

MINIMUM QUALIFICATIONS ATTESTATION FORM

Legal Business Name: _____

DBA (if applicable): _____

Address: _____

Executive Director: _____

SIGNED STATEMENT OF AUTHORITY

I _____ AM THE _____
Name of Official Title of Official

OF _____
Name of Bidding Organization

Through signature below, I hereby certify that our organization meets the following minimum requirements (check applicable boxes):

- Necessary systems in the areas of administration and clerical support for the program. This includes the necessary computer equipment, compatible software and Internet connections to be able to electronically request authorization for services and submit data and billing; a valid, active and maintained email account that can receive and submit communications.
- Capacity to access the PIHP's electronic data system (herein after referred to as "MIX"), including capacity for data submission into and data extraction out of MIX regarding all admissions and discharges as well as ongoing authorizations.
- An established financial system in operation which meets generally accepted accounting principles and systems (i.e. maintains fiscal solvency).
- A current substance abuse program license through the state of Michigan as required for federal and state funding (if licensed).
- The ability to provide information pertinent to pending state substance abuse licensing application(s) (if not licensed and planning to become licensed).
- An approved ASAM designation by MDHHS for all services bid for and indicating approved ASAM Levels of Care.
- Capacity to obtain and retain program staff who meet the minimum qualifications / credentialing requirements (see MDHHS Medicaid Provider Manual, MDHHS Office of Recovery Oriented Systems of Care (OROSC) SUD Services Policy Manual, the Michigan Department of Licensing and Regulatory Affairs (LARA) and the Michigan Certification Board for Addiction Professionals (MCBAP) – web addresses identified on Attachment J (References) as they pertain to services being bid for).
- The ability to understand, relate to, and operate within an ethnic, racial, age, and economically diversified population. In addition, have the capacity to provide services in settings accessible and acceptable to individuals and communities intended to be served.

- Agree to comply with Federal Confidentiality, Privacy and Security Regulations and State Confidentiality laws, which includes compliance with Title 42 (Public Health) of the Code of Federal Regulations (CFRs).

Signature

Date