

Michigan Department of Licensing and Regulatory Affairs  
Bureau of Health Professions  
Health Licensing Division  
Substance Abuse Program  
PO Box 30670  
Lansing, MI 48909  
Phone: 517-241-1970

## **INSTRUCTIONS FOR COMPLETING THE APPLICATION FOR SUBSTANCE ABUSE LICENSE, PREVENTION ONLY PACKET**

Authority: P.A. 368 of 1978, as amended

### **ALL APPLICANTS**

Complete the standard license application (LARA/SUB-010) **UNLESS** application or renewal is to provide prevention services. Prevention-only applicants are to complete the LARA/SUB-050 application form that is attached.

### **WAIVER REQUESTS**

Applicants who want to request a waiver of any licensing rule for the first time must complete the *Application Appendix A – Waiver Request* (LARA/SUB-020) form. If you presently have a waiver and wish to renew the request, complete the "Waiver Renewal Only" portion on the bottom of page 3 of the application.

### **APPROVED SERVICE PROGRAM/RESIDENTIAL SUB-ACUTE DETOXIFICATION**

Applicants providing residential substance abuse services who wish to be designated as an "Approved Service Provider" or licensed to provide "Residential Sub-Acute Detoxification" are to complete the *Application Appendix B - Supplemental Application for Residential Sub-Acute Detoxification* (LARA/SUB-021) form and submit it with the application.

### **P.A. 309 of 1982 - SCREENING AND ASSESSMENT PROVIDER**

To be designated as a screening and assessment provider under P.A. 309 of 1982, you must be licensed for Casefinding-Screening, Assessment, Referral, and Follow-Up (SARF) and complete *Application Appendix C – Supplemental Application for P.A. 309 Designation* (LARA/SUB-022) form and submit it with the standard application.

Questions pertaining to the submission of any of the above-mentioned forms can be answered by contacting Substance Abuse Licensing at (517) 241-1970.

The Michigan Department of Licensing and Regulatory Affairs will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability, or political beliefs. You may make your needs known to this Agency under the *Americans with Disabilities Act* if you need assistance with reading, writing, hearing, etc.

Michigan Department of Licensing and Regulatory Affairs  
 Bureau of Health Professions  
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 P.O. Box 30670  
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 (517) 241-1970

**APPLICATION FOR A  
 SUBSTANCE ABUSE LICENSE  
 PREVENTION ONLY**

<b>FOR OFFICE USE ONLY</b>	
Check one:	
<input type="checkbox"/>	INITIAL
<input type="checkbox"/>	RENEWAL
LICENSE NUMBER: _____	
CA NUMBER: _____	
CONSULTANT: _____	
DATE DUE: _____	

**Mail a copy of this Application to the Regional Coordinating Agency listed on page 7 which corresponds with the program address. Return this ORIGINAL application to the address above.**

In accordance with the provisions of Act 368 of the Public Acts of 1978, as amended, and the Administrative Rules (R 325.14101-R 325.14928) of the Michigan Department of Licensing and Regulatory Affairs, Substance Abuse Program, the undersigned hereby applies for a license to operate a substance abuse treatment, rehabilitation and/or prevention program.

Program Legal Name			
Street Address (P.O. Box, if applicable)			
City	State	Zip Code	County
Telephone Number with Area Code	Fax Number with Area Code	E-Mail Address	
<p>Indicate the type of organization that is legally responsible for the operation of the program. Please complete both parts A and B.</p> <p>A. <input type="checkbox"/> For Profit                      B. <input type="checkbox"/> Sole Ownership                      <input type="checkbox"/> County Government  <input type="checkbox"/> Non-Profit                              <input type="checkbox"/> Corporation                              <input type="checkbox"/> State Government  <input type="checkbox"/> Partnership                              <input type="checkbox"/> Hospital Authority  <input type="checkbox"/> City Government                              <input type="checkbox"/> Other-Specify:  _____</p>			
<p>Days of Operation: (Check appropriate days)</p> <p>___Monday ___Tuesday ___Wednesday ___Thursday ___Friday ___Saturday ___Sunday</p>			
<p>Hours of Operation: (Indicate AM/PM)</p> <p>_____Monday _____Tuesday _____Wednesday _____Thursday  _____Friday _____Saturday _____Sunday</p>			
Program Director's Name:			

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## LICENSED SERVICES

### PREVENTION

- Community Change, Alternatives, Information, Training (CAIT)

Check if classes are offered:

Highway Safety Education

Other Classes

#### **Definitions of Prevention Service Categories**

Services to reduce the risk of problems which might require that an individual enter the substance abuse treatment system.

#### **Community Change, Alternatives, Information, Training (CAIT).**

A prevention service that provides at least one of the following:

Community Change – Planned efforts designed to change specific conditions to reduce the probability that substance use problems will occur among residents of the community.

Alternatives – Providing planned non-treatment personal growth activities designed to help a participant meet personal needs and to reduce the risk of developing problems that might require that the individual enter the substance abuse treatment system.

Information – Providing information to the public designed to reduce the risk that an individual will develop problems that might require that the individual enter the substance abuse treatment system.

Training – Providing activities designed to improve the personal and social skills of an individual to avoid substance abuse problems, or who is in a position to help others avoid problems with substance abuse.

### REQUEST FOR WAIVER OF RULE

- New Requests for Waiver of a Licensing Rule***

A separate waiver request form must be completed. **Submit Application Appendix A (LARA/SUB-020)**

- Waiver Renewal Only***

Cite rule number for which waiver request has been granted by the Substance Abuse Licensing Section and for which a renewal is being requested.

Rule #: \_\_\_\_\_ Rule #: \_\_\_\_\_



## APPLICATION ATTACHMENTS

### PROGRAM DESCRIPTION

**NEW APPLICANTS:** Your application must include a tabulated, typewritten narrative describing items A – F as identified below. The attachments must be clearly labeled with the program's 1) name; 2) registration/license number as shown on the front of the application; and 3) date submitted. **DO NOT** submit copies of your operating procedure manual. We desire a description of the various policies and procedures called for below. Actual formats used need not be submitted; they will be reviewed at the preliminary licensing inspection. **All NEW applicants MUST submit items A-F.** Item E requires that you submit a copy of your notice of intent. This can be a copy of a legal ad from your local newspaper indicating that your program is applying for a substance abuse license (see sample given below) and/OR a copy of a notice which you sent to local churches, schools and incorporated non-profit civic organizations with the names and addresses to whom the notice was sent. Please see sample notice in this packet.

**RENEWAL APPLICANTS:** If the attachments for Items A – D and F have not changed since your previous submission, check the box that says, "See Prior Application". If an item has changed since your previous application, attach it and mark the box titled "Attached."

**A. PROGRAM PHILOSOPHY. GOALS and OBJECTIVES.**

Attached  See Prior Application Ref. Lic. # \_\_\_\_\_

**B. TARGET POPULATIONS.** Specify geographic service delivery area and groups toward which services will be directed.

Attached  See Prior Application Ref. Lic. # \_\_\_\_\_

**C. METHODOLOGY.** Describe the methods, procedures and activities used to reach program goals and objectives. Describe individual or group counseling, family therapy, outreach efforts, etc. Prevention programs must indicate the specific activities provided. Describe classes offered (size, content, duration).

Attached  See Prior Application Ref. Lic. # \_\_\_\_\_

**D. ORGANIZATIONAL STRUCTURE.** Provide an organizational chart of your program. If part of a larger organization, show relationship.

Attached  See Prior Application Ref. Lic. # \_\_\_\_\_

**E. NEW APPLICANTS.** You must attach copies of the NOTICE OF INTENT provided to churches, schools and incorporated non-profit civic organizations in the program's proposed service delivery area when they intend to provide substance abuse treatment, rehabilitation and/or prevention services. Send a copy of the published notice or evidence that the notice was distributed. SEE EXAMPLE BELOW.

N/A  Attached

**F. List the counties in which you will be providing Prevention-CAIT services:**

\_\_\_\_\_

~ ~ EXAMPLE ~ ~

### NOTICE OF INTENT

*(Name and address of applicant program)* has applied for a substance abuse license through the Michigan Department of Licensing and Regulatory Affairs, Substance Abuse Program. The license will allow us to provide *(type of service to be licensed)* substance abuse services. Comments should be directed to *(name and address of coordinating agency)*.

## ASSURANCES

As program director, I am responsible to the governing authority of this program or its authorized agent for overall operation of the program. I have reviewed Article 6 of Public Act 368 of 1978, as amended, and the administrative rules applicable to the service(s) provided by this program, I believe my program is in compliance with the rules and the Act and is ready for on-site inspection.

I understand that I may request a waiver of a license rule and that it is my responsibility to complete the appropriate section of the application for a renewal of waiver or to submit a waiver request form for a new waiver request.

I authorize the Chief of the Substance Abuse Program or his or her representative to obtain from any source, information as to my ability to comply with Article 6 of Act 368 of 1978 as amended, and the Administrative Rules (R 325.14101 - R 325.14928).

I further certify that the information furnished in this application is true and accurate. Any information found to be false may result in my application being denied and my program licensure being revoked. Supportive documentation will be furnished upon request of the Substance Abuse Program. I have completely filled out this application and understand that if the application is found to be incomplete, the licensing process will be suspended until I have furnished missing or incomplete information.

By signing this application for licensure, I acknowledge that should any information contained in this application change, notice of the change will be immediately provided to the Substance Abuse Program. Failure to do so may invalidate the license. I understand notice of change of ownership, governing authority or location must be **submitted** to the Substance Abuse Program **thirty (30) days** before the change takes effect. A copy of this application and attachments and subsequent changes to it will be maintained at my program.

Copies of this application and attachments have been sent to the following coordinating agency:

\_\_\_\_\_ on \_\_\_\_\_ (Date)

The **original application** is being submitted to the Substance Abuse Program.

Program Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

As a member or designee of the applicant program's governing authority, I certify that the governing authority has the authority and responsibility for overall operation of the program and will ensure that the program complies with the applicable licensing standards.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Printed: \_\_\_\_\_

Title: \_\_\_\_\_

## REGIONAL SUBSTANCE ABUSE COORDINATING AGENCIES

### 01. NorthCare

Substance Abuse Coordinating Agency  
200 West Spring Street  
Marquette, MI 49855  
(800) 305-6564

**Serving: Alger, Chippewa, Delta, Luce, Mackinac,  
Marquette, Menominee, Schoolcraft Counties**

### 08. NORTHERN MICHIGAN SUBSTANCE ABUSE SERVICES, INC.

2090 West M-32, Ste. C  
P. O. Box 1278  
Gaylord, MI 49735  
(989) 732-1791

**Serving: Alcona, Alpena, Antrim, Benzie, Charlevoix, Cheboygan,  
Clare, Crawford, Emmet, Gladwin, Grand Traverse, Isabella,  
Iosco, Kalkaska, Lake, Leelanau, Manistee, Mason, Mecosta,  
Midland, Missaukee, Montmorency, Oceana, Osceola, Ogemaw,  
Oscoda, Otsego, Presque Isle, Roscommon, Wexford Counties**

### 09. GENESSEE County CMH

420 W. Fifth Avenue  
Flint, MI 48503  
(810) 257-3201

**Serving: Genesee County**

### 10. ST. CLAIR COUNTY HEALTH DEPARTMENT

Thumb Region Substance Abuse Services  
Coordinating Agency  
3111 Electric Avenue  
Port Huron, MI 48060  
(810) 985-8900

**Serving: Lapeer, Sanilac, St. Clair Counties**

### 11. MID-SOUTH SUBSTANCE ABUSE COMMISSION

2875 Northwind Drive, Suite 215  
East Lansing, MI 48823  
(517) 337-4406

**Serving: Clinton, Eaton, Gratiot, Hillsdale, Ingham, Ionia  
Jackson, Lenawee, Newaygo Counties**

### 14. KALAMAZOO CO. COMMUNITY MENTAL HEALTH SERVICES

Substance Abuse Services, Regional Coordinating Agency  
Nazareth Complex  
3299 Gull Road, PO Box 63  
Nazareth, MI 49074-0063  
(269) 553-8150

**Serving: Barry, Branch, Kalamazoo, St. Joseph, Van Buren Counties**

### 15. NETWORK 180

728 Fuller Avenue., NE  
Grand Rapids, MI 49503  
(616) 336-3765

**Serving: Kent County**

### 20. MACOMB CO. COMMUNITY MENTAL HEALTH

Office of Substance Abuse Services  
Macomb County Building, 6<sup>th</sup> Floor  
22250 Hall Road  
Clinton Township, MI 48036  
(586) 469-5278

**Serving: Macomb County**

### 27. OAKLAND COUNTY HEALTH DIVISION

Office of Substance Abuse  
1200 N. Telegraph Road, Bldg. 34E  
Pontiac, MI 48341  
(248) 858-0001

**Serving: Oakland County**

### 28. LAKESHORE COORDINATING COUNCIL

324 Washington Street  
P. O. Box 268  
Grand Haven, MI 49417-0268  
(616) 846-6720

**Serving: Allegan, Berrien, Cass, Muskegon,  
Ottawa Counties**

### 29. SAGINAW COUNTY HEALTH DEPARTMENT

1600 North Michigan Avenue, Ste. 501  
Saginaw, MI 48602-5395  
(989) 758-3781

**Serving: Saginaw County**

### 33. WASHTENAW COMMUNITY HEALTH ORG.

Livingston-Washtenaw Substance Abuse  
Coordinating Agency  
P. O. Box 915  
555 Towner Street  
Ypsilanti, MI 48197  
(734) 544-3000

**Serving: Livingston, Washtenaw Counties**

### 34. DETROIT DEPARTMENT OF HEALTH

Bureau of Substance Abuse  
Herman Kiefer Health Complex  
Main Bldg., Room 317, B Wing  
1151 Taylor  
Detroit, MI 48202  
(313) 876-4566

**Serving: City of Detroit**

### 35. WESTERN U.P. SUBSTANCE ABUSE SERVICES COORDINATING AGENCY

902 W. Sharon Avenue  
Houghton, MI 49931  
(906) 482-7710

**Serving: Baraga, Dickinson, Gogebic, Houghton, Iron,  
Keweenaw, Ontonagon Counties**

### 40. SOUTHEAST MICHIGAN COMMUNITY ALLIANCE

25363 Eureka Road  
Taylor, MI 48180  
(734) 229-3500

**Serving: Monroe & Wayne Counties**

### 41. BAY ARENAC BEHAVIORAL HEALTH

Riverhaven Coordinating Agency  
5449 Hampton Place  
Saginaw, MI 48604  
(989) 497-1344

**Serving: Arenac, Bay, Huron, Montcalm, Shiawassee,  
Tuscola Counties**