Michigan Two Brave Vikings LLC
DBA New Hope Behavioral Health Center
409 N. Mission Street
Mount Pleasant, Michigan 48858-1825
Phone: (989) 294-2176
https://nhbhc.net/michigan.html

May 28, 2026

Dear Grant Review Committee,

Michigan Two Brave Vikings LLC, DBA New Hope Behavioral Health Center, respectfully submits this request for **$500,000** in Michigan State Opioid Response, opioid settlement, pharmaceutical settlement, treatment, recovery, and harm reduction funding to expand access to lifesaving OUD/SUD treatment services in Mount Pleasant, Michigan, Isabella County, and the surrounding Central Michigan region.

Michigan Two Brave Vikings LLC, DBA New Hope Behavioral Health Center, is a **woman-owned small business** led by local women who grew up in Michigan and returned to give back to the community that helped raise them. This funding request is for **Michigan services only** and is intended to expand access to OUD/SUD treatment, MOUD, harm reduction, recovery support, charitable care, staff training, medication continuity, and patient care capacity for individuals served through the Mount Pleasant clinic, Isabella County, and the surrounding Central Michigan region.

Michigan Two Brave Vikings LLC, DBA New Hope Behavioral Health Center, is owned and directed by **Mindi Woodruff, née Baumann, BSN, RN, BHT**. **Melissa Porter, née Baumann, MS, CAADC, LAAC, HSA-GC**, serves as Clinical Director and brings advanced clinical, substance use disorder, administrative, accreditation, and behavioral health leadership to the organization.

Mindi has a nursing background, has worked exclusively in the opioid treatment and behavioral health industry since **2005**, and also brings extensive medical billing and coding experience dating back to **1992**. She earned and held the **Certified Coding Specialist–Physician-based (CCS-P)** credential beginning in **2005** and maintained it until **2020**. Although the credential is no longer active, Mindi continues to bring more than three decades of hands-on experience in medical billing, coding, claims documentation, reimbursement systems, payer requirements, and compliance.

Melissa has extensive clinical experience and has worked exclusively in the opioid treatment and behavioral health industry since **2009**. Melissa has also served as a **CARF surveyor since 2016**, bringing additional expertise in accreditation standards, quality improvement, compliance, and organizational best practices.

Together, Mindi and Melissa bring approximately **38 years of combined opioid treatment and behavioral health industry experience**, supported by Mindi's decades of medical billing and coding background. Their combined leadership includes working knowledge of **SAMHSA, CARF, DEA, MDHHS, LARA, payer requirements, claims documentation, coding**

compliance, reimbursement systems, accreditation standards, and other regulatory agencies governing opioid treatment programs and behavioral health services.

New Hope's treatment roots began in Arizona in 1988, when the clinic was founded by our family and began providing methadone treatment to underserved individuals affected by opioid use disorder. Our family has worked with this population since 2005, and Mindi took her knowledge and became owner of the clinic in Arizona on January 1, 2020. The Michigan clinic is legally operated by **Two Brave Vikings LLC, DBA New Hope Behavioral Health Center**, but it is grounded in the same family history, treatment philosophy, clinical experience, and commitment to serving underserved individuals affected by opioid use disorder and substance use disorder.

New Hope understands that opioid settlement funds are public remediation dollars and must be used responsibly. This request is limited to direct programmatic costs tied to approved opioid abatement activities. Funds will **not** be used for owner distributions, executive bonuses, profit-taking, unrelated business expansion, lobbying, entertainment, or expenses unrelated to the proposed project. New Hope will also contribute an estimated **$50,000 in in-kind organizational match** through leadership time, administrative oversight, facility use, compliance infrastructure, billing and documentation expertise, existing policies and procedures, and technology systems used to support OUD/SUD treatment.

This funding would allow us to hire and retain critical staff, expand access to MOUD and harm reduction services, support uninsured and underinsured patients through charitable care and financial assistance, address insurance-related barriers, maintain pharmaceutical access, train staff in evidence-based practices, and preserve the essential operations necessary to keep treatment available close to home.

For individuals with opioid use disorder, access to treatment is urgent. When treatment is interrupted, patients face increased risk of relapse, overdose, incarceration, emergency department use, and return to street-level substance use. In our region, the next available clinic may be an hour away in either direction, making local treatment access essential.

New Hope Behavioral Health Center has already provided services in good faith to patients while awaiting reimbursement. As of this request, unpaid claims total **$15,347.22** for services provided to **nine patients since March 2026**. These delays directly affect cash flow, staff retention, and our ability to maintain the consistent, compassionate care our patients need.

The Michigan clinic has also already begun investing in medication access, including **$3,648** in medication for opioid use disorder. As the Mount Pleasant clinic grows, medication costs will increase significantly. If the Michigan clinic reaches a comparable OTP census of approximately **520 patients**, Michigan can reasonably expect substantial recurring pharmaceutical needs. Current medication costs include methadone at approximately **$3,648 per order** every three weeks and buprenorphine/naloxone at approximately **$25,000 per order** every three to four weeks. Any grant funds awarded for pharmaceutical access would be used only for **Michigan medication access and Michigan patient services**.

Funding would also support staff training in evidence-based practices such as **DBT, CBT, Motivational Interviewing, trauma-informed treatment approaches, relapse prevention, harm reduction best practices, co-occurring disorder treatment, de-escalation, cultural competency, compliance, documentation, and quality assurance**. These investments will strengthen treatment quality and improve patient engagement, retention, and long-term recovery outcomes.

Given New Hope's long-standing treatment experience and the current financial pressures created by reimbursement delays, payer barriers, medication costs, and workforce needs, our request for **$500,000** is reasonable, necessary, and directly tied to preserving and expanding lifesaving care in Michigan.

We respectfully request your partnership in helping us preserve and expand access to gold-standard OUD treatment, harm reduction, recovery support, charitable care, medication continuity, staff training, and continuity of care for the patients and families who need it most.

Thank you for your consideration.

Respectfully,

Mindi Woodruff, née Baumann, BSN, RN, BHT
Owner and Program Director

Melissa Porter, née Baumann, MS, CAADC, LAAC, HSA-GC
Clinical Director

Completed Form: Isabella County Opioid Settlement Funds — FY 2026

1. Organization Information

Organization Name:
Two Brave Vikings LLC, DBA New Hope Behavioral Health Center

Street Address:
409 N. Mission Street
Mount Pleasant, Michigan 48858-1825

Email Address:
[Insert email address]

Phone Number:
(989) 294-2176

Name of Project Director:
Mindi Woodruff, née Baumann, BSN, RN, BHT &
Melissa Porter, née Baumann, MS, CAADC, LAAC, HSA-GC, Clinical Director
Title of Project Director:
Owner and Program Director &
Clinical Director
Name of Authorized Representative:
Melissa Porter, née Baumann, MS, CAADC, LAAC, HSA-GC, Clinical Director

Title of Authorized Representative:
Clinical Director

Signature of Authorized Representative:

Date: May 28, 2026

---

2. Organization Description

Two Brave Vikings LLC, DBA New Hope Behavioral Health Center, is a woman-owned small business located in Mount Pleasant, Michigan. New Hope provides outpatient OUD/SUD treatment, including MOUD, counseling, medication monitoring, peer recovery support, harm reduction education, case management, and individualized treatment planning.

The clinic is led by Mindi Woodruff, née Baumann, BSN, RN, BHT, Owner and Program Director, and Melissa Porter, née Baumann, MS, CAADC, LAAC, HSA-GC, Clinical Director. Together, they bring approximately 38 years of combined opioid treatment and behavioral health experience, including knowledge of SAMHSA, CARF, DEA, MDHHS, LARA, compliance, accreditation, payer requirements, and OTP operations.

New Hope was established to expand access to compassionate, evidence-based, harm-reduction-oriented treatment for Isabella County residents. Which is the Gold Standard in Harm Reduction.

---

3. Project Description Including Project Objectives

New Hope Behavioral Health Center proposes to expand access to evidence-based OUD/SUD treatment, MOUD, harm reduction, recovery support, charitable care, medication continuity, care coordination, and evidence-based staff training for Isabella County residents affected by opioid use disorder, substance use disorder, polysubstance use, and co-occurring mental health and substance use conditions.

This proposal aligns with Isabella County's goal of supporting the development, implementation, enhancement, or expansion of evidence-based strategies or promising practices to prevent and address the adverse impacts of the drug overdose epidemic. The proposed project will enhance and expand existing services during the January 1, 2027 through December 31, 2027 funding period.

New Hope respectfully requests **$500,000**. New Hope understands that the number and size of awards will depend on available annual funding, and the organization is prepared to accept a partial award and scale project activities accordingly.

Project objectives are:

1. Increase treatment access for Isabella County residents with OUD/SUD by supporting clinical, medical, nursing, counseling, peer recovery, and case management capacity.
2. Expand access to MOUD, including methadone and buprenorphine/naloxone, as the gold-standard OUD treatment and a harm reduction intervention.
3. Improve patient retention through enhanced counseling, contingency management [reward/incentive] as evidence based practice, peer support, case management, charitable care, transportation-related support, and insurance navigation.

4. Strengthen medication continuity for Michigan patients by supporting MOUD pharmaceutical access. The clinic has already invested $3,648 in medication access, and medication needs will increase significantly as the clinic grows.
5. Support uninsured and underinsured patients through a Patient Charitable Care and Financial Assistance Fund consistent with New Hope's Article 40 Charitable Care/Financial Assistance policy.
6. Strengthen evidence-based clinical practice through staff training in DBT, CBT, Motivational Interviewing, trauma-informed approaches, relapse prevention, co-occurring disorder treatment, harm reduction, contingency management [reward/incentive], de-escalation, cultural competency, documentation, compliance, and quality assurance.
7. Improve reporting and accountability by tracking outputs, outcomes, impact, and effectiveness through quarterly and annual reporting.

Funds will be used only for Michigan services and Michigan patients. Funds will not be used for services, medication purchases, operations, or expenses in any other state.

---

4. Populations Served/Target Population and Geographic Area Served

The target population includes Isabella County residents and surrounding Central Michigan residents affected by opioid use disorder, substance use disorder, polysubstance use, and co-occurring mental health and substance use conditions.

Priority populations include individuals with opioid use disorder; individuals with co-occurring SUD and mental health needs; individuals at elevated overdose risk; individuals experiencing poverty, transportation barriers, housing instability, or unemployment; individuals who are uninsured or underinsured; individuals involved with the criminal justice system; pregnant or parenting individuals where clinically appropriate; individuals discharged or terminated from other treatment settings who remain in need of care; and families affected by addiction and overdose risk.

The primary geographic area served are Mount Pleasant and Isabella County, Michigan. The project may also serve surrounding Central Michigan communities where access to OTP-level care is limited, but grant-funded services will prioritize Isabella County residents consistent with the RFP.

---

5. Data to Support Need for Project

New Hope Behavioral Health Center serves individuals facing significant barriers to OUD/SUD treatment, including transportation limitations, financial hardship, insurance barriers, co-occurring mental health needs, trauma, housing instability, criminal justice involvement, unemployment, lack of insurance, underinsurance, and limited access to specialty treatment.

For many patients, consistent access to treatment is a matter of life and death. When patients cannot access MOUD, counseling, harm reduction, recovery support, or case management, they face increased risk of withdrawal, relapse, overdose, emergency department use, incarceration, homelessness, family separation, and return to street-level substance use.

In the region served by New Hope, insurance companies may claim network adequacy across a large multi-county area while only a limited number of contracted clinics are realistically available. When a patient is discharged or terminated from one clinic, the next available clinic may be approximately an hour away in either direction. For individuals without reliable transportation, stable housing, childcare, employment flexibility, or financial resources, that distance can function as a complete barrier to treatment.

Current reimbursement barriers are already affecting access. New Hope is awaiting payment in the amount of **$15,347.22** for services provided in good faith to **nine patients since March 2026**. Although this proposal is not seeking reimbursement replacement, this information demonstrates the real-world financial strain insurance barriers place on small community-based treatment providers and reinforces the need to strengthen sustainable treatment infrastructure for Isabella County residents. Allowing funds to be used through our Patient Charitable Care/Financial Assistance funding.

The clinic has already begun investing in medication access, including **$3,648** in medication for opioid use disorder. Medication continuity is a core component of safe and effective OUD treatment. As the Mount Pleasant clinic grows, pharmaceutical needs will increase significantly. If the clinic reaches a comparable OTP census of approximately **520 patients**, Michigan can reasonably expect substantial recurring medication needs, including methadone at approximately **$3,648 per order every three weeks** and buprenorphine/naloxone at approximately **$25,000 per order every three to four weeks**.

New Hope will use available state and local data sources, including Michigan overdose surveillance dashboards, SUD data repositories, local public health data, treatment utilization information, and internal program data to track outputs, outcomes, impact, and effectiveness.

6. Project Timeline Overview

January–March 2027:
Finalize implementation plan; confirm eligible grant activities; identify staffing needs; begin recruitment and retention activities; identify evidence-based training vendors; establish reporting tools, internal tracking procedures, and baseline metrics.

April–June 2027:
Expand clinical, nursing, counseling, case management, and peer support capacity; begin staff training in evidence-based practices; implement charitable care and patient assistance tracking; support Michigan MOUD medication continuity; begin quarterly data review.

July–September 2027:
Continue service expansion; monitor patient engagement, retention, MOUD access, medication continuity, harm reduction encounters, charitable care use, and insurance navigation activities; submit quarterly report; adjust implementation based on data.

October–December 2027:
Complete remaining training; evaluate patient access, retention, outcomes, and service expansion; finalize sustainability planning; prepare closeout data and annual reporting materials.

January 2028:
Submit final annual report by January 31, 2028, including outputs, outcomes, impact, effectiveness, sustainability summary, and supporting documentation.

7. Scope of Work

Activity	Outputs	Outcomes	Timeline
Expand clinical, nursing, counseling, and case management capacity	Hire/retain staff; increase intake, counseling, care coordination, contingency management and treatment planning capacity	Increased access to OUD/SUD treatment and improved patient engagement	Jan.–Dec. 2027

Activity	Outputs	Outcomes	Timeline
Maintain Michigan MOUD access and medication continuity	Support methadone and buprenorphine/naloxone treatment infrastructure for Michigan patients	Reduced relapse risk, reduced overdose risk, improved stabilization and treatment retention	Jan.–Dec. 2027
Provide harm reduction and overdose prevention services	Overdose prevention education, naloxone education/linkage, safer-use education, relapse prevention support	Increased overdose prevention knowledge and reduced risk of fatal overdose	Jan.–Dec. 2027
Support Patient Charitable Care and Financial Assistance Fund	Provide limited assistance to eligible uninsured/underinsured patients	Reduced financial barriers and improved treatment engagement	Jan.–Dec. 2027
Expand peer recovery, case management, and care coordination	Peer recovery support, case management encounters, resource linkage, transportation-related coordination	Improved engagement, reduced treatment disruption, improved recovery support	Jan.–Dec. 2027
Train staff in evidence-based practices	ASAM, DBT, CBT, MI, trauma-informed care, relapse prevention, co-occurring disorders, harm reduction, de-escalation, compliance, contingency management	Improved clinical quality, staff competency, patient engagement, and recovery outcomes	Jan.–Dec. 2027
Strengthen insurance navigation and appeals support	Claims review, payer communication, documentation support, credentialing support, appeal activity tracking	Improved administrative capacity and reduced treatment disruption related to payer barriers	Jan.–Dec. 2027

Activity	Outputs	Outcomes	Timeline
Strengthen reporting and evaluation	Track outputs, outcomes, impact, and effectiveness; submit quarterly and annual reports	Increased accountability, transparency, and data-informed program improvement	Quarterly and annual reporting

---

8. Success — How Will Success Be Measured?

Program success will be measured quarterly and annually using the following metrics:

Metric	Target
Number of Isabella County residents served through OUD/SUD treatment services	Track quarterly
Number of patients receiving MOUD services	Track quarterly
Number of uninsured/underinsured patients assisted through charitable care/financial assistance	Track quarterly
Number of patients receiving peer recovery, case management, or care coordination support	Track quarterly
Number of harm reduction education encounters	Track quarterly
Number of naloxone education/linkage encounters	Track quarterly
Patient retention in treatment at 90 days	Track and report
Patient retention in treatment at 6 months	Track and report
Number of staff completing evidence-based practice training	100% of identified staff
Number of insurance navigation/appeals support activities completed	Track quarterly
Michigan medication continuity activities supported	Track quarterly

Metric	Target
Quarterly reports submitted	100% compliance
Annual report submitted by January 31, 2028	100% compliance

Success will also be evaluated by reviewing patient access, retention, continuity of care, staff training completion, charitable care use, medication continuity, harm reduction engagement, and the organization's ability to document direct opioid remediation activities.

---

9. Sustainability — How Will the Project Be Sustained After Funding Cycle?

New Hope Behavioral Health Center is committed to sustaining this project through Medicaid and Medicare reimbursement, commercial insurance contracting and appeals, operational efficiency, compliance infrastructure, quality assurance, charitable care policies, responsible billing and documentation practices, and continued partnership with local and state systems.

Grant funding will be used to enhance and expand services during the 2027 funding period, not to replace existing funding. The project is designed to strengthen New Hope's capacity to provide evidence-based OUD/SUD treatment, MOUD, harm reduction, charitable care, recovery support, and Michigan medication continuity for Isabella County residents.

After the funding cycle, New Hope will sustain project components by integrating evidence-based practice training into ongoing professional development, continuing billing and insurance navigation efforts, maintaining compliance and quality assurance systems, preserving Michigan medication access, tracking outcomes, and seeking additional state, local, payer, and community partnership opportunities.

The **$50,000 in-kind organizational match** through leadership time, administrative oversight, facility use, compliance infrastructure, existing technology, billing/documentation expertise, and existing policies and procedures will support sustainability during and after the funding period.

If the full requested amount is not available, New Hope is prepared to work with Isabella County and the Opioid Advisory Committee to scale the project scope, budget categories, timeline, and deliverables based on the amount awarded.

10. Budget — Total Grant Amount Requested

$500,000

---

11. Budget Narrative — How Will Funds Be Used to Meet Project Goals?

Funds will be used only for direct programmatic costs tied to approved opioid remediation activities for Michigan patients and Isabella County residents. New Hope respectfully requests **$500,000**, with the understanding that the project can be scaled based on available funding and Isabella County priorities.

The budget prioritizes direct patient access, staffing stability, Michigan medication continuity, clinical quality, evidence-based treatment, charitable care, harm reduction, and operational capacity.

Clinical, medical, nursing, and counseling staff represent the largest category because qualified staff are essential to safely deliver MOUD, counseling, assessment, medication monitoring, individualized treatment planning, and patient engagement.

Peer recovery, case management, and outreach funding will support patient engagement and retention by addressing real-life barriers such as transportation, housing, insurance, employment, legal involvement, family instability, and community reintegration.

Harm reduction funding will support overdose prevention, naloxone education and linkage, safer-use education, relapse prevention, and community resource connection.

The Michigan MOUD pharmaceutical access category supports medication continuity for Michigan patients receiving methadone and buprenorphine/naloxone. The clinic has already invested **$3,648** in medication access. As the clinic grows, medication costs will increase substantially. If the clinic reaches a comparable OTP census of approximately **520 patients**, Michigan can reasonably expect substantial recurring medication needs. Current medication costs include methadone at approximately **$3,648 per order every three weeks** and buprenorphine/naloxone at approximately **$25,000 per order every three to four weeks**. Funds requested in this category will be used only for Michigan medication access and Michigan patient services.

The Patient Charitable Care and Financial Assistance Fund will help uninsured and underinsured patients remain connected to treatment consistent with Article 40 of New Hope's Policies and Procedures.

Insurance navigation and appeals support is necessary because reimbursement delays, denials, credentialing barriers, and contract limitations create direct threats to staff retention, patient access, and continuity of care. This work is supported by Mindi Woodruff's medical billing and coding background dating back to 1992 and her prior CCS-P credential, held from 2005 through 2020.

Staff training funds will strengthen the quality of care by supporting evidence-based practice training in DBT, CBT, Motivational Interviewing, trauma-informed treatment approaches, relapse prevention, harm reduction best practices, co-occurring disorder treatment, de-escalation, cultural competency, compliance, documentation, quality assurance, and reporting.

Operational support will be used only for expenses directly tied to maintaining and expanding access to OUD/SUD treatment, MOUD services, harm reduction, recovery support, Michigan medication continuity, and patient care capacity.

Funds will not be used for owner distributions, executive bonuses, profit-taking, unrelated business expansion, lobbying, entertainment, or expenses unrelated to approved opioid remediation activities. New Hope will maintain documentation showing how grant funds are spent, including payroll records, invoices, training receipts, medication purchase documentation, patient assistance documentation, reporting records, and other supporting materials.

New Hope also commits to contributing an estimated **$50,000** in **in-kind organizational match** during the project period through leadership time, administrative oversight, facility use, compliance infrastructure, billing and documentation expertise, existing policies and procedures, and technology systems.

If the full amount is not available, New Hope is prepared to work with Isabella County and the Opioid Advisory Committee to scale the project scope, budget categories, timeline, and deliverables based on the amount awarded. Priority funding areas would include Michigan MOUD medication continuity, clinical and nursing staffing, charitable care and financial assistance for uninsured and underinsured patients, harm reduction services, evidence-based staff training, and reporting requirements. New Hope will ensure that any partial award is used only for direct opioid remediation activities serving Michigan patients and Isabella County residents.

12. New or Existing Project

Existing: X
New: ___

12.a. If Existing, How Many Unique Individuals Are Served Annually by the Current Project?

New Hope is a newly operating/expanding Michigan treatment site and is actively tracking unique individuals served. Current annualized patient volume will be reported based on active census, admissions, and unique individuals served during the 2027 project period.

12.b. If New, Is the Project Evidence-Based or Based on Promising Practices?

Yes: X
No: ___

Link:
https://www.samhsa.gov/medications-substance-use-disorders
https://www.cdc.gov/overdose-prevention/hcp/clinical-guidance/index.html

Although this is an existing project seeking enhancement and expansion, the proposed services are evidence-based and include medications for opioid use disorder, counseling, peer recovery support, harm reduction, overdose prevention education, naloxone education/linkage, care coordination, and evidence-based staff training.

13. Supporting Documents

1. Resume or biography of Project Director: Mindi Woodruff, BSN, RN, BHT
2. Resume or biography of Clinical Director: Melissa Porter, MS, CAADC, LAAC, HSA-GC
3. Completed budget template
4. Cover letter
5. Article 40 Charitable Care/Financial Assistance

Isabella County Opioid Settlement Funds

Proposed Project Budget

Applicant: Two Brave Vikings LLC dba New Hope Behaviora **Date:** **June 4, 2026**

INCOME:

Source	$ Amount	Description
Isabella County Opioid Settlement Funds	$500,000	Pending approval of Request by Isabella County Board of Commissioners
Total Income:	$500,000	

EXPENSES:

Description, including quantity, if applicable	$$$ Amount	Exhibit E (Ref. section(s) addressed)	Strategy Category (Prevention, Harm Reduction, Linkage to Care, Criminal-Legal System, Treatment, Recovery Supports, Pregnant or Parenting Women & Their Families, or Data & Research, Other)
Direct Service Staff	$210,000	B.15&E.5	1 Nurse @ $32/hr; 2 Counselors @ $30/hr; 1 MA @ $28/hr
Peer Recovery Support Staff	$60,000	C.10	1 Certified Peer SS @ $20/hr and supplies for staff
Harm Reduction Services and patient support	$40,000	H.1	Harm Reduction Supplies & Education
Michigan MOUD Pharmaceutical access & me	$75,000	F.1-7	CME for providers; MOUD access; Education TX Hepatitis C
Patient Charitable Care & Financial Assistance	$50,000	B.1	Linkage to Care (Underinsured)
Staff Trainings	$45,000	A.9	Trauma Informed in CBT; DBT; MARA Recovery; Seeking Safety
Technology, EHR and Coordination of Care	$20,000	Pt 1; B.1	Linkage to Care/Warm Handoffs
Sub-Total Expenses:	$500,000		
Indirect costs:			
Total Expenses:	$500,000		

Indirect costs may not exceed ten percent (10%) of Sub-Total Expenses shown above.
Amounts rounded to the nearest dollar.
Total Income should equal Total Expenses for a balanced budget.
If proposed project budget is part of a larger program endeavor, please provide details in the Budget Narrative section of the RFP.

ARTICLE 40
TITLE: Charitable Care/Financial Assistance

Definition: To establish a fair and consistent method of providing all patients with access to Medications for Opioid Use Disorder (MOUD) despite financial struggles, especially where Substance Use Block Grant (SUBG) funding is unavailable.

Financial Assistance, also known as Charity Care, refers to the cost of providing free or discounted care to individuals who cannot afford to pay and for which NHBHC does not expect payment. This may be determined before or after the medically necessary services are provided.

Bad debt refers to the cost of providing care to individuals who are able but unwilling to pay all or some portion of the medical bills for which they are responsible.

Policy: NHBHC is committed to providing every patient with quality care throughout their treatment, focusing on meeting the patients' needs first. NHBHC strives to benefit the community by ensuring access to treatment for those facing financial hardships.

Procedure: This policy is used by NHBHC locations to identify patients experiencing financial hardship, particularly when other funding sources have been exhausted or are unavailable. NHBHC will use this policy only after all other financial assistance options have been explored.

Eligibility Criteria:
Income:
Federal Poverty Income Guidelines will be used to determine the level of financial assistance.
Full charity care (100% write-off) is available for patients earning up to 200% of the Federal Poverty Income Guidelines.
Partial write-offs may be granted to patients earning between 201% and 400% of the Guidelines, with discounts averaging 50%.
Each NHBHC site may allow write-offs for patients with income levels over 400% of the Guidelines, depending on local needs and available community resources.
Evaluation of Assets:
Patients' household savings, checking, investment assets, real property, and overall financial position will be considered.
Evaluation of Monthly Expenses:
Patients' living expenses, including medical and other basic needs, will be reviewed.

Medical Condition:
The specific medical services required and the availability of local alternatives will be considered.
Special Considerations:
Any special circumstances presented by the patient will be considered.
Insurance and Cooperation:
Patients must cooperate with insurance claim submissions and exhaust potential coverage before becoming eligible for financial assistance.
Application Process:
Patients identified as potentially eligible for financial assistance will be informed of the application process. This may occur before receiving services or during the billing and collection process.
A Financial Assistance application can be obtained by contacting Patient Account Services or downloading it from the NHBHC website.
Patients must complete and return the application within 10 working days, along with supporting documents such as proof of income, tax returns, and bank statements. NHBHC may request additional documentation if necessary.
Review and Determination:
A Business Office Representative will review the completed Financial Statement and present it to the appropriate committee for consideration.
Once a decision is made, a letter will be sent to the applicant informing them of the outcome.
Patients may need to reapply for financial assistance every 180 days, or sooner if requested by NHBHC.
Calculation of Financial Assistance:
The Federal Income Poverty Guidelines will be used to determine the level of assistance.
The amount charged to patients will not exceed the amount generally billed to individuals with insurance for similar care.
Confidentiality:
NHBHC staff will uphold patient confidentiality and meet all HIPAA and 42 CFR requirements.
Review and Compliance:
This policy will be reviewed annually to ensure compliance with Federal, State, SAMHSA, CARF, AHCCCS, and other relevant regulations.

MINDI ANNE WOODRUFF, BSN, RN
Gilbert, AZ (Phoenix Metro) | 480-826-2771 | zcampwood@gmail.com

EXECUTIVE LEADERSHIP & CLINICAL LICENSURE
Owner / CEO / President (Healthcare) | Registered Nurse (RN) | Behavioral Health & SUD Operations | Multi-State Compliance

---

LICENSES
- Registered Nurse (RN), Arizona (Compact/Multistate) — Active, Unencumbered | RN184185 | Expires 04/01/2026
- Registered Nurse (RN), Michigan — Active, Unencumbered | 4704434554 | Expires 10/01/2027

CERTIFICATION
- AHIMA CCS-P (Certified Coding Specialist—Physician-Based) — Earned 2006; credential lapsed/expired ~2018 (not current)

LANGUAGE
- Spanish: Very limited (not conversational)

PROFESSIONAL SUMMARY
Healthcare executive and Registered Nurse (BSN) with 20+ years of experience leading behavioral health and substance use disorder services, including multi-state compliance, clinical operations, revenue cycle performance, contracting/credentialing, and high-confidentiality healthcare environments.
Owner/CEO/President of New Hope Behavioral Health Center entities in Arizona and Michigan, with hands-on leadership across program administration, nursing oversight, payer contracting, authorizations/referrals, documentation integrity, and operational process improvement. Strong working knowledge of Medicaid/managed care workflows, regulatory readiness, and business operations including QuickBooks/Intuit and corporate compliance activities. Known for decisive leadership, ethical standards, calm execution under pressure, and building reliable systems that protect patients, staff, and organizational sustainability.

EDUCATION
Bachelor of Science in Nursing (BSN) — Arizona State University — Dec 2019
Associate of Science (A.A.S.), Nursing (RN Program) — Central Arizona College — 2010–2013 | Phi Theta Kappa
Medical/Clinical Assistant Program — Northwestern Michigan College — 1990–1996 | Dean's List

---

TECHNOLOGY & SYSTEMS
Microsoft Office (Word/Outlook/Excel/Teams) | QuickBooks/Intuit | Payer portals: Availity, BCBS, AHCCCS | EHR/medical management systems (multi-platform experience; fast learner)

CORE COMPETENCIES

Executive & Operations Leadership
- Owner/CEO/President responsibilities; strategic planning; governance; organizational leadership
- Multi-site operations; workflow design; staffing models; training and accountability systems
- Risk management; incident response; vendor and facility oversight

Compliance, Licensing & Regulatory
- HIPAA privacy/security; confidentiality; documentation integrity
- Audit readiness; corrective action planning; policy oversight
- Michigan compliance familiarity including LARA requirements
- Arizona corporate and regulatory compliance familiarity including Arizona Corporation Commission processes

Clinical & Care Operations
- Behavioral health & SUD/OTP operational leadership; interdisciplinary care coordination
- Assessment support; care planning workflows; reassessment cadence via staffings

MINDI ANNE WOODRUFF, BSN, RN
Gilbert, AZ (Phoenix Metro) | 480-826-2771 | zcampwood@gmail.com

- Transitions of care with hospitals/rehab/community providers; continuity of treatment and documentation

Revenue Cycle, Contracting & Credentialing

- Payer contracting lifecycle oversight; credentialing/enrollment support
- Authorizations and referrals; eligibility/benefits verification; payer portal navigation
- Coding/documentation literacy: ICD-10-CM, CPT, HCPCS; NCCI/CCI edits awareness
- Denials and reimbursement workflow troubleshooting; process improvement

Business Systems & Technology

- QuickBooks/Intuit familiarity; bookkeeping readiness; basic financial operations and reporting
- Microsoft Office (Word/Outlook/Excel/Teams); multi-system task management
- Payer portals: Availity, BCBS portals, AHCCCS systems; multi-platform EHR familiarity; rapid learner

---

PROFESSIONAL EXPERIENCE

New Hope Behavioral Health Center, Inc. — Arizona
Owner / President / CEO / Program Director / Nurse Lead / Operations Leadership (progressive roles) | 03/2005–Present

- Provide executive leadership for behavioral health/SUD service delivery, ensuring operational stability, compliant practices, and patient-centered access to care.
- Direct clinical operations and interdisciplinary workflow design, including intake processes, assessment support, care planning structure, follow-up cadence, and documentation standards.
- Lead compliance readiness through policy oversight, staff training expectations, privacy/confidentiality practices, and corrective actions when gaps are identified.
- Oversee payer-facing operations: credentialing/enrollment support, contracting lifecycle oversight, authorizations/referrals workflows, and resolution of payer/documentation requirements.
- Coordinate transitions of care with hospitals and rehabilitation facilities to support continuity of treatment, timely medical orders, and complete documentation during handoffs.
- Strengthen documentation integrity and revenue cycle performance through coding/authorization literacy (ICD-10-CM/CPT/HCPCS; NCCI/CCI edits awareness) and operational process improvements.
- Manage day-to-day operational needs including staffing support, vendor coordination, and time-sensitive problem-solving.

Key roles held (internal progression): Billing/Coding Specialist → Agency Operations Coordinator → Nurse Lead → Program Director → Owner/CEO/President

---

Two Brave Vikings, LLC (DBA New Hope Behavioral Health Center) — Michigan
Owner / President / CEO (Business Formation, Operations, Compliance, Growth) | 08/2024–Present

- Formed Michigan entity and led start-up execution from inception through operational readiness, including compliance planning, infrastructure buildout, and payer contracting preparation.
- Secured Michigan facility location (02/2025) and progressed regulatory readiness activities to support service launch and contracting requirements.
- Achieved key contracting milestones including Facility Licensing contracting approval (08/2025) and Medicare contracting completion (late 2025).
- Oversaw contracting/credentialing workflows, payer portal processes, policy development, and operational systems to support clinical service delivery.
- Managed foundational business operations including budgeting readiness and accounting workflows using QuickBooks/Intuit.

MINDI ANNE WOODRUFF, BSN, RN
Gilbert, AZ (Phoenix Metro) | 480-826-2771 | zcampwood@gmail.com

MidMichigan Medical Center — Midland, MI
Coding & Billing Specialist (Hospital-based) | 2007–2009

- Coded and reviewed documentation for multiple hospital modalities, supporting accurate billing and compliant recordkeeping in a high-volume environment.
- Ensured documentation integrity aligned with reimbursement requirements while protecting PHI and maintaining strict confidentiality practices.
- Maintained accuracy and productivity under tight deadlines.

Central Michigan University — Health Services, Mt. Pleasant, MI
Coding, Billing & Authorizations Specialist | 2004–2007

- Supported clinic services through accurate coding, claims support, and authorization/referral coordination.
- Assisted with payer requirements and documentation completeness to support timely determinations and reimbursement.
- Collaborated with clinical and administrative teams to resolve payer and workflow issues.

MidMichigan Radiology Associates — Mt. Pleasant, MI
Office Manager / Credentialing / Authorizations / Billing Operations | 1999–2004

- Managed billing operations and payer coordination, including credentialing and authorization workflows to support timely care access and reimbursement.
- Served as escalation point for complex payer issues; supported process improvements for operational consistency and documentation completeness.

Associated Radiologists of Oakland County (AROC) — Oakland County, MI
Interventional Radiology Coding/Billing, Credentialing & Authorizations | 1996–1999

- Supported interventional radiology services through coding/billing, authorizations, and credentialing coordination.
- Maintained high standards for documentation accuracy, payer requirements, and confidentiality.

Melissa Leah Porter
203 N. Adams Street
Mount Pleasant, MI 48858
(989) 330-6761

Objective: To obtain a Program Director's position where I can continue to utilize and expand my knowledge in Health Services Administration and Addiction Counseling.

Education:

Grand Canyon University, Phoenix, AZ (2011-2013) Master's in Science in Addiction Counseling
Central Michigan University, Mt. Pleasant, MI (2008-2012) Master's Graduate Certificate in Health Services Administration
Central Michigan University, Mt. Pleasant, MI (1999-2008) Bachelor's in Organizational Business Administration
Northwestern Michigan College, Traverse City, MI (1994-1997) fulfilled my 2-year program to continue onto a 4-year college
Mid-Michigan Community College, Harrison, MI (1992-1993) General Education
Chippewa Hills High School, Remus, MI (1988-1992) College Preparatory

Certifications/License:

Michigan Certification Board of Addiction Professionals 2-01431expires September 1, 2026
State of Arizona Board of Behavioral Health Examiners LAAC-15639 expires 1/31/2028
Arizona Board for Certification of Addiction Counselors 3009 expires 4/1/2027

Work Experience:

New Hope Behavioral Health Center, Clinical Director (2025-present)

- Manage a case load of 60 clients for substance abuse counseling
  - Intake assessments
  - Developing and implementing treatment plans
  - Reviews of treatment planning process
  - Monthly one on one counseling to ensure progress during treatment
  - Progress notes to follow compliance standards for billing needs
  - Crisis Interventions
- Resolve complaints from both employees and clients
  - Grievances filed with RBHA's and completing resolution process to ensure that business stays in compliance
  - Writing up employees or putting on probationary contracts for work performance
- Provide clinical review of charts for qualitative and quantitative standards.
- Lead Clinical Staff Weekly Meetings with the whole staff.

Behavioral Health Group (BHG) Mt. Pleasant Treatment Center, Program Director/Compliance Officer/Outpatient Therapist (2016 - 2025)

- Responsible for all Administrative and Training for entire staff
  - Screening and interviewing of all staff, nursing, counseling and medical professionals.
  - Completing 90-Day and Annual performance reviews
  - Annual trainings of staff in Cultural Competency, Ethics, and Fraud.
- Responsible for maintaining CARF Accreditation, awarded 3-year accreditation while employed
  - Writing and Updating Policy and Procedures, to maintain compliance
  - Annual Reporting and Compliance Reporting
  - Ensuring that annual trainings have been maintained.
  - Surveys from person served, stakeholders and employees
  - Maintaining that accreditation requirements for treatment planning and follow up are maintained.
- Responsible for Initial and Re-credential of staff per State of Michigan requirements.
  - Re-credentialing of medical and all professional staff with Mid State Health Network.
  - Reporting of critical incidents and/or Sentinel
- Building and Maintaining relationships with regional behavioral health authorities, for all locations.
  - Quarterly meetings with Both PIHPs
  - Maintained compliance with data validation audits as well as quality improvement audits, conducted by both Mid State Health Network and Northern Michigan Regional Entity.
  - Complied corrective action plans, if necessary, as a result of audit results
- Strategic Planning
  - Short term-in getting contracted in all three locations
  - Long term-growth of more facilities into the rural areas in the state based upon need.
- Risk Management
  - Conducted audits on a bi-annual basis to keep risk at a minimum, while communicating finding to property management.
- Manage a case load of 40 clients for substance abuse counseling
  - Intake assessments
  - Developing and implementing treatment plans
  - Reviews of treatment planning process
  - Monthly one on one counseling to ensure progress during treatment
  - Progress noting in compliance with billing needs
  - Transition and Discharge planning
  - Crisis Interventions
- Resolve complaints from both employees and clients
  - Grievances filed with PIHPs and completing resolution process to ensure that business stays in compliance
  - Writing up employees or putting on probationary contracts for work performance

CARF International, Opioid Treatment Program Administrative/Program Surveyor (2016 - Present)

- Represent CARF International as a surveyor throughout the country going into and surveying other Opioid Treatment Programs (OTP).
    - Includes making initial contact with the organizations and working as the key point of contact throughout the survey process.
    - Review Policy and Procedures for conformance to the current standards manual
    - Review ASPIRE to excellence standards, which include leadership, corporate compliance, strategic planning, budgets, financial management, technology plans, accessibility plans, health and safety, workforce development, succession plan, input from the persons served, performance improvement and management. Giving consultations and recommendations as necessary throughout the process.
    - Review the General Program Standards and Core Program Standards. Including but not limited to treatment planning, transition planning, discharge planning, as well as assessments and screening. Medication management and monitoring, Diversion, urinary drug screens and counseling requirements. Giving consultation and recommendations, as necessary.
    - Responsible for report writing and submission to CARF International for review.
    - Required to complete 12 CEU hours of training during the year and perform at least 3 surveys per year, to remain an active part of the cadre.

New Hope Behavioral Health Center, Inc., Administrator/Program Director (2009 –2016)

- Responsible for all Administrative and Training for entire staff
    - Screening and interviewing of all staff, nursing, counseling and medical professionals.
    - Completing 90-Day and Annual performance reviews
    - Annual trainings of staff in Cultural Competency, Ethics, and Fraud.
- Responsible for maintaining CARF Accreditation, awarded 3-year accreditation while employed
    - Writing and Updating Policy and Procedures, to maintain compliance
    - Annual Conference Attendance for past 4 years, to maintain Accreditation
    - Annual Reporting and Compliance Reporting
    - Ensuring that annual trainings have been maintained.
    - Surveys from person served, stakeholders and employees
    - Maintaining that accreditation requirements for treatment planning and follow up are maintained.
- Responsible for Annual Licensure Renewal for two locations with the Office of Behavioral Health Licensure
    - Re-credentialing of medical professional staff with the State of Arizona and regional behavioral health authorities (RHBA)
    - Reporting of critical incidents and/or Sentinel Events
- Budgeting and balancing of Profit and Loss Statements
    - On a monthly, quarterly and annual basis
    - Completed 941 forms
    - Completed 940 forms

- Unemployment taxes for State of Arizona as well as employee tax withholding
- Monthly budgeting of income and expenses, to ensure profitability

- Building and Maintaining relationships with regional behavioral health authorities, for both locations
  - Monthly conference call meetings with Cenpatico or Arizona.
  - Quarterly meetings with Magellan, for compliance
  - Quarterly financial reporting to Magellan Health Services, for Medicaid funded clients, including federal grant dollars, SAPT (substance abuse prevention treatment).
  - Secured contract renewals for Medicaid funding for the past 4 years, with Magellan Health Services as well as Cenpatico.
  - Maintained compliance with data validation audits as well as quality improvement audits, conducted by both Magellan Health Services and Cenpatico.
  - Complied corrective action plans, if necessary, as a result of audit results
- Strategic Planning
  - Short term-in getting contracted in Tucson location
  - Long term-growth of more facilities into the rural areas in the state based upon need.
- Risk Management
  - Conducted audits on a bi-annual basis to keep risk at a minimum, while communicating finding to property management.
- Manage a case load of 80 clients for substance abuse counseling
  - Intake assessments
  - Developing and implementing treatment plans
  - Reviews of treatment planning process
  - Monthly one on one counseling to ensure progress during treatment
  - Progress notes to follow compliance standards for billing needs
  - Crisis Interventions
- Resolve complaints from both employees and clients
  - Grievances filed with RBHA's and completing resolution process to ensure that business stays in compliance
  - Writing up employees or putting on probationary contracts for work performance