



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



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.

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) accreditation letter

Attached Documentation of HFA or NFP accreditation 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).