



MARYLAND
Department of Health

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

PT HV Home Visiting Services

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) 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):

Please visit health.maryland.gov/ePREP 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.

Attestation of Evidence-based Home Visiting Model Certification [Check all that apply]

- The organization attests that they have obtained and maintained either
 - Healthy Families America (HFA) accreditation letter and,
 - Healthy Families America (HFA) accreditation certificate

OR

- Nurse Family Partnership (NFP) affiliation letter

Attached Documentation of HFA or NFP accreditation/affiliation status [Check one]

- Yes
- No

Attestation of HFA/NFP Home Visitors Certification [Check all that apply]

- The organization attests that all employed home visitors have successfully completed the requirements for HFA or NFP home visitor certification and have exhibited the competencies necessary to deliver home visiting services as stipulated by HFA or NFP through the most current standards.
- The organization maintains a typed roster of all home visitors who are in good standing, which includes each home visitor’s full name, NPI number (optional), birth date, and Social Security Number; with proof of their qualifications as described above, and will be able to provide supporting documentation if requested by MDH.

Attestation of HFA or NFP Recognized Organization Record Keeping

- The organization’s records will include an attestation from HFA or NFP, as applicable, that the Medicaid participant for whom it is submitting a claim to the Managed Care Organization (MCO), has met the eligibility and engagement criteria as described in the Maryland Medicaid HealthChoice Home Visiting Services program eligibility criteria and reimbursement methodology.

Attestation of Fingerprint Criminal Background Check Completion

- The organization understands that all owners with 5% or more direct or indirect ownership interest will be required to complete a Fingerprint Criminal Background Check (FCBC) as required by the Centers for Medicare and Medicaid Services (CMS).



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Examples for Healthy Families America

- Certificate of Accreditation
- Letter of Accreditation



<DATE>

<First Name> <Last Name>
<Organization>
<Address Line 1>
<Address Line 2>

Dear <Ms./Mr.> <Last Name>,

It is with great pleasure that we inform you the <site name> site has been accredited by Healthy Families America® (HFA) as a provider of high quality HFA home visiting services. This accreditation is effective through <expiration date>

The Healthy Families America (HFA) accreditation process is designed to identify individual sites and multi-site systems that have achieved high standards for performance and a commitment to quality. HFA is proud to grant <site name> accreditation.

Prevent Child Abuse America® is honored to be associated with you and your colleagues. We wish you the very best in your continuing service to families in your community.

Congratulations on your achievement!

Melissa Merrick, Ph.D.
President & CEO

Kathleen Strader, MSW, IMH-E® (IV)
Chief Program Officer, PCAA
National Director, Healthy Families America

228 South Wabash Avenue, 10th Floor | Chicago, IL 60604 | T 312.663.3520 | F 312.939.8962 preventchildabuse.org



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Examples for Nurse-Family Partnership

Letter of Affiliation



<DATE>

<First Name> <Last Name>

<Organization>

<Address Line 1>

<Address Line 2>

Re: Nurse-Family Partnership - Confirmation of Network Affiliation

Dear <Ms./Mr.> <Last Name>,

This letter confirms that the site listed below is affiliated with the Nurse-Family Partnership® (NFP) program and has specially trained nurses providing NFP services to enrolled families:

- <site name>

Once we have a signed agreement in place with <site name>, we will update this letter to indicate that this site is delivering the NFP program under the terms of an active licensing agreement with our organization.

Please do not hesitate to contact me if you would like further information or have any questions.

Sincerely,

Elizabeth Slater Jasper
Chief Legal Officer & General Counsel
The National Service Office for Nurse-Family Partnership & Child First
1900 Grant St., Ste. 400
Denver, CO 80203
(303) 667-3888
elizabeth.jasper@nursefamilypartnership.org