Application to Add New Service

To Paneled NMRE Location(s)

As the NMRE SUD Treatment network is build based upon need, the NMRE reviews the adequacy of its network and maintains the authority to approve new ASAM service levels for our paneled locations. NMRE is not required to add new locations or services once we have determined our network to have met adequacy standards. As such, existing contracts with the NMRE for previously approved ASAM levels do not guarantee that new MDHHS approved service levels (or other SUD Treatment services and specialties) will automatically be added to the NMRE panel for the associated service location.

To request addition of a new ASAM level or other SUD Treatment service for authorization and reimbursement with the NMRE, please complete this form. The NMRE will review the request to add the new service level to our provider network based upon our current network adequacy needs.

Once the NMRE has completed our review, we will send written notification of approval or denial, request new hire forms for any new staff providing these services at the location, and add the service level (and staff) to our billing system.

Location Information

Address at which new service will be provided:

Site Name:			
Street Address:			
City:	State:	Zip:	
Contact person for request:			
Phone number:	Ema	uil:	

Service Information

Please check the service(s) you wish to add to our panel below:

ASAM Level 0.5	ASAM Level 3.1	ASAM Level 1 WM
ASAM Level 1	ASAM Level 3.3	ASAM Level 2 WM
ASAM Level 2.1	ASAM Level 3.5	ASAM Level 3.2WM
ASAM Level 2.5	ASAM Level 3.7	ASAM Level 3.7WM
OTP		
Other:		

Page 2 is specific to Sub-Acute Detoxification, Residential Services, and/or MAT

For Sub-Acute Detoxification and Residential Services, Provide: Intake Days/Hours

Day	Hours of Intake
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	
Sunday	

For Residential, Provide- Number of clinical services available per day

Day	Number of Clinical Services Available per Day
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	
Sunday	

Please list Medications utilized – Sub-Acute Detoxification, Residential and Medication Assisted Treatment:

Evidenced Based Programming Utilized:

Please explain how services are provided as part of a trauma informed system of care:

Indicate if and what women's specialty services are available:

How will this location accommodate the need for evening or weekend hours?

Description of the co-occurring services provided.:

Submission Checklist and Receipt of Application Packet

In addition to completing the above form, please ensure that the submission will include:

- □ Accreditation document, if the service is new to your organization (Joint Commission, CARF, COA, AOA, AAAHC)
- □ Copy of substance abuse LARA license matching level(s) of care submitted
- □ Copies of ASAM certification letters

NMRE will review applications for approval subject to the adequacy of our current provider panel, services may be approved or denied. NMRE will issue written response based upon the outcome of our review.

Communication

The NMRE shall not be responsible for any verbal communication between any employee of the NMRE and any potential Provider. Only written requirements and qualifications in the form of this application will be considered.

This request should be submitted to provider support@nmre.org

Any additional questions can be sent to Chris VanWagoner, Provider Network Manager:

Chris VanWagoner Northern Michigan Regional Entity E-Mail: cvanwagoner@nmre.org