## SUD Treatment Contract

**Changes throughout document**

* Changed *CareNet* to *REMI*
* Revised OMB Reference
* Changed *Payor* to *MSHN* where applicable for consistency
* Changed *Detox* to *Withdrawal Management*
* Removed references to SUD manual from each section
* Reformatted Bullets and Indentations

**Coversheet (Pg. 1)**

* Fiscal Year to 2019
* Revised OMB circular reference

**Glossary (Pg. 4-8)**

* Verified terms are within contract language
* Compared to SUD provider manual glossary
* Deleted: CareNet, ASI (term not in contract)
* Revised: continued service criteria, discharge summary, encounter, episode of care, MSHN SUDSP Manual, subrecipient, urgent
* Added: Care Coordination, Excluded Individuals or Entitles, REMI

**I. General Contract Summary (Pg. 9-10)**

* Deleted MAT Philosophy Statement – already included in *Special Considerations* section
* Revised *Statement of Work* section language
* Revised *MSHN-SUDSP Manual* section language (deleted all other references to SUDSP Manual in remainder of document)
* Revised list of Additional Attachments

**II. Treatment Service Obligations of the Provider (Pg. 10-19)**

A. General Provisions

* A.1. Authorization – Revised language
* A.2. Access to Service – new language
* A.5. Interim Services – Revised language
* A.7. Residency Determination – Revised language per PIHP/MDHHS master agreement

B. Billing Provisions

* B.5 Payments – Revised language
* B.7 Warranty – Revised language to include provider qualifications

C. Other Provisions

* C.2. Credentialing – Revised language; moved Satisfaction Survey to separate section (C.3.)
* C.3. Fair Hearing – Revised language
* C.9. Medical Records – deleted duplicative language
* C.12. Tracking Capacity – deleted language
* C.16. ASAM LOC – Revised language; removed table and language that is specific to PIHP obligations
* C.17. – C.19 – Deleted duplicative disclosure requirements as already outlined in Assurances of Provider section
* C.22 Program Compliance – Added language based on new PIHP contract requirement.

**III. General Provisions for MSHN (Pg. 20)**

* C. Advertising – correction to reference

**IV. Medicaid/HMP Requirements (Pg. 20-22)**

* C. Accessibility – revised language
* E. Clinical Protocols - deleted section (rationale: providers are responsible for following applicable MSHN technical guidelines, BSAAS treatment policies/advisories; MSHN does not have a practice to collect and review clinical protocols outside of regular audit process).
* G. Consumer Eligibility – revised language (previously bullet H.)

**V. Medicaid Responsibilities of MSHN (Pg. 22)**

* No change

**VI. Contractual Provisions (Pg. 22-33)**

1. General Responsibilities of the Provider

* DDCAT & TIC – revised language

1. Assurances of Provider

* 2. Non-Discrimination – revised language to include religion

1. Block Grant Requirements

* No change

1. Termination

* No change

1. Continuation of Contractual Agreement

* No change

1. Liability Insurance

* Deleted Fidelity Bonding Requirement (removed from PIHP/MDHHS contract)

1. Resolution of Disputes

* No change

1. Special Conditions

* 3. MAT philosophy - Revised language (specific to informed consent being initialed by client signifying receipt and review of MSHN grid on recovery pathways for OUD)

1. Contract Remedies and Sanctions

* Revised language (reflects new policy on delinquent reports)

**Attachment A – Statement of Work (Pg. 34-40)**

* 2. MSHN SUDSP Manual – revised language
* 5. Fee Policies and Procedures – revised language
* 6. Communicable Diseases – revised language
* 7. Twelve Month Availability of Services – deleted section (rationale: old accreditation requirement; cannot hold providers to maintaining services for a consumer that is not eligibility under contract if MSHN deems consumer ineligible for services due to medical necessity or Medicaid/BG eligibility)
* 9. Care Coordination – new language
* 12. Data Reporting Requirements – revised language
* 22. Peer Recovery Services – revised language
* 27. Customer Service/Recipient Rights – revised language

**Attachment B – Cost Reimbursement (Pg. 41)**

* No changes

**Attachment C – Performance Indicators (42)**

* Changed title to Performance Measures so not to confuse with MMBPIS Performance Indicators
* Separated 1. Into two separate items (outpatient measure and residential/WM measure)
* 4. Revised language to specify MMBPIS measures (i.e. PI’s)

**Attachment D – HIPPA/BAA (43-48)**

* No changes

**Attachment E – Disclosure of Ownership, Control, and Criminal Convictions (Pg. 49-56)**

* No changes to form; added to contract to ensure annual update of disclosure

**Attachment F – Reporting Requirements**

* Dates to reflected FY19

**Attachment G – MSHN Training Grid**

* New document outlining MSHN Training requirements

**Review Process – Expected Timeline:**