|  |  |  |  |
| --- | --- | --- | --- |
| **\*Must be filled out by agency** | | | |
| **\*Agency/Program/Service** |  | **\*Population(s)** | SUD |
| **\*Requestor**  *Contact Name*  *Contact phone/email* |  | **Other Agencies Impacted** |  |
| **\*Submission Date** |  | **New or Review existing** | New Rate  Existing Rate |

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| **Change Request Detail -** *Provide the business reasons and justification for the change and assess the risk* | | |
| **\*Type of Change** | | **Description of the change requested with rationale** |
|  | Change in Available Resources |  |
|  | Clinical Need |
|  | Scope Change |
|  | Regulatory Requirement |
|  | Change in Payment Structure |
| **\*Provider assumptions for consideration during rate development**  EXAMPLES include:   * Average billable time per contact and indirect time per contact * Clinical Staff to individual ratio * Professional levels of clinical staff * Wages paid to staff in program * Ramp up assumptions, if new * 1/12th or cost settlement – plan for transition to fee for service * EBP fidelity to model costs * Facility-based or in-community services, average travel assumptions | |  |
| **\*Requested Completion Date-**if outside of policy timeline | | Explain: |
| **\*Reportable Service Code(s)** | |  |
| **\* Provider Calculations for New Service Rate(s) Request:** Please attach most recent annual fiscal year expenditures for the program(s) impacted by this request along with the total units of service provided. | | |

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| **LRE Internal use only** | | | |
| **Funding Source(s)** *(check all)* | Medicaid(b)/(b3)  Healthy Michigan  General Fund  Local  Earned Contract  Grant  SDA  PA2/Liquor Tax  Waiver/Other \_\_\_\_\_\_\_\_\_\_\_ | | |
| **Cross Population Collaboration** | None  SUD  MI  Explain: | | |
| **Financial Impact** | Estimated cost of the change - $ | | |
| **Financial Impact Plan** | Please explain how it will be funded? | | |
| **LRE Assumptions** | What does LRE want to buy? | | |
| **Provider assumptions requested and considered, but not included in rate** *– include reason* |  | | |
| **Proposed Rate calculated by Finance Team** |  | | |
| **Rate Comparison** | |  |  |  |  |  | | --- | --- | --- | --- | --- | |  | PY State Avg. | PY LRP Avg. | LRE Allowables | Program Name/License Number | | SUD |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | | | |
| **Do Business Rules Change?** | No  Yes  Describe:  If yes, approved by:  CIO  COO?  CFO  Provider Network Coord  Dir of Policy, Plan., Comm | | |
| **Retro Approval?** | No  Yes | **Rationale if retro** |  |

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| **Status** | *.* | | |
| **Change Request Process Status** |  | | |
| **Change Request Process Status**  *(per process outlined in policy)* | **Review/Approval** | **Request Status** | **Date** |
| 1. Provider Network Team |  |  |
| 2. SARG Workgroup |  |  |
| 3. Finance ROAT |  |  |
| 4. SUD ROAT |  |  |
| 5. Executive Director Review |  |  |

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| --- | --- | --- |
| **Contract Manager** | Contract change  Service Spec change  Agency Notification | Date:  Date:  Date: |
| **Disposition** | Approved  Not Approved  Deferred | |
| **Rate** |  | |