



**Addendum Cover Page for Maryland
Medical Assistance Program Application
FACILITY/ORGANIZATION
PT PR - PSYCHIATRIC REHABILITATION PROGRAM**

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 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, 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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CHECKLIST

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

<input type="checkbox"/>	Check if you have an active Behavioral Health Administration (BHA) license for the Psychiatric Rehabilitation Program.	If not, you may contact BHA at bha.regulations@maryland.gov for more information about the licensing process.
<input type="checkbox"/>	Check if you have entered the applicable BHA license number(s) in ePREP and uploaded a copy of the active license.	Please enter each license number for each specific service applicable to the application.
<input type="checkbox"/>	Check if you have uploaded the license and credentials of all professionals employed by or under contract with the provider, including the following: o Rehabilitation Specialist(s)	Required by COMAR 10.63.03.09 A Rehabilitation Specialist must be: (1) A licensed mental health professional; (2) Certified by the Commission on Rehabilitation Counselor Certification; or (3) Certified by the Psychiatric Rehabilitation Association
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is the rehabilitation specialist on-site for at least 20 hours per week if the program serves less than 30 individuals or 40 hours per week if the program serves more than 30 individuals? **This question must be answered**	Required by COMAR 10.63.03.09
<input type="checkbox"/>	Check if you have uploaded pre-employment criminal history records for all employees.	Required by COMAR 10.63.01.05

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<input style="width: 30px; height: 20px;" type="checkbox"/>	<p>Check if you have uploaded a written policy regarding the criminal history of the program’s employees, contractors, and volunteers.</p> <p>At a minimum, it includes consideration of the following:</p> <ul style="list-style-type: none"> (a) The age at which the individual committed the crime; T (b) he 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. <p>Please note:</p> <p>An individual may not be hired as an employee, contractor, or volunteer:</p> <ol style="list-style-type: none"> 1. 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 2. 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. 	<p>Required by COMAR 10.63.01.05</p>
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