



MARYLAND  
Department of Health

**Addendum for Maryland  
Medical Assistance Program Application  
FACILITY/ORGANIZATION**

**PT SE SUPPORTED EMPLOYMENT**

If you have questions, please contact the Provider Enrollment Helpline at **1-844-4MD-PROV (1-844-463-7768)**  
**Monday – Friday from 9am – 5pm.**

All providers are required to use the electronic Provider Revalidation and Enrollment Portal, or ePREP ([eprep.health.maryland.gov](http://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](http://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](http://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](mailto:omd_providerrelations@optum.com)

Please visit [health.maryland.gov/ePREP](http://health.maryland.gov/ePREP) for more information about ePREP



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**CHECKLIST**

**Please utilize this checklist to confirm you have submitted all the required documents uploaded to your application in ePrep.**

	Check if you have an active Behavioral Health Administration (BHA) license for Supported Employment.	If not, you may contact BHA at <a href="mailto:bha.regulations@maryland.gov">bha.regulations@maryland.gov</a> for more information about the licensing process.
	Check if you have entered the applicable BHA license number in ePREP and uploaded a copy of the active license.	
	Check if you have uploaded pre-employment criminal history records for <b>all</b> employees.	Required by <b>COMAR 10.63.01.05</b>
	<p>Check if you have uploaded a written policy regarding the criminal history of the program’s employees, contractors, and volunteers.</p> <p style="text-align: center;"><b>At a minimum, includes consideration of the following:</b></p> <ul style="list-style-type: none"> <li>(a) The age at which the individual committed the crime;</li> <li>(b) The circumstances surrounding the crime;</li> <li>(c) Any punishment imposed for the crime, including any subsequent court actions regarding that punishment;</li> <li>(d) The length of time that has passed since the crime;</li> <li>(e) Subsequent work history;</li> <li>(f) Employment and character references; and</li> <li>(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,</li> </ul>	Required by <b>COMAR 10.63.01.05</b>



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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.