Addendum for Maryland
Medical Assistance Program Application
FACILITY/ORGANIZATION

PT MT MOBILE TREATMENT 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 **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 Mobile Treatment Program in the Maryland Medical Assistance Program and would like to enroll as a Health Home provider, please visit the Health Home website (https://health.maryland.gov/mmcp/ Pages/Health-Home-Requirement-Information.aspx) or contact mdh.healthhomes@maryland.gov for more information.

After you receive your Medical Assistance enrollment approval, please register with Optum Maryland for authorization.

Visit 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

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.

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 Mobile Treatment Program:	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.	
☐	Check if you uploaded the licenses and credentials for the professional staff, including the following required providers: • Program Director • *Psychiatrist or Psychiatric Nurse Practitioner (CRNP-PMH) • Registered Nurse • Licensed Certified Social Worker-Clinical or Licensed Masters Social Worker	Required by **COMAR 10.09.59.04** *Psychiatrist or Psychiatric NP documentation must include one of the following: • Physician license & board certification from the American Board of Psychiatry and Neurology; or • Physician license & documentation of successful completion of psychiatry residency; or • CRNP license with PMH certification
☐	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, 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,	Required by **COMAR 10.63.01.05**

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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.