MSHN
Mid-State Health Network

SUD Treatment Contract – FY27 Change Log

Changes Throughout

- Grammatical, punctuation, formatting, fiscal year, attachment reference, and terminology updates throughout the contract.
- Updated person-centered and clinical terminology throughout, including replacement of references to "consumer" and "client" with "individual," updated ASAM terminology, and use of Medication for Opioid Use Disorder (MOUD).

I. General Contract Summary (Pg. 11)

- Added Stop Work Order provisions allowing MSHN to suspend contract activities, issue written instructions, authorize resumption of work, and limit payment during the stop-work period.

II. Treatment Service Obligations – Authorization, Access & Equity (Pg. 12-15)

- Clarified REMI Request for Services and Level of Care requirements and timely access to medically necessary services, including MOUD.
- Updated after-hours access requirements for residential treatment, withdrawal management, and recovery housing, including MSHN Access and warm-transfer practices.
- Added Equity and Access requirements addressing culturally appropriate services, trauma-informed environments, barriers to care, outreach, engagement, and non-discrimination.
- Clarified that services cannot be denied, delayed, or discontinued solely because of continued substance use, positive drug screens, or lack of counseling participation when medical necessity continues to be met.
- Expanded interim services when immediate admission is unavailable to include harm reduction, overdose prevention, naloxone access, engagement, referral support, and waitlist monitoring.
- Clarified biopsychosocial assessment requirements and use of prior qualified assessments when clinically appropriate.
- Added MOUD requirements addressing timely access, initiation, comprehensive assessment, continuation of care, care coordination, and individualized medication decisions.
- Clarified that drug testing is a clinical tool and should not be used punitively.

II. Treatment Service Obligations – Credentialing, Quality, ROSC & Harm Reduction (Pg. 14-24, 32)

- Updated credentialing, staff qualification, supervision, certification, and employee background-check requirements.
- Updated Consumer Satisfaction Survey and Critical Incident reporting requirements.
- Clarified staffing-change notification requirements when changes negatively affect access to care.
- Added participation in the MSHN Quality Improvement Program, including performance monitoring and corrective action requirements.
- Added ROSC requirements emphasizing person-centered services, peer recovery support, family/natural supports, engagement, and recovery planning.
- Added Harm Reduction and Overdose Prevention requirements, including non-punitive engagement, overdose education, naloxone access, infectious-disease prevention/referral, and reassessment following return to use.

IV. Care Coordination and Physical Health Integration (Pg. 30)

- Added requirements for coordination across behavioral health, physical health, and social service systems, including transitions of care, information sharing, co-occurring conditions, and social determinants of health.

VI. Contractual Provisions – Program Integrity, Federal Funding & Insurance (Pg. 35-41)

- Updated exclusions monitoring requirements for employees, contractors, provider entities, owners/control interests, and managing employees using applicable federal and state exclusion databases.
- Updated federal funding restrictions, including salary limitations and restrictions on promotional items.
- Updated insurance requirements for Commercial General Liability, Workers' Compensation/Employer Liability, Cyber Liability, and Professional Liability coverage.

Attachment A – Statement of Work (Pg. 46-56)

- Added Annual Plan Guidelines and revised Screening and Priority Admission requirements, including priority population timeframes and interim services.
- Updated Charitable Choice requirements for faith-based providers, including required notices, voluntary religious participation, and warm transfers when alternative services are requested.
- Clarified transportation requirements.
- Added the expectation that all providers be co-occurring capable by October 1, 2026, consistent with the current ASAM Criteria.
- Added Prescriber Education and Controlled Substance Training requirements, including CDC guidance, MATE Act training, documentation, compliance monitoring, and evidence-based prescribing practices.
- Added Reducing Health Disparities requirements, including FY27 staff training and an organizational readiness assessment addressing disparities, stigma, bias, and cultural humility.

Attachment B – Cost Reimbursement (Pg. 57-59)

- Updated Direct Care Worker premium-pay requirements. Eligible employees must receive at least the State of Michigan prevailing minimum wage plus the legislatively required premium pay; the FY27 premium amount is listed as TBD.

Attachment C – Performance Indicators (Pg. 60-62)

- Updated performance indicator language and MOUD Initiation/Engagement terminology.
- Added Follow-up After Emergency Department Visit for Substance Use (FUA) measures for youth, adults, and total populations.
- Removed the prior Indicator 4b withdrawal-management follow-up measure.
- Added Michigan Performance Indicator – Access to Care Measure (ACC), measuring the percentage of applicable new Medicaid individuals who receive a routine mental health or substance use service within ten (10) business days of their initial request for service.
- Defined the ACC measure scope as new Medicaid individuals approved/authorized for SUD services, including individuals who have never received SUD services through the PIHP or who have not had an open admission with the provider or were discharged from the provider more than ninety (90) days ago.
- Established FY27 as the baseline collection year for the ACC measure; no MDHHS benchmark has been established at this time.

Attachment G was deleted and will be available to providers through REMI

Date:	Action:	Outcome:
3.12.26	SUD contracts and the provider manual were sent to leadership	
	Provider Feedback due	Suggested edits
7.8.26	PNMC Review	Suggested edits
9.2026	Release to Network	