

2020-23 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, Inc. as an additional named insured along with their address 2010 Crosby Way, Winter Park FL, 32792 (updated annually)
- _____ Workers' Compensation Insurance Certificate (updated annually) or signed workers' compensation attestation of exemption
- _____ W-9 form
- _____ ACH Direct Deposit Form (must be original signature and original voided check)
- _____ List of staff (with individual email addresses) that are enrolling to provide EI services through your agency, if applicable
- _____ 2020-23 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 (ITD'S must submit CEU'S (24) every three years from date of issued certification.)
- _____ Resume
- _____ Clear Copy of driver's license
- _____ Clear Copy of Social Security Card.
- _____ Current FL automobile insurance card if billing for travel for service provision in the natural environment (updated as per your policy expiration date)
- _____ Copy of Level 2 background screening
- _____ Medicaid provider enrollment letter(s) - Medicaid EI #'s required for ITDS', Medicaid Therapy #'s for PT,OT, and ST **and** EI #'s required for PT, OT and ST who are applying for clinic contract.
- _____ NPI notification
- _____ OnBoard PSP Team training certificates of completion

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:

- Angie Gonzalez at 813.812.5304 or agonzalez@fl.easterseals.com

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