

# **Provider Application Packet**

## **Respite Care Providers**

### **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 a **Respite Care Provider** (both Community-based and Out-of-Home) under the 1915(i) Intensive Behavioral Health Services for Children, Youth, and Families Benefit

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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 must submit a separate application for each service type they wish to provide, however they only need to submit one Medical Assistance application regardless of the number of different services they wish to provide. For example, if your organization provides respite care as well as intensive in home services, you should submit two applications to BHA but only one Medicaid application.

**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

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## General Instructions

Providers who wish to deliver Respite 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.

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](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
Community-based Respite	298
Out-of-Home Respite	299

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

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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
- Office of Health Care Quality License
- Medical Assistance Provider Application and Agreement

# Application Face Sheet

## Respite Care Services: (Community-based and Out-of-Home)

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**Provider Organization:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Locations of Proposed Programs (if different from above):**

\_\_\_\_\_

\_\_\_\_\_

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

Community-based (298)	
Out-of-Home (299)	



# Jurisdiction Selection Sheet

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

In the program description on the next page, specify information on respite capacity by jurisdictions selected (e.g. number of licensed respite homes per jurisdiction, number of direct respite staff, number of facility beds).

## **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

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Provide a brief description of your respite program model (e.g. respite foster homes, facility based respite, in the home or community respite) Please also address your program's overall capacity to provide all types of respite in the jurisdictions identified as described on the prior page