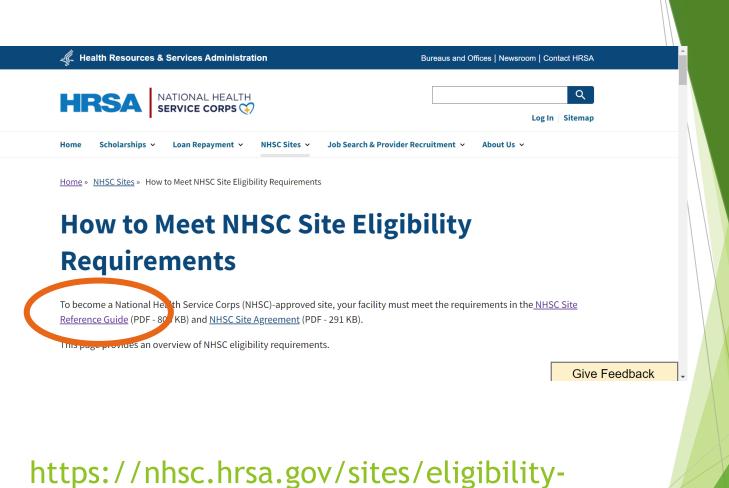


NHSC Site Application Process: SUD Opt-In

Paige Recker

Access to Care Manager

Michigan Center for Rural Health



requirements

Substance Use Disorder Opt-In Documentation

Substance Use or Addiction Counseling/Psychotherapy Services - Submit one of the following:

- Substance use disorder operating certificate issued by the state, territory, county, etc.
- Site brochure listing the on-site substance use disorder services
- Site policy that outlines on-site substance use disorder services
- Document that includes the website link and screenshot of available onsite substance use disorder services
- Other documentation that outlines on-site substance use disorder services provided on-site

Substance Use Disorder Opt-In Documentation

Medications for Opioid Use Disorder Services -Submit an attestation letter from the site Chief Executive Officer or Medical Director stating:

- That the site offers medications for opioid use disorder on-site
- The days and hours when the site offers medications for opioid use disorder services
- The size of the medications for opioid use disorder patient panel for the most recent 6-month period for which data is available.

APPENDIX F: MEDICATIONS FOR OPIOID USE DISORDER ATTESTATION LETTER <u>TEMPLATE</u>

ORGANIZATION LETTERHEAD

DATE: FROM:

RE: Attestation to provision of Medications for Opioid Use Disorder TO: National Health Service Corps

[INSERT BRIEF OVERVIEW OF SITE (AND ORGANIZATION IF APPLICABLE) AND SERVICES PROVIDED AND PATIENT POPULATION].

This letter is to certify that [SITE NAME] located at [SITE ADDRESS] provides Medications for Opioid Use Disorder (MOUD) in an outpatient clinical setting. Medications For Opioid Use Disorder services are available to patients [INSERT DAYS AND HOURS OF OPERATION FOR MEDICATIONS FOR OPIOID USE DISORDER]. At this clinical service site, the Medications For Opioid Use Disorder patient panel for the six-month period beginning [START DATE] and ending [END DATE] included [# OF PATIENTS RECEIVING MEDICATIONS FOR OPIOID USE DISORDER].

[INK OR E-SIGNATURE OF CEO AND/OR MEDICAL DIRECTOR]

[PRINTED SIGNATOR NAME] [POSITION/TITLE] [ORGANIZATION]

Who Submits SUD Opt-In

Exempt Facilities

- Federally Qualified Health Centers (FQHCs)*
- Federally Qualified Health Center Look-Alikes*
- Indian Health Service Facilities*
- Federal/State Prisons*
- ICE Facilities*
- Substance Abuse and Mental Health Services Administration-Certified Opioid Treatment Programs*

Non-exempt Facilities

All other eligible National Health Service Corps site types

For questions, email

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