



**MARYLAND**  
Department of Health

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

**PT VP Community Violence Prevention**

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If you have questions, please contact the Provider Enrollment Helpline at **1-844-4MD-PROV (1-844-463-7768)**  
**Monday – Friday from 9am – 5pm.**

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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):

Please visit [health.maryland.gov/ePREP](http://health.maryland.gov/ePREP) for more information about ePREP



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**Attestation of Violence Prevention Professional Training**

Individuals that render community violence prevention services must complete an accredited training and certification program for violence prevention, maintain documentation of program training, and adhere to continuing education requirements. The Health Alliance for Violence Intervention (HAVI) curriculum meets the criteria stated within Maryland regulations.

- The organization attests that all employed violence prevention professionals have successfully completed the required training to become Health Alliance for Violence Intervention (HAVI) certified Violence Prevention Professionals and maintain continuing education requirements.

Name of Organization: \_\_\_\_\_

Authorized Representative: \_\_\_\_\_

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

\_\_\_\_\_  
Date

**Attached Violence Prevention Professionals Documentation**

- Please upload a typed roster of all individual violence prevention professionals employed by the organization.



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**Attestation of Hospital Affiliation**

A Violence Prevention provider entity must maintain an affiliation with at least one of the following institutions through which the provider entity is authorized to provide community violence prevention services to Maryland Medicaid members in the hospital.

- As determined by the Maryland Institute for Emergency Medical Services Systems (MIEMSS), Maryland hospitals must have one of the following designations:
  - Primary Adult Resource Center (PARC);
  - Level I Trauma Center;
  - Level II Trauma Center; or
  - Pediatric Trauma Center.
- Hospitals not located in Maryland that are authorized to render services to Maryland Medicaid members must have one of the following designations, as defined by the American College of Surgeons:
  - Level I Trauma Center;
  - Level II Trauma Center; or
  - Pediatric Trauma Center.

Affiliated hospitals must be active Maryland Medicaid providers for the organization to receive the Community Violence Prevention provider type designation.

Name of Affiliated Hospital: \_\_\_\_\_

Affiliated Hospital NPI: \_\_\_\_\_

Affiliated Hospital MA Provider Number: \_\_\_\_\_

**Attached Affiliation Letter**

- Please upload a signed letter from qualifying hospital(s) stating that the provider entity is authorized to provide community violence prevention services to Medicaid members in the hospital.