



**Addendum for Maryland
Medical Assistance Program Application
Justice Involved Correctional Facilities**

Wes Moore, Governor · Aruna Miller, Lt. Governor · Meena Seshamani, M.D., Ph.D., Secretary

If you have questions, please contact the Maryland ePrep Hotline 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) 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. Please answer all questions and check the required boxes.

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

1. Provider Information

Tax ID:

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

2. **Attestation of Justice Involved Correctional Facilities Compliance**

- a. **Attestation of compliance with Duties of the Justice Involved Correctional Facilities** (JI Correctional Facilities). *Please check one.*
- ☐ Yes
☐ No
- b. **Attestation of compliance with the following specific duties and expectations of the JI Correctional Facility.** *Please check all that apply.*
- ☐ The organization/correctional facility attests that it will maintain its formal enrollment with Maryland Medicaid as an enrolled Medicaid Provider with a Medicaid Provider Number.
- ☐ The organization/correctional facility attests its compliance with the requirements listed in the State Plan Amendment and/or §1115 demonstration, as applicable, and any further the requirements listed in any memoranda of understanding between the JI Correctional Facility's administrating agency and the Maryland Department of Health (the Department).
- ☐ The organization/correctional facility attests that the services provided will comply with the requirements in 42 C.F.R. § 440.169.
- c. **Attestation that the JI Correctional Facility will submit claims for Justice Involved Case Management using the codes and at the rate(s) set by the Department in accordance with its published fee schedule.** *Please check one.*
- ☐ Yes
☐ No

3. **Attestation of Compliance with Provider Qualifications for Justice Involved Care Coordinators hired, employed or contracted by the JI Correctional Facility.**

- a. **Attestation that Justice Involved Care Coordinators are 21 years of age or older.** *Please check one.*
- ☐ Yes
☐ No
- b. **Attestation that Justice Involved Care Coordinators have U.S. Citizenship or Resident Alien status.** *Please check one.*
- ☐ Yes
☐ No
- c. **Attestation that Justice Involved Care Coordinators have at least a four year Bachelor degree in the social or behavioral sciences or criminal justice from an accredited college or university; OR a two year Associate of Arts degree in the social or behavioral sciences or criminal justice from an accredited college or university AND two years of experience providing direct services to children or adults in a community or residential setting.** *Please check one.*
- ☐ Yes
☐ No

- d. **Attestation of that all Justice Involved Care Coordinators passed all required background investigation and criminal history record checks required by state regulation per COMAR 12.10.01.05. *Please check one.***

☐ Yes
☐ No

- e. **Attestation that Justice Involved Care Coordinators possess a motor vehicle operator's license valid in the State of Maryland. *Please check one.***

☐ Yes
☐ No

- f. **Attestation that all Justice Involved Care Coordinators completed all physical and mental health examinations required by the state agency employing/contracting the individual and state regulation per COMAR 12.10.01.04 (E). *Please check one.***

☐ Yes
☐ No

- g. **Attestation that all Justice Involved Care Coordinators completed certification by the Maryland Correctional Training Commission within 90 days of appointment and have maintained certification while employed. *Please check one.***

☐ Yes
☐ No

- h. **Attestation that MS-22s or other official job description for Justice Involved Care Coordinators match duties agreed upon with the Department. *Please check one.***

☐ Yes
☐ No

- i. **Attestation that justice involved case management services shall not delay the individual's release into the community. *Please check one.***

☐ Yes
☐ No

4. Record Retention

- a. **The JI Correctional Facility will maintain records documenting compliance with these provisions and make such records available to the Department for inspection upon request in compliance with Department, state and federal requirements. *Please check one.***

☐ Yes
☐ No