

Application to Add Service Location

Substance Use Disorder Provider Location Application

The attached application and required attachments in the submission checklist can be emailed directly to providersupport@nmre.org. The NMRE will review the request for addition to our provider network based upon our current network adequacy needs. NMRE is not required to add new locations once we have determined our network to have met adequacy standards.

Once the NMRE has approved the location for panel addition, we will send contract amendments to formally add them to your SUD Treatment contract, and request new hire forms for any new staff providing services at the location. For locations that do not meet the necessary criteria or do not receive approvals to add to our contract, a written notification will be sent for your records.

Office Name:		Service Hours	
Street Address:		Monday:	
City:		Tuesday:	
County:		Wednesday:	
Telephone:		Thursday:	
Fax Number:		Friday:	
Site Supervisor:		Weekends:	
Number to call to make an appointment at this location:			

Service(s) provided at this location (attach ASAM certification letters):

	Level 0.5		Level 2.7		Level 4		
	Level 1		Level 3.1				
	Level 1.5		Level 3.5				
	Level 1.7		Level 3.7				
	Level 2.1		Level 3.2WM				
	Level 2.5		Level 3.7WM				

NPI Number:	
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LICENSE INFORMATION

		Type of License			
License Number:	County:	Standard	Provisional	Temporary	Expiration Date:

As Applicable: Withdrawal Management and Residential Services - Intake Days/Hours

Day	Hours of Intake
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	
Sunday	

As Applicable: Residential - Hours of clinical services available per day (7 days a week)

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

1. Please list Medications utilized- Withdrawal Management, Residential and Medication Assisted Treatment:
2. Evidenced Based Programming Utilized:
3. Please explain how services are provided as part of a trauma informed system of care:
4. Indicate if and what women's specialty services are available:

5. How will you accommodate the need for evening or weekend hours?

6. Description of the co-occurring services provided.

7. Please list accommodations for persons with physical disabilities:

Submission Checklist and Receipt of Application Packet

In addition to completing all sections of the New Location Application, I have checked to ensure that the submission will include:

- ☐ If new service level, copies of Accreditation document (Joint Commission, CARF, COA, AOA, AAAHC)
- ☐ Copy of substance abuse LARA licensure that matches levels of care submitted
- ☐ Copies of ASAM certification letters
- ☐ Confirmation of insurance policy inclusion

NMRE will review applications upon submission. Subject to the adequacy of our current provider panel, locations may be approved or denied for further consideration based upon NMRE board approval.

For approved locations, NMRE will require executed contract amendments prior to authorizing services at new locations to our panel.

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.

Any questions must be made to providersupport@nmre.org.