

Provider Application Packet
Intensive In-Home Service
Mobile Crisis Response
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 **Intensive In-Home Service Provider (IIHS)** and /or **Mobile Crisis Response (MCRS) Provider** 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. Provider applicants may use this application for IIHS, MCRS or both combined. However they only need to submit one Medical Assistance application regardless of the number of different 1915(i) services they wish to provide. (e.g. Respite care, IIHS, MCRS).

Included in this packet are:

1. Application Instructions
2. Application Checklist
3. Application Face Sheet
4. Provider Attestation
5. Jurisdiction Selection Sheet
6. Program Description

Application Instructions

General Instructions

Providers who wish to enroll as either IIHS or MCRS providers 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.

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. Download the Home and Community Based Services 1915i application from the link here: https://mmcp.dhmf.maryland.gov/Provider%20Enrollment%20Application%20Material/PT89_1915i_Waiver/Facility/1915i_Waiver_FACILITY.pdf.
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
5. On the page marked "1 of 10", complete the specialty code field with the appropriate specialty code in the table below.

Service Type	MA Specialty Code
Intensive In-Home Service (IIHS)	300
Mobile Crisis Response Service (MCRS)	296

6. Include a copy of your Office of Health Care Quality license specifying whether your organization is approved for community-based respite, out-of-home respite, or both.
7. 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
- Program Description
- OHCQ License (PRP, OMHC, MTS)
- EBP or IHIP-C Proof of Training/Certification (for IIHS only)
- Medical Assistance Provider Application and Agreement

Application Face Sheet

IIHS/MCRS Services

Provider Organization: _____

Contact Person: _____

Address: _____

Phone: _____ **Fax:** _____

Email Address: _____

Locations of Proposed Programs (if different from above):

Please differentiate locations of IIHS and MCRS if applicable.

Type of Service & associated Specialty Codes (Please check services applying for)

IIHS (300)	<input type="checkbox"/>
MCRS (296)	<input type="checkbox"/>

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

Attestation

I, _____ hereby attest that
(Authorized Representative)

_____, Will;
(Name of Organization)

Initial

Meet the requirements for General Medical Assistance Provider participation criteria set forth in COMAR 10.09.36;

Maintain general liability insurance as required in COMAR 10.09.89.08;

Comply with all reporting requirements set forth by the Department for Intensive In-Home Service, if applicable, under COMAR 10.09.36 & 10.09.89;

Comply with all reporting requirements set forth by the Department for Mobile Crisis Response Service, if applicable, under COMAR 10.09.36 & 10.09.89;

Coordinate services with the service recipient’s designated Care Coordination Organization (CCO) in accordance with COMAR 10.09.90; and

Maintain OHCQ licensure as required and meet all applicable requirements set forth in COMAR Title/Subtitle 10.21 and/or 10.63.01-06 as applicable until such time that 10.21.is repealed.

By signing this document, I declare and affirm that _____
(Name of Organization)

will meet these requirements and adhere to all attestations contained herein.

Signature of Authorized Representative

Date

Printed Name and Title

Jurisdiction Selection Sheet

Please indicate below the jurisdictions in which you can deliver services.

In the program description on the next page, specify information on service capacity by jurisdictions selected (e.g. IIHS teams, MCRS availability) by jurisdiction.

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

Program Description

Intensive In-Home Services

Provide a brief description of your IIHS program model. Please also address your program's overall capacity to provide this service in the jurisdictions identified as described on the prior page.

Program Description

Mobile Crisis Response Services

Provide a brief description of your MCRS program model. Please also address your program's overall capacity to provide this service in the jurisdictions identified as described on the prior page.