Application for Participation During Closed-Panel Time Period

for Substance Use Disorder (SUD) Services

This application shall be used to collect supplemental provider information for consideration of potential panel participation during times when the NMRE Provider Panel is closed. The NMRE shall, from time to time, issue public Requests for Participation or Requests for Information to formally review the needs of our network and open our provider panel. While the provider panel is closed, we are still interested in the providers of SUD services in our 21 County Service Area, and contract for services if the service is not adequately available, there is a public emergency, or continuity of care is a paramount concern. This application not any extension or to be interpreted as future guarantee of extension of a contract award to provide Substance Use Disorder Services as a paneled provider for Northern Michigan Regional Entity.

BACKGROUND AND GENERAL INFROMATOIN

The NMRE Mission

"Develop and implement sustainable, managed care structures to efficiently support, enhance, and deliver publicly-funded behavioral health and substance use disorder services."

The NMRE Vision

"A healthier regional community living and working together."

Location

The main administrative building for the NMRE is located at 1999 Walden Dr, Gaylord, Michigan, 49735.

The People We Serve

The NMRE serves adults with mental illness, adults and children with intellectual and developmental disabilities, children with serious emotional disturbances and individuals with SUD. The NMRE also provides for SUD prevention and recovery support services.

SUD ELIGIBILITY CRITERIA

The NMRE provides funding for individuals meeting the flowing specific clinical and financial eligibility criteria for the SUD treatment services.

Clinical Eligibility - Clients eligible for services through the NMRE must have a primary diagnosis of a substance use disorder, with the exception of Early Intervention services. Individuals must also meet criteria for services using the American Society of Addiction Medicine's (ASAM) patient placement criteria.

Financial Eligibility – To receive funding for Substance Use Disorder treatment through the NMRE, an individual, in addition to meeting the clinical eligibility criteria, must also meet specific financial requirements. Individuals having Medicaid, including

through the Health Michigan Plan (HMP) are eligible for funding through the NMRE. If an individual does not have these specific types of insurance, a Community Block Grant may be available.

Community Block Grant funding through the NMRE is based on a sliding fee scale that takes into account an individual's household income and number of dependents.

PROVIDER CRITERIA/REQUIREMENTS

Providers must meet the following criteria at the time of responding to the RFI:

- Accredited by 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) or Accreditation Association for Ambulatory Health Care (AAAHC).
- Licensed by the Michigan Department of Licensing and Regulatory Affairs to provide the level of services proposed. Programs proposing to provide outpatient services must have a license in each county where services will be provided. Also, all providers must have an integrated treatment license within the level of care proposed
- Must be in good standing with the Medical Services Administration Medicaid Program and not listed on the Medical Services Administration Medicaid Sanctioned Provider List
- Listed on the Business Entity database of the LARA Corporations Division
- Not listed as excluded on the Health and Human Services – Office of Inspector General's Excluded Provider/Entity List
- Not listed on the System for Award Management (SAM) List of parties Excluded from Federal Procurement and Non-Procurement Programs (lists), which identifies those parties excluded throughout the U.S. Government (unless otherwise noted) from receiving Federal contracts or certain subcontracts and from certain types of Federal financial and non-financial assistance and benefits
- Not listed on the Michigan List of Sanctioned Providers
- Able to comply with all contractual requirements, policies, and procedures of the NMRE
- May not be currently involved in a disciplinary/corrective action or under sanctions or does not have pending actions by a licensing board, other third-party payor or accrediting organization

- Must demonstrate financial viability
- Must demonstrate adequate information system infrastructure
- Must have a minimum of one-year experience as a program delivering substance use disorder treatment services as a Michigan Department of Licensing and Regulatory Affairs licensed substance use disorder treatment provider
- Demonstrate ability to meet American Society for Addiction Medicines' definition of "Dual Diagnosis Capable"
- Must employ clinical staff meeting the qualification requirements as indicated by the Clinical Staff Application

DESCRIPTION OF SERVICE

The descriptions below outline the services the NMRE is seeking input from this application. This document does not include all requirements and is only meant to provide a brief description and understanding of the basic service requirements.

<u>Sub-Acute Detoxification Services</u>

Sub-Acute Detoxification Services consists of supervised care for the purpose of managing the effects of withdrawal from alcohol and/or other drugs. Sub-Acute Detoxification Services is limited to the stabilization of the medical effects of the withdrawal of alcohol and/or other drugs and the referral to ongoing treatment and/or support services as medically indicated.

a. Intake/Assessment

   The initial contact with the provider should be done in such a way that follows the Michigan Department of Health and Human Services/Office of Recovery Oriented Systems of Care Michigan Department of Health and Human Services/Office of Recovery Oriented Systems of Care Treatment Technical Advisory #5 – Welcoming. The NMRE takes the approach that there is no wrong door and all initial contacts with a client should welcome the client.

   The NMRE does not specify the necessary assessments required to determine the need for sub-acute detoxification services but does require one be completed and documented. Individuals seeking sub-acute detoxification services should meet medical necessity and client eligibility to be reimbursed by the NMRE. Admission into sub-acute

detoxification services for any eligible client through the NMRE should be available twenty four hours a day, seven days a week.

b. Treatment

Treatment practices shall include what is medically necessary as indicated by the physician.

c. Discharge/Transition

Withdrawal Management is a part of treatment services. Individuals receiving sub-acute detoxification services should also receive ongoing treatment services to support their recovery. Federal and state guidelines mandate that after a detoxification stay, a client must receive treatment services within seven days. Therefore, steps must be taken to motivate an individual to stay in treatment and support a client while in treatment. To support the client, transitional planning should begin shortly after arrival, as medically appropriate.

Residential Services

Residential Services is an intensive therapeutic service which includes overnight stays and planned therapeutic, rehabilitative or didactic counseling to address cognitive and behavioral impairments due to alcohol and/or other drug use. Residential treatment must be staffed twenty-four hours a day, seven days a week.

a. Intake/Assessment

The initial contact with the provider should be done in such a way that follows Michigan Department of Health and Human Services/Office of Recovery Oriented Systems of Care Treatment Technical Advisory #5 – Welcoming. The NMRE takes the approach that there is no wrong door and all initial contacts with a client should welcome the client.

The NMRE requires the state mandated standardized assessment (ASAM Continuum) as the assessment tool.

b. Treatment

Treatment planning should be driven by the client's needs identified during the assessment process. Treatment plans should be individualized, following Michigan Department of Health and Human Services/Office of Recovery Oriented Systems of Care Treatment Policy #6 – Individualized Treatment and Recovery Planning.

A specific number of clinical services and life skills services based on the type of residential service is required as outlined in Michigan Department of Health and Human Services/Office of Recovery Oriented Systems of Care Treatment Policy #10 – Residential Treatment Continuum of Services.

Evidenced based programming should be included within the treatment services offered.

c. Discharge/Transition
Recovery planning should take place soon after admission. As clinically indicated, client should be prepared to transition and then transitioned to a less intense level of care.

Medication Assisted Treatment

Individuals with an Opiate Use Disorder may be provided methadone as an adjunct to treatment services, which may be provided by funding through the NMRE. If an individual is receiving any other form of Medication to treat an Opioid Use Disorder NMRE is able to reimburse for the treatment services as long as eligibility requirements are met. Medication to treat an Opioid Use Disorder is used as an adjunct to treatment services.

a. Intake/Assessment
The initial contact with the provider should be done in such a way that follows Michigan Department of Health and Human Services/Office of Recovery Oriented Systems of Care Treatment Technical Advisory #5 – Welcoming. The NMRE takes the approach that there is no wrong door and all initial contacts with a client should welcome the client.

The NMRE requires the state mandated standardized assessment (ASAM Continuum) as the assessment tool.

b. Treatment
Treatment planning should be driven by the client's needs identified during the assessment process. Treatment plans should be individualized, following Michigan Department of Health and Human Services/Office of Recovery Oriented Systems of Care Treatment Policy #6 – Individualized Treatment and Recovery Planning.

Specific to Methadone services, Michigan Department of Health and Human Services/Office of Recovery Oriented Systems of Care Treatment Policy #05 – Criteria for Using Methadone for Medication-Assisted Treatment and Recovery is required to be followed. Provider's offering medication assisted treatment should also, with the help of the NMRE, be preparing to meet requirements set forth in the MAT Guidelines.

Evidenced based programming should be included within the treatment services offered.

Treatment services should be based on the needs of the client documented in the assessment and based on clinical necessity.

c. Discharge/Transition
Recovery planning should take place soon after admission.

d. Case Management
Case Management services may be authorized during the course of Outpatient treatment. Case Management services shall be included into the bundled cost of Residential, Intensive Outpatient and Partial Hospitalization/Day Treatment services.

The need for Case Management services shall be identified in an individual's Treatment Plan.

Early Intervention

Early Intervention services are not required to be prior authorized, however the specific early intervention services must be approved for use by the NMRE. Early intervention services reimbursable by the NMRE must be evidenced based (for example – Prime for Life). Treatment early intervention services may be offered to individuals who, for a known reason, are at risk for developing a substance use disorder, but for whom there is not yet sufficient information to document alcohol or other drug moderate to severe disorders

a. Intake/Assessment
The initial contact with the provider should be done in such a way that follows Michigan Department of Health and Human Services/Office of Recovery Oriented Systems of Care Treatment Technical Advisory #5 – Welcoming. The NMRE takes the approach that there is no wrong door and all initial contacts with a client should welcome the client.

Assessment services are not required for Early Intervention services.

b. Discharge/Transition

If it is identified during the course of the Early Intervention services that additional treatment services are needed, the client should be referred for those services. If not, at the conclusion of the Early Intervention services, the client should be discharged.

c. Case Management

Case Management services may be authorized during the course of Outpatient treatment. Case Management services shall be included into the bundled cost of Residential, Intensive Outpatient and Partial Hospitalization/Day Treatment services.

The need for Case Management services shall be identified in an individual's Treatment Plan.

Outpatient

Outpatient services include a wide variety of covered services. Included services are individual, group and family services. As an individual's needs change, the frequency and/or duration of services may be increased or decreased as medically necessary. The treatment occurs in regularly scheduled sessions, usually totally less than nine (9) hours a week. Family services are encouraged to be included in the services offered.

a. Intake/Assessment

The initial contact with the provider should be done in such a way that follows Michigan Department of Health and Human Services/Office of Recovery Oriented Systems of Care Treatment Technical Advisory #5 – Welcoming. The NMRE takes the approach that there is no wrong door and all initial contacts with a client should welcome the client.

The NMRE requires the state mandated standardized assessment (ASAM Continuum) as the assessment tool.

b. Treatment

Treatment planning should be driven by the client's needs identified during the assessment process. Treatment plans should be individualized, following Michigan Department of Health and Human Services/Office of Recovery Oriented Systems of Care Treatment Policy #6 – Individualized Treatment and Recovery Planning.

Evidenced based programming should be included within the treatment services offered.

c. Discharge/Transition
Recovery planning should take place soon after admission.

d. Case Management
Case Management services may be authorized during the course of Outpatient treatment. Case Management services shall be included into the bundled cost of Residential, Intensive Outpatient and Partial Hospitalization/Day Treatment services.

The need for Case Management services shall be identified in an individual's Treatment Plan.

<u>Intensive Outpatient</u>

Intensive Outpatient services include a wide variety of covered services. Included services are individual, group and family services included as a per diem service. As an individual's needs change, the frequency and/or duration of services may be increased or decreased as medically necessary. Family services are encouraged to be included in the services offered.

a. Intake/Assessment
The initial contact with the provider should be done in such a way that follows Michigan Department of Health and Human Services/Office of Recovery Oriented Systems of Care Treatment Technical Advisory #5 – Welcoming. The NMRE takes the approach that there is no wrong door and all initial contacts with a client should welcome the client.

The NMRE requires the state mandated standardized assessment (ASAM Continuum) as the assessment tool.

b. Treatment
Treatment planning should be driven by the client's needs identified during the assessment process. Treatment plans should be individualized, following Michigan Department of Health and Human Services/Office of Recovery Oriented Systems of Care Treatment Policy #6 – Individualized Treatment and Recovery Planning.

Evidenced based programming should be included within the treatment services offered.

c. Discharge/Transition
   Recovery planning should take place soon after admission.

d. Intensive Outpatient
   Intensive Outpatient Services are required to be prior authorized. Intensive Outpatient Services consist of between nine (9) hours and nineteen (19) hours of therapy a week. The client's regular services should be provided for during the days the client is receiving treatment services. Additional services may be required but should not be included as part of the regularly scheduled services.

e. Partial Hospitalization / Day treatment
   Partial Hospitalization/Day Treatment services are required to be prior authorized. Services shall consist of a minimum of twenty (20) hours of therapy a week.

Recovery Housing

Recovery Housing is a service offered through Community Block Grant funds available for a client's first month(s) of rent. As these months are the most difficult financially for an individual who was recently released from residential services in which employment has not yet been established. Individuals receiving the first month(s) assistance for Recovery Housing must be enrolled in an Outpatient Treatment congruently. If additional assistance is needed after the first month, the NMRE will review the case based on individual needs. Additionally, if the client is not active in Outpatient treatment, the NMRE will review the case based on individual needs. Providers are required to submit specific documentation around eligibility. This program is dependent upon availability of funds.

Substance Use Disorder Provider Information

Program Name:	

ADMINISTRATIVE INFORMATION

Agency Name (DBA):			
Street Address:		Mailing Address:	
City, State, Zip:			
Telephone Number:		Fax Number:	
Program Director:		E-Mail:	
Compliance Officer:		Compliance Officer Contact Phone:	
Billing Agent:		Billing Agent Contact Phone:	
Clinical Supervisor:		Clinical Supervisor Contact Phone:	
Recipient Rights Officer:		Recipient Rights Officer Contact Phone:	

MANAGED CARE CONTRACTS

Please list all provider's managed care contacts (additional pages can be used if necessary)

Managed Care Company:	Does contract contain exclusivity clause? (check if Yes)

SPECIALTY SERVICES

Check if specialty

	Coexisting Mental Disorders		Hispanic		Older Adult
	Adolescent		African American		Native American
	Women and Families		Deaf/Hearing Impaired		Other
	Gambling treatment				

PROFESSIONAL LIABILITY INSURANCE

Please attach a copy of current policy face sheet indicating coverage and expiration date

Present Carrier:	Carrier Address/City/State/Zip:	Policy Number:	Expiration Date:

Level of Coverage per Occurrence:		Per Aggregate:	

GENERAL LIABILITY INSURANCE

Please attach a copy of current policy face sheet indicating coverage and expiration date.

Present Carrier:	Carrier Address/City/State/Zip:	Policy Number:	Expiration Date:

Level of Coverage:	

WORKER'S COMPENSATION INSURANCE

Present Carrier:	Carrier Address/City/State/Zip:	Policy Number:	Expiration Date:

Level of Coverage:	

AUTOMOBILE LIABILITY INSURANCE

Please attach a copy of current policy face sheet indicating coverage and expiration date.

Present Carrier:	Carrier Address/City/State/Zip:	Policy Number:	Expiration Date:

Level of Coverage:	

ACCREDITATION INFORMATION

Accrediting Body:	Expiration Date:

MEDICAL DIRECTOR

Name:							
Employment Status with Agency (check)		**Consulting**		**Salaried**		**Contractual**
Number of Hours Available Weekly:						

Medical Specialty:	
Secondary Specialty:	

Board Certification:

Board Name:	**Date Certified:**	**Date Re-Certified:**

If currently not certified, attach explanation on separate sheet.

MEDICAID PROVIDER STATUS

	Medicaid Provider	**Medicaid Provider Number:**	
		Medicaid Approved Services:	

MEDICARE PROVIDER STATUS

	Medicare Provider		**Providing Medicare Services?**	**Medicare Provider Number:**	

DRUG ENFORCEMENT AGENCY (NARCOTICS) LICENSE

Please attach a current copy of DEA certificate

DEA Registration Number:		**Date Issued:**		**Expiration Date:**	

HISTORY OF REVOCATIONS, RESTRICTIONS OR LIMITATIONS

Check if the status of any of the following have ever been revoked, restricted, or limited in any respect

	MDHHS License		**BCBS**		**DEA Certificate**		**Accreditation**
If checked, provide explanation including date of action and reinstatement, resolution and cause for revocation, restriction, or limitation.							

OFFICE LOCATIONS
Complete for each location for which services are provided

Office Name:		**Service Hours**	
Street Address:		Monday:	
City:		Tuesday:	
County:		Wednesday:	
Telephone:		Thursday:	
Fax Number:		Friday:	
Site Supervisor:		Weekends:	
Number to call to make an appointment at this location:			
Is location ADA compliant? List accommodations for physical disabilities (wide entries, wheelchair access, accessible exam tables and rooms, lifts, scales, bathrooms, grab bars, or other equipment)			
Accepting new enrollments (yes or no)?			
Languages available at location:			
NPI Number:			

Service(s) provided at this location (check if provided):

	Level 0.5						
	Level 1						
	Level 2.1		Level 2.5				
	Level 3.1		Level 3.3		Level 3.5		Level 3.7
	Level 1WM		Level 2WM		Level 3.2WM		Level 3.7WM
	OTP						

Are all services for the above levels of care are available at this location, including evaluation?			
	Yes		**No**
If "No", please explain:			

	SARF		CAIT		Other
	Case Management		Integrated Treatment		Peer Recovery and Support
	Buprenorphine		Naloxone		

LICENSE INFORMATION

		Type of License			
License Number:	**County:**	**Standard**	**Provisional**	**Temporary**	**Expiration Date:**

OFFICE LOCATION INFORMATION, CONTINUED

Intake Days/Hours – for Sub-Acute Detoxification and Residential Services

Day	Hours of Intake
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	
Sunday	

Number of clinical services available per day – Residential

Day	Number of Clinical Services Available per Day
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	
Sunday	

Please answer the following questions or leave N/A if not applicable:

Please list Medications utilized – Sub-Acute Detoxification, Residential and Medication Assisted Treatment:
Evidenced Based Programming Utilized:
Please explain how services are provided as part of a trauma informed system of care:
Indicate if and what women's specialty services are available:
How will you accommodate the need for evening or weekend hours? What accommodations exist for people with disabilities?
Description of the co-occurring services provided:

MEDICAL DIRECTOR

CERTIFICATION OF INFORMATION/RELEASE OF INFORMATION

I authorize NMRE to consult with, and expect all documents from, individuals and organizations possessing information bearing on this application. I hereby further authorize and consent to the release of information relating to my medical staff status (suspension/removal/termination), clinical privileges (reduction/restrictions/limitations) and any probation/monitoring requirements (other than usual and customary) set forth by hospitals at which I hold membership and clinical privileges. I release from any liability to the fullest extent permitted by law, all individuals and organizations who provide information regarding me, including otherwise confidential information to the extent that such information is necessary in connection with this application.

I agree that NMRE, its representatives and any individuals or entities providing information to NMRE in good faith and pursuant to this release, shall not be liable for any act or omission related to the evaluation or verification of information contained herein.

Please Print Name:			
Signature:		Date:	

CERTIFICATION OF PROVIDER APPLICATION/RELEASE OF INFORMATION

I hereby certify that all information contained herein is complete and accurate to the best of my knowledge. I understand that any misleading statement or omission in this Application may constitute cause for immediate termination from the provider panel. I authorize NMRE and its agents and representatives to consult with and receive documents from individuals and organizations possessing information bearing on this Application. I release from any liability to the fullest extent permitted by law, all individuals and organizations who provide information regarding this Application, including otherwise confidential information to the extent that such entities providing information to NMRE in good faith and pursuant to this release should not be liable for any act or omission related to the evaluation or verification of information contained herein. I understand that this Provider Application does not guarantee participation in the NMRE panel. I further understand that, if selected to the provider panel, I have a continuing duty to update the information reported in this Application, as necessary. Such updates will be made within ten (10) days of their occurrence.

Please Print Name of Person Authorized to Sign Release:			
Signature:		Date:	

SUBMISSION CHECKLIST/REQUIREMENTS/QUESTIONS:

Submission Checklist and Receipt of Application Packet

In addition to completing the application sections, ensure you have checked to ensure that the submission will include:

- ☐ Copies of Accreditation document (Joint Commission, CARF, COA, AOA, AAAHC)
- ☐ Copy of applicable current professional/general/work comp/auto policy
- ☐ Copy of Substance Abuse LARA licensure matching levels of care submitted
- ☐ Copies of ASAM certification letters for levels of care submitted
- ☐ Copy of DEA Certificate (as applicable)
- ☐ An individual page 14 and 15, as applicable, for **each** service location
- ☐ Signatures for Release of Information and Consent to Release Information on page 21

Application Packets should be submitted to:

Attn: Chris VanWagoner
Northern Michigan Regional Entity
E-Mail: support@nmre.org