



MARYLAND  
Department of Health

**Addendum Cover Page for Maryland  
Medical Assistance Program Application  
FACILITY/ORGANIZATION  
PT 50 SUBSTANCE USE DISORDER PROGRAM**

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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**(1-844-463-7768) Monday – Friday from 9am – 5pm.**

Please upload this form 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 applicable supporting documents requested below.

<u>CHECKLIST</u>		
<b>Please utilize this checklist to confirm you have submitted all the required documents uploaded to your application in ePrep.</b>		
<input type="checkbox"/>	<p>Active Behavioral Health Administration (BHA) license for one or more of the following levels of care:</p> <ul style="list-style-type: none"> <li>● Level 1 – Outpatient Treatment</li> <li>● Level 2.1 – Intensive Outpatient</li> <li>● Level 2.5 – Partial Hospitalization</li> </ul>	<p>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.</p> <p>Please enter each license number for each level of service in ePrep and attach the license to the “License and Certification” section under “Practice Information”</p>
<input type="checkbox"/> YES <input type="checkbox"/> NO	<p>Will this program be providing Medications for Opioid Use Disorder (MOUD) services?</p> <p>If <b>yes</b>, complete the attached MOUD attestation and attach a DEA license with schedule III authority.</p> <p>Note: The MOUD attestation is required for Medicaid reimbursement of MOUD services.</p>	<p>This is an optional service.</p>
<input type="checkbox"/> YES <input type="checkbox"/> NO	<p>Will this program be providing peer recovery support services?</p> <p>If <b>yes</b>, complete the attached peer recovery support services attestation and upload the active certification for all peer recovery specialists and their supervisor(s).</p> <p>Note: The attestation is required for Medicaid reimbursement of peer recovery support services.</p>	<p>This is an optional service.</p> <p>Peers must be Certified Peer Recovery Specialists and must be supervised by a Registered Peer Supervisor (RPS). Note: A LCSW-C, LCPC, LCADC, or CAC-AD that is a board-approved supervisor may supervise peers without a RPS until 9/1/23.</p>
<input type="checkbox"/>	<p>Check if you have uploaded the license and credentials of <b>all</b> professionals employed by or under or under contract with the provider.</p>	<p>Required by COMAR 10.09.80.03</p>
<input type="checkbox"/>	<p>Check if you have uploaded pre-employment criminal history records for each employee.</p>	<p>Required by COMAR 10.63.01.05</p>



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<input 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><b>At a minimum, this 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, or a member of the public.</li> </ul> <p><b>Please note:</b></p> <p>(4) An individual may not be hired as an employee, contractor, or volunteer:</p> <ul style="list-style-type: none"> <li>(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</li> <li>(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.</li> </ul>	<p>Required by COMAR 10.63.01.05</p>
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## **Medications for Opioid Use Disorder (MOUD) Services Provided Through a PT 50**

In order to be able to receive reimbursement for periodic MOUD medication management visits and, if storing and dispensing buprenorphine or Vivitrol in the office, the cost of the drug itself 1, Provider Type 50s must attest that the program employs staff appropriately qualified to provide MOUD services. If the program provides buprenorphine services they must have a provider who possesses a DEA registration with schedule III authority on staff.

Providers who do not attest here that they have appropriate staff for MOUD services will not have their program set up properly in the Medicaid system and will receive denials if they attempt to bill for MOUD services. If Provider Type 50s later begin providing MOUD services they must send an email to [mdh.bhenrollment@maryland.gov](mailto:mdh.bhenrollment@maryland.gov) with a completed and signed attestation. Provider Type 50s must wait to receive confirmation that their program is set up correctly to begin billing for MOUD services.

I, \_\_\_\_\_ (Authorized Representative), hereby attest that  
\_\_\_\_\_ (Name of Organization) employ staff  
appropriately qualified to provide medication assisted treatment services, including a DEA certified  
provider with schedule III authority if the program provides buprenorphine.

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Date

1 Providers may **NEVER** bill Medicaid for prescriptions obtained at the pharmacy when the pharmacy is the point of sale. The J code for buprenorphine is only to be used when directly supervising the consumption of the drug that has been pre-purchased by the clinic through a contract with the buprenorphine manufacturer.



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## Peer Recovery Support Services Attestation

To receive reimbursement for peer recovery support services, Provider Type 50s 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