



# Michigan Opioid Treatment Access Loan Repayment Program

## **Fiscal Year 2025 Application & Program Guidance**

### Table of Contents

PROGRAM OVERVIEW.....	3
ELIGIBILITY.....	3
Eligible MIOTA LRP Provider Types .....	3
Exclusion from Eligibility .....	4
Eligible Practice Sites .....	4
Service Obligation Period.....	4
Service Obligation Requirement .....	4
Physician participants: .....	4
Nurse Practitioners and Physician Assistant participants:.....	5
MOUD Prescribers in Acute and Transitional Settings .....	6
Substance use disorder counselor participants:.....	6
Patient Target Goals.....	7
Highest Need Area Bonus .....	7
PAYMENT PROCESS.....	8
Maximum Award Amount.....	8
Service Verifications.....	10

Registration on SIGMA Vendor Self Service (VSS) ..... 10

Change of Personal Information Reporting Requirements ..... 10

PSLF Disclaimer ..... 10

APPLICATION FORMS AND PROCESS ..... 10

    Application Form..... 10

    Application Packages Must be Submitted Electronically:..... 11

    Required Supporting Documentation ..... 12

DEFINITIONS..... 13

Appendix A ..... 15

## PROGRAM OVERVIEW

The Michigan Opioid Treatment Access Loan Repayment Program is a medical education debt repayment program focused on incentivizing health care providers to begin and expand opioid treatment in Michigan. The purpose of the program is to expand the availability of treatment for opioid use disorder and any co-occurring substance use disorder, including medications to treat opioid use disorder approved by the U.S. Food and Drug Administration. Eligible providers will receive loan repayment for beginning or expanding opioid treatment in Michigan for two years of service and by completing specific requirements outlined in this document.

The application period starts on May 5, 2025 and ends May 19, 2025.

For Questions, please email [MDHHS-MIOTA-LRP@michigan.gov](mailto:MDHHS-MIOTA-LRP@michigan.gov).

This program was initially funded by the Michigan Health Endowment Fund and is now funded and administered by the Michigan Department of Health and Human Services through the Michigan Opioid Healing and Recovery Fund.

## ELIGIBILITY

To qualify for the Michigan Opioid Treatment Access Loan Repayment Program (MIOTA LRP) applicants must:

- 1) Be a substance use disorder (SUD) counselor providing services within an Opioid Treatment Program or serving individuals as part of an Opioid Use Disorder (OUD), Stimulant Use Disorder (StUD), or Substance Use Disorder program.
- 2) Be providing AND expanding Medications for Opioid Use Disorder (MOUD to patients with OUD in Michigan by having obtained a standard Drug Enforcement Administration (DEA) registration number.
- 3) Be providing AND expanding treatment to patients utilizing MOUD in Michigan by possessing a standard DEA registration number and increasing the number of patients being treated.

### Eligible MIOTA LRP Provider Types

Applicants must have one of the following professional titles and an appropriate unencumbered license in the State of Michigan to be eligible for loan repayment through the MIOTA LRP.

- Physicians or Psychiatrists (MDs or DOs).
- Psychologists.

- Nurse Practitioners (NP).
- Physician Assistants (PA).
- Substance Use Disorder (SUD) Counselors.
  - Licensed or limited licensed masters social workers.
  - Licensed or limited licensed professional counselor.
  - Licensed or limited licensed marriage or family therapist.

Providers must be working on a full-time basis at the approved practice site.

### Exclusion from Eligibility

Providers may not be dually enrolled in this loan repayment program and any other loan repayment program with a service obligation (for example, the Michigan State Loan Repayment Program, Behavioral Health Loan Repayment Program or the National Health Service Corps).

### Eligible Practice Sites

Practice sites for eligible providers may be located anywhere in the state.

Eligible practice sites do not need to be in a Health Professional Shortage Area designation.

Eligible practice sites should be those that provide treatment of OUD, StUD, or SUD in inpatient and/or outpatient care; such as: primary care, family medicine, office based opioid treatment sites (OBOTs), opioid treatment programs (OTPs), outpatient programs, residential programs, emergency medicine, inpatient psychiatry, hospital-based medical care, jails, prisons, private practices and urgent care clinics. All practice sites can be eligible; the goal is to incentivize as broad a spectrum of providers as possible to expand the state's capacity to treat opioid use disorder.

### Service Obligation Period

Any provider participating in this program will be eligible to receive loan repayment for two-years with a two-year service requirement starting July 1, 2025, and ending June 30, 2027. Every participant will sign a contract with MDHHS agreeing to a penalty and repayment process if a breach occurs.

### Service Obligation Requirement

#### Physician participants

If you are a physician (MD or DO) and you are accepted into this program, you must do one of the following:

- Provide documentation of possession of a standard DEA registration number.
- Complete DEA/SAMHSA-required buprenorphine prescriber training. *(Please note that training requirements for DEA registration became effective June 2023. Information will be updated and available on the [SAMHSA website](#).)*

- Provide documentation that your practice has increased the number of patients receiving MOUD. Annual targets for new OUD patients are provided on Page 7.

If you are a physician (MD or DO) and you are accepted into this program, you must also:

- Provide a plan outlining how you will expand your opioid use disorder (OUD) treatment practice. All providers in a non-primary care setting must include how OUD patients will be referred to long-term OUD treatment once a patient has left the acute care or other short-term or temporary settings (such as jails, prisons, inpatient medical services).
- Provide data as requested about your expanded practice on a biannual basis.

If you are a physician (MD or DO) and you are accepted into this program, you must do all the following in the first six months of the Service Obligation Period:

- Submit a plan to provide for SUD counseling for SUD patients. This plan will detail the provider's plan for making referrals to SUD counseling services and providing information on available community group or self-help resources or any other supportive resources.
- Obtain state licensure for the SUD program if an individual or individuals in a group practice are, offering psychological or medical services and providing buprenorphine or naltrexone treatment to more than 100 individuals at any one time at a specific property.
- Provide data as requested on your expanded practice on a biannual basis

In the remainder of the Service Obligation Period providers must continue to provide opioid use disorder treatment services at their approved practice site location.

#### Nurse Practitioners and Physician Assistant participants

If you are a Nurse Practitioner or Physician's Assistant and you are accepted into this program, you must:

- Possess a standard DEA registration number and expand opioid treatment by increasing the number of patients you see;
- Complete DEA/SAMHSA-required buprenorphine prescriber training. *(Please note that training requirements for DEA registration will become effective June 2023. Information will be updated and available on the [SAMHSA website](#). AND*
- Provide a plan outlining how you will expand your opioid use disorder treatment patient load and practice. All providers in a non-primary care setting must include how OUD patients will be referred to long-term OUD treatment once a patient has left the acute or transitional care setting.

In addition, if you are accepted into this program, you must also:

- Obtain state licensure for SUD program if an individual or individuals in a group practice are offering psychological or medical services and providing buprenorphine or

naltrexone treatment to more than 100 individuals at any one time at a specific property.

- Provide data as requested about your expanded practice on a biannual basis.

During the remainder of the Service Obligation Period, providers must continue to provide opioid use disorder treatment services at their approved practice site location.

### MOUD Prescribers in Acute and Transitional Settings

If you provide or plan to begin or expand providing MOUD treatment to patients in an acute or transitional care setting, you must:

- Provide a plan explaining in general terms how you will refer OUD treatment patients to long-term MOUD and/or OUD treatment after they have left the acute care or other transitional setting, such as emergency department, inpatient hospitalization, jail, prison.

Examples:

- You work as an emergency medicine physician and you want to begin MOUD treatment for people who appear in the emergency room.
- You work in a local correctional facility as a prescriber for people who are being released to the community.
- You work as a pain specialist and you want to start an individual on medication to treat their OUD (and then refer them to an addiction specialist).
- You work in an inpatient medical setting and see people admitted for infectious disease complications and you wish to begin MOUD in the medical setting.

In your application you would explain how linkages to community providers to continue treatment have been developed and how those linkages function.

### Substance use disorder counselor participants

Substance use disorder counselors must have a valid substance use disorder certification through the Michigan Certification Board for Addiction Professionals and a valid professional license and must provide full-time SUD counseling for the duration of the Service Obligation Period within an approved provider location.

If you are a substance use disorder counselor, you must also:

- Obtain state licensure for SUD program if an individual or individuals in a group practice are offering psychological or medical services and providing buprenorphine or naltrexone treatment to more than 100 individuals at any one time at a specific property.

### Patient Target Goals

Participants will be required to set specific annual patient increase goals. This number should indicate how many OUD patients you will be able to begin seeing over and above your current practice pattern during each year of the service obligation. This goal should be included in your OUD treatment practice expansion plan and that plan should explain what steps you will take and which activities you will perform to meet that goal.

This goal will be used to measure how the program will increase treatment capacity, as a tool to focus involvement in the program, and as a dataset for future MIOTA LRP cycles. Baseline practice data will help inform improvements in expanding services through this MIOTA LRP. Please note that providers will not be penalized if circumstances prevent the goal's achievement despite good-faith efforts by the provider.

### Highest Need Area Bonus

A \$5,000 bonus will be provided to providers who begin offering OUD treatment in one of the 15 counties in Michigan with the highest need, as based on the [2022 Substance Use Vulnerability Index](#). These counties are:

Wayne	Luce	Mackinac	Clare	Oscoda
Lake	Genesee	Osceola	Van Buren	Baraga
Oceana	Saginaw	Iosco	Muskegon	Calhoun

## PAYMENT PROCESS

The approved education debt repayment will be made directly to the health care provider, not to their lender. Providers are required to pay down their qualifying educational loans for reasonable education expenses by an amount at least equal to the payment they receive from the MIOTA program.

### Maximum Award Amount

Use the chart below to determine the amount of loan repayment you are eligible to receive. The amount of loan repayment cannot exceed the amount of debt owed in medical education loans.

Provider Type	Registration and Client Status	Annual Target for New OUD Patients <sup>1</sup>	Maximum Amount of Loan Repayment
<b>Physicians (MD or DO)</b>			
	Currently has a standard DEA registration number and is treating fewer than five patients	20	\$15,000
	Will complete DEA/SAMHSA buprenorphine prescriber training and be serving at least 25 patients by July 1, 2026	25	\$20,000
	Currently treating a baseline of at least 30 patients and must increase patients by at least 50% by July 1, 2026	45	\$30,000



<b>Nurse Practitioners &amp; Physician Assistants</b>			
	Currently has a standard DEA registration number and is treating fewer than five patients	20	\$15,000
	Will complete DEA/SAMHSA buprenorphine prescriber training and be serving at least 25 patients by July 1, 2026	30	\$20,000
	Currently treating a baseline of at least 30 patients and must increase patients by at least 50% by July 1, 2026	45	\$25,000
<b>SUD Counselor</b>		<b>Target for Clients Served Weekly</b>	<b>Maximum Amount of Loan Repayment</b>
	Provides OUD/StUD/SUD counseling within an Opioid Treatment Program, outpatient, residential or health-based agency	At least 30	\$15,000
<b>New Access Bonus</b>			
	Additional award for providers expanding into counties with no MOUD providers	N/A	\$5,000
<sup>1</sup> Note that new patient goals are above and beyond current caseload or practice patterns.			

## Service Verifications

Each participant that is successfully enrolled in this program will be required to submit data. Data will be requested every six months regarding the size of the opioid treatment patient caseload and steps taken to meet the requirements of this program.

## Registration on SIGMA Vendor Self Service (VSS)

All providers participating in this program (considered “vendors” in SIGMA VSS) must immediately register for electronic funds transfer (EFT) on [SIGMA VSS](#). This will allow MIOTA LRP payments to be electronically deposited into your personal checking or savings account.

## Change of Personal Information Reporting Requirements

Providers must notify the MIOTA LRP Office of ANY personal information changes (including name, home address, phone numbers, and email address) and change their profiles on SIGMA Vendor Self Service (VSS) no less than 10 calendar days before they occur. Your personal information must be the same at the MIOTA LRP Office and on SIGMA VSS to receive LRP payments.

## PSLF Disclaimer

Participants in the MIOTA LRP may also be enrolled in the Public Service Loan Forgiveness program. Funds received from the MIOTA LRP may be used to make monthly Income-Based Repayment plan payments, as determined by the loan servicer.

## APPLICATION FORMS AND PROCESS

This is a two-year program. Opioid treatment providers may apply starting May 5, 2025 and ends on May 19, 2025.

### Application Form

There is one Provider Application Form, and it must be mailed to the MDHHS in a single package, together with all the required supporting documentation. Eligible providers must complete the Provider Application Form entirely and submit the supporting evidence to qualify for the program.

A complete MIOTA LRP Application Package consists of:

1. Completed Application Form; and,
2. Required Supporting Documentation.

## Application Packages Must be Submitted Electronically

MIOTA will utilize an electronic application system. The application will be completed and all application materials will be collected via the [Primary Care Loan Repayment Program Portal](#). You may only access the online application when it is open during the application cycle. The application is accessed by clicking into the portal, choosing the MIOTA Loan Repayment Program application, and verifying your eligibility for the program.

Please have all your documentation ready when you begin the application process. The application must be completed in one session. If you need to leave the application screen for any reason, you will need to begin the application again. A copy of the application questions can be found in Appendix A on page 14.

### **MIOTA cannot accept application forms submitted by email, phone, or fax.**

The Application Form must be completed by the provider applying for loan repayment.

The Application Form is broken up into five sections on three separate pages. It will not be considered complete unless it contains information on each of the following required sections and the upload of all the required supporting documents:

- 1. Personal Information:** Enter the answers for each question from 1a to 1p.
- 2. Education & Professional Information:** Enter the answers for each question from 2a to 2e.
- 3. Opioid Treatment Practice Information:** Provide information about the opioid treatment that will be provided, questions 3a to 3g.
- 4. Eligibility:** Provide information about the location and type of practice for questions 4a to 4f.
- 5. Loan Information:** You must list all educational loans for which you have a remaining balance and whether they entail a service obligation. Include only loans that funded your undergraduate or graduate education and training that led to the professional license necessary for the position at which you will fulfill your MIOTA LRP service obligation. Please list the information about all your current educational loans in the “Current Loans” section.
- 6. Declaration of Intent:**

*Note: If you have consolidated or refinanced any eligible loan with a non-educational loan, no portion of the consolidated/refinanced loan is eligible for loan repayment and must not be listed in this section.*

## Required Supporting Documentation

- 1) **Proof of DEA registration:** Physician applicants will be required to provide documentation of the DEA registration status.
- 2) **Plan for SUD Counseling:** Physician applicants must submit a plan for providing SUD counseling for SUD patients. This plan should detail the provider's plan for making referrals to SUD counseling services and providing information on available community group or self-help resources or any other supportive resources.
- 3) **Proof of Opioid Treatment Certification:** Substance use disorder counselor applicants will be required to provide documentation showing that they are certified to provide drug counseling and treatment.
- 4) **State Licensure for SUD Program:** Applicants will be required to provide documentation of the state licensure for the SUD program if an individual, or individuals in a group practice, is offering psychological or medical services and providing buprenorphine or naltrexone treatment to more than 100 individuals at any one time at a specific property.
- 5) **Loan Information Verification:** Applicants will be required to provide two types of documentation for each loan that is being submitted for consideration:
  - a) **Account Statement:** This document is used to provide current information on the applicant's qualifying educational loans, indicating the status of his/her loan balance. This document should:
    - be on official letterhead or other clear verification that it comes from the lender/holder;
    - include the name of the applicant;
    - contain the account number;
    - include the date of the statement (cannot be more than 30 days from the date of LRP application submission);
    - include the current outstanding balance (principal and interest) or the current payoff balance; and,
    - include the current interest rate.
  - b) **Loan Disbursement Report:** This report is used to verify the originating loan information and should:
    - be on official letterhead or other clear verification that it comes from the lender/holder;
    - include the name of the applicant;
    - contain the account number;
    - include the type of loan;
    - include the original loan date (must be prior to the date of the application submission); and,
    - include the original loan amount.

## DEFINITIONS

**Fiscal Year (FY)**—Defined as Oct. 1 through Sept. 30.

**Full-Time Clinical Practice** – For the purposes of the MIOTA program, full-time clinical practice is defined as a minimum of 40 hours/week, for a minimum of 45 weeks each service year. The 40 hours/week may be compressed into no less than 4 days/week, with no more than 12 hours of work to be performed in any 24-hour period. Of the 40 hours/week, a minimum of 32 hours must be spent providing patient care. Participants do not receive service credit for hours worked over the required 40 hours/week and excess hours cannot be applied to any other work week. Also, time spent “on call” will not be counted towards the service obligation, except to the extent the provider is providing patient care during that period. Clinical service provided by MIOTA participants while a student/resident observes, should be counted as patient care as the MIOTA participant is treating the patient.

**Holder**—The commercial or government institution that currently holds the promissory note for the qualifying educational loan (e.g., Sallie Mae, PHEAA, etc.).

**Lender**—The commercial or government institution that initially made the qualifying loan (e.g., US Department of Education).

**Medications for Opioid Use Disorder (MOUD)** – The use of FDA-approved medications, often coupled with counseling and behavioral therapies, to treat opioid use disorders.

**Opioid Use Disorder** – Opioid Use Disorder (OUD) is a substance use disorder of problematic pattern of opioid use that causes significant impairment or distress.

**Qualifying Educational Loans**—Government and private student loans for actual costs paid for tuition and reasonable educational and living expenses related to undergraduate or graduate education of the participant that were obtained by the clinician prior to their submission of an application to participate in the MIOTA LRP. Such loans must be contemporaneous with the education received. Participants will receive funds for repayment of qualifying educational loans that are still owed. If the applicant has a consolidated/refinanced loan that is made up entirely of qualifying educational loans of the applicant, the consolidated/refinanced loan is eligible for repayment. If the applicant has consolidated otherwise qualifying educational loans with any non-qualifying debt, no portion of the consolidated/refinanced loan will be eligible.

**Reasonable Educational Expenses**—The costs of education, exclusive of tuition, such as fees, books, supplies, clinical travel, educational equipment and materials, and board, certification/licensing exams, which do not exceed the school’s estimated standard student budget for educational expenses for the participant’s degree program and for the year(s) of that participant’s enrollment.

**Solo or Group Private Practice**—A clinical practice that is made up of either one or many providers in which the providers have ownership or an invested interest in the practice. Private practices can be arranged to provide primary medical, dental, and/or mental health services and can be organized as entities on the following basis: fee-for-service; capitation; a combination of the two; family practice group; primary care group; or multi-specialty group.

**Stimulant Use Disorder** - A pattern of amphetamine-type substance, cocaine, or other stimulant use leading to clinically significant impairment or distress.

**Substance Use Disorder**—Involves the overuse of, or dependence on, one or more substances leading to a clinically significant impairment whose effects are detrimental to the individual’s physical and mental health, or the welfare of others.

**Substance Use Disorder Licensure**—Providers that offer SUD services in the State of Michigan must obtain a license from the MI Department of Licensing and Regulatory Affairs (LARA). Information about state SUD licensing is found on [LARA’s website](#).

**Substance Use Disorder Treatment**—As used in this Guidance and for purposes of the MIOTA LRP, substance use disorder treatment refers to substance use disorder related care that is delivered based on a standardized assessment of substance use disorder treatment needs.

**Unencumbered License** – A license that is not revoked, suspended, or made probationary or conditional by the state licensing authority as the result of disciplinary action.

# Appendix A

## Provider Application Form and Declaration of Intent MI Opioid Treatment Access Loan Repayment Program Michigan Department of Health and Human Services

### Appendix A

#### 1. Personal Information

a. Last Name	b. First Name	c. Middle Name	
d. Gender		e. Do you identify as a member of the transgender community? (optional)	
f. Home Address:		g. City:	h. State:
		i. Zip Code:	
j. Home Phone:	k. Cell Phone:	l. Direct Work Phone:	
m. Personal Email:	n. Work Email:	o. Additional Email:	
p. Date of Birth (mm/dd/yyyy):		q. SIGMA Customer/Vendor ID Number:	

#### 2. Educational and Professional Information

a. Professional Designation: MD    DO    Nurse Practitioner/Specialist (Master's Degree)    Physician Assistant Other (Specify):		
b. Specialty:    Family Practice    Internal Medicine    Behavioral Health Other (Specify):		
c. License Number:	d. State of Licensure:	e. NPI Number:

# Appendix A

## Provider Application Form and Declaration of Intent MI Opioid Treatment Access Loan Repayment Program Michigan Department of Health and Human Services

### 3. Opioid Use Disorder Treatment Practice Information

a. Current OUD Capacity:	b. Current OUD Caseload:
c. Type of Opioid Treatment Provided: Medications      Counseling Both Medication and Counseling	d. Methadone Treatment Offered: Yes      No
e. Current number of patients/clients I personally treated for OUD at the time of this application:	
f. Current estimated number of patients/clients I personally treat annually for OUD based on an estimate done for the year prior to this application:	
g. Target number of new patients to be seen annually if receiving this loan:	

### 4. Eligibility: MIOTA LRP Agreement and Practice Site Information

a. Practice/Facility Name:	b. # Hours/Week:	
c. Address:	d. City/State:	e. Zip Code:
i. Is this your primary practice site?      Yes      No		
ii. Do you practice at other locations?      Yes      No		
If yes, please provide any additional Practice Sites Information:		
2 <sup>nd</sup> Facility Name (if applicable):	# Hours/Week:	
Address 2:	City/State:	Zip Code:
3 <sup>rd</sup> Facility Name (if applicable):	# Hours/Week:	
Address 3:	City/State:	Zip Code:
f. Are you currently providing opioid use disorder treatment at a practice site?      Yes      No		
If yes, which:		
g. Do you have Medicaid patients on your current caseload? Yes      No		



## Appendix A

Provider Application Form and Declaration of Intent  
MI Opioid Treatment Access Loan Repayment Program  
Michigan Department of Health and Human Services

h. Are you currently accepting new Medicaid patients?

Yes

No

Before submitting application, be sure to include all supporting documentation — as outlined in the MIOTA LRP FY 2025 Application and Program Guidance. All program materials are available at [Michigan.gov/miota](https://Michigan.gov/miota).

## Appendix A

### Provider Application Form and Declaration of Intent

MI Opioid Treatment Access Loan Repayment Program

Michigan Department of Health and Human Services

#### 5. Loan Information

<b>a. Current Loans</b>				
#	Account or ID #	Name of the Loan Program	Lender	Balance (\$)
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
<b>Total Eligible Debt</b>				
<b>b. Do any of the above loans entail a service obligation requirement?    Yes    No    *If yes, please circle those loans*</b>				

## Appendix A

### Provider Application Form and Declaration of Intent

MI Opioid Treatment Access Loan Repayment Program  
Michigan Department of Health and Human Services

#### 6. Certification Statement and Declaration of Intent

##### Certification Statement:

I certify that I will comply with all the policies and procedures described in the Fiscal Year 2023 MIOTA LRP Application & Program Guidance and that all information in this application is accurate and complete.

##### Declaration of Intent:

I affirm my intention to:

- 1) provide treatment for Opioid Use Disorder (OUD) to patients in Michigan by having obtained a standard DEA registration certificate, or
- 2) provide treatment for OUD to patients in Michigan by having obtained a standard DEA registration certificate and increasing the number of patients that I treat, or
- 3) be a Substance Use Disorder Counselor providing services within an Opioid Treatment Program or serving individuals with an OUD, StUD, or SUD program.

I affirm that I have one of the following professional titles and an appropriate unencumbered license in the State of Michigan:

- 1) Physician or Psychiatrist (MD or DO)
- 2) Psychologist
- 3) Nurse Practitioner
- 4) Physician Assistant
- 5) Substance Use Disorder Counselor
  - a. Licensed or limited licensed masters social workers
  - b. Licensed or limited licensed professional counselor
  - c. Licensed or limited licensed marriage or family therapist

I understand that I may not be dually enrolled in this loan repayment program and any other loan repayment program with a service obligation (e.g., the Michigan State Loan Repayment Program or the National Health Service Corps). As part of my obligation as a participant in the Michigan Opioid Treatment Access (MIOTA) Loan Repayment Program (LRP), I will remain employed on a full-time basis at the approved eligible practice site.

If I am a physician (MD or DO) and accepted into this program, I understand I must do the following:

- Provide documentation of possession of a standard DEA registration number;
- Complete DEA/SAMHSA-required buprenorphine prescriber training; and,
- Provide documentation that my practice has increased the number of patients receiving Medication Opioid Use Disorder treatment.

I understand that if I am physician (MD or DO) and accepted into this program, I understand I must do all of the following in the first six months of the Service Obligation Period:

- Submit a plan to provide for SUD counseling for SUD patients. This plan will detail the provider's plan for making referrals to SUD counseling services and providing information on available community group or self-help resources or any other supportive resources.
- Obtain state licensure for the SUD program if an individual, or individuals in a group practice, is offering psychological or medical services and providing buprenorphine or

## Appendix A

### Provider Application Form and Declaration of Intent MI Opioid Treatment Access Loan Repayment Program Michigan Department of Health and Human Services

naltrexone treatment to more than 100 individuals at any one time at a specific property.

If I am a nurse practitioner or physician's assistant and accepted into this program, I understand I must do following:

- Possess a standard DEA registration number and expand opioid treatment by increasing the number of patients I see;
- Complete DEA/SAMHSA-required buprenorphine prescriber training; and,
- Provide a plan outlining how I will expand OUD treatment patient load and practice.

If I am a nurse practitioner or physician's assistant and accepted into this program, I understand I must also:

- If I work in a setting where acute or transitional treatment services are provided, I will provide a plan for how I will refer individuals to longer term OUD treatment (see application description for examples).
- Obtain state licensure for SUD program if an individual, or individuals in a group practice, is offering psychological or medical services and providing buprenorphine or naltrexone treatment to more than 100 individuals at any one time at a specific property.
- Provide data on my expanded practice on a biannual basis, as requested.

If I am a substance use disorder counselor, I understand I must have a valid substance use disorder certification through the Michigan Certification Board for Addiction Professionals and a valid professional license and must provide full-time SUD counseling for the duration of the Service Obligation Period.

If I am a substance use disorder counselor, I understand I must also:

- Obtain state licensure for SUD program if an individual, or individuals in a group practice, is offering psychological or medical services and providing buprenorphine or naltrexone treatment to more than 100 individuals at any one time at a specific property.
- Provide a plan outlining how I will expand your OUD treatment practice and how many more patients I plan to serve.

For this application and every six months during the service obligation period, I will provide data regarding my actual caseload size specific to patients/clients served for opioid use disorder treatment in order to receive payment. I understand that review of this data is critical to my continued participation with the MIOTA LRP.

I understand that if I am awarded a MIOTA agreement, I enter into a service obligation. MIOTA service obligations are legal responsibilities that should be taken seriously. I will carefully read the MIOTA agreement before signing and I understand that if a breach of the agreement occurs, I will face a default penalty.