Addendum Cover Page for Maryland Medical Assistance Program Application FACILITY/ORGANIZATION PT 32 - Drug Clinic

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

All providers are required to use the **e**lectronic **P**rovider **R**evalidation and **E**nrollment **P**ortal, 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):

If you are already enrolled as a Drug Clinic in the Maryland Medical Assistance Program and would like to enroll as a **Health Home provider, please visit the Health Home website or contact **mdh.healthhomes@maryland.gov**.

After you receive your Medical Assistance enrollment approval, your Carelon ID number will be emailed, faxed, or mailed to your address of record.

Once you receive your ID, please register with Carelon Behavioral Health of Maryland for authorization. Visit https://maryland.carelonbh.com for more information.

If you need assistance obtaining your Carelon ID, please contact Carelon at 1-800-888-1965 (Press 1 for English, then 3 for Provider, then 7 for EDI) or email provider.relations.md@carelon.com**.**

Please visit https://health.maryland.gov/mmcp/provider/Pages/enrollment.aspx 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.

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 Opioid Treatment Services.	If not, you may contact BHA at bha.regulations@maryland.gov for more information about the licensing process.
☐	Check if you have entered the applicable BHA license number (s) in ePREP and uploaded a copy of the active license.	Please enter the license number specific to Opioid Treatment Services.
☐YES ☐NO	Will this program be providing peer recovery support services? If **yes**, complete the attached peer recovery support services attestation and upload the active certification for all peer recovery specialists and their supervisor(s). Note: The attestation is required for Medicaid reimbursement of peer recovery support services.	This is an optional service. Peers must be Certified Peer Recovery Specialists and must be supervised by a Registered Peer Supervisor (RPS). Note: An LCSW-C, LCPC, LCADC, or CAC-AD who is a board-approved supervisor may supervise peers without an RPS until 9/1/23.
☐	Check if you have uploaded documentation of a contract for drug testing with a laboratory (see page 5 for more information).	
☐	Check if you have uploaded the license and credentials of **all** professionals employed by or under or under contract with the provider including the Medical Director.	Required by **COMAR 10.09.80.03**

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☐	Check if you have uploaded pre-employment criminal history records for each employee.	Required by **COMAR 10.63.01.05**
☐	Check if you have uploaded a written policy regarding the criminal history of the program's employees, contractors, and volunteers **At a minimum, it 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; (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.	Required by **COMAR 10.63.01.05**

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Peer Recovery Support Services Attestation

To receive reimbursement for peer recovery support services, Provider Type 32s must attest to the following:

1) The program employs certified peer recovery specialists.

2) The program provides supervision through:

   (a) A registered peer supervisor who is certified by the Maryland Addictions and Behavioral Health Professionals Certification Board or a comparable association with equivalent requirements approved by the Behavioral Health Administration; or
   (b) Until September 1, 2023, a licensed mental health practitioner or a certified alcohol and drug counselor who is approved to supervise by the relevant licensing board may serve as the peer supervisor.

Providers must upload copies of the peer certification(s) and supervisor certification as well as pre-employment background checks in ePREP.

Providers who do not attest here and do not provide verification that they have appropriate staff for peer recovery support services will not have their program set up properly in the Medicaid system and will receive denials if they attempt to bill for peer recovery support services.

I,_____(Authorized Representative), hereby attest that

_____(Name of Organization) employ staff appropriately

qualified to peer recovery support services.

_____

Signature of Authorized Representative   Date

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Documentation of a Contract for Drug Testing With a Laboratory

The bundled weekly rate for Opioid Maintenance Treatment (OMT) services includes reimbursement for point of care drug tests (code 80305) completed in the OTP's office as well tests sent out to laboratories (80306, 80307, and G0480- G0481) in accordance with the January 5, 2017 Maryland Medical Assistance Transmittal re: "Medicaid Billing for Drug Testing and Screening". Opioid Treatment Programs (OTPs) are responsible for paying laboratories for drug tests for their OMT patients.

All OTPs applying to participate in Medical Assistance (MA) must provide evidence of a contract with a laboratory of their choosing to provide drug testing services. Existing providers will also need to reaffirm the existence of such contracts during the revalidation process (all providers are required to revalidate every 5 years).

Adequate documentation of a contractual relationship with a laboratory needs to include, at a minimum:

- The OTP provider's name and contact information for the OTP program director
- Laboratory provider name and the contact information for the person most responsible for the contract
- Effective dates of contract
- General information about the nature of the contract that demonstrates drug tests for OMT patients are exclusively reimbursed by OTP and not billable to the Department or the Department's designee.

Please include documentation of your contract with a laboratory with your application packet. Applications for provider type 32 will not be approved if documentation of a contract with a laboratory is not included.