

2017-20 Enrollment Checklist

This is used if you are an agency or an individual provider. Please use this as a checklist and submit with the required documentation regarding your agency enrolling in the Treasure Coast Early Steps System of Care. Please refer to the list of Frequently Asked Questions for more details.

Agency/Provider's Name: _____

Agency Early Steps Enrollment Packet, including:

- _____ Professional Liability Insurance with Easter Seals Florida as an additional named insured (updated annually)
- _____ Workers' Compensation Insurance Certificate (updated annually) or signed workers' compensation attestation of exemption
- _____ W-9 form
- _____ ACH Direct Deposit Form
- _____ List of staff (with individual email addresses) that are enrolling to provide EI services through your agency
- _____ 2017-20 Provider Agreement - **1 complete copy with original signatures in blue ink.**
PLEASE NOTE THAT WE WILL NOT ACCEPT AGREEMENTS WITH HANDWRITTEN NOTES
- _____ HIPAA Business Associate Agreement - **1 complete copy with original signatures in blue ink**
- _____ Minority Business Status form
- _____ E-Verify Memorandum of Agreement - <https://e-verify.uscis.gov/emp/vislogin.aspx?JS=YES>
- _____ Current Florida professional license (PT, OT, and ST) OR current ITDS Certificate
- _____ Resume
- _____ Copy of driver's license
- _____ Current FL automobile insurance card if billing for travel for service provision in the natural environment (updated annually)
- _____ Documentation of enrollment in CMS provider management system or denial letter (not needed for ITDS providers)
- _____ Medicaid provider enrollment letter(s) - Medicaid EI #'s required for ITDS', Medicaid Therapy #'s **and** EI #'s required for PT, OT and ST.
- _____ NPI notification
- _____ OnBoard PSP Team training certificates of completion <http://www.easterseals.com/florida/our-programs/childrens-services/treasure-coast-early-steps/treasure-coast-provider.html> (click link and scroll to the bottom of the page to access the training)

THE AGENCY NAME MUST BE THE SAME ON ALL DOCUMENTS AND MUST MATCH THE W-9.

If you have any questions regarding this request, please contact:

- Donna DeSanto at 772- 380-9974 or ddesanto@fl.easterseals.com

Please submit your completed packets electronically to:
tces@fl.easterseals.com