

Provider Application Packet
Expressive & Experiential Therapists
1915(i) Intensive Behavioral Health Services for
Children, Youth, and Families

To: 1915(i) Program Applicants
From: Maryland Department of Health
Re: How to Enroll as an **Expressive and Experiential Therapist** under the 1915(i) Intensive Behavioral Health Services for Children, Youth, and Families Benefit

Enclosed is an application packet for provider enrollment under the Department's 1915(i) Intensive Behavioral Health Service for Children, Youth, and Families, pursuant to COMAR 10.09.89.

Included in this packet are:

1. Application Instructions
2. Application Checklist
3. Application Face Sheet
4. Provider Attestation
5. Jurisdiction Selection Sheet
6. Certification Experience
7. Required Criminal and Child Protective Service Background Checks

Application Instructions

General Instructions

Providers who wish to deliver services under the 1915(i) program must complete a Medicaid provider application and agreement in addition to the supplemental materials specific to the 1915(i) program that are included in this packet. Please complete the supplemental materials included in this packet **AND** also follow the instructions below to complete the Medical Assistance Application. Incomplete submissions will delay the review process. The Department or its designee may contact the applicant for clarifying information during the review. The Department will issue approval or denial to the applicant by mail.

All materials (Medical Assistance application and agreement as well as the supplemental materials included in this packet) should be submitted by mail to Beacon Health Options at the address below:

Beacon Health Options
 Provider Relations
 1099 Winterson Rd. Suite #200
 Linthicum, MD 21090
Attn: 1915(i) Program

Medicaid Provider Application & Agreement

All providers must submit a Medical Assistance Provider Application and Agreement with original signatures to the address above, NOT the address listed on the Medicaid Application itself. Please list the appropriate MA specialty code on the specialty section of the Medical Assistance Application. For a list of appropriate specialty codes see below:

Service Type	MA Specialty Code
Art Therapy	301
Dance Therapy	302
Music Therapy	305
Equine Therapy	303
Horticultural Therapy	303
Drama Therapy	303

Individual Providers

Individual Providers that **are NOT** Licensed:

For individual expressive and experiential therapists practicing on their own or under a group practice and are not licensed as an LCSW, LCPC, etc., please use the Individual Expressive/ Experiential Therapist Application attached. DO NOT use the 1915(i) application found on Medicaid's website.

1. Visit the National Plan & Provider Enumeration System (NPPES) website to get an individual National Provider Identifier (NPI) number: <https://nppes.cms.hhs.gov/NPPES/Welcome.do>
2. Locate the Individual Expressive/ Experiential Therapist Application attached to this packet
3. After the instruction pages, in the 'Type of Request' section, check 'NEW ENROLLMENT'
4. Complete all of the information requested, including providing your NPI number you received in Step 1
 - a. On the page marked "3 of 10" complete the specialty information with the appropriate specialty code in the table above.
 - b. On the page marked "5 of 10" add any group affiliations as appropriate.
5. Complete and sign the application and send to Beacon Health Options at the address above.

Individual Providers that **ARE** Licensed:

If you are already enrolled with Maryland Medicaid

1. Follow the link here <https://mmcp.dhmh.maryland.gov/pages/Provider-Enrollment.aspx> to a list of Medical Assistance Provider Applications
2. Find the provider type that you are enrolled as (For example PT CC for certified professional counselors and PT 94 for social worker) in the list of provider types
3. Click the 'X' next to the name of the provider type and below the column 'INDIVIDUAL'
4. After the instruction pages, in the 'Type of Request' section, check 'INFORMATION UPDATE'
5. Complete the application with your existing Medical Assistance number and NPI number and enter all other relevant information.
6. On the page marked "3 of 10" complete the specialty information with the appropriate specialty code in the table above.
7. On the page marked "5 of 10" add any group affiliations as appropriate.
8. Complete and sign the application and send to Beacon Health Options at the address above.

If you are not already enrolled with Maryland Medicaid

1. Visit the National Plan & Provider Enumeration System (NPPES) website to get an individual National Provider Identifier (NPI) number: <https://nppes.cms.hhs.gov/NPPES/Welcome.do>
2. Follow the link here <https://mmcp.dhmh.maryland.gov/pages/Provider-Enrollment.aspx> to a list of Medical Assistance Provider Applications

3. Find the provider type that you are eligible to enroll as (For example PT CC for certified professional counselors and PT 94 for social worker) in the list of provider types
4. Click the 'X' next to the name of the provider type and below the column 'INDIVIDUAL'
5. After the instruction pages, in the 'Type of Request' section, check 'NEW ENROLLMENT'
6. Complete all of the information requested, including providing your NPI number you received in Step 1
 - a. On the page marked "3 of 10" complete the specialty information with the appropriate specialty code in the table above.
 - b. On the page marked "5 of 10" add any group affiliations as appropriate.
7. Complete and sign the application and send to Beacon Health Options at the address above.

Group Providers

For providers enrolling as a group of expressive and experiential therapists, please use the Group Expressive/ Experiential Therapist Application attached. DO NOT use the 1915(i) application found on Medicaid's website. Be aware that for each individual under the group they will also need to enroll using the Individual Expressive/ Experiential Therapist Application.

1. Visit the National Plan & Provider Enumeration System (NPPES) website to get an organization National Provider Identifier (NPI) number: <https://nppes.cms.hhs.gov/NPPES/Welcome.do>
2. Locate the Group Expressive/ Experiential Therapist Application attached to this packet
3. After the instruction pages, in the 'Type of Request' section, check 'NEW ENROLLMENT'
4. Complete all of the information requested, including providing your NPI number you received in Step 1
 - a. On the page marked "1 of 10", complete the specialty code field with the appropriate specialty code in the table above.
 - b. On the page marked "3 of 9" add any individuals affiliated with your group, as appropriate.
5. Complete and sign the application and send to Beacon Health Options at the address above.

Register with Beacon Health Options

Please register with Beacon Health Options after you receive your MA number. To register:

1. Visit <http://maryland.beaconhealthoptions.com/index.html>
2. Click on "Behavioral Health Providers"
3. Click on "Register"
4. Complete the Provider Online Services Registration form that appears

Application Checklist

Before Submitting the application packet to Beacon Health Options, please use the checklist below to ensure that all of the following items are included:

- Application Face Sheet
- Provider Attestation
- Jurisdiction Selection Sheet
- Certification/ Experience
- Required Criminal and Child Protective Service Background Checks
- Medical Assistance Provider Application and Agreement

Application Face Sheet:

Expressive and Experiential Behavioral Services

Individual Therapist Name: _____

Group Name (if applicable): _____

Address _____

Phone: _____ **Fax:** _____

Email Address: _____

Type of Therapy & Associated Specialty Codes (Please check type of service applying for)

Art (301)	
Dance (302)	
Music (305)	
Equine (303)	
Horticultural (303)	
Drama (303)	

Maryland Department of Health
1915(i) Intensive Behavioral Health Services for Children, Youth, and Families

Attestation

I, _____ hereby attest that I will:
(NAME)

- | | Initial |
|---|--------------------------|
| Meet the requirements for General Medical Assistance Provider participation
Criteria set forth in COMAR 10.09.36 | <input type="checkbox"/> |
| Adhere to COMAR 10.09.89.08 regarding criminal history and child protective service
background checks. SEE ATTACHMENT I for details. | <input type="checkbox"/> |
| Maintain general liability insurance as required in COMAR 10.09.89.08. | <input type="checkbox"/> |
| Comply with all reporting requirements set forth by the Department for
each service type under COMAR 10.09.36 & 10.09.89 | <input type="checkbox"/> |
| Coordinate services with the service recipient’s designated Care Coordination
Organization (CCO) in accordance with COMAR 10.09.90 | <input type="checkbox"/> |
| Maintain current registration in the applicable expressive or experiential behavioral
service association as outlined in COMAR 10.09.89.12.B | <input type="checkbox"/> |
| Provide evidence of updated registration in the applicable expressive or experiential
behavioral service association as outlines in COMAR 10.09.89.12.B on or before the
date of expiration | <input type="checkbox"/> |

By signing this document, I declare and affirm that I will meet these requirements and adhere to all attestations contained herein.

Signature of Expressive or Experiential Therapist Date

Printed Name and Title

Group Name (if applicable)

Jurisdiction Selection Sheet

Please indicate below the jurisdictions in which you can deliver services

JURISDICTION

- Allegany County
- Anne Arundel County
- Baltimore County
- Baltimore City
- Calvert County
- Caroline County
- Carroll County
- Cecil County
- Charles County
- Dorchester County
- Frederick County
- Garrett County
- Harford County
- Howard County
- Kent County
- Montgomery County
- Prince George's County
- Queen Anne's County
- St. Mary's County
- Somerset County
- Talbot County
- Washington County
- Wicomico County
- Worcester County

Certification/ Experience

1. Please attach a copy of your current license/certification from the appropriate certification board(s) as outlined in COMAR 10.09.89.12.B.
2. Provide a brief description of your experience working with children, youth and young adults with emotional disorders

ATTACHMENT I

REQUIRED CRIMINAL and CHILD PROTECTIVE SERVICE BACKGROUND CHECKS

Expressive and Experiential therapists are required by Maryland law and regulation to have both an FBI criminal background check and a State of Maryland Child Protective Services background check. These must be submitted directly to the Behavioral Health Administration (BHA) by the appropriate authority as described below.

1. FBI Criminal Background Check

FBI background checks are administered by the Maryland Criminal Justice Information System (CJIS). A copy of a prior background FBI check submitted to another agency or directly to the individual is not sufficient. However, if you have already had an FBI background check completed within the past 365 days period, CJIS offers a process to enable forwarding of results to BHA without repeat fingerprinting or additional charges. This process is described further below.

General information on the process of having the background check submitted to BHA can be found at the following web address: <http://www.dpscs.state.md.us/publicservs/fingerprint.shtml>

The website describes a variety of ways to have the fingerprint generated background check completed. These options include: a network of private fingerprinting providers available around the state; certain MVA locations by appointment; certain law enforcement agencies around the state; and at the CJIS headquarters. Prices vary. At the bottom of the webpage, you can download the Livescan Pre-Registration Application and complete it before being fingerprinted. See specific the directions below. Both a blank and sample copies of the Livescan pre registration form have been included for your convenience.

CJIS operates toll free customer service number at 888.795.0011

Information You Need To Know:

1. You can download the LIVESCAN Pre-registration Application from the above referenced website (bottom of the page) or use the attached form.
2. Our agency name is the **Behavioral Health Administration**. Depending on where your fingerprints are taken, you may need to know this information before the fingerprinting site will process your application.
3. Our agency authorization number is **0900000990**

4. The type of background check you are required to have completed is called the “**Child Care**” on the pre-registration form, but is also called the Full Background check (State and FBI) on the website
5. You must bring a valid form of government identification. (Examples: driver's license, Certificate of Naturalization, passport, Alien Registration Card, or Military Identification)
6. Major credit cards, checks, and money orders are accepted. Cash is not accepted at the State Operated Fingerprinting Centers.

If You Have Had A Child Care (FBI) Background Check Within The Past 365 Days:

- See attached 365 DAY Request Form
- Complete personal info, provide the reference number from your most recent background check application and sign in the area indicated.
- Mail the form to:

Office of Child, Adolescent, and Young Adult Services
Behavioral Health Administration
55 Wade Ave - Mitchell Bldg.
Catonsville, MD 21228
Attn: CJIS

- BHA will complete the rest of the form and mail to CJIS for processing

Only those applicants whose background checks reveal no criminal activity will be recommended for enrollment in the program. There is a process by which an applicant can request a waiver of a finding of disqualifying criminal background from the Maryland Department of Health. This process is outlined in the regulations that govern this program and can be found in COMAR 10.09.89.08 and applicants are encouraged to pursue this option if they so choose.

2. Child Protective Services Background Checks

Expressive and Experiential therapists are also required to have a Child Protective Service background check before they can be enrolled as a provider in this program. The process for obtaining the required background check is administered by the Maryland Department of Human Resources (DHR) and its local affiliates, the Departments of Social Services (DSS) in each of Maryland’s jurisdictions

Further information on the process can be found at the following web address:

<http://dhr.maryland.gov/child-protective-services/child-protective-services-background-search-the-centralized-confidential-database/>

The Child Protective Services Background Clearance Form (see attached sample) can be down loaded from the above web site.

Information You Need To Know:

1. In Part I of the form, the check box “Other employment” should be chosen and the explanation given as enrolling as a Medicaid provider to work with children
2. In Part I of the form, the Requesting Agency Name and contact information is as follows:

Behavioral Health Administration (BHA)
55 Wade Ave. Mitchell Bldg
Catonsville, MD 21228
Attn: Expressive/Experiential Provider

3. In Part III of the form, select checkbox #1 to “notify” BHA.
4. Your completed *form must be notarized* and it is suggested that you mail it to the local DSS in the Maryland jurisdiction where you reside. Information on the addresses of local DSS offices can be found on the DHR web site on a drop down menu entitled “local offices” at the top of the page. We suggest that you send your form to the attention of “Child Protective Services Background Clearance Request” If you do not reside in Maryland, please check with the closest local Maryland DSS to your residence or submit the form to the state DHR whose contact info is on the form itself.

Only those applicants whose background checks reveal no indicated findings of abuse or neglect will be recommended for enrollment in the program. There is a process by which an applicant can request a waiver of a finding of indicate abuse or neglect from the Maryland Department of Health. This process is outlined in the regulations that govern this program and can be found in COMAR 10.09.89.08