

State Opioid Response Special Provisions

Revised 2/23/2026

I. Substance Use Disorder Grant General Provisions

The Grantee agrees to comply with the Provisions outlined in this agreement. The Grantee also agrees to comply with the requirements described in the relevant SUBSTANCE USE DISORDER POLICIES AND TECHNICAL ADVISORIES, which is part of this agreement, outlined under each grant project.

The SUD Policies and Technical Advisories are also available at:

<https://www.michigan.gov/mdhhs/keep-mi-healthy/mentalhealth/drugcontrol/reportstats/reportcontent/policies-and-advisories>

A. Substance Use Disorder Recipient Rights Training

Register or login at

<https://www.improvingmipractices.org/practice-areas/substance-use-disorder>

Search for **Recipient Rights for Substance Abuse Services**

B. Substance Use Disorder Recipient Rights Resource Documents

Michigan Department of Licensing & Regulatory Affairs, Bureau of Community and Health Systems maintains Substance Use Disorder Recipient Rights Resource Documents at

https://www.michigan.gov/lara/0,4601,7-154-89334_63294_30419_79925---,00.html

C. Selected Specific Grant Requirements

1. Block Grant funds shall not be used to pay for inpatient hospital services except under conditions specified in federal law.
2. Funds shall not be used to make cash payments to intended recipients of services.
3. Funds shall not be used to purchase or improve land, purchase, construct, or permanently improve (other than minor remodeling) any building or any other facility or purchase major medical equipment.
4. Funds shall not be used to satisfy any requirement for the expenditure of non-Federal funds as a condition for the receipt of Federal funding.
5. Funds shall not be used to provide individuals with hypodermic needles or syringes so that such individuals may use illegal drugs.
6. Funds shall not be used to enforce state laws regarding the sale of tobacco products to individuals under the age of 21.
7. Funds shall not be used to pay the salary of an individual at a rate in excess of Level I of the Federal Executive Schedule.

D. Marijuana Restriction

Grant funds may not be used, directly or indirectly, to purchase, prescribe, or provide marijuana or treatment using marijuana. Treatment in this context includes the treatment of opioid use disorder. Grant funds also cannot be provided to any individual who or organization that provides or permits marijuana use for the purposes of treating substance use or mental disorders. See, e.g., 45 C.F.R. 75.300(a) (requiring HHS to ensure that Federal funding is expended in full accordance

with U.S. statutory requirements.); 21 U.S.C. 812(c) (10) and 841 (prohibiting the possession, manufacture, sale, purchase, or distribution of marijuana). This prohibition does not apply to those providing such treatment in the context of clinical research permitted by the DEA and under an FDA-approved investigational new drug application where the article being evaluated is marijuana or a constituent thereof that is otherwise a banned controlled substance under federal law.

E. Inability to Pay

Services may not be denied because of an individual's inability to pay. If a person's income falls within the regional sliding fee scale, clinical need must be determined through the standard assessment and patient placement process. If a financially and clinically eligible person has third party insurance, that insurance must be utilized to its full extent. Then, if benefits are exhausted, or if the person needs a service not fully covered by that third party insurance, or if the co-pay or deductible amount is greater than the person's ability to pay, Community Grant funds may be applied. Community Grant funds may not be denied solely on the basis of a person having third party insurance.

F. Availability of Services

Grantee must maintain service availability throughout the agreement period for persons who do not have the ability to pay. The Grantee is required to manage its authorizations for services and its expenditures in light of known available resources in such a manner as to avoid the need for imposing arbitrary caps on authorizations or spending. "Arbitrary caps" are those that are not adjusted according to individualized determinations of the needs of clients. This requirement is consistent with Michigan Department of Health and Human Services Medicaid Manual, Medical Necessity Criterion 2.5, under Behavioral Health and Intellectual and Developmental Disability Supports and Services.

G. Risk Monitoring

Federal authorities conduct national cross-site evaluation at their discretion. Requests may come from federal authorities that require additional reporting. Grantees will receive notice when these requests are made and be given time to respond appropriately.

Grantees are required to participate in an annual site visit.

H. Residency in PIHP Region

The Grantee may not limit access to the programs and services funded by this portion of the Agreement only to the residents of the PIHP's region, because the funds provided by the Department under this Agreement come from federal and statewide resources. Members of federal and state-identified priority populations must be given access to screening and to assessment and treatment services, consistent with the requirements of this portion of the Agreement, regardless of their residency. However, for non-priority populations, the Grantee may give its residents priority in obtaining services funded under this portion of the Agreement when the actual demand for services by residents eligible for services under this portion of the Agreement exceeds the capacity of the agencies funded under this portion of the Agreement.

I. Reimbursement Rates for Services

The Grantee must pay the same rate when purchasing the same service from the same provider, regardless of fund source.

J. Media Campaigns

A media campaign, very broadly, is a message or series of messages conveyed through mass media channels including print, broadcast, and electronic media. Messages regarding the availability of services in the PIHP region are not considered to be media campaigns. Media campaigns must be compatible with MDHHS values, be coordinated with MDHHS campaigns whenever feasible and costs must be proportionate to likely outcomes. The Grantee shall not finance any media campaign using Department administered funding without prior written approval by the LRE.

K. National Outcome Measures (NOMS)

Complete, accurate, and timely reporting of treatment data is necessary for the Department to meet its federal reporting requirements. For the SUD Treatment NOMS, the grantee shall ensure that the client information reported on these records accurately describes each client's status at admission first date of service (admission) and on the last day of service (discharge).

L. Claims Management System

The Grantee shall make timely payments to all providers for clean claims. This includes payment at 90% or higher of clean claims from network providers within 60 days of receipt, and 99% or higher of all clean claims within 90 days of receipt.

A clean claim is a valid claim completed in the format and time frames specified by the LRE and that can be processed without obtaining additional information from the provider. It does not include a claim from a provider who is under investigation for fraud or abuse, or a claim under review for medical necessity. A valid claim is a claim for services that LRE is responsible for under this Agreement.

M. Persons Involved with the Michigan Department of Health and Human Services (MDHHS)

The Grantee must work with the MDHHS office(s) in its region to facilitate access to prevention, assessment and treatment services for persons involved with MDHHS, including families in the child welfare system and public assistance recipients.

N. Charitable Choice

The Grantee is required to comply with all applicable requirements of the Charitable Choice regulations (45 CFR part 96). The Grantee must ensure that treatment clients and prevention service recipients are notified of their right to request alternative services.

O. Licensure of Subcontractors

The Grantee shall enter into agreements for substance use disorder treatment, and recovery services only with providers appropriately licensed for the service provided as required by Section 6234 of P.A. 501 of 2012, as amended.

The Grantee must ensure that network providers residing and providing services in bordering states meet all applicable licensing and certification requirements within their state that such providers are accredited per the requirements of this Agreement, and that provider staff are credentialed per the requirements of this Agreement.

P. Accreditation of Subcontractors

The Grantee shall enter into agreements for treatment services provided through outpatient, Methadone, sub-acute detoxification and residential providers only with providers accredited by

one of the following accrediting bodies: The Joint Commission (TJC); 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). The Grantee must determine compliance through review of correspondence from accreditation bodies to providers.

Accreditation is not needed in order to provide Access Management System (AMS) services, whether these services are operated by a PIHP or through an agreement with a PIHP or for the provision of broker/generalist case management services. Accreditation is required for AMS providers that also provide treatment services and for case management providers that either also provide treatment services or provide therapeutic case management. Accreditation is not required for peer recovery and recovery support services when these are provided through a prevention license.

II. State Opioid Response “SOR” Special Provisions

A. LRE Substance Use Disorder Provider Manual

Grantee will comply with requirements outlined in the **LRE Substance Use Disorder Provider Manual**

- a. Manual Link: <https://www.ltre.org/for-providers/provider-network>

B. SOR Initiatives

SOR Initiatives	
Each Grantee may not be participating in all initiatives. SOR funding is to be the funding source of last resort. Activities within the initiatives listed, that are not funded through traditional mechanisms, can be funded through this grant; however, these funds may not be used to supplant prior funding for those activities.	
Prevention Initiatives	
Prevention Evidence-Based Programs: To complement the activities of the SOR grant, three evidence-based youth prevention programs will be approved for training and implementation. Grantees will have the opportunity to support the following programs in school and community settings:	Botvin LifeSkills: This program has been employed as a primary EBP and used in conjunction with other EBPs for several years. It has been shown to be effective across all ages, and greater effects with individuals at higher risk for substance use. https://www.lifeskillstraining.com/
	Prime for Life: This program is designed for individuals who may be making high-risk choices, and can be used across universal, selective and indicated audiences. It has been shown to be effective for youth and college students and works to change substance use behaviors by changing beliefs, attitudes, risk perceptions, motivation and the knowledge of how to reduce their risk of substance related problems throughout their lives. https://www.primeforlife.org/
	Project Towards No Drug Abuse (PTNDA): PTNDA is a classroom-based program targeted at high school age youth that focuses on three factors: motivation, skills and decision making to stop or reduce the use of cigarettes, alcohol, marijuana and other drugs. http://tnd.usc.edu/
	Guiding Good Choices: Guiding Good Choices (GGC) promotes healthy, protective parent-child interactions and addresses children’s risk for early substance use. https://www.communitiesthatcare.net/programs/ggc/
	Strengthening Families: The Strengthening Families Program (SFP) is an evidence-based family skills training program for high-risk and general population families. Parents and youth attend weekly SFP skills classes together, learning parenting skills and youth life and refusal skills. They have separate class training for parents and youth the first hour, followed by a joint family practice session the second hour.

	<p>https://strengtheningfamiliesprogram.org/</p> <p>Celebrating Families: The Celebrating Families! Curriculum is an evidence based cognitive behavioral, support group model written for families in which one or both parents have a serious problem with alcohol or other drugs and in which there is a high risk for domestic violence, child abuse, or neglect. Celebrating Families works with every member of the family, from ages 3 through adult, to strengthen recovery from alcohol and/or other drugs, break the cycle of addiction and increase successful family reunification.</p> <p>https://celebratingfamilies.net/</p> <p>Overdose Education and Naloxone Distribution (OEND): Grantees will receive funding to support overdose education and naloxone trainings as well as distribution of fentanyl and xylazine test strips. Grantees may additionally support the purchase of vending machines and Nalox-Boxes modified to dispense naloxone, fentanyl test strips, educational resources in areas of high need such as libraries, drop-in centers, and jail lobbies. The Grantee is expected to work with their provider network to order naloxone from the MDHHS online naloxone portal.</p>
SOR Treatment Initiatives	
Peer Outreach and Linkage	This project will implement peer services in emergency departments, outpatient settings such as FQHC's or Urgent Care facilities, and community settings such as libraries and engagement centers. Peers will utilize a Project ASSERT/SBIRT model to provide assessment with a resulting referral to treatment and recovery services. Follow up on referred clients will be required by the coaches within 30 days to assess for the need of additional services and peer support.
Mobile Care Units	Mobile care units are retrofitted vans/buses that will bring counseling, therapeutic, and physical health services to OUD patients. The units will have an area for intake and scheduling, a restroom to incorporate urine screening, and at least one private room for counseling. Overdose prevention activities including naloxone training and fentanyl test strip distribution are expected to be provided within the mobile care units. The units may also have a telehealth component.
OUD/StUD Treatment	Funding will be awarded specifically to cover the costs of uninsured/under-insured patients for OUD and stimulant use disorder treatment services, including MOUD, case management, and transportation costs. This is for coverage beyond what is provided through Block Grant. Providers that receive these funds will be required to collect SUPRT-A/C data on all patients covered under this grant. Training in the intervention is required for any provider agency offering this service. Other allowable EBPs under this line item include Matrix Model, Acudetox, Motivational Interviewing, Cognitive Behavioral Therapy, SMART Recovery, and Dialectical Behavioral Therapy.
Jail-Based MOUD Expansion	Grantees will have the opportunity to expand the development of jail-based MAT programs. Collaboration with jail-based partners will need to be established for the expansion of MAT services to individuals presenting with an OUD currently incarcerated. The first few weeks after release are known to be the most critical in preventing recidivism and overdose death, thus a collaboration in service provision for persons post-release will be required. Linkages with peer support upon re-entry into the community is strongly encouraged.
SOR Recovery Initiatives	
Recovery Housing	Following the National Alliance for Recovery Residencies (NARR) guidelines, recovery housing will be increased within the state for OUD clients. MDHHS will partner with the Michigan Chapter of NARR to provide oversight of recovery residences in the state. Each Grantee will be provided funding to cover the housing costs of individuals with OUD and stimulant use disorder. All recovery houses must be in compliance with the NARR guidelines.
OUD/StUD Recovery	Grantees will receive funding to support outreach and engagement activities of local Recovery Community Organizations, peer recovery coaching services, and housing assistance for individuals entering long term recovery. Grantees will similarly support case managers at opioid treatment programs and other outpatient providers to assist individuals with securing employment and applying for public assistance benefits.

C. SOR Purpose, Objectives, and Audience

The purpose of the Michigan SOR project is to 1) increase access to MOUD using the three FDA approved medications; 2) reduce unmet treatment needs; 3) reduce overdose related deaths through the provision of prevention, treatment, and recovery activities for OUD and StUD; and 4) improve quality of treatment for StUD and OUD.

Funding from this grant will serve the following objectives: improving the state infrastructure for individuals with an OUD and StUD; training PIHP and provider administration on infrastructure improvements, training provider staff on evidence based interventions and fidelity measures, and increasing educational opportunities for certified peers; implementing evidence based prevention and treatment interventions; expanding overdose education services including naloxone distribution; increasing supportive peer services to probationers and parolees; supporting the use of peers in medical and community settings; expanding recovery friendly communities that include housing and employment support; improving access for individuals most impacted by overdose and OUD; and disseminating educational messaging regarding anti-stigma, OUD, and StUD.

The primary target of Michigan's SOR initiative is adults aged 25 to 44 with OUD. Michigan's SOR will: increase the availability of prevention focused evidence-based practices (EBP); increase access to naloxone and overdose and infectious disease prevention services; improve outcomes for justice-involved individuals; expand SUD education in medical and social work schools; increase statewide treatment and recovery capacity to address gaps in needs; increase access to MOUD using the three FDA-approved medications; increase availability of treatment and recovery support services for individuals with OUDs and StUD; improve the quality of services for individuals with OUDs and StUD by providing training on EBPs and continuing education for peers, to promote positive treatment outcomes and long-term recovery.

D. Federal Terms and Conditions for SAMHSA Grant Awards

1. Prohibited Uses of Grant Funds in Harm Reduction Activities

SAMHSA recipients are strictly prohibited from using Federal funds, directly or indirectly, including through cost-sharing, matching funds, or subsequent reimbursement, to support so-called "harm reduction" or "safe consumption" efforts that facilitate illegal drug use. Specifically, grant funds must not be used to purchase, distribute, or otherwise support the provision of drug paraphernalia as defined by applicable law. This includes, but is not limited to, syringes, needles, pipes, or other supplies used for the injection, inhalation, or ingestion of illicit drugs. Funds are also prohibited from being used for sterile water, saline, or ascorbic acid when intended to facilitate drug use. While these prohibitions are in effect, this does not preclude the use of grant funds for legally permissible supplies and activities that align with evidence-based practices, such as the provision of naloxone or nalmefene, fentanyl or other drug test strips, or the facilitation of referrals to treatment. For more information on this new policy, please review the recent notice from Principal Deputy Assistant Secretary, Art Kleinschmidt, Ph.D., found on our website at Dear Colleague Letter: Executive Order on Ending Crime and Disorder on America's Streets.

2. Antidiscrimination Compliance Requirement

By applying for or accepting federal funds from HHS, recipients certify compliance with all federal antidiscrimination laws and these requirements and that complying with those laws is

a material condition of receiving federal funding streams. Recipients are responsible for ensuring sub-recipients, contractors, and partners also comply.

3. Title IX Compliance Requirement

By accepting this award, including the obligation, expenditure, or drawdown of award funds, recipient certifies as follows:

- a. Recipient is compliant with Title IX of the Education Amendments of 1972, as amended, 20 USC 1681 et seq., including the requirements set forth in Presidential Executive Order 14168 titled Defending Women From Gender Ideology Extremism and Restoring Biological Truth to the Federal Government, and Title VI of the Civil Rights Act of 1964, 42 USC 2000d et seq., and Recipient will remain compliant for the duration of the Agreement.
- b. The above requirements are conditions of payment that go the essence of the Agreement and are therefore material terms of the Agreement.
- c. Payments under the Agreement are predicated on compliance with the above requirements, and therefore Recipient is not eligible for funding under the Agreement or to retain any funding under the Agreement absent compliance with the above requirements.
- d. Recipient acknowledges that this certification reflects a change in the government's position regarding the materiality of the foregoing requirements and therefore any prior payment of similar claims does not reflect the materiality of the foregoing requirements to this Agreement.
- e. Recipient acknowledges that a knowing false statement relating to Recipient's compliance with the above requirements and/or eligibility for the Agreement may subject Recipient to liability under the False Claims Act, 31 USC 3729, and/or criminal liability, including under 18 USC 287 and 1001.

4. Funding Limitations and Special Terms (SAMHSA Notice of Award)

- a. SOR funds shall not be utilized for services that can be supported through other accessible sources of funding such as other federal discretionary and formula grant funds, (e.g., HHS, CDC, CMS, HRSA, and SAMHSA, DOJ (OJP/BJA)), and non-federal funds, third party insurance, and sliding scale self-pay among others.
- b. SOR funds for treatment and recovery support services shall only be utilized to provide services to individuals that specifically address opioid or stimulant misuse issues. If either an opioid or stimulant misuse problem (history) exists concurrently with other substance use, all substance use issues may be addressed. Individuals who have no history of or no current issues with opioids or stimulants misuse shall not receive treatment or recovery services with SOR grant funds.
- c. Funds may not be expended through the award or a subaward by any agency which would deny any eligible client, patient, or individual access to their program because of their use of FDA approved medications for the treatment of substance use disorders (e.g., methadone; buprenorphine products, including buprenorphine/naloxone combination formulations and buprenorphine monoproduct formulations; naltrexone products, including extended-release and oral formulations; or long-acting products, such as

extended release injectable or buprenorphine.). Specifically, patients must be allowed to participate in methadone treatment rendered in accordance with current federal and state methadone dispensing regulations from an Opioid Treatment Program and ordered by a practitioner who has evaluated the client and determined that methadone is an appropriate medication treatment for the individual s OUD. Similarly, medications available by prescription or office-based injection must be permitted if it is appropriately authorized through prescription or administration by a licensed prescriber or provider. In all cases, MOUD must be permitted to be continued for as long as the prescriber or treatment provider, in conjunction with the patient, determines that the medication is clinically beneficial. Recipients must ensure that clients will not be compelled to no longer use MOUD as part of the conditions of any programming if stopping is inconsistent with a licensed prescriber s recommendation or valid prescription.

- d. SOR funds shall not be utilized to provide incentives to any Health Care Professionals for receipt of any type of Professional Development Training
- e. Grant funds may not be used, directly or indirectly, to purchase, prescribe, or provide marijuana or treatment using marijuana. Treatment in this context includes the treatment of opioid use disorder and stimulant use disorder. Grant funds also cannot be provided to any individual who or organization that provides or permits marijuana use for the purposes of treating substance use or mental disorders. See, e.g., 45 C.F.R. 75.300(a) (requiring HHS to ensure that Federal funding is expended . . . in full accordance with U.S. statutory . . . requirements.); 21 U.S.C. 812(c)(10) and 841 (prohibiting the possession, manufacture, sale, purchase, or distribution of marijuana). This prohibition does not apply to those providing such treatment in the context of clinical research permitted by the DEA and under an FDA-approved investigational new drug application where the article being evaluated is marijuana or a constituent thereof that is otherwise a banned controlled substance under federal law.
- f. Funds may not be used to make direct payments to individuals to enter treatment or continue to participate in prevention or treatment services (See 42 U.S.C. 1320a-7b).
- g. Only medications approved by the U.S. Food and Drug Administration (FDA) for treatment of opioid use disorder and/or opioid overdose can be purchased with SOR funds.

E. Data Collection/Performance Measurement

Grantees are expected to comply with SUPRT-A/C data collection for all clients receiving ongoing treatment and recovery services funded by the grant.

F. SOR 4 Standard Terms for Awards

Grantee must comply with the Required Activities outlined in the SAMHSA NOFO, which can be found at:

<https://www.samhsa.gov/sites/default/files/grants/pdf/fy-2024-sor-nofo-ti-24-008.pdf>

Grantee must comply with the Standard Terms and Conditions for the Fiscal Year in which your grant was awarded. SAMHSA's Terms and Conditions Webpage is located at: <https://www.samhsa.gov/grants/grants-management/notice-award-noa/standard-terms-conditions>