



**REQUEST FOR PROPOSAL FOR THE FISCAL YEAR 2024**

FOR THE PROVISION OF SUBSTANCE USE DISORDER TREATMENT SERVICES  
FOR THE 21 COUNTIES OF THE NORTHERN MICHIGAN REGIONAL ENTITY

**May 1, 2023 – June 2, 2023**

## OVERVIEW

---

This Request for Proposal (RFP) and provider panel application (Attachment A) represent the Northern Michigan Regional Entity's (NMRE) intent to solicit interest from both current and potential contract service providers for the provision of publicly funded Substance Use Disorder (SUD) services. Any new contracts procured through this RFP shall be approved by the NMRE board and shall be effective October 1, 2023. This RFP is being provided to 1) licensed SUD providers currently serving the counties of: Alcona, Alpena, Antrim, Benzie, Charlevoix, Cheboygan, Crawford, Emmet, Grand Traverse, Iosco, Kalkaska, Leelanau, Manistee, Missaukee, Montmorency, Ogemaw, Oscoda, Otsego, Presque Isle, Roscommon and Wexford, 2) licensed providers who have requested to be on the NMRE SUD provider panel, 3) contracted NMRE SUD providers, and 4) is being made publicly available on the NMRE website.

As panel participation approval is based on the needs of our population and adequacy of our network, this RFP is NOT a commitment to further pursue contractual arrangements with potential providers responding to this solicitation. This RFP and application process will be used to determine what solicitation efforts will be necessary to make an informed decision regarding the procurement process for SUD services.

It is the policy of NMRE to use one of the following methods of procurement to issue contracts for portions of, or the entire service array of, provision of SUD treatment services:

1. Selective contracting through competitive sealed proposals:

A process method of publicizing SUD direct service needs, requesting proposals, evaluating proposals, and awarding contract(s) after consideration and evaluation of pre-determined factors.

2. Procurement to obtain best prices without selective contracting:

Under an "any willing and qualified provider" best price process, a Request for Information or separate procurement process can be used to set prices and issue contracts to any qualified provider that is willing to fulfil the contractual obligations.

3. Non-competitive solicitation and/or selection of providers:

Under the following or similar circumstances, the NMRE Board may select providers without a competitive procurement process. These situations are as follows:

- a. The service is only available from a single source.
- b. There is a public emergency and/or urgency to obtain the service that does not permit delay.
- c. After solicitation of a number of sources, competition is determined inadequate.
- d. Services involved are professional and of limited quantity and duration.

- e. Existing systems where continuity of care arrangements is paramount to treatment outcomes.

**The event timeline required to implement executed contracts and add providers to our panel based for this RFP are, in order:**

- 1) Issue RFP to begin May 1, 2023
- 2) Closure of RFP, June 2, 2023
- 3) Recommendation for Contracts at NMRE SUD Board, July 10, 2023
- 4) Recommendation for contracts as approved by SUD Board to NMRE Board, July 26, 2023
- 5) Issue of contract materials following NMRE board approval
- 6) Orientation trainings to NMRE for administrative compliance, reporting, clinical, authorization and billing protocols during month(s) of August/September
- 7) Countersignature of contracts
- 8) Customer Service Training within 30 days of executed contract
- 9) New contract terms begin October 1, 2023

After NMRE board approval, NMRE will not execute contracts to new providers without receipt of all materials required as a part of this RFP or otherwise required to participate as a SUD Treatment panel provider. These will include W9, submission of staff forms for input into NMRE billing systems, Disclosures of Ownership, fund transfer forms, copies of insurance, licensure, accreditation documentation, and signed contract.

The orientation period following receipt of contract materials will review the necessary processes, documents, compliance requirements, as well as required initial trainings (billing system, recipient rights, compliance program, etc.) that new providers will need for provision of services to NMRE clients. These orientations are required for NMRE to authorize billable services; the effective date of contracts will coincide with this orientation period.

**BACKGROUND AND GENERAL INFORMATION**

---

***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 following 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 RFP:

- 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 Lists 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
- 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 RFP. This document does not include all requirements and is only meant to provide a brief description and understanding of the basic service requirements.

The NMRE is currently in the process of updating the access to care process. Therefore, may change prior to the start date for these services (October 1, 2021) or may change during the contract timeframe. It is anticipated that all individuals seeking services must call the NMRE Access Center for prior approval. A brief screen will be conducted then the individual will be transferred for services.

### Sub-Acute Detoxification Services

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.

Intensive Outpatient

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.

SERVICE CODES AND PROVIDE ARRAY OF SERVICES AND RATES

**Please indicate if the service listed is a service that is provided by your agency/organization by answering  
“Yes” or “No” in the far-right column**

ASAM Level of Care	HCPC/ CPT Code	Code Description	Reporting Units	Thresholds	Rate	Service provided
Level 1	H2011	Crisis Intervention, per 15 minutes	15 Minutes		\$36.36	
Level 1	99202	Evaluation and Management, New Clients, 15-29 minutes (Methadone Only)	15-29 Minutes		\$85.50	
Level 1	99203	Evaluation and Management, New Clients, 30-44 minutes (Methadone Only)	30-44 Minutes		\$171.00	
Level 1	99204	Evaluation and Management, New Clients, 45-59 minutes (Methadone Only)	45-59 Minutes		\$256.50	
Level 1	99205	Evaluation and Management, New Clients, 60-74 minutes (Methadone Only)	60-74 Minutes		\$342.00	
Level 1	99212	Evaluation and Management, Established clients, 10-19 minutes (Methadone Only)	10-19 Minutes		\$57.00	
Level 1	99213	Evaluation and Management, Established clients, 20-29 minutes (Methadone Only)	20-29 Minutes		\$114.00	
Level 1	99214	Evaluation and Management, Established clients, 30-39 minutes (Methadone Only)	20-29 Minutes		\$171.00	
Level 1	99215	Evaluation and Management, Established clients, 40-54 minutes (Methadone Only)	40-54 Minutes		\$228.00	
Level 1	H0003	Laboratory Analysis of Drug Screen (Methadone Only)	Encounter		\$30.00	
Level 1	H0005	Alcohol and/or drug services; group counseling by a clinician (Methadone Only)	Encounter		\$67.11	

Level 1, 2	H0020	Methadone administration and/or service (provision of the drug by a licensed program - combined rate of medical doctor's visits, drug testing and medication),	Encounter		\$19.00	
Level 1, 2	H0004	Individual Therapy/Counseling; per 15 minutes	15 Minutes	40/day	\$26.84	
Level .5, 1, 2	H0050	Brief intervention or care coordination per 15 minutes	15 Minutes		\$22.37	
Level 1, 2	H0006	Case Management	Encounter		\$27.96	
Level 1	H2027	Didactics, per 15 minutes	15 Minutes		\$8.95	
Level .5	H0022	Early Intervention services, per encounter	Encounter		\$50.34	
Level 1, 2	90847	Family psychotherapy (with patient present, master's level); 60 minutes	Encounter	3/day	\$134.23	
Level 1, 2	90846	Family psychotherapy (without patient present, master's level); 50 minutes	Encounter	1/day	\$100.67	
Level 1, 2	90849	Family psychotherapy; multiple family group psychotherapy, master's level	Encounter		\$67.11	
Level 1, 2	90853	Group psychotherapy, master's level, 60 minutes	Encounter	3/day	\$72.71	
Level 1, 2	90832	Individual Psychotherapy (master's level clinician); 30 minutes	30 Minutes		\$65.99	
Level 1, 2	90834	Individual Psychotherapy (master's level clinician); 45 minutes	45 Minutes		\$101.23	
Level 1, 2	90837	Individual Psychotherapy (master's level clinician); 60 minutes	60 Minutes		\$130.87	
Level 2.1	H0015	Alcohol and/or drug services; intensive outpatient (from 9 to 19 hours of structured programming per week based on an individualized treatment plan), including	Day		\$167.79	

		assessment, counseling, crisis intervention, and activity therapies or education				
Level 2.5	H2036	Outpatient alcohol/other drug treatment services, per diem	Day		\$190.16	
Level 3.1	H0018 W1, H0019 W1	Alcohol and/or drug services (non-hospital residential treatment program)	Day	1/day	\$147.65	
Levels 1, 2 or 3	A0100	Transportation, encounter. Taxi/Uber one way fare. Pays at cost (Block Grant only)	Cost of one-way trip billed as 1 encounter	Only cost of one-way trip may be requested when billing, not the listed upper cost limit		
Levels 1, 2 or 3	A0110	Transportation, encounter. Bus Pass, one way fare. Pays at cost (Block Grant only)				
Levels 1, 2 or 3	S0215	Transportation, Pays per mile at the current IRS rate (Block Grant only)	IRS Rate			
Levels 1, 2 or 3	T2003	Transportation, encounter. Gas Card. Pays at cost	Based on Federal reimbursement rate		\$5.00	
Levels 1, 2, 3, WM	97810	Acupuncture - Initial 15 minutes; 1 or more needles	15 Minutes		\$11.19	
Levels 1, 2, 3, WM	97811	Acupuncture - Each Additional 15 minutes; 1 or more needles	15 Minutes		\$5.59	
Levels 1 or 2	H0001	Alcohol and/or drug assessment (done by provider)	Encounter	1/6 months	\$296.98	
Level 1	T1007	Treatment Plan Development. Initial Treatment plan only. These non-clinical services may be	Encounter		\$100.67	

		provided by trained staff working under the supervision of a SATS. Documentation requires a dated treatment plan signed by both clinician and client.				
Levels 1, 2 or 3	T1009	Child Care for Women's Specialty Service clients			\$55.93	
Levels 3.1, 3.3, 3.5, 3.2WM, 3.7WM	S9976	Room and board, day	Day		\$31.32	
Levels 3.3	H0018 W3, H0019 W3	Alcohol and/or drug services (non-medical, non-acute care in residential treatment program where stay is typically longer than 30 days)	Day		\$215.33	
Levels 3.5	H0018 W5, H0019 W5	Alcohol and/or drug services (non-medical, non-acute care in residential treatment program where stay is typically longer than 30 days)	Day		\$215.33	
Level 3.2WM	H0012	Alcohol and/or drug services; sub-acute detoxification (residential addiction program outpatient)	Day	1/day	\$357.95	
Level 3.7WM	H0010	Alcohol and/or drug services; sub-acute detoxification; medically monitored residential detox	Day		\$441.84	
Level 1, 2	H0038	Self Help/Peer Services. These non-clinical services may be provided by trained staff working under the supervision of a SATS. Required staff training includes MDHHS training, or CCAR training if completed prior to 1-1-18. Documentation requirement is satisfied with a progress note.	15 Minutes		\$23.49	
Level 1, 2	H2034	Recovery Housing	Day		\$19.01	

**Attachment A**

**Substance Use Disorder Provider Application**

<b>Program Name:</b>	
----------------------	--

**ADMINISTRATIVE INFORMATION**

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

**MANAGED CARE CONTRACTS**

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

<b>Managed Care Company:</b>	<b>Does contract contain exclusivity clause? (check if Yes)</b>

**SPECIALTY SERVICES**

Check if specialty

<input type="checkbox"/>	<b>Coexisting Mental Disorders</b>	<input type="checkbox"/>	<b>Hispanic</b>	<input type="checkbox"/>	<b>Older Adult</b>
<input type="checkbox"/>	<b>Adolescent</b>	<input type="checkbox"/>	<b>African American</b>	<input type="checkbox"/>	<b>Native American</b>
<input type="checkbox"/>	<b>Women and Families</b>	<input type="checkbox"/>	<b>Deaf/Hearing Impaired</b>	<input type="checkbox"/>	<b>Other</b>
<input type="checkbox"/>	<b>Gambling treatment</b>	<input type="checkbox"/>		<input type="checkbox"/>	



**PROFESSIONAL LIABILITY INSURANCE**

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

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

<b>Level of Coverage per Occurrence:</b>		<b>Per Aggregate:</b>	

**GENERAL LIABILITY INSURANCE**

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

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

<b>Level of Coverage:</b>	

**WORKER'S COMPENSATION INSURANCE**

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

<b>Level of Coverage:</b>	

**AUTOMOBILE LIABILITY INSURANCE**

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

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

<b>Level of Coverage:</b>	

**ACCREDITATION INFORMATION**

<b>Accrediting Body:</b>	<b>Expiration Date:</b>

**MEDICAL DIRECTOR**

<b>Name:</b>						
<b>Employment Status with Agency (check)</b>		<b>Consulting</b>		<b>Salaried</b>		<b>Contractual</b>
<b>Number of Hours Available Weekly:</b>						

<b>Medical Specialty:</b>						
<b>Secondary Specialty:</b>						

**Board Certification:**

<b>Board Name:</b>	<b>Date Certified:</b>	<b>Date Re-Certified:</b>

If currently not certified, attach explanation on separate sheet.

**MEDICAID PROVIDER STATUS**

	<b>Medicaid Provider</b>	<b>Medicaid Provider Number:</b>	
		<b>Medicaid Approved Services:</b>	

**MEDICARE PROVIDER STATUS**

	<b>Medicare Provider</b>	<b>Providing Medicare Services?</b>	<b>Medicare Provider Number:</b>	
--	--------------------------	-------------------------------------	----------------------------------	--

**DRUG ENFORCEMENT AGENCY (NARCOTICS) LICENSE**

Please attach a current copy of DEA certificate

<b>DEA Registration Number:</b>		<b>Date Issued:</b>		<b>Expiration Date:</b>	
---------------------------------	--	---------------------	--	-------------------------	--

**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

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

**OFFICE LOCATIONS**

Complete page for each location for which services are provided.

<b>Office Name:</b>		<b>Service Hours</b>	
<b>Street Address:</b>		Monday:	
<b>City:</b>		Tuesday:	
<b>County:</b>		Wednesday:	
<b>Telephone:</b>		Thursday:	
<b>Fax Number:</b>		Friday:	
<b>Site Supervisor:</b>		Weekends:	
<b>Number to call to make an appointment at this location:</b>			
<b>List accommodations for physical disabilities (ramps, bathroom grab bars, automatic doors, etc):</b>			
<b>Accepting new enrollments (yes or no)?</b>			
<b>Languages available at location:</b>			
<b>NPI Number:</b>			

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

<b>Level 0.5</b>					
<b>Level 1</b>					
<b>Level 2.1</b>		<b>Level 2.5</b>			
<b>Level 3.1</b>		<b>Level 3.3</b>		<b>Level 3.5</b>	<b>Level 3.7</b>
<b>Level 1WM</b>		<b>Level 2WM</b>		<b>Level 3.2WM</b>	<b>Level 3.7WM</b>
<b>OTP</b>					

<b>Are all services for the above levels of care are available at this location, including evaluation?</b>	
<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>
<b>If "No", please explain:</b>	

<b>SARF</b>		<b>CAIT</b>		<b>Other</b>
<b>Case Management</b>		<b>Integrated Treatment</b>		<b>Peer Recovery and Support</b>
<b>Buprenorphine</b>		<b>Naloxone</b>		

**LICENSE INFORMATION**

		<b>Type of License</b>			
<b>License Number:</b>	<b>County:</b>	<b>Standard</b>	<b>Provisional</b>	<b>Temporary</b>	<b>Expiration Date:</b>

**OFFICE LOCATION INFORMATION, CONTINUED**

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

<b>Day</b>	<b>Hours of Intake</b>
<b>Monday</b>	
<b>Tuesday</b>	
<b>Wednesday</b>	
<b>Thursday</b>	
<b>Friday</b>	
<b>Saturday</b>	
<b>Sunday</b>	

Number of clinical services available per day – Residential

<b>Day</b>	<b>Number of Clinical Services Available per Day</b>
<b>Monday</b>	
<b>Tuesday</b>	
<b>Wednesday</b>	
<b>Thursday</b>	
<b>Friday</b>	
<b>Saturday</b>	
<b>Sunday</b>	

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

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

**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 all sections of the Attachment A of this RFP, I have checked to ensure that the submission will include:

- Copy 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)
- Identification of services and billable code array, in the right column on pages 12-14
- An additional, individualized pages 18 and 19, as applicable, for **each** service location
- Signatures for Release of Information and Consent to Release Information on page 21
- Copy of most recent financial audit report, if available

The complete RFP is due to NMRE by close of business (5:00 pm) on June 2, 2021. NMRE will accept only electronic submissions. Incomplete or late submissions will not be accepted.

Application Packets should be submitted to the attention of:

Chris VanWagoner  
Subject: 2023 NMRE SUD Treatment RFP  
Northern Michigan Regional Entity  
Submission email: support@nmre.org

### Communication

The NMRE shall not be responsible for any verbal communication between any employee of the NMRE and any potential Provider. Only written requirements and qualifications in the form of this application will be considered.

### Questions

Any questions must be made to Chris VanWagoner by e-mail (cvanwagoner@nmre.org) or by phone (231) 303-3429.