

Provider Application Form and Declaration of Intent

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

Today's Date

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 (Masters) Physician Assistant Other (Specify):				
b. Specialty: Family Practice Internal Medicine Behavioral Health Other (Specify):				
c. License Number:		d. State of Licensure:	e. NPI Number:	
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:				

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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 nd Facility Name (if applicable):	# Hours/Week:	
Address 2:	City/State:	Zip Code:
3 rd 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		
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 2023 Application and Program Guidance. All program materials are available at www.michigan.gov/miota.

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5. Loan Information				
a. Current Loans				
#	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				
Total Eligible Debt				
b. Do any of the above loans entail a service obligation requirement? Yes No				

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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, Stimulant Use Disorder, or Substance Use Disorder 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 (for example, 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,
- 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 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:

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- 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.

Signature:

Date: