcontractor, anyone directly or indirectly employed by PROVIDER, provided that nothing herein shall be construed as a waiver of any governmental immunity that has been provided to PROVIDER or its employees by statute or court decisions.

All liability to third parties, loss, or damage as a result of claims, demands, costs, or judgments arising out of activities such as the provision of policy and procedural direction, to be carried out by MSHN in the performance of this Agreement, shall be the responsibility of MSHN and not the responsibility of PROVIDER if the liability, loss, or damage is caused by, or arises out of, the action or failure to act on the part of any MSHN employee or agent, provided that nothing herein shall be construed as a waiver of any governmental immunity by the State, its agencies or employees as provided by statute or court decisions.

In the event that liability to third parties, loss, or damage arises as a result of activities conducted jointly by MSHN and PROVIDER in fulfillment of their responsibilities under this Agreement, such liability, loss, or damage shall be borne by MSHN and PROVIDER in relation to each party's responsibilities under these joint activities, provided that nothing herein shall be construed as a waiver of any governmental immunity by the MSHN, PROVIDER, the State, its agencies or their employees, respectively, as provided by statute or court decisions.

- e. **Conflict of Interest:** Both parties of this Agreement are subject to the provisions of P.A. 317 of 1968, as amended, MCL 15.321 et seq, MSA 4.1700(51) et seq, and 1973 PA 196, as amended, MCL 15.341 et seq, MSA 4.1700(71) et seq.
- f. **State of Michigan Agreement:** This is a State of Michigan Agreement and is governed by the laws of Michigan. Any dispute arising as a result of this Agreement shall be resolved in the State of Michigan.
- g. **Confidentiality:** PROVIDER shall assure that medical services to and information contained in medical records of consumers served under this Agreement, or other such recorded information required to be held confidential by Federal or State law, rule or regulation, in connection with the provision of services or other activity under this Agreement shall be privileged communication, shall be held confidential, and shall not be divulged without the written consent of the consumer except as may be otherwise required by applicable law or regulation. Such information may be disclosed in summary, statistical, or other form, which does not directly or indirectly identify particular consumers. PROVIDER must assure compliance with Federal requirements contained in 42 CFR, Part 2, Confidentiality of Alcohol and Drug Abuse Patient

- h. **Assignability:** PROVIDER cannot assign this contract to another party.

D. Continuation of Contractual Agreement

In the event that it is the intent of MSHN to initiate a new Agreement, and a new Agreement is not executed by the expiration date of this Agreement, the terms, conditions and funding levels for program(s) contained herein, may be extended as determined necessary by written authorization from MSHN, subject to the availability of funds. This continuation period is not to exceed two consecutive ninety (90) day periods, unless otherwise specifically provided for.

E. Liability Insurance

PROVIDER shall maintain professional liability coverage which provides a minimum coverage of \$1,000,000 per claim and \$3,000,000 in the aggregate, requiring a \$1,000,000 umbrella limit, with respect to any claim or claims that may arise out of any malpractice, professional liability, negligence, act or omission caused or alleged to have been caused by the insured PROVIDER or by their employees or agents in the performance of or omission of any duty assumed by PROVIDER, its employees, or agents or in connection herewith. Insurance policy shall be endorsed to include coverage for sexual abuse and molestation that applies to any PROVIDER with responsibility for consumer interaction in person.

PROVIDER shall maintain unemployment compensation insurance, workers' compensation insurance and auto insurance (when applicable) for all of PROVIDER's employees in accordance with the requirements of all applicable Federal and State laws and regulations, including without limitation the Michigan Workers' Disability Compensation Law.

PROVIDER agrees that insurance companies authorized to do business in the State of Michigan shall issue all insurance policies required hereunder. PROVIDER shall give MSHN written notice of any changes in or cancellation of the insurance policies, required to be maintained by PROVIDER, at least thirty (30) days before the effective date of such changes or cancellations.

Notwithstanding the foregoing, if PROVIDER elects not to procure and maintain such insurance, PROVIDER may satisfy the insurance requirement by either (i) purchasing self-insured retention ("SIR") policy on such terms and conditions as MSHN determines to be sufficient to satisfy the foregoing insurance requirements; or (ii) placing in escrow an amount equal to the insurance limits in escrow with an independent third party pursuant to the terms of an escrow agreement, as agreed upon by MSHN and PROVIDER.

F. Resolution of Disputes

1. Every attempt shall be made to jointly resolve contract and service issues/disputes between MSHN and PROVIDER.
2. Unresolved contract issues, as to specific provisions of this Agreement and implementation thereof, and/or service disputes hereunder shall be referred to MSHN's CEO for a final determination in accordance with the MSHN PROVIDER Appeal Policy and Procedure. MSHN's CEO shall furnish PROVIDER's CEO/Director with written notice of any such final determination hereunder.
3. Each party hereto maintains the right to seek recourse, at its options, through legal remedies in a court of competent jurisdiction.
4. Notwithstanding any other provision in this Agreement, the parties hereto agree that the payments from MSHN to the PROVIDER under this Agreement shall not be stopped,

interrupted, reduced, or otherwise delayed as a consequence of the pendency of any dispute arising under this Agreement.

G. Special Conditions

1. **Block Grant:** This Agreement is conditionally approved subject to and contingent upon the availability of block grant funds. In the event that claims for services exceed block grant funding available to MSHN, MSHN shall not be liable for the payment of claims made in excess of available funds. It is understood that authorization of services is not a guarantee of payment. In addition, should block grant funds be used by PROVIDER to deliver the services identified within this agreement, PROVIDER must ensure that Block Grant Funds shall not be used to:
 - a. Pay for inpatient hospital services except under conditions specified in federal law
 - b. Make cash payments to intended recipients of services
 - c. Purchase or improve land, purchase, construct, or permanently improve and building or any other facility, or purchase major medical equipment
 - d. Satisfy any requirement for the expenditure of non-Federal funds as a condition for the receipt of funds
 - e. Provide individuals with hypodermic needles or syringes so that such individuals may use illegal drugs
 - f. Enforce state laws regarding the sale of tobacco products to individuals under the age of 18
 - g. Pay the salary of an individual as a rate in excess of Level I of the Federal Executive Schedule, or approximately \$199,700
2. **Accepted Proposal Applicability:** The proposal submitted by PROVIDER and accepted by the MSHN describing the services and programs to be delivered under this agreement are contractual obligations of the PROVIDER. The accepted proposal is incorporated into this agreement by reference and is a part hereof.

H. Contract Remedies and Sanctions

1. **Contract Non-Compliance:** The MSHN may use a variety of means to assure implementation of and compliance with contract and/or reporting requirements, policies, procedures, performance standards and indicators and other mandates of the MSHN. The MSHN shall pursue remedial action and possible sanctions as needed, on a progression basis, to resolve outstanding issues, contract, policy procedure violations or performance concerns. In the event of non-compliance by the PROVIDER and/or its subcontractors, the MSHN may take any of the following actions:
 - a. Discussion with the PROVIDER to identify potential barriers to effective performance and to identify and implement mutually agreeable solutions to performance problems.
 - b. Require a plan of correction and specified status reports that become a contract performance expectation;
 - c. Pattern of non-compliance or lack of implementation of the correction action plan.
 - d. Prior to withholding payment as noted below, the MSHN will give sixty (60) day's notice to allow for a period of correction, except for occurrences of required reports not being submitted as indicated on Attachment "Reporting Requirements for MSHN SUD Providers FY 2019."
 - e. The withholding of payment, in the event the above noted items have not been successful, The withholding of payment shall be in accordance with MSHN [Compliance: Contract Compliance Procedure](#). Measures may include:
 - i. For sanctions related to required reporting compliance issues, as indicated on Attachment "Reporting Requirements for MSHN SUD Providers FY 2019," MSHN may delay or withhold up to a maximum 25% of the scheduled total payment to the PROVIDER if required report(s) are not submitted on time as indicated on Attachment "Reporting Requirements for MSHN SUD Providers FY 2019" until such time as compliance is achieved. (NOTE: MSHN may

apply this sanction in a subsequent payment cycle should required reports, as indicated on Attachment "Reporting Requirements for MSHN SUD Providers FY 2019," not be submitted as required)

- ii. For sanctions related to all other contract non-compliance issues, MSHN may delay up to 25% of the scheduled payment to the PROVIDER until after compliance is achieved. MSHN may add time to the delay on subsequent uses of this provision. (NOTE: MSHN may apply this sanction in a subsequent payment cycle and will give prior written notice to the PROVIDER)
- f. Reduction in the PROVIDER authorization/budget in the amount directly related to the MSHN loss of funds due to non-compliance.
- g. Recoupment of monies from disbursement;
- h. Revocation or suspension of identified applicable delegated functions and/or authorizations until such time as the non-compliance issue(s) have been corrected;
- i. Contract termination in instances of material breach, or where the identified steps above have not resolved the deficiency.

I. Special Certification

The individual or officer signing this Agreement certifies by his or her signature that he or she is authorized to sign this Agreement on behalf of the responsible governing board, official, or contractor. PROVIDER further acknowledges that they have reviewed the [MSHN-SUDSP Manual](#).

«PROVIDER»

By: _____

Its:

Printed Name: _____

Date: _____

Witness

By: _____

Its: _____

Printed Name: _____

Date: _____

MSHN

By: _____

Its: Chief Executive Officer

Printed Name: Joseph Sedlock

Date: _____

Witness

By: _____

Its: Contract Manager

Printed Name: Kyle Jaskulka

Date: _____

ATTACHMENT A: STATEMENT OF WORK

1. **Annual Plan Guidelines and Annual Plan:** PROVIDER will comply with the requirements of the Annual Plan Guidelines communicated to it by MSHN, and shall comply with the Annual Plan submitted by MSHN to the State of Michigan to the extent that these apply to PROVIDER. Annual Plan can be found on MSHN website.
2. **[MSHN-SUDSP Manual](#):** PROVIDER will comply with all requirements and procedures contained within the MSHN-SUDSP Manual. The MSHN SUDSP Provider Manual is incorporated into this agreement by reference and made a part hereof.
3. **Staff Qualifications, Professional Development, and Privileging:** Assure that all staff hired in MSHN funded programs meet the requirements as required by MSHN and MDHHS.
 - a. PROVIDER agrees to conduct primary source verification, which at a minimum shall include all of the following: Licensure/Certification; Education level (Board Certification, if applicable); Verification of non-debarment or suspension as well as criminal background checks, on newly hired direct service staff and retain this information at PROVIDER site and produce to MSHN upon request. PROVIDER agrees to perform re-credentialing as necessary for its staff in accordance with the processes identified in [Attachment P7.1.1](#) of the [MDHHS/PIHP Master Contract](#).
 - b. PROVIDER staff cannot provide services if they are not certified or do not have a registered a development plan with MCBAP. Staff in this situation must complete a *Temporary Privileging Form*. The privileging form must be completed and submitted to MSHN along with a completed development plan before staff can render services. This form must be signed by the requesting staff person and program director. If a request is received by a PROVIDER outside the MSHN twenty-one county region, we will accept the PROVIDER's Home PIHP's privileging form. If the PROVIDER's Home PIHP does not require one, then MSHN's must be submitted. PROVIDER must notify MSHN once the staff member has achieved certification and/or had their plan registered with MCBAP.
4. **Fee Policies and Procedures:** PROVIDER must comply with the Fee Policies and Procedures that are included in the MSHN-SUDSP Manual.
5. **Communicable Diseases:** P.A. 368 requires that health professionals comply with specified reporting requirements for communicable diseases and other health indicators. PROVIDER is required to ensure the confidentiality of identified HIV-positive consumers, and must have procedures and/or policies to ensure protection of the consumer's HIV status. PROVIDER must assure that all prevention staff attend communicable diseases trainings as required. The Level One training can be found online.
6. **Twelve (12) Month Availability of Services:** PROVIDER shall assure that for any prevention service, availability will be maintained throughout the fiscal year to consumers who do not have the ability to pay.
7. **Licensure:** PROVIDER shall maintain all necessary licenses, registrations or certifications as required (please refer to the "Administrative Rules for Substance Abuse Service Programs in Michigan"). PROVIDER will provide MSHN with notice of any change to PROVIDER licensing status and/or related licensing information.
8. **Consumer Satisfaction Surveys:** Prevention PROVIDER is required to collect consumer satisfaction with programming. This may be collected through adding one or two questions on post-test or program evaluation forms. PROVIDER acting as their County's SUD Coalition Coordinator should also conduct a yearly evaluation of the coalition.
8. **Data Reporting Requirements:** PROVIDER must comply with data reporting requirements contained in this contract. The PROVIDER is responsible for submitting timely reports to the

PAYOR, as may from time to time be required by the PAYOR, complying with all reporting requirements as specified in Part II, Section 7.7.1 of the contract and the finance reporting requirements specified in Part II, Section 8.7. Additional requirements are identified in Attachment P 8.9.1 (Performance Objectives). (Reference [Medicaid Managed Specialty Supports and Services Concurrent 1915\(b\)\(c\) Waiver Program](#) FY19 – Part II(B) Section 25.4; Attachment(s) P.7.7.1.1.; PII B.A. Substance Abuse Disorder Policy Manual; See SUD Services Policy Manual/Section I Data Requirements: Substance Abuse Encounter Reporting HCPCS and Revenue Codes Chart; Part II(B) Section).

9. **Media Campaign:** PROVIDER shall not finance any media campaign using block grant funding without prior approval. Advertising about the availability of services within MSHN region is not considered a media campaign.
10. **Notice of Funding Excess or Insufficiency:** PROVIDER must advise MSHN in writing by March 30th and immediately any time thereafter if the amount of MSHN funding may not be used in its entirety or appears to be insufficient.
11. **Hypodermic Needles:** PROVIDER assures that no Federal, State, or Local public funds will be used to provide consumers with hypodermic needles or syringes enabling such consumers to use illegal drugs.
12. **Charitable Choice (Faith-based PROVIDER Only):**
 - a) Regulations:
 - i. The faith-based organization is based on the self-identification as a faith-based organization.
 - ii. The faith-based organization is eligible to participate as a network PROVIDER.
 - iii. Consumers receiving services from a faith-based organization who objects to the religious character has a right to notice, referral, and alternative services that meets the standards of timeliness, capacity, accessibility, and equivalency.
 - iv. The transferring faith-based organization PROVIDER must notify the alternative PROVIDER, and
 - v. Notify MSHN UM Department (Access Center) of the transfer. Utilizing the REMI System can help facilitate this transfer.
 - b) Procedures: Under Charitable Choice, States, local governments, and religious organizations, such as SAMHSA grant recipients (including faith-based PROVIDER s) must:
 - i. Provide notice to all potential and actual consumers of their right to alternative services.
 - ii. Refer program consumers to alternative services as needed / requested.
 - iii. The notice is to read, “No PROVIDER of substance use disorder 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 use disorder services. The referral, and your receipt of alternative services, must occur within a reasonable period of time after your request them. The alternative PROVIDER must be accessible to you and have the capacity to provide substance use disorder 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.”
13. **ROSC Participation:** MSHN will continue leading the journey of transformational system change to build a better, more Recovery Oriented Systems of Care (ROSC) in the region. This systems change will be inclusive and a long-term process that will entail changes not only for PROVIDER s of services and supports but for all parts of the system including fiscal, policy, regulatory and administrative strategies. MSHN wants to ensure that this process represents a broad range of stakeholder viewpoints.

- a) We believe in the value of collaboration and cooperation of efforts in order to effect positive change in communities/counties. We will act consistent with this belief and expect that you join us.
- b) We believe the process of systems change is really a process of community change. It requires the united passion, critical thinking, and collaboration of a variety partners in all of our communities/counties. We will act consistent with this belief and ask that you join us.
- c) We believe recovery exists on a continuum of improved health and functioning in which there are a variety of diverse roles for all involved to provide input. These roles include prevention and treatment PROVIDER's, peer support specialists, community based support services, and others. All of these roles are equally appreciated, valued, and needed in order to promote sustained health and wellness in our communities/counties. We will act consistent with this belief and ask that you join us.
- d) We believe that only together can we make sustained recovery a reality for individuals, families, and communities in the communities/counties we serve. We ask that you join us and accept our commitment to act consistent with this belief.

Therefore, all PROVIDER partners shall engage in this process; shall participate and provide input in the development of Recovery Oriented Systems of Care (ROSC) for the region and at local/county levels.

MSHN asks that PROVIDER partner identify a minimum of one representative to participate in MSHN-convened ROSC meetings. Participation can be defined as in person, by phone, videoconference, or connection through email list-serve.

- 14. **PROVIDER Participation:** With the implementation of each Fiscal Year's Annual Plan, PROVIDER will be asked to participate. Annual Plan can be found at MSHN website.
- 15. **Customer Service Requirements/Recipient Rights:** PROVIDER is required to display Regional Consumer Service poster in a common area within the location/building that consumers can view.

ATTACHMENT B: COST REIMBURSEMENT

FY 2019 PREVENTION FUNDING ALLOCATION SUMMARY «PROVIDER»

Cost-Reimbursement

A total cost estimate is determined before contract work commences. The contractor cannot exceed the maximum without the contracting officer's permission. The final pricing will be determined when the contract is completed, or at some other previously established date in the contracting period.

PROGRAM	\$\$ AMOUNT
«SERVICES»	\$«Approved_Total_Prevention_Funding».00

TOTAL COST REIMBURSEMENT ALLOCATION
\$«Approved_Total_Prevention_Funding».00

ATTACHMENT C: HIPAA/HITECH BUSINESS ASSOCIATE AGREEMENT

This HIPAA Business Associate Agreement (“Addendum”) supplements and is incorporated into the agreement between the MSHN (COVERED ENTITY) and the Provider (BUSINESS ASSOCIATE OR “BA”), and is effective as of the date of the use or disclosure of Protected Health Information (“PHI”) as defined below (the “Addendum Effective Date”).

WHEREAS, the Parties wish to enter into or have entered into the Agreement whereby Business Associate will provide certain services to, for, or on behalf of Covered Entity which may involve the use or disclosure of PHI, and, in such event, pursuant to such Agreement, Business Associate may be considered a “Business Associate” of Covered Entity as defined below;

WHEREAS, Covered Entity and Business Associate intend to protect the privacy and provide for the security of PHI disclosed to Business Associate pursuant to the Agreement in compliance with, to the extent applicable, the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191 (“HIPAA”), the Standards for Privacy of Individually Identifiable Health Information promulgated thereunder by the U.S. Department of Health and Human Services at 45 CFR Part 160 and Part 164 (the “Privacy Rule”), the Standards for the Security of Electronic Protected Health Information promulgated thereunder by the U.S. Department of Health and Human Services at 45 CFR Part 160, Part 162, and Part 164 (the “Security Rule”), and the Health Information Technology for Economic and Clinical Health Act (“HITECH Act”);

WHEREAS, the purpose of this Addendum is to satisfy, to the extent applicable, certain standards and requirements of HIPAA, the Privacy Rule, the Security Rule and the HITECH Act, including applicable provisions of the Code of Federal Regulations (“CFR”);

NOW, THEREFORE, in consideration of the mutual promises below and the exchange of information pursuant to this Addendum, the Parties agree as follows:

1. Definitions.

a. “Business Associate” in addition to identifying one of the Parties to this Addendum as set forth above, shall have the meaning given to such term under 45 CFR § 160.103.

b. “Breach” means the acquisition, access, use, or disclosure of protected health information in a manner not permitted under subpart E of 45 CFR Part 164 which compromises the security or privacy of PHI:

(i) For purposes of this definition, compromises the security or privacy of the protected health information means poses a significant risk of financial, reputational, or other harm to the individual.

(ii) A use or disclosure of protected health information that does not include the identifiers listed at 45 CFR 164.514(e)(2), date of birth, and zip code does not compromise the security or privacy of the protected health information.

The term “Breach” excludes:

(i) Any unintentional acquisition, access, or use of protected health information by a workforce member or person acting under the authority of a covered entity or a business associate, if such acquisition, access, or use was made in good faith and within the scope of authority and does not result in further use or disclosure in a manner not permitted under subpart E of 45 CFR Part 164.

(ii) Any inadvertent disclosure by a person who is authorized to access protected health information at a covered entity or business associate to another person authorized to access protected health information at the same covered entity or business associate, or organized health care arrangement in which the covered

entity participates, and the information received as a result of such disclosure is not further used or disclosed in a manner not permitted under subpart E of 45 CFR Part 164.

(iii) A disclosure of protected health information where a covered entity or business associate has a good faith belief that an unauthorized person to whom the disclosure was made would not reasonably have been able to retain such information.

c. "Covered Entity" in addition to identifying one of the Parties to this Addendum as set forth above, shall have the meaning given to such term under 45 CFR § 160.103.

d. "Designated Record Set" shall have the same meaning as the term "designated record set" in 45 CFR §164.501.

e. "Protected Health Information" or "PHI" means any information, whether oral or recorded in any form or medium, including paper record, audio recording, or electronic format:

(i) that relates to the past, present or future physical or mental condition of an individual; the provision of health care (which includes care, services, or supplies related to the health of an individual) to an individual; or the past, present or future payment for the provision of health care to an individual; and

(ii) that identifies the individual or with respect to which there is a reasonable basis to believe the information can be used to identify the individual, and

(iii) that shall have the meaning given to such term under 45 CFR § 160.103, limited to the information created or received by Business Associate from or on behalf of Covered Entity.

f. "Electronic Protected Health Information" or "ePHI" means PHI transmitted by, or maintained in, electronic media, as defined in 45 CFR § 160.103.

g. "Individual" shall have the same meaning as the term "individual" in 45 CFR § 160.103 and shall include a person who qualifies as a personal representative in accordance with 45 CFR § 164.502.

h. "Required by Law" shall have the same meaning as the term "required by law" in 45 CFR § 164.103.

i. "Secretary" shall mean Secretary of the Department of Health and Human Services or designee.

j. "Security Incident" means the attempted or successful unauthorized access, use, disclosure, modification, or destruction of information or interference with system operations in an information system, as defined in 45 CFR § 164.304.

k. "Unsecured Protected Health Information" or "UPHI" shall mean unsecured PHI that is not rendered unusable, unreadable, or indecipherable to unauthorized individuals through the use of a technology or methodology specified by the Secretary in the guidance issued under section 13402(h)(2) of Public Law 111-5 on the HHS Web site.

l. "Catch-All Definition" Terms used, but not otherwise defined in this Addendum shall have the same meanings as those terms in the Agreement, the Privacy Rule, the Security Rule, or the HITECH Act, as the case may be.

2. Rights and Obligations of Business Associate.

a. Permitted Uses and Disclosures. Except as otherwise Required by Law or limited in this Addendum or the Agreement, Business Associate may use or disclose PHI as permitted by the Privacy Rule and to perform functions, activities, or services to, for, or on behalf of, Covered Entity as specified in the Agreement, provided that such use or disclosure would not violate the Privacy Rule or the Security Rule if made by Covered Entity or the minimum necessary policies and procedures of the Covered Entity. Business Associate may use or disclose PHI for the proper management and administration of the Business Associate as permitted by the Privacy Rule.

b. Nondisclosure. Business Associate shall not use or further disclose PHI other than as permitted or required by this Addendum or the Agreement or as Required by Law.

c. Safeguards. Business Associate shall use appropriate and reasonable safeguards to prevent use or disclosure of PHI other than as provided for by this Addendum. To the extent applicable, Business Associate shall comply with the Security Rule's administrative, technical and safeguard requirements. In addition, to the extent applicable, Business Associate shall implement Administrative Safeguards, Physical Safeguards, and Technical Safeguards that reasonably and appropriately protect the confidentiality, integrity, and availability of the ePHI that it creates, receives, maintains, or transmits on behalf of Covered Entity and shall maintain and implement reasonable policies and procedures that prevent, detect, contain and correct security violations of ePHI. Business Associate shall make its policies, procedures and documentation required by the Security Rule relating to the Safeguards available to the Secretary for the purpose of determining Covered Entity's compliance with the Security Rule.

d. Reporting of Disclosures. Business Associate shall report to Covered Entity any use or disclosure of PHI not provided for by this Addendum of which Business Associate becomes aware. In addition, from and after execution of this Addendum, Business Associate shall report to Covered Entity any Security Incident of which it becomes aware.

e. Notification in Case Breach. If Business Associate and/or Covered Entity access, maintain, retain, modify, record, store, destroy, or otherwise hold, use, or disclose UPHI, and Business Associate becomes aware of a Breach of such UPHI, Business Associate shall notify Covered Entity of such Breach in writing within thirty (30) days of discovery of such Breach. Such notice shall include the identification of each individual whose UPHI has been, or is reasonably believed by Business Associate to have been accessed, acquired, or disclosed during such Breach.

f. Business Associate's Agents. Business Associate shall ensure that any agents, including sub Providers, to whom Business Associate provides PHI received from (or created or received by Business Associate on behalf of) Covered Entity agree to the same restrictions and conditions that apply to Business Associate with respect to such PHI. In addition, Business Associate shall ensure that any agent, including a sub Provider, to whom it provides ePHI received from Covered Entity agrees to implement reasonable and appropriate safeguards to protect it.

g. Access to PHI. To the extent applicable, Business Associate agrees to provide access, at the request of Covered Entity, and in the time and manner designated by Covered Entity, to PHI in a Designated Record Set, to Covered Entity or, as directed by Covered Entity, to an Individual in order to meet the requirements under 45 CFR § 164.524 (if Business Associate has PHI in a Designated Record Set).

h. Amendment of PHI. To the extent applicable, Business Associate agrees to make any amendment(s) to PHI in a Designated Record Set that the Covered Entity directs or agrees to pursuant to 45 CFR § 164.526 at the request of Covered Entity or an Individual, and in the time and manner designated by Covered Entity.

i. Documentation and Accounting of Disclosures. To the extent applicable, Business

Associate agrees to document such disclosures of PHI and information related to such disclosures as would be required for Covered Entity to respond to a request by an Individual for an accounting of disclosures of PHI in accordance with 45 CFR § 164.528. To the extent applicable, Business Associate agrees to provide to Covered Entity or an Individual, in time and manner reasonably designated by Covered Entity, information collected in accordance with this Addendum, to permit Covered Entity to respond to a request by an Individual for an accounting of disclosures of PHI in accordance with 45 CFR § 164.528.

j. Internal Practices. Subject to any applicable legal privilege, and, if required by law, to the extent consistent with ethical obligations, Business Associate shall make its internal practices, books and records relating to the use and disclosure of PHI received from Covered Entity (or created or received by Business Associate on behalf of Covered Entity) available to the Secretary for purposes of the Secretary determining the Covered Entity's compliance with HIPAA and the Privacy Rule.

k. Mitigation. Business Associate agrees to mitigate, to the extent practicable, any harmful effect that is known to Business Associate of a use or disclosure of PHI in violation of the requirements of this Addendum.

3. Obligations of Covered Entity.

a. Covered Entity shall provide Business Associate with the Notice of Privacy Practices that Covered Entity produces in accordance with 45 CFR § 164.520, as well as any changes to such notice.

b. Covered Entity shall provide Business Associate with any changes in, or revocation of, permission by an Individual to use or disclose PHI, if such changes affect Business Associate's permitted or required uses and disclosures.

c. Covered Entity shall notify Business Associate of any restriction to the use or disclosure of PHI that Covered Entity has agreed to in accordance with 45 CFR § 164.522.

d. Covered Entity shall not request Business Associate to use or disclose PHI in any manner that would not be permissible under the Privacy Rule if made by Covered Entity, to the extent that such change may affect Business Associate's use or disclosure of PHI.

e. Covered Entity shall use appropriate and reasonable safeguards to prevent use or disclosure of PHI. Covered Entity shall comply with the Security Rule's administrative, technical and safeguard requirements. In addition, Covered Entity shall implement Administrative Safeguards, Physical Safeguards, and Technical Safeguards that reasonably and appropriately protect the confidentiality, integrity, and availability of the ePHI that it creates, receives, maintains, or transmits and shall maintain and implement reasonable policies and procedures that prevent, detect, contain, and correct security violations of ePHI. Covered Entity shall make its policies, procedures, and documentation required by the Security Rule relating to the Safeguards available to the Secretary for the purpose of determining Covered Entity's compliance with the Security Rule.

f. Covered Entity agrees to mitigate, to the extent practicable, any harmful effect that is known to Covered Entity of a use or disclosure of PHI or a Breach of UPHI by Covered Entity in violation of legal requirements.

g. Covered Entity agrees to ensure that any agent, including a sub Provider, to whom it provides PHI agrees to the same restrictions and conditions that apply through this Agreement to Business Associate with respect to such information.

h. Covered Entity shall comply with the administrative requirements set forth in the HIPAA Privacy Rule Part 164.

4. Term and Termination.

a. Term. The Term of this Addendum shall become effective as of the Effective Date of the preceding agreement that this addendum is incorporated into and shall terminate upon the termination date identified in the preceding agreement **AND** when all of the PHI provided by Covered Entity to Business Associate, or created or received by Business Associate on behalf of Covered Entity, is destroyed or returned to Covered Entity, or, if it is infeasible to return or destroy PHI, the parties agree that the protections, limitations, and restrictions contained in this Addendum shall be extended to such information, in accordance with the termination provisions of this Section. The provisions of this Addendum shall survive termination of the Agreement to the extent necessary for compliance with HIPAA and the Privacy Rule and Security Rule.

b. Material Breach. A material breach by either party of any provision of this Addendum shall constitute a material breach of the Agreement.

c. Reasonable Steps to Cure If Covered Entity learns of a pattern of activity or practice of Business Associate that constitutes a material breach or violation of the Business Associate's obligations under the provisions of this Addendum, then Covered Entity shall provide written notice to Business Associate of the breach and Business Associate shall take reasonable steps to cure such breach or end such violation, as applicable, within a period of time which shall in no event exceed thirty (30) days. If Business Associate's efforts to cure such breach are unsuccessful, Covered Entity may terminate the Agreement immediately upon written notice.

d. Effect of Termination.

1. Except as provided in paragraph 2 of this Section 4(d), upon termination of the Agreement for any reason, Business Associate shall return or destroy all PHI received from Covered Entity (or created or received by Business Associate on behalf of Covered Entity) that Business Associate still maintains in any form, and shall retain no copies of such PHI.

2. In the event that Business Associate determines that returning or destroying the PHI is infeasible, Business Associate shall provide to Covered Entity notification of the conditions that make return or destruction infeasible, and shall extend the protections of this Addendum to such PHI and limit further uses and disclosures of such PHI to those purposes that make the return or destruction infeasible, for so long as Business Associate maintains such PHI. The obligations of Business Associate under this Section 4(d)(2) shall survive the termination of the Agreement.

5. Amendment to Comply with Law. The Parties acknowledge that amendment of the Agreement may be required to ensure compliance with the applicable standards and requirements of HIPAA, the Privacy Rule, the Security Rule, the HITECH Act and other applicable laws relating to the security or confidentiality of PHI and/or ePHI. Upon Covered Entity's request, Business Associate agrees to promptly enter into negotiations with Covered Entity concerning the terms of an amendment to the Agreement embodying written assurances consistent with the standards and requirements of HIPAA, the Privacy Rule, the Security Rule, the HITECH Act, or other applicable laws relating to security and privacy of PHI and/or ePHI. Covered Entity may terminate the Agreement upon thirty (30) days' written notice in the event Business Associate does not promptly enter into negotiations to amend the Agreement when requested by Covered Entity pursuant to this Section, or Business Associate does not enter into an amendment to the Agreement in order to bring it into compliance with, to the extent applicable, HIPAA, the Privacy Rule, the Security Rule, the HITECH Act or other applicable laws relating to security and privacy of PHI and provide assurances regarding the safeguarding of PHI and/or ePHI that Covered Entity, in its reasonable discretion, deems sufficient to satisfy the standards and requirements of HIPAA, the Privacy Rule,

the Security Rule, or any other applicable laws relating to security and privacy of PHI and/or ePHI.

6. Effect on Agreement. Except as specifically required to implement the purposes of this Addendum, or to the extent inconsistent with a material term of this Addendum, all other terms of the Agreement shall remain in full force and effect.

7. Regulatory References. A reference in this Addendum to a section in the Privacy Rule or Security Rule means the section as in effect or as amended, and for which compliance is required.

ATTACHMENT D: DISCLOSURE OF OWNERSHIP & CONTROLLING INTEREST STATEMENT

Mid-State Health Network (MSHN) is required to collect disclosure of ownership, controlling interests, and management information from providers that are credentialed or otherwise enrolled to participate in the Medicaid program and/or the Pre-paid Inpatient Health Plan (PIHP). This requirement is pursuant to a Medicaid and/or PIHP State Contract with the State Agency and the federal regulations set forth in 42 CFR Part §455. Required information includes: 1) the identity of all owners and others with a controlling interest of 5% or greater; 2) certain business transactions as described in 42 CFR §455.105; 3) the identity of managers and others in a position of influence or authority; and 4) criminal convictions, sanctions, exclusions, debarment or termination information for the provider, owners or managers. The information required includes, but is not limited to, name, address, date of birth, social security number (SSN) and tax identification (TIN).

Completion and submission of this Statement is a condition of participating as a credentialed or enrolled provider in the MSHN for services to members under Medicaid Managed Specialty Supports and Services Concurrent 1915(b)(c) Waiver Program. Failure to submit the requests information may result in a refusal of participation in MSHN or denial of a claim.

This statement should be submitted at any of the following times: upon the submission of an application; upon execution of an agreement; during re-credentialing or re-contracting; within 35 days after any change in ownership of the disclosing entity. A Statement must be provided to MSHN within 35 days of a request for information by the US Department of Health and Human Services (HHS) or the State Agency. MSHN maintains policies and practices that protect the confidentiality of personal information, including Social Security numbers, obtained from its providers and associates in the course of its regular business functions. MSHN is committed to protecting information about its providers and associates, especially the confidential nature of their personal information.

Detailed instructions and a glossary for capitalized terms can be found at the end of this form. If attachments are included, please indicate to which section those attachments refer.

Provider/Provider Entity Information

*Please fill out the entire section. Every field must be complete. If fields are left blank, the form will be returned for corrections/completeness. *These fields cannot be left blank; check appropriate box or use 'N/A'.*

Please choose appropriate category: <input type="checkbox"/> Provider Entity <input type="checkbox"/> Licensed Independent Practitioner <input type="checkbox"/> Managing Employee <input type="checkbox"/> HCBS Provider <input type="checkbox"/> Other: Group Affiliation? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, do you have a private practice as well? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of Person Completing the Form <hr/> Name of Provider/Provider Entity: <hr/> Title: <hr/> Phone Number: <hr/> Fax: <hr/> Email: <hr/> In which state(s) do you participate in Medicaid? <hr/>	
Additional Addresses (list all Practice Locations) Attaching list? <input type="checkbox"/> Yes <input type="checkbox"/> No		
*SSN (if Individual Provider): <div style="text-align: right;"><input type="checkbox"/> N/A</div> *Federal Tax ID# (if Entity): <div style="text-align: right;"><input type="checkbox"/> N/A</div>	<div> <input type="checkbox"/> *Medicaid ID#: <input type="checkbox"/> *Applied for Medicaid ID <input type="checkbox"/> *Not applicable </div>	<div> <input type="checkbox"/> *NPI#: <input type="checkbox"/> *Applied for NPI# <input type="checkbox"/> *Not applicable </div>

Section I: Individual Provider Ownership Information

1. Are there any individuals or corporation with a Direct or Indirect Ownership Interest of 5% or more in your entity/practice? ☐ Yes ☐ No-Skip to #2 ☐ N/A-Skip to #2

See instructions for more information and examples

If **yes**, list the name, primary address, date of birth (DOB), and Social Security Number (SSN) for each person having an Ownership Interest in the Individual Provider of 5% or greater. List the name, Tax Identification Number (TIN), primary business address, every business location and P.O. Box address of each organization, corporation, or entity having an Ownership Interest of 5% or greater. (42 CFR §455.104(b)(1)(i)). Attach additional sheets as necessary - ☐ Yes ☐ No

Name of Owner	DOB (mm/dd/yyyy)	Complete Address (Street/City/State/Zip)	**SSN or TIN or both as applicable	% Interest
		Street:		
		C: S: Z:		
		Street:		
		C: S: Z:		
		Street:		
		C: S: Z:		

**SSN and TIN required under §455.104; See Sect 4313 of the Balanced Budget Act of 1997 amended Sect 1124 and Federal Register Vol. 76 No 22

Section II: Ownership in Other Providers & Entities

2. Does the *Owner identified in Section I* have an Ownership or Controlling Interest in any other provider or disclosing entity?

☐ Yes ☐ No-Skip to #3 ☐ N/A-Skip to #3

If **yes**, list the name and the SSN or TIN of the other provider or entity in which the *Owner identified in Section I* also has an Ownership or Controlling Interest (42 CFR §455.104(b)(3)). Attach additional sheets as necessary - ☐ Yes ☐ No

Name of Owner from Section I	Name of Other Provider or Entity	Other Provider or Entity's SSN (indiv.) or TIN (entity)

Section III: Subcontractor Ownership

3. Do you, as the Individual Provider, have a Direct or Indirect Ownership Interest of 5% or more in any Subcontractor? ☐ Yes ☐ No-Skip to #4 ☐ N/A-Skip to #4

If **yes**, does another individual or organization also have an Ownership or Controlling Interest in the same Subcontractor?

☐ Yes ☐ No

If **yes**, list the following information for each person or entity with an Ownership or Controlling Interest in any Subcontractor in which you also have Direct or Indirect Ownership Interest of 5% or more (42 CFR §455.104(b)(1)(iii)).

Attach additional sheets as necessary - ☐ Yes ☐ No

Legal Name of Subcontractor:	
Name of Subcontractors <i>Other Owner</i> :	<i>Other Owner's</i> :
<i>Other Owner's</i> Address:	City, State, Zip:

<i>Other Owner's</i> TIN:	<i>Other Owner's</i> SSN:	% Interest:
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Section IV: Familial Relationships of All Owners

4. Are any of the individuals identified in Sections I, II, or III related to each other? ☐ Yes ☐ No – Skip to #5

If yes, list the individuals identified and the relationship to each other (e.g. spouse, domestic partner, sibling, parent, child) (42 CFR §455.104(b)(2)). Attach additional sheets as necessary - ☐ Yes ☐ No

Name of Owner 1	Name of Owner 2	Relationship

Section V: Criminal Convictions, Sanctions, Exclusions, Debarment, or Terminations

5. Have you or any person who has an Ownership or Controlling Interest, or who is an Agent or Managing Employee of your Individual Provider practice ever been indicted or convicted of a crime related to that person's involvement in any program under Medicaid, Medicare, CHIP or Title XX program? ☐ Yes ☐ No-Skip to #6 ☐ N/A-Skip to #6

If yes, list those persons and the required information below. (42 CFR §455.106(1)(2)). Attach additional sheets as necessary - ☐ Yes ☐ No

Name:	DOB:
Address:	SSN (indiv.) or TIN (entity):
City, State, Zip:	State and Date of Conviction:
Matter of the Offense:	Date of Reinstatement:

6. Within the preceding ten (10) years, have you or any person providing services under the Medicaid State Plan or waiver of the plan; any person who has an Ownership or Controlling Interest, or who is an Agent or Managing Employee of your Individual Provider practice ever been convicted of a felony or misdemeanor crime identified within the MDHHS Provider Enrollment Fitness Criteria ? ☐ Yes ☐ No-Skip to #6 ☐ N/A-Skip to #6

If yes, list those persons and the required information below. (See "Exclusions" in glossary section)(42 CFR §455.106(1)(2)). Attach additional sheets as necessary - ☐ Yes ☐ No

Name:	DOB:
Address:	SSN (indiv.) or TIN (entity):
City, State, Zip:	State and Date of Conviction:
Matter of the Offense:	Date of Reinstatement:

7. Have you or any person who has an Ownership or Controlling Interest, or who is an Agent or Managing Employee of your Individual Provider practice ever been sanctioned, excluded, or debarred from Medicaid, Medicare, CHIP or Title XX program? ☐ Yes ☐ No-Skip to #7 ☐ N/A-Skip to #7

If yes, list those persons and the required information below. (42 CFR §455.106(1)(2) and 455.436). Attach additional sheets as necessary - ☐ Yes ☐ No

Name:	DOB:
Address:	SSN (indiv.) or TIN (entity):

City, State, Zip:	List all States where currently excluded:
Reason for Sanction, Exclusion, or Debarment:	
Date(s) of Sanctions, Exclusions, or Debarments:	Date of Reinstatement:

8. Has the Provider Entity, or any person who has an Ownership or Controlling Interest in the Provider Entity, or who is an Agent or Managing Employee of the Provider Entity ever been **terminated** from participation in Medicaid, Medicare, CHIP or a Title XX program? ☐ Yes ☐ No-Skip to #8 ☐ N/A-Skip to #8

If yes, list those person and the requirement information below. (42 CFR §455.106(1)(2) and 455.416). Attach additional sheets as necessary - ☐ Yes ☐ No

Name:	DOB:
Address:	SSN (indiv.) or TIN (entity):
City, State, Zip:	Terminated from Medicare? <input type="checkbox"/> Yes <input type="checkbox"/> No
Reason for Termination:	Date of Termination:
State that originated Termination:	Date of Reinstatement:

*At any time during the Contract period, it is the responsibility of the Provider Entity to promptly provide notice upon learning of convictions, sanctions, exclusions, debarments and terminations (see Fed. Register, Vol. 44, No. 138)

Section VI: Business Transaction Information

(NOTE: Pursuant to 42 CFR 455.105 Information shall be submitted within 35 days of request from the PIHP)

9. **Business Transactions – Subcontractors:** Has the Provider Entity had any business transactions with a Subcontractor totaling more than \$25,000 in the previous twelve (12) month period? ☐ Yes ☐ No-Skip to #9 ☐ N/A-Skip to #9

If yes, list the information for Subcontractors with whom the Provider Entity has had business transactions totaling more than \$25,000 during the previous 12 month period ending on the date of this request (42 CFR §455.105(b)(1)) Attaching additional sheets as necessary - ☐ Yes ☐ No

Name of Subcontractor:	Subcontractor's SSN or TIN:
Subcontractor Address:	City, State, Zip:
Subcontractors Owner (SO):	SO's SSN or TIN:
SO's Address:	City, State, Zip:

10. **Significant Business Transactions – Wholly Owned Suppliers:** Has the Provider Entity had any Significant Business Transactions with a Wholly Owned Supplier exceeding the lesser of \$25,000 or 5% of operating expenses in the past five (5) year period? ☐ Yes ☐ No-Skip to #10 ☐ N/A-Skip to #10

If yes, list the information for any Wholly Owned Supplier with whom the Provider Entity has had any Significant Business Transactions exceeding the lesser of \$25,000 or 5% of operating expenses during the past 5-year period (43 CFR §455.105(b)(2)). Attach additional sheets as necessary - ☐ Yes ☐ No See Glossary for definition.

Name of Supplier:	Suppliers SSN or TIN:
Suppliers Address:	City, State, Zip:

11. **Significant Business Transactions – Subcontractors:** Has the Provider Entity had any Significant Business Transactions with a Subcontractor totaling more than \$25,000 in the past five (5) year period?

<input type="checkbox"/> Yes <input type="checkbox"/> No-Skip to #11 <input type="checkbox"/> N/A-Skip to #11 If yes , list the information for Subcontractors with whom the Provider Entity had any Significant Business Transactions exceeding the \$25,000 during the past 5-year period (42 CFR §455.105(b)(2)). Attach additional sheets as necessary - <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of Subcontractor:	Subcontractor's SSN or TIN:
Subcontractor Address:	City, State, Zip:
Subcontractors Owner (SO):	SO's SSN or TIN:
SO's Address:	City, State, Zip:

This Section (VI) is not required to be completed at this time; however this information must be provided and/or updated within 35 days of a request. Medicaid payments may be denied for services furnished during the period beginning on the day following the date the information was due until it is received (42 CFR §455.105)

Section VII: Management and Control

12. Managing Employees: Does the Provider Entity have any Managing Employees? <input type="checkbox"/> Yes <input type="checkbox"/> No-Skip to #12 <input type="checkbox"/> N/A-Skip to #12 If yes , list all Managing Employees that exercise operational or managerial control over, or who directly or indirectly conduct the day-to-day operations of Provider Entity (general manager, business manager, administrator or director), including the name, date of birth (DOB), address, Social Security Number (SSN), and title (42 CFR §455.104(b)(4). Attach additional sheets as necessary - <input type="checkbox"/> Yes <input type="checkbox"/> No				
Name	DOB mm/dd/yyyy	Complete Address	SSN	Title

13. Agents: Does the Provider Entity have any Agents? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A If yes , list all Agents that have been delegated the authority to obligate or act on behalf of Provider Entity, including the name, date of birth (DOB), address, Social Security Number (SSN), and title (42 CFR §455.101). Attach additional sheets as necessary - <input type="checkbox"/> Yes <input type="checkbox"/> No			
Name	DOB mm/dd/yyyy	Complete Address	SSN

Through signature below, I hereby certify that any employees or contractors providing services pursuant to a contract with Mid-State Health Network are screened with the applicable background check including, but not limited to, verification against the OIG's List of Excluded Individuals & Entities (<https://oig.hhs.gov/exclusions/index/asp>) and the System for Award Management (SAM) www.sam.gov and any applicable state, federal or other governmental exclusion or sanction database and that the information provided herein is true, accurate and complete. Additions or revisions to the information above will be submitted immediately upon revision. Additionally, I understand that misleading, inaccurate, or incomplete data may result in a denial of a claim and/or termination of the contract.

Signature _____

Title _____

Print Name_____

Date_____

Phone Number

Fax Number

Email Address

Disclosure Instructions

If additional space is needed, please note on the form that the answer is being continued, and attach a sheet referencing the section number that is being continued. For example: Section I Ownership Information, continued. Please see Glossary for definition of capitalized terms.

Section I: Provider Entity Ownership Information: Please list the required information for each individual or organization that has a Direct or Indirect Ownership of 5% or more or has a Controlling Interest in your entity. If the Owner is a corporation: the primary business address must be listed and every business location and PO Box address. Provider members of a group practice who have ownership or a controlling interest in Provider Entity must submit a separate Statement.

Providing the SSN and TIN (as applicable) is required under 42 CFR 455.104; please see Section 4313 of the Balanced Budget Act of 1997, amended Section 1124, and the Federal Register Vol. 76 No. 22. Any form without the required SSN and TIN (as applicable) is incomplete and will not be processed.

Section II: Ownership in Other Providers & Entities: Please identify the other providers or entities that are owned or controlled at least 5% by the same individual or organization identified in Section I that has an Ownership or Controlling Interest in your entity. This information is to identify shared and interconnected ownership and controlling interests.

Section III: Subcontractor Ownership: If your entity has a Direct or Indirect Ownership of 5% or more in a Subcontractor and other individuals or entities also have a Direct or Indirect Ownership of that same Subcontractor, please identify the Subcontractor and provide the required information for the additional owners.

Section IV: Familial Relationships of All Owners: Report whether any of the persons listed in Sections I, II, and III are related to each other and identify the parties and their relationship. For the definition of domestic partner, refer to your state's laws. Provider members of a group practice who are related to the Provider Entity's owners or those with a controlling interest must submit a separate Statement.

Section V: Criminal Convictions, Sanctions, Exclusions, Debarment, and Terminations: List your own criminal convictions, sanctions, exclusions, debarments, and termination, and for any person who has an ownership or controlling interest, or is an agent or managing employee of your entity. List all offenses related to each person's or entity's involvement in any program under Medicare, Medicaid, CHIP, or the Title XX services since the inception of these programs. List all felony and/or misdemeanor convictions related to any offense identified within the MDHHS Provider Enrollment Fitness Criteria. Review all of the databases necessary to verify this information:

1. Exclusion status may be verified through the HHS-OIG List of Excluded Individuals/Entities (LEIE) at <https://oig.hhs.gov/exclusions/index.asp>
2. Sanction information is available in the GSA's SAM (System for Award Management) database www.sam.gov.
3. State specific exclusions/sanction databases may be accessed through the State Agency's website.

Section VI: Business Transaction Information

1. List the Ownership of any Subcontractors that you have had business transactions totaling more than \$25,000 within the last twelve (12) month period ending on the date of the request.
2. List any **Significant Business Transactions** between your entity and any Wholly Owned Supplier during the past 5 years.
3. List any **Significant Business Transactions** between your entity and any Subcontractor during the past 5 years.

Remember that a **Significant Business Transaction** is defined as any transaction or series of related transactions that exceeds the lesser of \$25,000 or 5% of a provider's operating expenses during any one fiscal year.

This information must be made available within 35 days of a request by the US Department of Health and Human Services (HHS), the State Medicaid Agency, and the Medicaid Managed Care Organization responding to an HHS or State request.

Section VII: Management & Control

1. List the required information for all employees that hold a position of Managing Employee within your entity.
2. List the required information for all Agents that have the authority to obligate or act on behalf of your entity.
3. List the required information for all individuals on the governing board or board of directors if your entity is organized as a corporation. CMS requires the identification of officers and directors of a Provider Entity that is organized as a corporation, without regard to the for-profit or not-for-profit status of that corporation.

Glossary

Agent: means any person who has been delegated the authority to obligate or act on behalf of a Provider Entity.

CHIP: means the Federal insurance program for children, Child Health Insurance Program, in Michigan this is known as MIChild.

Controlling Interest: means the operational direction or management of a disclosing entity which management of a disclosing entity which may be maintained by any or all of the following devices: the ability or authority, expressed or reserved, to amend or change the corporate identity; the ability or authority to nominate or name members of the Board of Directors or Trustees; the ability or authority, expressed or reserved to amend or change the by-laws, constitution, or other operating or management direction; the ability or authority, expressed or reserved, to control the sale of any or all of the assets, to encumber such assets by way of mortgage or other indebtedness, to dissolve the entity, or to arrange for the sale or transfer of the disclosing entity to new ownership control.

Conviction: For the purposes of the excluded offenses referenced within the MDHHS Provider Enrollment Fitness Criteria (listed below under “Exclusions”), an individual or entity is considered to have been convicted of a criminal offense when;

- a) A judgment of conviction has been entered against the individual or entity by a federal, state, tribal or local court regardless of whether there is an appeal pending;
- b) There has been a finding of guilt against the individual or entity by a federal, state, tribal or local court;
- c) A plea of guilty or nolo contendere by the individual or entity has been accepted by a federal, state, tribal, or local court; or
- d) The individual or entity has entered into participation in a first offender, deferred adjudication, or other arrangement or program where judgment of conviction has been withheld.

Determination of ownership or control percentages:

- a) *Indirect ownership interest.* The amount of indirect ownership interest is determined by multiplying the percentages of ownership in each entity. For example, if A owns 10 percent of the stock in a corporation which owns 80 percent of the stock of the disclosing entity, A’s interest equates to 8 percent indirect ownership interest in the disclosing entity and must be reported. Conversely, if B owns 80 percent of the stock of a corporation which owns 5 percent of the stock of the disclosing entity, B’s interest equates to 4 percent indirect ownership interest in the disclosing entity and need not be reported.
- b) *Person with an ownership or controlling interest.* In order to determine percentage of ownership, mortgage, deed of trust, note, or other obligation, the percentage of interest owned in the obligation is multiplied by the percentage of the disclosing entity’s assets used to secure the obligation. For example, if A owns 10 percent of a note secured by 60 percent of the provider’s assets, A’s interest in the provider’s assets equates to 6 percent and must be reported. Conversely, if B owns 40 percent of a note secured by 10 percent of the provider’s assets, B’s interest in the provider’s assets equates to 4 percent and need not be reported.

Exclusions: MSHN must terminate or deny a provider or supplier’s application for enrollment in MSHN’s Provider Network for the following reasons:

1. The provider has been convicted of a relevant crime described under 42 USC 1320a-7(a)-7(b).
2. The provider’s failure to comply with the enrollment requirements of the Social Welfare Act, Public Act 280 of 1939 (MCL 400.111b -111e) and the provider screening and enrollment requirements pursuant to 42 CFR 455.416. The basis for termination or denial of enrollment under this section includes, but is not limited to the provider’s:
 - Failure to submit timely and accurate information;
 - Failure to cooperate with MDHHS screening methods;
 - Failure to submit sets of fingerprints as required within 30 days of a CMS or MDHHS request;
 - Failure to permit access to provider locations for site visits;
 - Falsification of information provided on the enrollment application;
 - Inability to verify a provider applicant’s identity; or
 - Failure to comply with Medicaid policies regarding submission of claims and billing Medicaid beneficiaries.
3. The provider is excluded from participation in Medicare, Medicaid or any other Federal health care programs.
4. The provider is convicted of violating the Medicaid False Claims Act, the Health Care False Claims Act, or a substantially similar statute, or a similar statute by another state or the federal government.
5. The provider has a federal or state felony conviction within the preceding 10 years, including, but not limited to:
 - Crimes as defined in the Public Health Code Act 368 of 1978, specifically, MCL 333.20173a(1);
 - Crimes involving state, federal, or local government assistance programs;
 - Crimes against a child as defined by MCL 750.135n et seq;
 - Crimes against a “vulnerable adult” as defined by MCL 750.145n et seq;
 - Violent crimes including, but not limited to: murder, manslaughter, kidnapping, arson, assault, battery and domestic violence;

- Financial crimes including, but not limited to: fraud, forgery, counterfeiting, embezzlement and tax evasion;
- Theft crimes including, but not limited to: larceny, burglary, robbery, extortion, false pretenses, false representation, and conversion;
- Sex crimes including, but not limited to: rape, sexual abuse, and prostitution;
- Drug crimes including, but not limited to: possession, delivery, and manufacturing;
- Inchoate crimes including, but not limited to: attempt, solicitation, and conspiracy; and
- Any other felony that places the health or safety of medically indigent individuals, the welfare of the public, and/or the funds appropriated for the Medicaid program at risk.

6. The provider has a federal or state misdemeanor conviction within the preceding 10 years, including, but not limited to:
- Crimes as defined in the Public Health Code Act 368 of 1978, specifically, MCL 333.20173a(1);
 - Crimes involving state, federal, or local government assistance programs;
 - Crimes against a child as defined by MCL 750.135n et seq;
 - Crimes against a “vulnerable adult” as defined by MCL 750.145n et seq;
 - Financial crimes including, but not limited to: fraud, forgery, counterfeiting, embezzlement and tax evasion;
 - Theft crimes including, but not limited to: larceny, burglary, robbery, extortion, false pretenses, false representation, and conversion;
 - Sex crimes including, but not limited to: rape, sexual abuse, and prostitution;
 - Drug crimes including, but not limited to: possession, delivery, and manufacturing;
 - Inchoate crimes including, but not limited to: attempt, solicitation, and conspiracy; and
 - Any other misdemeanor that places the health or safety of medically indigent individuals, the welfare of the public, and/or the funds appropriated for the Medicaid program at risk.

Ownership Interest: means the possession of equity in the capital, the stock, or the profits of the disclosing entity.

HCBS Provider: means a provider of Home and Community Based Services for Medicaid beneficiaries.

Indirect Ownership Interest: means an ownership interest in an entity that has an ownership interest in the disclosing entity. This term includes an ownership interest in any entity that has an indirect ownership interest in the disclosing entity.

Managing Employee: means a general manager, business manager, administrator, director, or other individual who exercises operational or managerial control over, or who directly or indirectly conducts the day-to-day operations of an institution, organization, or agency.

Other Disclosing Entity: means any other Medicaid disclosing entity and any entity that does not participate in Medicaid, but is required to disclose certain ownership and control information because of participation in any of the programs established under title V, XVIII, or XX of the Act. This includes:

- Any hospital, skilled nursing facility, home health agency, independent clinical laboratory, renal disease facility, rural health clinic, or health maintenance organization that participates in Medicare (title XVIII);
- Any Medicare intermediary or carrier; and
- Any entity (other than an individual practitioner or group of practitioners) that furnishes, or arranges for the furnishing of, health-related services for which it claims payment under any plan or program established under title V or title XX of the Act.

Person with an Ownership or Controlling Interest: means a person or corporation that;

- Has an ownership interest totaling 5 percent or more in a disclosing entity;
- Has an indirect ownership interest equal to 5 percent or more in a disclosing entity;
- Has a combination of direct and indirect ownership interests equal to 5 percent or more in a disclosing entity;
- Owens an interest of 5 percent or more in any mortgage, deed of trust, note, or other obligation secured by the disclosing entity if that interest equals at least 5 percent of the value of the property or assets of the disclosing entity;
- Is an officer or director of a disclosing entity that is organized as a corporation; or
- Is a partner in a disclosing entity that is organized as a partnership.

Provider Entity: an individual or entity who operates as a Medicaid provider and is engaged in the delivery of health care services and is legally authorized to do so by the state in which it delivers the services. For purposes of this Statement, the Providing Entity is the individual or entity identified on this form as the disclosing entity.

Significant Business Transaction: means any business transaction or series of transactions that, during any one fiscal year, exceed the lesser of twenty-five thousand dollars (\$25,000) and five percent (5%) of a Provider’s total operating expenses.

Subcontractor: means;

- a) an individual, agency, or organization to which a disclosing entity has contracted or delegated some of its management functions or responsibilities of providing medical care to its patients; or
- b) an individual, agency, or organization with which a fiscal agent has entered into a contract, agreement, purchase order, or lease (or leases of real property) to obtain space, supplies, equipment, or services provided under the Medicaid agreement.

Supplier: an individual, agency, or organization from which a provider purchases goods or services used in carrying out its responsibilities under Medicaid (e.g. a commercial laundry, manufacturer of hospital beds, or pharmaceutical firm).

Wholly Owned Supplier: means a supplier whose total ownership interest is held by the provider or by a person(s) or other entity with an ownership or control interest in the provider.

MSHN Minimum Training Requirements																		
<div>Source Document Key:</div> <div>1. Balanced Budget Act</div> <div>2. Health Insurance Portability and Accountability Act (HIPAA)</div> <div>3. Deficit Reduction Act</div> <div>4. Michigan Department of Health & Human Services (MDHHS)</div> <div>5. Michigan Administrative Code</div> <div>6. Michigan Mental Health Code</div> <div>7. Occupational Safety & Health Administration (OSHA)</div> <div>8. Code of Federal Regulations</div>	CMH-employed Administration Group	Crisis Intervention/ Access	Other Professional Service (OT,PT, Dietary, Psychological Testing	CMH-employed Maintenance	Medical Professional	Residential Supervisors/QI/Licen see	AFC Licensed Direct Care Staff	Aide level staff providing service in the community or in unlicensed settings	Students/ Volunteers/ Temporary workers	Primary Service Providers	Individual/Group Therapist	Clubhouse/ Drop-In/ Peer Supports	CMH-employed Transporters	ACT	Substance Use Disorder			
										(Case Managers, Supports Coordination, Home Based Staff, MST, Wraparound)						Treatment	Prevention	
	Renewal Key: 1 = Initially A = Initially & Annually 2 = Initially & every 2 years																	
Training	Requirements	Source																
Assertive Community Treatment (ACT)	180 days of hire for work in ACT	4														I		
Advance Directives	90 days of hire	1										I	I			I	A	
Appeals & Grievances	90 days of hire	1, 4, 6	A	A	A	A	A	A			A	A	A	A	A	A	A	
CAFAS and/or PECFAS (if working with children)	90 days of hire	4		2								2	2					
Corporate & Regulatory Compliance	90 days of hire	1, 3	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A
CPR & First Aid*	30 days of hire	5						2	first aid only									
Cultural Competency & Diversity	1 year of hire	4, 6, 8	A	A	A	A	A	A	A		A	A	A	A	A	A	A	A
Environmental Safety	1 year of hire	5, 6	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I
Health Management - (Blood Borne Pathogens/Infection Control)	30 days of hire	5, 6, 7	A	A	A	A	A	A	A	A	A	A	A	A	A	A	2**	2**
HIPAA Privacy & Security	30 days of hire	2, 4, 5, 8	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A
IDDT/COD	90 days of hire	4		COD								I (COD)	I (COD)			A- if providing IDDT		
Limited English Proficiency (LEP)	90 days of hire	1, 4	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A
Medication Administration	90 days of hire	5						I	I - if passing meds.									
Non-Physical Intervention (Verbal De-escalation)	90 days of hire	8		I				I	I		I	I	I		I			
Person-Centered Planning	30 days of hire	4, 6, 8	A	A	A		A	A	A	A	A	A	A	A	A	A		
Recipient Rights	30 days of hire	4, 5, 8	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A
Self Determination	90 days of hire	4		A								A	A					
Trauma Informed Care	90 days of hire	4	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	
Culture of Gentleness	60 days of IPOS	4							I (based on consumers IPOS)	I (based on consumers IPOS)								

* Based on Certification Length set by the training entity (i.e., American Red Cross)

→ Training with a DHHS-approved group home curriculum is required for direct care staff working in licensed specialized AFC settings.

→ Customer Service staff must receive training as defined in Attachment P.6.3.1 of the MDHHS/PIHP contract (paragraph F.14)

→ Additional program specific training is required for programs such as Wraparound, IMH, DBT, TFCBT, MST, Supported Employment, and ABA Aides (Autism Benefit).

→ Child Mental Health Professionals are required to obtain 24 hours annual related to child specific training

→ The following job titles will require Core Elements of Case Management training: Case Manager, Supports Coordinator, Home-based Mental Health Therapy, Multisystemic Therapy, and Wraparound

** SUD Prevention of Communicable Diseases

→ SUD Qalified Peer Recovery Coaches must complete state approved training program

→ SUD Enhanced Women's Services - must complete training listed in BSAAS TA #08

→ SUD Designated Women's Program or Gender Competent Program - must meet training/work experience listed in BSAAS TP #12

→ SUD Treatment must complete training to meet BSAAS TP #5 (Welcoming)

This is a set of MSHN minimum training requirements and is not all inclusive to each individual CMHSP/SUD Provider. Any county, accreditation, evidence-based practice, or CMHSP specific training will be additionally documented by each CMHSP in their respective subcontracts.

Created FY16

Reviewed 7.10.18 - Training Workgroup

Reviewed 7.9.18 - SUD PAC

Reviewed 7.25.18 - PNNMC

Operations Council Approval: 8.13.18

Effective 10.1.19

Reporting Requirements for MSHN SUD Providers
FY 2019

Contractor Type (Prevention, Treatment, or Both):	Required Report:	Due Date: (If on a weekend, the following Monday)	Report Submitted to :	Method of Submission (email, web portal, etc.):	Submission Form (Template, etc):
Applies only to specific providers	Earmark-Funded Special Projects	2/28/2019	TXreports@midstatehealthnetwork.org	EMAIL	NO TEMPLATE
Cost Reimbursement Contracts only	Equipment Inventories (\$5000 or more per unit) (Cost Reimbursement or Cost Settlement Contracts Only)	With Budget Prior to Oct 1st	amy.keinath@midstatehealthnetwork.org	EMAIL	NO TEMPLATE
Cost Reimbursement Contracts - TX & PREV	Monthly Financial Status Reports	10th of month following service date	Box - by invitation only	WEB PORTAL (Box)	PROGRAM AGENCY FOLDER
Prevention	Michigan Prevention Data System (MPDS) (NOTE: All direct face to face activities paid in full or part by MSHN must be entered following guidelines in	10th of the month following the month services were delivered	web based submission in the MPDS system (mpds.sudpds.com)	WEB PORTAL (Box)	N/A
Prevention	Prevention Outcomes Report (Oct 1st to Sept 30th)	11/15/2019	PXreports@midstatehealthnetwork.org	EMAIL	TEMPLATE SENT BY EMAIL
Prevention	SUD Prevention Annual Plan	7/15/2019	PXreports@midstatehealthnetwork.org	EMAIL	TEMPLATE SENT BY EMAIL
Prevention	SUD Prevention Additional Unit Report	4/15/2019 10/15/2019	PXreports@midstatehealthnetwork.org	EMAIL	TEMPLATE SENT BY EMAIL
Prevention/Bay County PFS Contractor Only	SUD Partnership for Success (PFS II) 1st Quarter Report	1/10/2019	Jill.Worden@midstatehealthnetwork.org	EMAIL	TEMPLATE SENT BY EMAIL
Prevention/Bay County PFS Contractor Only	SUD Partnership for Success (PFS II) 2nd Quarter Report	4/10/2019	Jill.Worden@midstatehealthnetwork.org	EMAIL	TEMPLATE SENT BY EMAIL
Prevention/Bay County PFS Contractor Only	SUD Partnership for Success (PFS II) 3rd Quarter Report	7/10/2019	Jill.Worden@midstatehealthnetwork.org	EMAIL	TEMPLATE SENT BY EMAIL
Prevention/Bay County PFS Contractor Only	SUD Partnership for Success (PFS II) 4th Quarter Report	10/10/2019	Jill.Worden@midstatehealthnetwork.org	EMAIL	TEMPLATE SENT BY EMAIL
Prevention/ Designated Youth Tobacco Use Representative Agencies Only	Additional Tobacco Vendor Education Report (DYTUR Contracted Providers) (July 1st to Sept 30th)	10/15/2019	PXreports@midstatehealthnetwork.org	EMAIL	TEMPLATE SENT BY EMAIL
Prevention/ Designated Youth Tobacco Use Representative Agencies Only	Tobacco/Formal Synar-PROTOCOL FORM - YTA COMPLIANCE CHECK REPORTING	Postmarked or delivered to MSHN by the third day after identified MSHN Formal Synar Period	Heather.English@midstatehealthnetwork.org cc: Jill.Worden@midstatehealthnetwork.org	SEND ORIGINAL SYNAR FORM BY MAIL or hand deliver to MSHN Offices: 530 W. Ionia; Ste. F; Lansing.	FORMS SENT BY EMAIL
Prevention/ Designated Youth Tobacco Use Representative Agencies Only	Required Non-Synar Report (DYTUR Contracted Providers) (Jan 1st to May 15th)	5/30/2019	Heather.English@midstatehealthnetwork.org cc: Jill.Worden@midstatehealthnetwork.org	EMAIL	TEMPLATE SENT BY EMAIL
Prevention/ Designated Youth Tobacco Use Representative Agencies Only	Required Non-Synar Report (DYTUR Contracted Providers) (Jan 1st to May 15th)	10/15/2019	Heather.English@midstatehealthnetwork.org cc: Jill.Worden@midstatehealthnetwork.org	EMAIL	TEMPLATE SENT BY EMAIL
Prevention/ Designated Youth Tobacco Use Representative Agencies Only	Required Tobacco Vendor Education Report (DYTUR Contracted Providers) (Jan 1st to May 15th)	5/30/2019	Heather.English@midstatehealthnetwork.org cc: Jill.Worden@midstatehealthnetwork.org	EMAIL	TEMPLATE SENT BY EMAIL

NOTE: when submitting reports, please identify in the subject line of the e-mail the report title found in Column B.

NOTE: All reports with protected health information (PHI) must be sent via SECURE/ENCRYPTED email.

Reporting Requirements for MSHN SUD Providers
FY 2019

Contractor Type (Prevention, Treatment, or Both):	Required Report:	Due Date: (If on a weekend, the following Monday)	Report Submitted to :	Method of Submission (email, web portal, etc.):	Submission Form (Template, etc):
Prevention/ Designated Youth Tobacco Use Representative Agencies Only	Tobacco Retailer Master List Updates (DYTUR Contracted Providers)	1/31/2019	Heather.English@midstatehealthnetwork.org cc: Jill.Worden@midstatehealthnetwork.org	EMAIL	TEMPLATE SENT BY EMAIL
Prevention/ Designated Youth Tobacco Use Representative Agencies Only	Youth Access to Tobacco Activity Annual Report (DYTUR Contracted Providers)	10/10/2018	Heather.English@midstatehealthnetwork.org cc: Jill.Worden@midstatehealthnetwork.org	EMAIL	TEMPLATE SENT BY EMAIL
Treatment	Fiscal Year Fees and Collections - REMI Providers only	11/18/2018	claims@midstatehealthnetwork.org	EMAIL	TEMPLATE ON WEBSITE
Treatment	Appeals/Grievance/Second Opinion (April 1st - Sept 30th)	12/31/2018	dan.dedloff@midstatehealthnetwork.org	EMAIL	TEMPLATE SENT BY EMAIL
Treatment	Appeals/Grievance/Second Opinion (Oct 1st - March 31st)	6/30/2019	dan.dedloff@midstatehealthnetwork.org	EMAIL	TEMPLATE SENT BY EMAIL
Treatment	REMI Claims Submission	Twice per month based on reporting due dates identified on published calendar	REMI Web Based Data System	REMI WEB PORTAL	N/A
Treatment	Charitable Choice Report	8/1/2019	Txreports@midstatehealthnetwork.org	EMAIL	TEMPLATE SENT BY EMAIL
Treatment	Encounter Reporting via HIPAA 837 Standard Transactions	monthly (min. 12/year)	Shyam.mamar@midstatehealthnetwork.org	DATA OBTAINED THROUGH CARENET	N/A
Treatment	Injecting Drug Users 90% Capacity Treatment Report (Due at the end of the month following the last month of the quarter)	Due the 15th of the month following the last month of the quarter; report only if have data to report	Txreports@midstatehealthnetwork.org	EMAIL	TEMPLATE found on MSHN's website under SUD/SUD related-Reports
Treatment	Performance Indicators (4th quarter)	12/1/2018	dan.dedloff@midstatehealthnetwork.org	DATA OBTAINED THROUGH REMI	N/A
Treatment	Performance Indicators (1st quarter)	3/1/2019	dan.dedloff@midstatehealthnetwork.org	DATA OBTAINED THROUGH REMI	N/A
Treatment	Performance Indicators (2nd quarter)	6/1/2019	dan.dedloff@midstatehealthnetwork.org	DATA OBTAINED THROUGH REMI	N/A
Treatment	Performance Indicators (3rd quarter)	9/1/2019	dan.dedloff@midstatehealthnetwork.org	DATA OBTAINED THROUGH REMI	N/A
Treatment	Priority Populations Waiting List Deficiencies Report	Due 1st Friday of the month for the previous month in which the exception occurred; report only if have data to report.	Txreports@midstatehealthnetwork.org	EMAIL	TEMPLATE found on MSHN's website under SUD/SUD related-Reports
Treatment	Satisfaction Surveys	8/1/2019	dan.dedloff@midstatehealthnetwork.org	EMAIL	TEMPLATE SENT BY EMAIL
Treatment	Sentinel Events Data Report (Residential Treatment Only) (April 1st - Sept 30th)	10/15/2019	dan.dedloff@midstatehealthnetwork.org	EMAIL	TEMPLATE SENT BY EMAIL
Treatment	Sentinel Events Data Report (Residential Treatment Only) (Oct. 1st - March 31st)	04/15/2019	dan.dedloff@midstatehealthnetwork.org	EMAIL	TEMPLATE SENT BY EMAIL
Treatment	Treatment Episode Data Set (TEDS) (due the last day of the month)	last day of the month	REMI Web Based Data System	REMI WEB PORTAL	N/A

NOTE: when submitting reports, please identify in the subject line of the e-mail the report title found in Column B.

NOTE: All reports with protected health information (PHI) must be sent via SECURE/ENCRYPTED email.

Reporting Requirements for MSHN SUD Providers
FY 2019

Contractor Type (Prevention, Treatment, or Both):	Required Report:	Due Date: (If on a weekend, the following Monday)	Report Submitted to :	Method of Submission (email, web portal, etc.):	Submission Form (Template, etc):
Treatment	Women's Specialty Services Children's Referral Report (due quarterly)	10/5/2018 1/5/2019 4/5/2019 7/5/2019	TXreports@midstatehealthnetwork.org	EMAIL	TEMPLATE found on MSHN's website under SUD/SUD related-Reports
Treatment/Prevention	Annual Litigation Report	10/31/2018	Kim.zimmerman@midstatehealthnetwork.org	EMAIL	TEMPLATE SENT BY EMAIL
Treatment/Prevention	Fraud and Abuse Report (due semi-annually)	10/31/2018 & 04/30/2019	Kim.zimmerman@midstatehealthnetwork.org	EMAIL	TEMPLATE SENT BY EMAIL

NOTE: when submitting reports, please identify in the subject line of the e-mail the report title found in Column B.
NOTE: All reports with protected health information (PHI) must be sent via SECURE/ENCRYPTED email.