

STATE OF MICHIGAN
Michigan Department of Licensing and Regulatory Affairs (LARA)
Bureau of Community and Health Systems
SUBSTANCE USE DISORDERS SERVICE PROGRAM
LICENSURE APPLICATION

1. SUBSTANCE USE DISORDERS (SUD) SERVICE PROGRAM		License Number:
Name of SUD Service Program, this is the doing business as (DBA) name:		
Corporate Name of Licensee:	Federal Employer Identification # (EIN):	
Note: If a governmental entity is directly offering SUD services, a license cannot be issued in accordance with MCL 333.6233(1), 333.1106(4), and 333.1104(7). Governmental entities include sovereign tribes, state government agencies, local city or county agencies, and other government units.”		
License Site Address:		
City:	State: Michigan	Zip Code:
Phone Number:		
Correspondence Address (If different than license site address.):		
City:	State:	Zip Code:

2. Type of Licensure Action	
<input type="checkbox"/> Initial Licensure of a SUD Service Program There is a \$500 application fee for all new SUD Service Programs regardless of the number of service categories.	Proposed Operational Date:
Service Categories to be offered: <ul style="list-style-type: none"> <input type="checkbox"/> Community Change, Alternatives, Information and Training (CAIT) <input type="checkbox"/> Screening and Assessment, Referral, and Follow Up (SARF) <input type="checkbox"/> Outpatient <input type="checkbox"/> MAT - Buprenorphine <input type="checkbox"/> MAT - Methadone <input type="checkbox"/> MAT - Naltrexone <input type="checkbox"/> Residential – Number of Beds: _____ <input type="checkbox"/> Residential Detoxification – Number of Treatment Positions: _____ <input type="checkbox"/> Inpatient – Number of beds: _____ 	

2. Type of Licensure Action - Continued	
<input type="checkbox"/> Change of Ownership (CHOW) There is \$500 licensing fee for this action.	Proposed Effective Date:
Name of Current Licensee:	Federal Employer Identification # (EIN):
Name of Proposed Licensee:	Federal Employer Identification # (EIN):

<input type="checkbox"/> Change of Service Categories There is no licensing fee for this action.		Proposed Effective Date:	
Service Categories	Current License	Add to License	Remove from License
CAIT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SARF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outpatient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MAT - Buprenorphine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MAT - Methadone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MAT - Naltrexone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Residential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Residential Detoxification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inpatient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<input type="checkbox"/> Change of Bed or Treatment Position Capacity There is no licensing fee for this action.		Proposed Effective Date:		
Type	Current License	Proposed Addition	Proposed Removal	Proposed License
Residential Beds				
Treatment Positions				
Inpatient Beds				

<input type="checkbox"/> Relocate an Existing SUD Services Program There is a \$500 licensing fee for this action. This excludes mobile units.	Proposed Effective Date:
Current License Site Address:	
Proposed License Site Address:	

2. Type of Licensure Action - Continued	
<input type="checkbox"/> Change in SUD Service Program Name There is no licensing fee for this action.	Proposed Effective Date:
Current Name:	Proposed Name:

<input type="checkbox"/> Change in Corporate Name of Licensee There is no licensing fee for this action.	Proposed Effective Date:
Current Corporate Name of Licensee:	Proposed Corporate Name of Licensee:

3. Mobile Unit(s) Information			
<input type="checkbox"/> Addition of Mobile Unit There is no licensing fee for this action.	Number of mobile units offering SUD Program Services:		
Service Categories to be offered on each mobile unit:	Unit 1	Unit 2	Unit 3
CAIT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SARF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outpatient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MAT - Buprenorphine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MAT - Methadone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MAT - Naltrexone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

At the time of initiation, a mobile unit schedule must be supplied on a separate document and contain the following information:

- Mobile unit number identified above and VIN of the vehicle.
- Location, including street address and city where unit will be for SUD Program Services.
- Dates and times mobile unit will be at each location.
- Staff names with associated licensure, scheduled for each date of service.

Mobile unit schedule is attached to this application.

Mobile unit schedule will be submitted prior to the implementation of mobile services.

Note: Once licensed, the mobile unit schedule must be made available upon request and during any licensure survey or complaint investigation. Changes and updates to the mobile unit schedule, including location, date/time, staff, and staffing documents, must be maintained onsite and with the mobile unit.

4. SUD Program Administrator		
Name:	Phone:	Email:

5. Application Contact Person, if different than administrator identified above.		
Name:	Phone:	Email:

6. Administrator Certification	
The undersigned certifies the information supplied is accurate and true. The licensee will offer the SUD services in compliance with Act 368 of the Public Health Code of 1978 and SUD Administrative Rules.	
Authorized Person/Administrator:	Date:
Submission by 1 st class mail: MI Dept. of Licensing & Regulatory Affairs Bureau of Community and Health Systems State Licensing Section P.O. Box 30664 Lansing, MI 48909	Submission by overnight services: MI Dept. of Licensing & Regulatory Affairs Bureau of Community and Health Systems State Licensing Section 2407 N. Grand River Ave Lansing, MI 48933
Submission by Email: bchs-statelicensing@michigan.gov Questions: (517) 241-1970	
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