



MARYLAND
Department of Health

**Addendum Cover Page for Maryland
Medical Assistance Program Application
FACILITY/ORGANIZATION
PT MH COMMUNITY BASED PARTIAL HOSPITALIZATION**

If you have questions, please contact the Provider Enrollment Helpline at **1-844-4MD-PROV (1-844-463-7768)**
Monday – Friday from 7am – 7pm.

All providers are required to use the electronic **Provider Revalidation and Enrollment Portal**, or ePREP (eprep.health.maryland.gov) for enrollment, information updates, provider affiliations and revalidations.

Please fill out the information below and upload the completed addendum to the “Additional Information” section under “Practice Information” within the ePREP (eprep.health.maryland.gov) “Applications” tab, along with any additional documents requested within the addendum.

Provider Information

NPI:

Tax ID:

MA Provider Number (if already enrolled in Maryland Medicaid):

**After you receive your Medical Assistance enrollment approval,
please register with Optum Maryland for authorization.**

Visit maryland.optum.com to register with Optum Maryland for access to their Incedo Provider Portal

Should you have any questions regarding Optum Maryland registration, please contact:
Optum Provider Relations: Phone: (800) 888-1965 – Email: omd_providerrelations@optum.com

Please visit health.maryland.gov/ePREP for more information about ePREP



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Please upload this form to the “Additional Information” section under “Practice Information” within the ePREP (eprep.health.maryland.gov) “Applications” tab, along with any additional applicable supporting documents requested below.

*If you have not yet been issued a license by the Behavioral Health Administration (BHA), be sure to upload one of the following documents to ePREP:

- 1) Approval letter from the Behavioral Health Administration (BHA) that lists at least one of the required levels of care

Only an option for revalidations:

- 2) Continuation letter from the Behavioral Health Administration (BHA) **AND** a copy of the expired approval letter or license under 10.47 that lists at least one of the required levels of care

Section I:

Please upload the following to the “Additional Information” section:

1. Licenses and credentials for professional staff, including the following providers **COMAR 10.09.80.03 and 10.63.03.08** *Must include:

- **Program Director**
- **Multidisciplinary Team**
- **Psychiatrist**
- **Registered Nurse**

2. Pre-employment criminal history records for each employee. **COMAR 10.63.01.05**
3. Written policy regarding the criminal history of the program’s employees, contractors, and volunteers. **COMAR 10.63.01.05**

At a minimum, includes consideration of the following:

- (a) The age at which the individual committed the crime;
- (b) The circumstances surrounding the crime;
- (c) Any punishment imposed for the crime, including any subsequent court actions regarding that punishment;
- (d) The length of time that has passed since the crime;



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(e) Subsequent work history;

(f) Employment and character references; and

(g) Other evidence that demonstrates whether the employee, contractor, or volunteer poses a threat to the health or safety of a program participant, program staff, or a member of the public.

Please note:

(4) An individual may not be hired as an employee, contractor, or volunteer:

(a) For a program serving participants younger than 18 years old, if the individual has been convicted at any time of child abuse or child sexual abuse; or

(b) For a program serving participants 18 years old or older, if the individual has been convicted at any time of abuse or neglect of a vulnerable adult.