



# Addendum for Participation in Maryland Medical Assistance Program Application FACILITY/ORGANIZATION

---

**Additional documentation may be required to enroll as this provider type.**

To obtain additional application materials, or if you have any questions, please contact the responsible DDA provider relations regional team.

---

**For additional assistance on completing the addendum, please contact the responsible DDA Provider Relations regional team.**

- SMRO – [smro.providerrelations@maryland.gov](mailto:smro.providerrelations@maryland.gov)
- CRMO – [cmro.providerrelations@maryland.gov](mailto:cmro.providerrelations@maryland.gov)
- ESRO – [esro.providerrelations@maryland.gov](mailto:esro.providerrelations@maryland.gov)
- WMRO – [wmro.providerrelations@maryland.gov](mailto:wmro.providerrelations@maryland.gov)

---

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**

Tax ID:

Please visit [health.maryland.gov/ePREP](http://health.maryland.gov/ePREP) for more information about ePREP. If you have questions, please contact the Provider Enrollment Helpline at **1-844-4MD-PROV (1-844-463-7768) Monday – Friday from 7am – 7pm.**



## Addendum for Participation in Maryland Medical Assistance Program Application FACILITY/ORGANIZATION

**Additional documentation may be required to enroll as this provider type.**

To obtain additional application materials, or if you have any questions, please contact the responsible DDA provider relations regional team.

**Please indicate the type of application you are completing and follow the instructions associated with the application type:**

Select:	Description:	Instructions:
<input type="checkbox"/> DDA Approved Service MA Application	Enroll a direct-pay enabled MA number to bill for all DDA Approved community-based services provided by your agency (7/1/20 and after).	<ul style="list-style-type: none"> <li>Complete Table 1, indicating all of the DDA approved community-based services provided by your agency</li> <li><i>If you render licensed site-based services at your primary office address, please complete Table 2, indicating the licensed services rendered at that address</i></li> </ul>
<input type="checkbox"/> DDA Licensed Site MA Application	Enroll a direct-pay enabled MA number to bill for site-specific, licensed services (7/1/20 and after). This application is for a <b>single licensed site</b> .	<ul style="list-style-type: none"> <li>Complete Table 2, indicating <b>only</b> the services that are rendered at the site you are applying for</li> </ul>
<input type="checkbox"/> DDA Provider (before 7/1/20)	Enroll as a Maryland Medical Assistance DDA Provider to provide DDA services (before 7/1/20).	<ul style="list-style-type: none"> <li>Complete Table 1 and 2. For Table 2, please indicate the licensed services rendered at <b>all</b> locations</li> </ul>
<input type="checkbox"/> Update	Update an existing MA number	<p>Depending on the type of MA enrollment you are making an update to:</p> <ul style="list-style-type: none"> <li>Complete Table 1, if you are making an update to a DDA Approved Service MA number</li> </ul> <p style="text-align: center;"><b>OR</b></p> <ul style="list-style-type: none"> <li>Complete Table 2, if you are making an update to a DDA Licensed Site MA number</li> </ul> <p style="text-align: center;"><b>OR</b></p> <ul style="list-style-type: none"> <li>Complete Table 1 and 2, if you are making an update to a DDA Provider (before 7/1/20) MA number</li> </ul>



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

**Additional documentation may be required to enroll as this provider type.**

To obtain additional application materials, or if you have any questions, please contact the responsible DDA provider relations regional team.

**Please complete the appropriate table based on the type of application you are submitting and the instructions above.** Please attach the required documentation with your addendum submission.

**TABLE 1: DDA APPROVED COMMUNITY-BASED SERVICES**

Service	Required Documentation	Service	Required Documentation
<input type="checkbox"/> <b>DDA Approved Behavioral Supports (2G)</b> <ul style="list-style-type: none"> <li>○ Behavioral Assessment</li> <li>○ Behavioral Plan</li> <li>○ Behavioral Consultation</li> <li>○ Brief Support Implementation Services</li> </ul>	DDA Service Approval Letter	<input type="checkbox"/> <b>DDA Approved Community Development Services (2H)</b>	DDA Service Approval Letter
<input type="checkbox"/> <b>DDA Approved Employment Services (2I)</b> <ul style="list-style-type: none"> <li>○ Discovery</li> <li>○ Job Development</li> <li>○ Follow Along Supports</li> <li>○ Ongoing Job Supports</li> <li>○ Co-worker Employment Supports</li> <li>○ Customized Self-Employment</li> </ul>	DDA Service Approval Letter	<input type="checkbox"/> <b>DDA Approved Fiscal Management Agency (2K)</b>	DDA Service Approval Letter
<input type="checkbox"/> <b>DDA Approved Family Supports (2J)</b> <ul style="list-style-type: none"> <li>○ Family and Peer Mentoring Supports</li> <li>○ Family Caregiver Training and Empowerment</li> <li>○ Participant Education, Training and Advocacy</li> </ul>	DDA Service Approval Letter	<input type="checkbox"/> <b>DDA Approved Housing Supports (2L)</b>	DDA Service Approval Letter
<input type="checkbox"/> <b>DDA Approved Nursing (2M)</b> <ul style="list-style-type: none"> <li>○ Nurse Health Case Management</li> <li>○ Nurse Case Management and Delegation</li> </ul>	DDA Service Approval Letter	<input type="checkbox"/> <b>DDA Approved Organized Health Care Delivery System (2N)</b> <ul style="list-style-type: none"> <li>○ Assistive Technology and Services</li> <li>○ Environmental Assessment</li> <li>○ Environmental Modification</li> <li>○ Live-in Caregiver Supports</li> </ul>	DDA Service Approval Letter, Signed Organized Health Care Delivery System Form



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

**Additional documentation may be required to enroll as this provider type.**

To obtain additional application materials, or if you have any questions, please contact the responsible DDA provider relations regional team.

		<ul style="list-style-type: none"> <li>○ Transportation</li> <li>○ Transition Services</li> <li>○ Vehicle Modification</li> </ul>	
<input type="checkbox"/> <b>DDA Approved Personal Supports (2O)</b>	DDA Service Approval Letter	<input type="checkbox"/> <b>DDA Approved Respite Care Services (2P)</b> <ul style="list-style-type: none"> <li>○ Respite Care (Hour)</li> <li>○ Respite Care (Camp)</li> </ul>	DDA Service Approval Letter
<input type="checkbox"/> <b>DDA Approved Remote Support Services (2S)</b>	DDA Service Approval Letter	<input type="checkbox"/> <b>DDA Approved Supported Living (2R)</b>	DDA Service Approval Letter
<input type="checkbox"/> <b>DDA Approved Shared Living (2Q)</b>	DDA Service Approval Letter	<input type="checkbox"/> <b>Licensed DDA Targeted Case Management Services (WA)</b> (Coordination of Community Services)	DDA Service Approval Letter, OHCQ Issued DDA Facility License
<input type="checkbox"/> <b>DDA Approved Vocational Services (2E)</b> <ul style="list-style-type: none"> <li>○ Career Exploration – Large Group</li> <li>○ Career Exploration – Small Group</li> </ul>	DDA Service Approval Letter		

**Does your agency render services to individuals under the age of 21 (i.e. 20 years old and younger)? If yes, please submit required documentation.**

Select:	Required Documentation
<input type="checkbox"/> Yes (2T)	Department (DDA and OHCQ) Approval to Render Services and Supports in DDA's Home and Community-Based Waivers - Children's Provider
<input type="checkbox"/> No	



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

**Additional documentation may be required to enroll as this provider type.**

To obtain additional application materials, or if you have any questions, please contact the responsible DDA provider relations regional team.

**TABLE 2: DDA LICENSED SITE-BASED SERVICES**

If your site meets the Community Settings Rule (“CSR”), set forth in 42 C.F.R. § 441.301(c)(4)-(6), and the Developmental Disabilities Administration (“DDA”) has approved it as a CSR Compliant site, please mark both the CSR Compliant and non-CSR compliant version of the Service below. If you are indicating a site is CSR compliant, please submit a copy of the DDA CSR Approval Letter along with this application.

Your site must be CSR Compliant if it provides services: (1) under the Community Supports Waiver; or (2) under the Community Pathways Waiver and was licensed or approved site after January 1, 2018. If your site provides services only under the Community Pathways Waiver and was approved prior to January 1, 2018, then it does not need to be CSR Compliant until March of 2022.

Service	Required Documentation	Service	Required Documentation
<input type="checkbox"/> <b>Licensed DDA Community Living Services (Non-CSR Compliant Site) (2B)</b> - formerly Residential Habilitation <ul style="list-style-type: none"> <li>○ Community Living - Group Home</li> <li>○ Respite Care (Daily)</li> </ul>	DDA Service Approval Letter, OHCQ Issued DDA Facility License, OHCQ Site List	<input type="checkbox"/> <b>Licensed DDA Community Living Services (CSR Compliant Site) (2U)</b> <ul style="list-style-type: none"> <li>○ Community Living Group Home</li> <li>○ Respite Care (Daily)</li> </ul>	DDA Service Approval Letter, DDA Site CSR Compliance, OHCQ Issued DDA Facility License, OHCQ Site List
		<input type="checkbox"/> <b>Licensed DDA Community Living Enhanced Support Services (CSR Compliant Site) (2A)</b> - Community Living Enhanced Supports	DDA Service Approval Letter, DDA Site CSR Compliance, OHCQ Issued DDA Facility License, OHCQ Site List
<input type="checkbox"/> <b>Licensed DDA Day Habilitation (Non-CSR Compliant Site) (2C)</b> <ul style="list-style-type: none"> <li>○ Day Habilitation</li> </ul>	DDA Service Approval Letter, OHCQ Issued DDA Facility License, OHCQ Site List	<input type="checkbox"/> <b>Licensed DDA Day Habilitation (CSR Compliant Site) (2D)</b> <ul style="list-style-type: none"> <li>○ Day Habilitation</li> </ul>	DDA Service Approval Letter, DDA Site CSR Compliance, OHCQ Issued DDA Facility License, OHCQ Site List
<input type="checkbox"/> <b>Licensed DDA Vocational Services (Non-CSR Compliant Site) (2E)</b> <ul style="list-style-type: none"> <li>○ Career Exploration – Facility Based</li> </ul>	DDA Service Approval Letter, OHCQ Issued DDA Facility License, OHCQ Site List	<input type="checkbox"/> <b>Licensed DDA Vocational Services (CSR Compliant Site) (2F)</b> <ul style="list-style-type: none"> <li>○ Career Exploration – Facility Based</li> </ul>	DDA Service Approval Letter, DDA Site CSR Compliance, OHCQ Issued DDA Facility License, OHCQ Site List

**Are you authorized to provide services indicated above to individuals under the age of 21 (i.e. 20 years old and younger) at this site? If yes, please submit required documentation.**

Select:	Required Documentation
<input type="checkbox"/> Yes (2T)	Department (DDA and OHCQ) Approval to Render Services and Supports in DDA's Home and Community-Based Waivers - Children's Provider



**Additional documentation may be required to enroll as this provider type.**

To obtain additional application materials, or if you have any questions, please contact the responsible DDA provider relations regional team.

No

**Please include the following materials with your application:**

- Full legal name, DOB and Contact Information for the Chair of the Board of Directors;
- Copy of tax ID number letter (IRS Letter);
- DDA Service Approval Letter;
- OHCQ License, if applicable;
- OHCQ Site List, if applicable; and
- DDA Letter indicating site is Community Settings Rule Compliant, if applicable.

**General Conditions for Provider Participation**

In addition to meeting all the requirements set forth in the Provider Agreement for Participation in Maryland Medical Assistance Program (the “Medicaid Provider Agreement”), each Provider must meet all of the following conditions to participate as a Provider in one of the Developmental Disabilities Administration’s (“DDA”) three Section 1915(c) Medicaid Home & Community Based Waiver Programs: Community Pathways Waiver, Family Supports Waiver, and Community Supports Waiver (each a “DDA Medicaid Waiver Program”). The terms “Services,” “Recipient,” “Department,” and “Provider” have the same meaning here as in the Medicaid Provider Agreement.

Provider’s initials: **(Initial each line)**

**To participate as a provider, the Provider shall:**

1. Meet all of the conditions for participation as a Maryland Medical Assistance Program provider as set forth in COMAR 10.09.36, except as otherwise specified in COMAR 10.09.26 (Community Pathways Waiver), COMAR 10.09.48 (Targeted Case Management or Coordination of Community Services), and the federally-approved DDA Medicaid Waiver Program application.<sup>1</sup>
2. Meet all regulatory requirements to be licensed or approved as a DDA Provider set forth in COMAR Title 10, Subtitle 22, DDA Medicaid Waiver Program application requirements, and other

<sup>1</sup> You may access the Waiver application for the Community Pathways Waiver at:  
<https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/?entry=8492>.

You may access the Waiver application for the Community Supports Waiver at:  
<https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/?entry=44862>.

You may access the Waiver application for the Family Supports Waiver at:  
<https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/?entry=44861>.



---

**Additional documentation may be required to enroll as this provider type.**

To obtain additional application materials, or if you have any questions, please contact the responsible DDA provider relations regional team.

---

DDA requirements. If the provider is also a DDA Approved Children’s Provider, the provider must meet the requirements set forth in COMAR 14.31.05, COMAR 14.31.06, and COMAR 14.31.07.

\_\_\_3. Agree to verify the qualifications of all individuals who render services on the Provider’s behalf and provide a copy of its verifications upon request to the Department. Qualifications include, but are not limited to, any applicable licensure or certification requirements, criminal background checks, and other staff / provider requirements set forth in the federally-approved DDA Medicaid Waiver Program application administered by the DDA, applicable regulations, or Department or DDA policies.

\_\_\_4. Agree to comply with the DDA’s Policy on Reportable Incidents and Investigations (“PORII”), incorporated by reference at COMAR 10.22.02.01, including reporting incidents and complaints using the form and process designated by DDA.

\_\_\_5. Agree to cooperate with required inspections, reviews, and audits by authorized governmental representatives, including but not limited to DDA, the Department’s Office of Health Care Quality, the Office of the Inspector General, Medicaid Program, and the Medicaid Fraud Control Unit, in accordance with § 7-909 of the Health-General Article of the Maryland Annotated Code and other applicable law and regulations.

\_\_\_6. Agree to provide Services in accordance with the DDA Medicaid Waiver Program application requirements and applicable regulations and to bill the Department in accordance with applicable law, regulations, policies, and procedures, including limiting billing to only Services that have been authorized by DDA and actually rendered by the Provider to the Recipient.

\_\_\_7. Agree to suspend, terminate, or reduce services for a Recipient in accordance with DDA policy and with appropriate authorization from DDA and consultation from the Recipient or the Recipient’s representative(s).

\_\_\_8. Agree to work with the Recipient, or the Recipient’s representative(s), and their Coordinator of Community Services to implement the person-center plan and assist with transitioning a Recipient to new services and / or a new Provider as applicable.

\_\_\_9. Agree to demonstrate substantial, sustained compliance in accordance with a Plan of Correction after a cited deficiency.



**MARYLAND**  
Department of Health

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

**PT 90 DDA**

---

**Additional documentation may be required to enroll as this provider type.**

To obtain additional application materials, or if you have any questions, please contact the responsible DDA provider relations regional team.

---

**PROVIDER APPLICANT'S SIGNATURE OF AGREEMENT OF GENERAL CONDITIONS FOR PROVIDER PARTICIPATION.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date