



MARYLAND  
Department of Health

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

**PT SE SUPPORTED EMPLOYMENT**

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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 7am – 7pm.**

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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):

**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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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.

\*If you have not yet been issued a license by the Behavioral Health Administration (BHA), be sure to upload one of the following documents to ePREP:

- 1) Approval letter from the Behavioral Health Administration (BHA) that lists at least one of the required levels of care

**Only an option for revalidations:**

- 2) Continuation letter from the Behavioral Health Administration (BHA) **AND** a copy of the expired approval letter or license under 10.47 that lists at least one of the required levels of care

**Section I:**

Please upload the following to the “Additional Information” section:

1. Pre-employment criminal history records for each employee. **COMAR 10.63.01.05**
2. Written policy regarding the criminal history of the program’s employees, contractors, and volunteers. **COMAR 10.63.01.05**

**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, 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:**



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(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.