



**PROCUREMENT OF SERVICES:**

Substance Use Disorder Services (Residential Withdrawal Management and Short-Term Residential/Intensive Stabilization)

**PROCUREMENT ISSUED BY:**

KENT COUNTY CMH AUTHORITY D/B/A NETWORK180  
790 Fuller Ave NE, Grand Rapids, Michigan 49503  
[www.network180.org](http://www.network180.org)

**PROCUREMENT SUBMISSION PERIOD:**

July 2024 – until sufficient capacity is reached

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## **1. Network180 Procurement**

Kent County CMH Authority d/b/a Network180, the Community Mental Health Authority in Kent County, seeks providers of the following services to be provided to Adults with Substance Use Disorders or Co-Occurring Substance Use Disorders and Mental Illness:

- Residential Withdrawal Management Services (SUD WM):
  - Michigan ASAM designation Level 3.7: WM - Medically Monitored Inpatient Withdrawal Management (Residential Withdrawal Management)
  - Also known as Sub-Acute Detoxification, this service will be referred to as Withdrawal Management throughout this application
- Short-Term Residential Services/Intensive Stabilization (STR/IS)
  - Michigan ASAM designation Level 3.7: Medically Monitored High Intensity Inpatient

Network180 is a community mental health authority under the Michigan Mental Health Code and is part of the Lakeshore Regional Entity Pre-Paid Inpatient Health Plan (PIHP). Its programs and services are supported and funded, in part, by the Kent County Board of Commissioners and the Michigan Department of Health and Human Services and are administered by the Kent County Community Mental Health Authority Board.

Network180's programs serve over 14,500 individuals every year. Behavioral health services provided by Network180's staff and contract agencies include, but are not limited to, Inpatient Hospitalization, Partial Hospitalization, Clubhouse Program, Assessment, Evaluation, Therapy, Counseling, Person Centered Planning, Crisis Intervention, Crisis Stabilization, Mobile Crisis Response, Case Management/Supports Coordination, Home-Based Services, Supported Employment, Respite Care, Community Living Supports, Skill Building, Wraparound Services, and Prevention Services.

It is the policy of Network180 to maintain a panel of providers that ensures consumer choice and maximizes value, quality, and availability of services. This procurement opportunity is consistent with the Michigan Mental Health Code, the contracts between the Michigan Department of Health and Human Services (MDHHS) and Network180, the contracts between Network180 and the Lakeshore Regional Entity (LRE) Pre-Paid Inpatient Health Plan (PIHP), and federal procurement guidelines.

Visit <http://www.network180.org/> for additional information about Network180 and its current services and activities.

## **2. Reference Links**

It is expected that providers have reviewed and will comply with policies, procedures, and guidelines applicable to the services found at the links below.

- [Michigan Medicaid Provider Manual, Behavioral Health and Intellectual and Developmental Disability Supports and Services, Section 12- Substance Abuse Services](#)
- [SFY 2024 Behavioral Health Code Charts and Provider Qualifications](#)
- [Lakeshore Regional Entity SUD Provider Manual](#)
- [Michigan Certification Board for Addiction Professionals](#)

- [Michigan Department of Health and Human Services Policies and Advisories/SUD Services Policy Manual](#)
- [American Society of Addiction Medicine \(ASAM\)](#)
- [Network180 Provider Network Information](#)

Providers must abide by contract terms with Network180 and follow all applicable Network180 Provider Network policies. Network180 reserves the right to negotiate provider contract terms in any way whatsoever is deemed in its best interest.

- Current provider contract templates, attachments, and the Network180 provider manual are available at <https://www.network180.org/png> and are the foundation for the contractual relationship between Network180 and its contracted provider network.
- Additional information about the Lakeshore LRE and its contractual and policy requirements for Region 3 CMHSPs and contracted providers of the CMHSPs is available at <http://www.lsr.org>.

### **3. *Scope of Services***

Network180 seeks providers of the following services to be provided to Adults with Substance Use Disorders or Co-Occurring Substance Use Disorders and Mental Illness:

- Residential Withdrawal Management Services (SUD WM):
  - Michigan ASAM designation Level 3.7: WM - Medically Monitored Inpatient Withdrawal Management (Residential Withdrawal Management)
  - Also known as Sub-Acute Detoxification, this service will be referred to as Withdrawal Management throughout this application
- Short-Term Residential Services/Intensive Stabilization (STR/IS)
  - Michigan ASAM designation Level 3.7: Medically Monitored High Intensity Inpatient

In efforts to facilitate a stronger continuum of care, it is encouraged that applicants seek to provide both Residential Withdrawal Management Services and Short-Term Residential Services/Intensive Stabilization. Application to provide both services is not mandatory and preference to provide one service and not the other will not impact the outcome of an organization's procurement process.

#### **3.A. *Residential Withdrawal Management Services (SUD WM)***

Network180 serves the Medicaid and uninsured populations in Kent County and is seeking proposals to add capacity for SUD WM services for residents aged eighteen (18) and older. Network180's contracted providers served 261 individuals in this service in fiscal year 2023.

Sub-acute detoxification is defined in the Michigan Medicaid Provider Manual as, "supervised care for the purpose of management the effects of withdrawal from alcohol and/or other drugs as part of a planned sequence of addiction treatment. Detoxification is limited to the stabilization of the medical effects of the withdrawal and to the referral to necessary ongoing treatment and/or support services." Services are provided in a residential setting in possession of appropriate substance abuse services licensure and American Society of Addiction Medicine (ASAM) certification for the level of care. A detoxification program must be staffed 24 hours per

day, seven days per week, by a licensed physician or by the designated representative of a licensed physician. Detox provides regular medical monitoring, crisis intervention, clinical therapy, peer support, recreation/exercise, activities, family programming, treatment coordination, support groups, and discharge coordination.

This service is based on the ASAM Substance Use Disorder Level 3.7: Medically Monitored Inpatient Withdrawal Management level of care. This level of care addresses severe withdrawal needs and provides 24-hour nursing care and physician visits (as necessary) to complete withdrawal management protocol. Individuals in this level of care would be unlikely to complete withdrawal management without medical care and nursing monitoring.

#### SUD WM PRACTICE PRINCIPLES

1. Withdrawal management alone is not sufficient treatment for substance dependence, but it is one part (typically a first step) in a sequence of care for a person with a substance use disorder who faces the challenge of physiological withdrawal.
2. Individuals seeking withdrawal management services have diverse cultural and ethnic backgrounds, as well as unique health needs and life situations. Providers will consider specific cultural and or unique health needs when evaluating the proper level of care. Recovery planning will be done in conjunction with the individual, and as appropriate, their family, friends, or other significant people.
3. Staff working with an individual entering withdrawal management has a basic responsibility to assist the individual with recognizing that recovery is possible. Staff members must aid individuals with identifying potential obstacles that could prevent them from moving forward with stages of change and making progress in their recovery.
4. Motivational interviewing has been shown to be highly effective in assisting an individual to begin to make changes. Network180 requires that each staff member assisting an individual in the recovery process has at least a basic understanding of, and be able to practice, motivational interviewing.
5. Facilities that provide level 3.7-WM care will seamlessly transition individuals to individually clinically appropriate levels of care as their overall status warrants.

#### SUD WM ELIGIBILITY

1. An individual must meet medical necessity for withdrawal management services based on current ASAM criteria for withdrawal management (Level 3.7-WM), with emphasis on Dimension 1.
2. Admission criteria include:
  - i. Withdrawal management services are intended to assist individuals in the process of physiological withdrawal from substance(s) in preparation for continued substance use or co-occurring disorder treatment.
  - ii. Individuals served must meet ASAM (American Society of Addiction Medicine) criteria for this service.
  - iii. Individuals with a co-occurring Axis I mental health and substance use disorder are eligible and welcomed into this service.
  - iv. The individual needs to be in active withdrawal as evidenced by a defined Clinical Opiate Withdrawal Scale (COWS), Clinical Institute Narcotic Assessment (CINA) or Clinical Institute Withdrawal Assessment of Alcohol (CIWA) score, or other assessment tool.

### SUD WM CODES AND RATES

Codes and rates are regionally set by the LRE. Providers outside of the Lakeshore Regional PIHP will be considered by the Lakeshore Regional PIHP for reimbursement at their home PIHP rates for the below services.

H0010- Medically Monitored Subacute Detoxification:	\$412.00, per diem
S9976- Lodging:	\$27.81, per diem

### ***3.B. Short Term Residential/Intensive Stabilization Services (STR/IS)***

Network180 serves the Medicaid and uninsured populations in Kent County and is seeking proposals to add capacity for Substance Use Disorders Short Term Residential Treatment with focus on Intensive Stabilization (**STR/IS**) services for residents aged eighteen (18) and older. Network180's contracted providers served 201 individuals in this service in fiscal year 2023.

The purpose of STR/IS services is to provide a structured environment to aid individuals who are experiencing a crisis and an increase in symptoms that has led or could lead to a relapse or psychological decompensation. They may also need Residential Withdrawal Management services. This service is meant to serve both substance use disorders and mental health as a short-term alternative to inpatient services for individuals experiencing an acute crisis when clinically indicated. The length of stay ranges between 1 and 14 days.

STR/IS may also be used for someone who has significant recovery capital and experienced a recent relapse. They may not require the intensity and duration of treatment in long term residential but may need a brief removal from their environment to get back on track with their recovery.

Residential treatment is defined as an intensive therapeutic service which includes overnight stay and planned therapeutic, rehabilitative, or didactic counseling to address cognitive and behavioral impairments for the purpose of enabling the beneficiary to participate in and benefit from less intensive treatment. A Program Director is responsible for the overall management of the clinical program, and treatment is provided by appropriately credentialed professional staff, including Substance Use Disorder Residential Treatment professionals.

This service is based on the ASAM Substance Use Disorder ASAM Level 3.7: Medically Monitored Intensive Residential Treatment- Short-Term Residential. This level of care provides organized treatment services with a planned structured regimen of care in a 24-hour non-hospital, residential setting. Short-term residential provides crisis intervention, clinical therapy, peer support, recreation/exercise, activities, family programming, treatment coordination, support groups, and discharge coordination. Services are housed in permanent facilities where individuals can reside safely. They are staffed 24 hours a day, seven days per week.

### STR/IS PRACTICE PRINCIPLES

1. Substance Use Disorder Residential Treatment is to be utilized according to ASAM standards, which is specific as to levels of care for specific clinical needs.
2. In general, residential treatment is intended as a setting in which clinical stabilization may occur during which a patient-specific recovery plan is to be developed. Given the nature of addiction, specific early attention is to be given to the need for a safe and sober living environment upon discharge and include consideration of a recovery residence when clinically warranted and appropriate.
3. Education and therapeutic interventions are key deliverables and must be organized to increase the individual's capacity to execute their recovery plan.
4. Programs are expected to provide individualized treatment; that is, they will provide reasonable modifications to their standard services package in order to support the unique recovery plan requirements of each individual authorized by Network180.
5. The course of residential treatment, including length of stay, must be developed and delivered according to an individual's specific needs. It may be possible to generally predict the length of stay that persons with similar needs may require, however, the length of stay must never be standardized or fixed.

#### STR/IS ELIGIBILITY

1. An individual must meet medical necessity for short term residential services, with an emphasis on intensive stabilization based on current ASAM criteria.
2. Admission criteria include:
  - i. Network180's funded services are provided with a focus on intensive stabilization when individuals are experiencing a crisis and an increase in symptoms that has led or could lead to a relapse or psychological decompensation. This service is meant to serve both substance use disorders and mental health as a short-term alternative to inpatient services for individuals experiencing an acute crisis when clinically indicated.
  - ii. STR/IS may also be used for someone who has significant recovery capital and experienced a recent relapse. They may not require the intensity and duration of treatment in long term residential but may need a brief removal from their environment to get back on track with their recovery.
  - iii. Individuals served must meet Michigan ASAM designation Level 3.7- Medically Monitored High Intensity Inpatient criteria for this service.
  - iv. Individuals with a co-occurring Axis I mental health and substance use disorder are eligible and welcomed into this service.

#### STR/IS CODES AND RATES

Codes and rates are regionally set by the LRE. Providers outside of the Lakeshore Regional PIHP will be considered for reimbursement at their home PIHP rates for the above services.

H0018- Substance Abuse Residential Services:	\$209.09, per diem
S9976- Lodging:	\$27.81, per diem

#### **4. Provider Requirements**

#### **4.A. General Requirements**

1. Providers must comply with the LRE SUD Services Policy Manual, found at the link above.
2. Providers must comply with SUD Administrative Rules, as appropriate:
  - a. Program Match Requirements, R325.4151-325.4156
  - b. Substance Use Disorders Service Program, R325.14101-325.14125
  - c. Licensing of Substance Use Disorder Programs, R325.14201-325.14214
  - d. Recipient Rights, R325.14301-325.14306
  - e. Methadone Treatment and Other Chemotherapy, R325.14401-325.14423
  - f. Prevention, R325.14501-325.14530
  - g. Case-finding, R325.14601-325.14623
  - h. Outpatient Programs, R325.14801-325.14712
  - i. Inpatient Programs, R325.14801-325.14807
  - j. Residential Programs, R325.14901-325.14928
3. Providers must comply with:
  - a. The Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse
  - b. The Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616) as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism
  - c. §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records
    - i. Any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made and,
    - ii. The requirements of any other nondiscrimination statute(s) which may apply to the application. (Part I, Section 18.1)
  - d. 1978 PA 368, Public Health Code, health reporting requirements. The Provider agrees to ensure compliance with all such reporting requirements
  - e. Title 42 of the Code of Federal Regulations Part 2, meant to protect patient records created by federally assisted programs for the treatment of substance use disorders
4. Providers must meet all LRE and MDHHS licensing, credentialing, and accreditation requirements.
5. **[SUD WM providers only]** Providers must minimally provide services in accordance with ASAM Level 3.7: Medically Monitored Inpatient Withdrawal Management level of care. It is an organized service delivered by medical and nursing professionals, who provide 24-hour medically supervised evaluation and withdrawal management.
6. **[STR/IS providers only]** Providers must minimally provide services in accordance with Michigan ASAM Level 3.7: Medically Monitored High Intensity Inpatient.
7. Providers must serve individuals with substance use disorders as described in Network180's contracts with the Michigan Department of Health and Human Services (MDHHS)MDHHS and with the Lakeshore Regional Entity (LRE) PIHPLRE.
8. Individuals seeking Substance Use Disorder Residential Treatment will be screened for services through the Network180 Access Center.
9. Individuals must be determined eligible by Network180 based on criteria outlined by MDHHS, the LRE, and Network180.
10. Providers will serve adults with substance use disorders and/or co-occurring disorders whose symptoms vary in severity.
11. Individuals must be offered a choice of treatment provider.

12. Providers must have the ability to provide exceptional care coordination for individuals being served away from their community and natural supports.
13. Providers must provide individualized evidence-based treatment centered on client respect and dignity. Therapy must be provided by a Master's Level credentialed provider.
14. Providers must provide coordination to ensure individuals seamless access to all prescribed physical and behavioral health medications, including Methadone or Suboxone.
15. Individuals must be admitted to the next level of care within seven days of discharge.

#### **4.B. Licensing and Credentialing Requirements**

All credentials are per the most recent version of the Michigan Behavioral Health Code Charts and Provider Qualifications (see *Reference Links*), as well as other referenced licensure/certifying bodies.

1. The program must hold a current license for SUD WM and/or STR services, as applicable, from Michigan's Office of Licensing and Regulatory Affairs.
2. It is encouraged that programs seek Women's Specialty Service (WSS) designation, as appropriate.
3. Master's level professional staff must also be credentialed by the Michigan Certification Board for Addiction Professionals (MCBAP) as a CAADC, CADC, CCJP, or CCDP-D, or have a development plan for one of these credentials.
4. Staff must be supervised by a Master's prepared Clinical Supervisor with a MCBAP certified clinical supervisor certification (CCS), or development plan. Please refer to the MDHHS' SFY 2024 Behavioral Health Code Charts and Provider Qualifications and MCBAP for a detailed listing of certification options and requirements, including student intern requirements.
5. Recovery Supports – The individual completed Recovery Coach Training in compliance with MDHHS requirements and is supervised by a Master's prepared clinical supervisor meeting all supervisor requirements noted in this section.
6. **[SUD WM providers only]**
  - a. The program must be certified for ASAM 3.7 Medically Monitored Inpatient Withdrawal Management.
  - b. Supervision is provided by a licensed physician.
  - c. Professional staff must have a Master's degree in an approved field of behavioral health and meet qualifications per the MDHHS' SFY 2024 Behavioral Health Code Charts and Provider Qualifications.
7. **[STR/IS providers only]**
  - a. The clinical program must be under the supervision of a "Substance Abuse Treatment Specialist" (SATS) with licensure as a psychologist, Master's social worker, licensed or limited-licensed professional counselor, physician, or licensed marriage and family therapist.
  - b. Professional staff must have a Master's degree in an approved field of behavioral health and meet the qualifications of a SATS.

As these standards are now being uniformly applied across the PIHP region, providers with specific challenges in meeting these requirements with legacy staff should contact Network180 to discuss options for compliance.

#### **4.C. Accreditation Requirements**



Providers must be accredited by one of the following accrediting bodies: The Joint Commission (TJC formerly JCAHO); Commission on Accreditation of Rehabilitation Facilities (CARF); the American Osteopathic Association (AOA); Council on Accreditation of Services for Families and Children (COA); National Committee on Quality Assurance (NCQA), or Accreditation Association for Ambulatory Health Care (AAAHC).

**[SUD WM providers only]** The program must be accredited as a substance abuse residential withdrawal and management program, supervised by a licensed physician.

#### **4.D. Training Requirements**

1. Providers will ensure staff receive training as outlined in Attachment I to the Provider Contract, found at the Provider Network Information link above.
2. Providers will ensure and document that each staff member is trained on the individual's plan of services prior to delivery of service.
3. Providers will ensure program staff are current with all training required to maintain licenses and certifications.

#### **4.E. Other Requirements**

1. **[SUD WM providers only]** Withdrawal symptoms are evaluated using either the Clinical Institute Withdrawal Assessment (CIWA), the Clinical Institute Narcotic Assessment (CINA), the Clinical Opiate Withdrawal Scale (COWS), or another approved assessment tool. Services are delivered under a defined set of physician-approved policies and physician monitored procedures or clinical protocols. This level provides care to individuals whose withdrawal signs and symptoms are sufficiently severe to require primary medical and nursing care services.
2. As appropriate, cognitive, behavioral, medical, mental health, and other therapies are administered to the individual on an individual or group basis designed to enhance the individual's understanding of addiction, and the completion of the withdrawal process.
3. General Provider expectations – Providers are expected to:
  - a. Provide co-occurring capable services in a welcoming environment.
  - b. The program must have daily therapeutic programming which is individualized to meet the unique needs of the individual served. Treatment planning and treatment is individualized and individual specific. Therapeutic programming must meet ASAM level of care expectations.
  - c. Have the ability to admit pregnant women who are eligible for the program within 24 hours, meeting priority population expectations.
4. Clinical Provider expectations – Providers are expected to:
  - a. Evaluate an individual for withdrawal management – Providers evaluating an individual's need for withdrawal management must recognize the signs of withdrawal. Providers must consider the severity of each symptom present in determining the need for withdrawal management services.
  - b. Provide daily clinical services are provided to assess and address the needs of each individual.
  - c. Provide services and/or interventions that are stage-matched with ongoing evaluation to meet changing needs and abilities, including referrals to alternative services as needed.

- d. Provide interventions that include health education and risk reduction content.
  - e. Provide interventions based on recent and appropriate science behind substance use disorders.
  - f. Utilize evidence-based practices and best practices.
  - g. Treat individuals who may also be enrolled in an opiate treatment program/medication assisted treatment program (Methadone/Suboxone). Provider will coordinate the individual's care with the appropriate program.
  - h. Provide integrated screening, data collection/reporting, assessment, and treatment planning.
  - i. Coordinate discharge planning and aftercare services to ongoing treatment services (through clinical staff, case managers, or recovery coaches as applicable). The individual will be prepared for their referral to ongoing services and engagement should be facilitated by the program or clinically responsible individuals involved with the individual outside of the program. The aim must be to responsibly link the individual to services that are needed to support the progress made during the episode of care and provide those services that will address the individual's need for the development of recovery skills and stable recovery.
5. Service provision will comply with MDHHS policy requirements for amount of services, currently:

Level of Care	Minimum Weekly Core Services	Minimum Weekly Life Skills/Self Care
ASAM 3.7	Not less than 20 hours per week	Not less than 20 hours per week

6. Medical Provider expectations – Providers are expected to:
- a. Coordinate medical care through the individual's primary care physician.
  - b. Include service evaluations for psychotropic medication (by qualified medical professionals) when needs are identified. Provider will need to assume responsibility to pay for psychotropic medications when need is identified. Provider will remain responsible for psychotropic medication needs for 30 days after discharge unless a subsequent services provider assumes this responsibility earlier.
7. Communicable Disease (Screening and Testing):
- a. All individuals must be screened for risk of TB, STI's, HIV/AIDS, and hepatitis in a manner that is consistent with the MDHHS Communicable Disease policy and LRE guidelines. Please refer to those documents for detailed information.
  - b. If the screen identifies high-risk behavior, the individual must be referred for testing.
  - c. The provider must do mandatory TB testing for all individuals entering residential treatment within 48 hours of admission.
  - d. The provider must have and maintain a current list of resources providing testing services, particularly those resources supporting individuals with limited financial resources.
  - e. The provider must have a protocol for linking infected individuals with appropriate treatment/support resources.
  - f. The provider must have a method for ensuring that the agency to which the individual has been referred has the capacity to accept the referral.
  - g. The provider must have a protocol for recording the screening, referral, and linking activities in the individual's file.

- h. The provider must ensure completion of the Communicable Disease reporting requirements as specified by MDHHS policy.
- 8. Fetal Alcohol Spectrum Disorder (FASD):
  - a. Please refer to MDHHS FASD policy for details.
  - b. FASD prevention information must be provided to men and women in all substance use disorder treatment programs, including risks.
  - c. For any treatment program that serves women with children, it is required that the program complete the FASD pre-screen for children they interact with during the treatment episode. In the event a child has a positive pre-screen, referrals must be made for diagnosis and treatment. Note that program clinicians do not need to be able to diagnose a child, but do need to be able to screen and make proper referrals.
- 9. Co-Occurring Disorders – Individuals with co-occurring disorders that are admitted to a withdrawal management program must be screened for prescribed addictive medications. For individuals that are prescribed addictive psychotropic medications, the withdrawal management program must consult with the prescribing physician to assess if the individual can be switched to non-addictive medications.
- 10. Service Coordination – Coordination efforts for services following completion of treatment are required of providers services.
- 11. **[SUD WM providers only]** Short-term residential following withdrawal management is considered the same level of care, therefore when short-term residential is the next step in treatment, the following expectations would be extended to completion by discharge from short-term residential.
- 12. Individuals must be strongly encouraged to participate in services at the next level of care, with referrals being made to the appropriate level of care for continuation of treatment.
- 13. Individuals must be admitted to the next level of care within seven days of discharge; however, it is recommended that they be admitted as soon as possible.
- 14. Continued treatment services should be holistic in nature and occur within a recovery-oriented system of care.
- 15. Providers are encouraged to seek appropriate interventions from alternative therapies, such as occupational (sensory integration) therapy, physical therapy (recreational therapy), and acupuncture.
- 16. Providers must develop a discharge treatment/recovery plan that addresses all assessed needs. The treatment/recovery plan will identify agencies in the individual's home county that can provide services following discharge. If a provider is unsure of available resources in an area, they will contact the local PIHP's Access Center.
- 17. The provider must take all appropriate steps to assure and engage in coordination of care with all physical and behavioral health providers, including the primary medical care provider, dentist, and all behavioral health providers. Every effort will be made to obtain signed releases of information for all providers. If the individual refuses to sign releases of information, clear and detailed documentation must be included in the record regarding the refusal.
- 18. Providers must work to promote continuity of treatment at the next level of care. Therefore, it is expected that they:
  - a. Perform assessment of urgency for treatment during transitional planning at the next level of care.
  - b. Prioritize treatment goals/outcomes during transitional planning for the next level of care.

- c. Provide information to the individual on substance use disorder treatment, including information on what to expect at the first appointment at the next level of care.
- d. Engage the support of family members as appropriate.
- e. Obtain a release of information enabling the provider to exchange information with the subsequent provider of services, as appropriate. Information may include, but is not limited to, the treatment/service/recovery plan, discharge summary, and medication list.
- f. Introduce the individual to the counselor at the next provider who will deliver rehabilitation services (this can be done via telephone and/or face to face), as able.
- g. Ensure the individual knows the date, time, and place of their next level of care appointment.
- h. Provide contacts for support group meetings in the individual's home area.
- i. Providers will submit the discharge summary and complete all applicable transition and/or discharge tasks as required by Network180.

#### **4.F. Authorization and Reauthorization**

1. Providers will prioritize services for the populations noted below, and within identified timeframes:
  - a. Pregnant Women Injecting Drugs- screened, referred, offered admission within 24 hours
  - b. Pregnant Substance User- screened, referred, offered admission within 24 hours
  - c. Injecting Drug User- screened, referred within 24 hours; admission within 14 days
  - d. Parent at Risk of Losing Children- screened, referred within 24 hours; admission within 14 days
  - e. Involvement with the Criminal Justice System- screened, referred within 24 hours; admission within 14 days
  - f. All others- capacity to offer admission within 14 days
2. Authorizations for services can only occur through Network180 and must meet appropriate level of care ASAM criteria.
3. Primary payer rules apply for individuals with Medicare or other commercial insurance and processes appropriate to the primary payer will be followed for approval and admission.
4. In order to ensure that services are prioritized for persons with the greatest need, Network180 has developed with providers these additional guidelines. It is expected that providers will have the capacity to accept emergent admissions.
  - a. "Emergent" referrals are admissions in which a diversion from psychiatric inpatient is made because of a primary or co-occurring substance use disorder needs immediate treatment.
  - b. Includes admissions outside of normal business hours, including all holidays and weekends.
  - c. All emergent admissions must have CMHSP approval, and the CMHSP manager's name must be noted.
5. All submission of discharge summaries within Network180's electronic health record (NOVA), and completion of BH-TEDS in NOVA (as appropriate), must occur within seven days of discharge.

#### **4.G. Outcomes and Performance Indicators**

State, Regional, and Network180 policy require the following outcomes or performance indicators be adhered to:

Area of Compliance	Outcome	Performance Indicator	Benchmark	Frequency
Supports and Services	The Provider will provide services as defined in the Individual Plan of Service (IPOS)/ Treatment Plan.	The Provider will report successful implementation of the planned supports/services as electronically documented in an electronic MIS.	Per IPOS/ Treatment Plan	Annually
Quality Management	The Provider will document services provided to individual(s) in a manner that meets Medicaid standards, as monitored by the CMHSP and LRE.	Score achieved in annual Clinical Chart Review.	95% or better	Annually
MMBPIS	The Provider will demonstrate compliance with the MMBPIS Key Performance Indicators as defined in the MDHHS/PIHP Contract.	Refer to the Michigan's Mission-Based Performance Indicator System, Codebook for detailed descriptions of key performance indicator standards.	Refer to the Michigan's Mission Based Performance Indicator System, Codebook	Quarterly
Recipient Rights	The Provider will take appropriate remedial action whenever investigations/reviews conducted by CMHSP Recipient Rights Office or LRE.	Written plan(s) for improvement from reviews or investigations will be submitted within the indicated time frame.	100%	Ongoing
Credentialing Requirements	The Provider will demonstrate qualifications and assurances to perform contracted services.	The Provider will meet all credentialing requirements within 30 calendar days of notice of non-compliance.	100%	Monthly
Training Requirements	The Provider will ensure staff are trained on all required trainings as specified in Attachment I: Training Grid.	New hires and annually as specified in Attachment I.	100%	Monthly
Financial Management	The Provider will electronically submit clean claims in a timely manner for processing in accordance with the requirements set forth in the Provider Service Agreement Section 3.03.	<ul style="list-style-type: none"> <li>80% of PROFESSIONAL claims submitted within 60 days, and 90% within 90 days.</li> <li>60% of INSTITUTIONAL claims submitted within 90 days, and 80% within 120 days.</li> </ul>	See Performance Indicator column	Monthly

Area of Compliance	Outcome	Performance Indicator	Benchmark	Frequency
Customer Satisfaction	Individuals receiving the service will report their assessment with the services received.	Individuals receiving services will indicate an overall score ranging from “strongly agree” to “strongly disagree” with the services they have received as evidenced by the results of the completed Regional Customer Satisfaction Survey.	85% or greater	Quarterly

## 5. *How to Respond*

Providers will be evaluated based on their submissions in the Network180 electronic procurement management system, located at <https://network180.smapply.io/>.

Submissions will be accepted beginning in July 2024. This procurement opportunity will be closed when sufficient provider capacity has been reached.

Questions about this procurement opportunity and submissions may be directed to Kari Kempema at [kari.kempema@network180.org](mailto:kari.kempema@network180.org).

Network180 is committed to selecting providers which demonstrate the ability to provide high quality treatment to individuals served, as well as organizational competence, administrative efficiency, and sufficient capacity. Consequently, submissions must contain all requested information on ability to comply with Network180 contractual obligations, including, but not limited to quality improvement activities, solvency and financial viability, compliance requirements, claims, and other areas required by its funders.

All information included in a provider’s submission is subject to disclosure under the Michigan Freedom of Information Act, 1976 PA 442 once the procurement process has been concluded.

Network180 is not liable for any costs incurred by providers in the preparation of a response to this procurement opportunity.

Network180 reserves the right to request any additional information that it may deem necessary after a submission has been received.

## 6. *Evaluation and Award Information*

The evaluation of submissions received in response to this procurement opportunity will be conducted comprehensively, fairly, and impartially. An evaluation of each submission will be conducted by a team of reviewers from Network180 according to the strength of the responses, experience of the provider, and demonstration of ability to provide services in all required areas.

Providers must disclose all personal and business relationships with employees of Network180 or members of the Network180 board of directors. Any real, potential, or perceived conflicts of interest must be disclosed. Any decision to grant a contract will be dependent on consultation regarding conflict of interest.

Network180 reserves the right to accept any and all submissions, and/or to waive irregularities in any submission, in any way whatsoever is deemed in its best interest. Network180 also reserves the right to award multiple contracts or no contracts under this procurement opportunity.

Providers will be notified in writing of the decision to award/not award a contract for submissions under this procurement opportunity.

The contractual relationship between Network180 and its providers is that of an independent contractor. No agent, employee, or servant of the independent contractor shall be deemed to be an employee, agent, or servant of Network180 for any reason.

Providers who are awarded contracts shall not assign or delegate any of their duties or obligations under the contract to any other party without the prior written permission of Network180.

## **7. Appeals**

An appeal process will be in place for providers objecting to the procurement process. Appeals are limited to alleged violations of the procurement process and may not address the qualitative review by the review teams.

It is the provider's responsibility to become familiar with and fully informed regarding the terms, requirements, and specifications of this procurement opportunity. Lack of understanding and/or misinterpretation of any part of this procurement opportunity shall not be cause for an appeal.

Appeals must be submitted in writing to [procurement@network180.org](mailto:procurement@network180.org) within ten (10) days of the date on which Network180 sends its decision to award/not award a contract to the contact listed on a provider's submission, and must contain the following:

- An identification of alleged violation(s) of the procurement process;
- Specific information supporting the alleged violation(s); and
- Indication of whether provider will be represented by legal counsel during the appeal process, and if so, contact information for legal counsel.

## **8. Modifications**

Network180 reserves the right to withdraw the procurement opportunity at any point during the process, and to update and/or modify the requirements of this procurement opportunity at any time.

Updates and/or modifications to this procurement opportunity will be posted at <https://www.network180.org/becomeaprovider>.