

**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 [cvanwagoner@nmre.org](mailto:cvanwagoner@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.

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

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

<b>Level 0.5</b>					
<b>Level 1</b>					
<b>Level 2.1</b>		<b>Level 2.5</b>			
<b>Level 3.1</b>		<b>Level 3.3</b>		<b>Level 3.5</b>	<b>Level 3.7</b>
<b>Level 1WM</b>		<b>Level 2WM</b>		<b>Level 3.2WM</b>	<b>Level 3.7WM</b>
<b>OTP</b>					

<b>SARF</b>		<b>CAIT</b>		<b>Other</b>
<b>Case Management</b>		<b>Integrated Treatment</b>		<b>Peer Recovery and Support</b>
<b>Buprenorphine</b>		<b>Naloxone</b>		

<b>NPI Number:</b>	
--------------------	--

**LICENSE INFORMATION**

		<b>Type of License</b>			
<b>License Number:</b>	<b>County:</b>	<b>Standard</b>	<b>Provisional</b>	<b>Temporary</b>	<b>Expiration Date:</b>

**As Applicable: Sub-Acute Detoxification and Residential Services - Intake Days/Hours**

<b>Day</b>	<b>Hours of Intake</b>
<b>Monday</b>	
<b>Tuesday</b>	
<b>Wednesday</b>	
<b>Thursday</b>	
<b>Friday</b>	
<b>Saturday</b>	
<b>Sunday</b>	

**As Applicable: Residential - Number of clinical services available per day**

<b>Day</b>	<b>Number of Clinical Services Available per Day</b>
<b>Monday</b>	
<b>Tuesday</b>	
<b>Wednesday</b>	
<b>Thursday</b>	
<b>Friday</b>	
<b>Saturday</b>	
<b>Sunday</b>	

**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 you accommodate the need for evening or weekend hours?**

**Description of the co-occurring services provided.**

**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 Chris VanWagoner, Provider Network Manager:

Chris VanWagoner  
Northern Michigan Regional Entity  
E-Mail: [cvanwagoner@nmre.org](mailto:cvanwagoner@nmre.org)