

NBES Provider Enrollment Application Submission Checklist

Provider Name (please print First, M., Last Name): _____

Current NBES Agency/Group (if none, write N/A): _____

<input type="checkbox"/>	Copy of current, valid License to practice <input type="checkbox"/> NA <input type="checkbox"/> For Provisional SLP – submit Provider Supervisor Form	Copy of current, valid State License if not currently licensed to practice in the State of Florida
<input type="checkbox"/>	Copy of Social Security Card	
<input type="checkbox"/>	Brief Cover Letter (NBES Letter of Intent)	Current address, contact information, DOB, preferred service area, Caseload limit, fluency in other languages, specialties, etc.
<input type="checkbox"/>	Copy of Current Form W9(s)	For each pay to/remit practice affiliation (solo/group/hospital) to ensure accurate claims payment.
<input type="checkbox"/>	Understanding of Natural Environment Requirement Form	NBES children are required to be seen in their natural environment.
<input type="checkbox"/>	Part C Procedural Safeguards Acknowledgement	Exhibit I Form – completed by each individual provider
<input type="checkbox"/>	Current Curriculum Vitae/Resume	Documents previous five (5) year work/educational history in a month/year timeline, with explanation of any gaps longer than 90 days in employment.
<input type="checkbox"/>	Copy of Degree and/or Transcripts from accredited university/college.	If foreign degree, external accreditation letter required to show equivalence of degree.
<input type="checkbox"/>	Individual National Provider Identification (NPI) number and Taxonomy.	
<input type="checkbox"/>	Medicaid Therapy and/or EI number (9-digit)/ATN#	Submit Medicaid Verification Letter/ATN - Medicaid Provider Portal
<input type="checkbox"/>	Summary of Medicaid and Medicare sanctions <input type="checkbox"/> NA	Within the past five (5) years.
<input type="checkbox"/>	Level II Security Background Screen	Active/eligible Medicaid providers are exempt from submitting a Level II Security Background Screen if an eligible background screen has been conducted within the past 5 years as indicated in FLMMIS or AHCA.
<input type="checkbox"/>	Copy of any Specialty Certificates, Certifications or Degrees.	
<input type="checkbox"/>	Copy of Current Individual Professional Liability Insurance <input type="checkbox"/> NA	Proof of Malpractice/Liability Insurance
<input type="checkbox"/>	Summary of professional liability claim(s) pending or filed against you within the past five (5) years. <input type="checkbox"/> NA	Provide detailed information as indicated on the Professional Liability Claim Form, if applicable.
<input type="checkbox"/>	Early Steps Certificate of Experience Form(s) <i>In-Field degree</i> = One year (1,600 hours) EI experience <i>Out-of-Field degree</i> = Five years (8,000 hours)	Professional hands-on experience in early intervention with 0-5-year-old children with special needs and/or developmental delay and their families. <i>Cannot be completed by self.</i>
<input type="checkbox"/>	ES Training Modules 1-3 Complete: <input type="checkbox"/> Yes <input type="checkbox"/> No	Must have completed all three modules.
<input type="checkbox"/>	ITDS Training Modules 1-6 Complete: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	ITDS Only: Must have completed all 6 modules or University coursework equivalent
<input type="checkbox"/>	For ITDS/EI Professional Only: <input type="checkbox"/> In-field (1600 hours = 1 year post-degree experience) <input type="checkbox"/> Out-of-field (8000 hours = 5 years post-degree experience)	In-field degrees accepted: early childhood education or early childhood/special education, child and family development, family life specialist, communication sciences, psychology, social work, or equivalent degree.
<input type="checkbox"/>	Reported ES Experience: <input type="checkbox"/> Yes <input type="checkbox"/> No* ES Mentorship Form: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	*If no, completed ES Mentorship Form required. (Mentorship form for Early Steps practicum/internship within past 18 months).
<input type="checkbox"/>	Provider ProHIPPA Training Acknowledgement Form: <input type="checkbox"/> Yes <input type="checkbox"/> No*	Only complete ProHIPPA modules (do not pay for certificate) – see HIPPA Training Info sheet for website and link.

Please complete this checklist and submit with all accompanying documentation at one time to Tami Krüger, NBES Provider Relations Specialist, via email tkruger@esnecfl.org or Fax (386) 873-0366.

Easterseals Early Steps North Beaches Main Office · 1673 Mason Avenue, Suite 100 · Daytona Beach, FL 32117

www.eastersealsnecfl.org · info@esnecfl.org

Phone: 386.873.0365 · Toll Free: 877.255.4568 · Fax: 386.873.0366 · Video Phone: 386.310.1157

Early Steps Deland · 156 McGregor Road · Deland FL 32728 · Phone 386.873.3658 Fax 386.738.1160

Early Steps Bunnell · 301 Justice Lane · Bunnell FL 32110 · Phone 386.254.1248 · Fax 386.236.1796

Early Steps Leesburg · 1300 Citizen's Boulevard #300 · Leesburg FL 34748 · Phone 352.323.0612 · Fax 352.787.2386

Exhibit C

Natural Environment Service Delivery Requirement for NBES Providers

IDEA's Definition of "Natural Environment"

Part C of the Individuals with Disabilities Education Act (IDEA) requires that eligible infants and toddlers with disabilities receive needed early intervention services in natural environments to the maximum extent appropriate. The 2011 regulations for Part C define the term as follows:

§303.26 Natural environments.

Natural environments means settings that are natural or typical for a same-aged infant or toddler without a disability, may include the home or community settings, and must be consistent with the provisions of §303.126.

§303.344(d)(1) requires that the identification of the early intervention service needed, as well as the appropriate setting for providing each service to an infant or toddler with a disability, be individualized decisions made by the IFSP Team based on that child's unique needs, family routines, and developmental outcomes. If a determination is made by the IFSP Team that, based on a review of all relevant information regarding the unique needs of the child, the child cannot satisfactorily achieve the identified early intervention outcomes in natural environments, then services could be provided in another environment (e.g. clinic, hospital, service provider's office). In such cases, a justification must be included in the IFSP... <https://www.gpo.gov/fdsys/pkg/FR-2011-09-28/pdf/2011-22783.pdf> (76 Fed. Reg. at 60158)

"Natural environments mean settings that are natural or typical for an infant or toddler without a disability.... **We do not believe that a clinic, hospital or service provider's office is a natural environment for an infant or toddler without a disability; therefore, such a setting would not be natural for an infant or toddler with a disability**" - *The Department of Education*

I understand and commit to the requirement of Provider Service Delivery in the Natural Environment and the guiding principles of IDEA Part C as necessary for participation in the North Beaches Early Steps System of Care.

Provider's Signature

Date

Exhibit I

**Easterseals Northeast Central Florida, Inc.
North Beaches Early Steps**

Statement of Understanding of Part C Procedural Safeguards

**STATEMENT OF UNDERSTANDING OF PART C PROCEDURAL
SAFEGUARDS**

_____ I certify that I have read the Procedural Safeguards.

_____ I understand that the intent of the Procedural Safeguards is to protect the rights of the child and his/her parents/guardians.

_____ I agree to abide by the Procedural Safeguards.

Signature

Date

Name (printed or typed)

easterseals



Exhibit M - 2019-2020 NBES PROVIDER HIPPA TRAINING ACKNOWLEDGEMENT

NAME (Please Print)

Agency/Provider Name

This is to certify that I understand and have completed the ProHIPPA Training required by North Beaches Early Steps program. I agree to comply with the HIPAA Privacy and Security Rules and related policies and procedures. This will be expected as part of my continued contractual agreement with the North Beaches Early Steps program.

SIGNATURE

DATE

NBES PROVIDER HIPAA TRAINING INFORMATION

Login Page: <https://www.prohipaa.com/training>

- **DO not pay for certificate, just complete all modules, and then complete acknowledgement form.**



Pro HIPAA
Because Life Matters

888-406-748
Mon - Fri, 9am - 8pm E

Home **Training** Courses Learn More Groups Sign Up Log In

Note: These training videos are the same videos you will experience when you take the full ProHIPAA program. Your progress in watching these videos WILL NOT be tracked. You may begin the ProHIPAA training and test for free at any time to start officially tracking your progress toward certification.

HIPAA Training Videos

At ProHIPAA, we believe training should be free. All our videos are available here in their entirety for you to review.

Total course time includes 33 minutes of video training as well as knowledge reviews, final test, remedial help and reviewing downloaded material.

HIPAA (8)



What is HIPAA?



What is PHI?



Individual PHI Rights



Can PHI Be Disclosed for Public Health



Can PHI Be Disclosed to Entities Other



Patient Authorization



What is HITECH?



Penalties and Fines



Florida Medicaid National Provider Identifier (NPI) Registration

Fields marked with an asterisk (*) are required.
Fields marked with a caret (^) complete as applicable.

Reason for Submission* (Check one)

- New Registration
 Change Registration
 Cancel Registration

Provider Name and Address

Business or Last Name*			
First Name^	Middle Initial^	Jr., Sr., etc.^	
Doing Business As Name^			
Service Address Line 1* (Not a P.O. or Drop Box)			
Service Address Line 2^			
City*	State*	ZIP*	+4^
E-mail Address*		Telephone Number*	

Provider Identifiers

Tax ID Type*	Tax ID*	Medicaid Provider ID* (or Application Tracking Number)		
<input type="checkbox"/> SSN <input type="checkbox"/> FEIN				
NPI Type*	NPI*	Taxonomy*	ZIP*	+4^
<input type="checkbox"/> IND <input type="checkbox"/> ORG				

All electronic and paper claims must include the NPI, Taxonomy, and ZIP (+4), as entered here.

Taxonomies by Provider Type and Specialty can be obtained from the Provider Enrollment Forms page at www.mymedicaid-florida.com.

Signature*	
Authorized Signature*	
Printed Name of Authorized Signer*	Signature Date*
<p>Mail completed form to: DXC Technology PO Box 7070 Tallahassee FL 32314-7070</p> <p>Alternatively: FAX completed form with a cover page to: Medicaid Provider Enrollment at 866-270-1497.</p> <p>The Medicaid Provider Enrollment Fax Cover Page can be obtained from the Medicaid Enrollment Wizard or the Enrollment Status page at www.mymedicaid-florida.com, or from the Provider's Home Page at http://home.flmmis.com.</p> <p>Proprietary fax cover pages may be used, but must include the Medicaid ID or Application Tracking Number (ATN).</p>	

Accessing your Medicaid Provider Verification Letter On the Medicaid Provider Portal

1. Go to the Medicaid Provider Portal using the following direct link: Go to the Medicaid Provider Portal using the following direct link: <http://home.flmmis.com/>

The screenshot shows a web browser window with the URL <https://sso.flmmis.com/acfs/ls/?wa=wsignin10&wtrealm=https%3a%2f%2fss02.flmmis.com%2facfs%2fis%2fid&wctx=0cb5fd>. The page header includes the Agency for Health Care Administration logo and navigation links like 'Paycor Secure Access', 'Google', 'CMS - Login', 'FL DOH MQA Search', 'Secure Log In', and 'Early Steps'. The main content area is titled 'Sign in to the Florida Medicaid' and includes a list of actions: 'Access your applications', 'Manage your account', and 'Change your password'. A 'Sign in to Florida Medicaid' form is present with fields for 'Username' and 'Password', a 'Sign In' button, and a 'Forgot your password?' link. On the left, there are contact details for 'State Staff ONLY' and 'Providers and Agents'. A 'Secure Web Portal User Guide' link is also visible. A footer contains 'Privacy | Disclaimer'.

2. You will need to sign in using your Username and Password created when you created your Profile. If you do not remember your login information, you can click the link "Forgot your password?"
3. After login, The Florida Medicaid Secure Web Portal home page displays. Click "Account Management" where you can access your account information.

The screenshot shows the 'Account Home' page of the Florida Medicaid Provider Portal. The address bar displays <https://home.flmmis.com/account/default.asp>. The page features the Florida Medicaid logo and navigation buttons for 'Account Home', 'My Information', 'Change Password', and 'View'. The main heading is 'Account Home'. Below this, there is a greeting: 'Good afternoon, Irma Provider, 123456789'. A message states: 'Please select a button above to view or edit your account.' At the bottom, it indicates 'Password Last Modified: 10/4/2007 2:19:28 PM' and 'Your password will expire in 50 days'.

4. In the "Quick Links" box on the right, click "Print Enrollment Verification Letter". The letter will be two pages. The first page will be the welcome letter and the second page will provide your Medicaid Provider ID number, NPI number, and Taxonomy information.

Portal/Providers/tabid/36/Def: Florida Medicaid Home Account Management - Chang... Providers | Florida Medicaid... x

Home Contact Us Close


Florida Medicaid Web Portal


Welcome, [Redacted] [Refresh session] You have approximately 17 minutes until your session will expire.

[Providers](#) [Account](#) [Claims](#) [Eligibility](#) [Prior Authorization](#) [LTC](#) [Reports](#) [Trade Files](#)
 demographic maintenance

Name [Redacted]
 Provider ID [Redacted] 08/09/2008-12/31/2299

Quick Links

- Print Enrollment Fax Cover Page
- Print Enrollment Verification Letter

Your R.A.s are being sent to: Reports menu.
 Your 835 transactions are being sent to: the Download page on the Trade Files menu.

Messages				
Category	Subject	Sent Date	Effective Date	Remove
PROVIDER ALERT	Update: Rule 59G-4.002, Provider Reimbursement Sch	10/02/2017	10/02/2017	<input type="checkbox"/>
PROVIDER ALERT	FloridaHealthFinder.gov Webinar	10/02/2017	10/02/2017	<input type="checkbox"/>
PROVIDER ALERT	Rule 59G-4.002, Provider Reimbursement Schedules a	09/29/2017	09/29/2017	<input type="checkbox"/>
PROVIDER ALERT	Florida Celebrates National Health IT Week (Octobe	09/25/2017	09/25/2017	<input type="checkbox"/>
PROVIDER ALERT	FloridaHealthFinder.gov Webinar	09/25/2017	09/25/2017	<input type="checkbox"/>
PROVIDER ALERT	Instructions for Enrollment and Payment for Servic	09/22/2017	09/22/2017	<input type="checkbox"/>
PROVIDER ALERT	September Webinar - ACF, TBI/SCI, and PAC Waivers	09/19/2017	09/19/2017	<input type="checkbox"/>
PROVIDER ALERT	Nursing Home Prospective Payment System Public Mee	09/18/2017	09/18/2017	<input type="checkbox"/>
PROVIDER ALERT	FloridaHealthFinder.gov Webinar	09/18/2017	09/18/2017	<input type="checkbox"/>
PROVIDER ALERT	Summer 2017 Florida Medicaid Provider Bulletin Now	09/14/2017	09/14/2017	<input type="checkbox"/>

Accessibility | Privacy | AMA & ADA Copyright
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AHCA Background Screening Information and Links

- A. **Screening Info:** https://ahca.myflorida.com/MCHQ/Central_Services/Background_Screening/Screening_Info.shtml
- B. **Background Screening AHCA Contact person** (you may need to contact her if you need to set up a login):
https://ahca.myflorida.com/MCHQ/Central_Services/Background_Screening/index.shtml
- C. **Clearinghouse Website Info** (where you check results):
https://ahca.myflorida.com/MCHQ/Central_Services/Background_Screening/BGS_results.shtml
- D. **Tips for Callers** (AHCA contact person):
https://ahca.myflorida.com/MCHQ/Central_Services/Background_Screening/Tips_For_Callers.shtml

Once you are logged in to AHCA to check, here is what you do:

1. Login to AHCA

The screenshot shows a web browser window with the URL <https://apps.ahca.myflorida.com/SingleSignOnPortal/Login.aspx?ReturnUrl=%2fSingleSi...>. The page header includes navigation links: Public Meetings, Public Records, Contact Us, Site Map, and social media icons. The AHCA logo and name "AGENCY FOR HEALTH CARE ADMINISTRATION" are prominently displayed. Below the logo is a navigation menu with links: HOME, ABOUT US, MEDICAID, LICENSURE & REGULATION, FIND A FACILITY, and REPORT FRAUD. The main content area is titled "AHCA Portal - Login" and contains a message: "This Portal Login page will allow an authorized user access to external systems maintained by the Agency for Health Care Administration (AHCA) for the purpose of viewing and maintaining information." Below this message is a login form with fields for "User ID:" and "Password:", a "Log In" button, and links for "Forgot Your Password?", "Reset Password Instructions", and "New User Registration". The footer includes links for Privacy Policy, Doing Business with AHCA, Refund Policy, Disclaimer, Contact Webmaster, Find a Facility, and Download Adobe Reader, along with the copyright notice "© 2017 Florida Agency for Health Care Administration" and a small logo.

2. CLICK "Background Screening Clearinghouse – Florida Medicaid" blue link

The screenshot shows the "AHCA Portal - Portal Landing" page. The header and navigation menu are identical to the previous screenshot. The main content area is titled "AHCA Portal - Portal Landing" and displays the user's login information: "User ID: tami.kruger" and "Email: tkruger@esnecfl.org". Below this, there are three main sections: "Program Access" with a message "Select the appropriate link below to be directed to the Program's access page." and a link for "Background Screening Clearinghouse - Florida Medicaid"; "Request Program Access" with a dropdown menu labeled "Select Program" and a "Request Program Access" button; and "Manage Account" with links for "Edit User Information", "Change Password", and "Update Security Question and Answer". A "Logout" button is located at the bottom of the page.

3. Click **“Background Screening Clearinghouse”** blue link



AGENCY FOR HEALTH CARE ADMINISTRATION

HOME ABOUT US MEDICAID LICENSURE & REGULATION FIND A FACILITY REPORT FRAUD

Background Screening Clearinghouse Program - Florida Medicaid - Access Page User ID: tam_kruger
Email: tkruger@esnecl.org

Background Screening Clearinghouse Application Access

[Background Screening Clearinghouse](#)
Click the link above to access the Background Screening Clearinghouse results website.

Select Your Desired Task Below

[Add Additional Providers](#)

List of Providers

If you need to reprint a user agreement, select the checkbox next to the appropriate provider(s), and select Reprint Registration Agreement.
If you select Reprint Registration Agreement without identifying a specific provider below, all agreements will be printed.

Reprint Registration Agreement

Medicaid Provider

4. To Initiate a Screening, click the 3rd tab over in the blue bar **“Initiate Screening”**



Agency for Health Care Administration

Home Search **Initiate Screening** Screenings in Process Screening Results Livescan Employee/Contractor Roster Log Out

Home

Welcome to the Care Provider Background Screening Clearinghouse (Clearinghouse) results website. This secure site allows you to search existing screenings processed through the Clearinghouse, initiate a new screening, locate a Livescan service provider, track and review screening results you have requested, and maintain employment statuses of your applicants. The links provided above will assist you in navigating the site.

For instructions on using the website please review the [Clearinghouse Instruction Guide](#)

Bulletins

Employee/Contractor Roster Compliance

According to section 435.12(2)(c) an employer of persons subject to screening by a specified agency must register with the Clearinghouse and maintain the employment status of all employees within the Clearinghouse. Initial employment status and any status updates must be reported within 10 business days to receive important notifications including:

- Arrest notifications
- Expiring retained prints notifications

For information on how to initiate a screening, please consult the [Clearinghouse Instruction Guide](#).

Please Initiate All Screenings Prior to Fingerprinting

Utilizing the Clearinghouse website to initiate screening requests is required by law and provides the following benefits:

- Ability to track screenings from request to determination
- Provides email notifications regarding status updates
- Provides TCR number for rejected fingerprints
- Provides a **FREE** copy of the Florida Public Rap Sheet for 30-days

For information on how to initiate a screening, please consult the [Clearinghouse Instruction Guide](#).

5. Enter the person's Social Security number and Last Name or DOB



Agency for Health Care Administration

Home Search **Initiate Screening** Screenings in Process Screening Results Livescan Employee/Contractor Roster Log Out

Initiate Screening

This site provides background screening results reviewed through the Clearinghouse on behalf of your specified agency, Agency for Health Care Administration, and professional licensure information from the Department of Health's Medical Quality Assurance division. These results are to be used for employment eligibility determinations.

If we become aware of a change in an individual's eligibility status, an email notification will be sent to the most recent employer of record in the Clearinghouse or the last provider to submit a screening request through the Clearinghouse. It is recommended employers check the screening results of staff regularly as an individual's status may change based on information received.

Step #1: Search for Existing Profile

Search Criteria

Enter the information below. It is the responsibility of the provider to ensure results are for the correct individual. These results are to be used for employment eligibility determinations. In accordance with section 435.11(1)(b), it is a misdemeanor of the first degree to use records information for purposes other than screening for employment or release records information to other persons for purposes other than screening for employment.

SSN:

AND enter at least one of the following:

Last Name:

Or:

Date of Birth:

Search

6. To Check on Screenings in Process, click 4th tab over on same screen "Screenings in Process"

Home Search Initiate Screening **Screenings in Process** Screening Results Livescan Employee/Contractor Roster Log Out

Screenings in Process

This page provides a listing of your screening requests and the current status. A request will remain on the list for 7 days once a determination is made. You may also filter the list using the fields below. If you wish to no longer receive notification on an individual request select "Remove". The request will be removed from your listing however the screening process will continue.

Search Options

Last Name:

Screening Status:

Submitted Date: To:

Apply

Screenings List

Last Name	First Name	SSN	Screening #	Submitted	Position	Screening Status	Updated	Action
-----------	------------	-----	-------------	-----------	----------	------------------	---------	--------

No Screenings in Process found

1

Displaying items 0 - 0 of

- Connected screenings

Print All

7. From same screen, click the 5th tab over in blue tab for "Screening Results"



Screening Results

This page provides a listing of screening requests with final determinations. Select the last name of the individual in the list below to open the Profile page. From the Profile page you may review the individual's information and enter a hiring decision by selecting "Add Employment/Contract Record". You may also print a copy of the profile for your personnel files.

Filter Options (Fields with an (*) are required)

Last Name:

Determination Status:

Eligibility Determination Date: to

* Screening Purpose: ?

Search

Screenings List

Last Name	First Name	SSN	Screening Purpose	Determination	Eligibility Determination Date	Action
No Screening Results found						
- Connected screenings						Displaying items 0 - 0 of

Print All

Professional Liability Company contacts

❖ (\$1,000,000 each claim/\$3,000,000 aggregate)

- HPSO (Majority used this for individuals) – www.hpso.com Ph: 800/982-9491
- CPH and Associates – info@cphins.com Ph: 312/987-9823
- Mercer health & Benefits Administration LLC – 800/503-9230



Early Steps Certification of Experience Form

Early Steps, Florida's early intervention system, requires that an individual seeking approval as a provider of early intervention services meet state requirements. You have been identified by the applicant below as having first-hand knowledge of his/her professional work experience with infants and toddlers (birth to five) who have special needs and/or developmental delays and their families. Please complete this form and return it to the applicant.

Applicant's Name: _____
Last First MI

1. Provide a detailed description of the applicant's role and job responsibilities which support the required hands-on experience. Additional information may be attached as needed and must be signed and dated by the individual completing the form. Job descriptions are not acceptable. If applicable, time spent in a practicum or internship, up to 400 hours, may apply toward the total amount of required hands-on experience. All other experience must be professional, post-degree experience. Volunteer work is not considered professional experience.

2. Provide the dates and the number of hours per week for which the applicant worked in the described role above.

_____/____/____ to ____/____/____ Hours per week: _____
Month/ Year Month/ Year

3. What was your working relationship to the applicant during the dates above?

<i>Please Print</i>			
Respondent's Name: _____		Title: _____	
Last		First	
Address: _____			
Street		City	State
Zip Code			
Telephone: _____		Agency/Organization: _____	
Signature: _____		Date: _____	

North Beaches Early Steps (NBES)– ITDS Provider Orientation and ITDS Training Modules

1. All NBES Providers must complete the Early Steps Orientation Training – Modules 1-3 found here:

http://www.floridahealth.gov/alternatesites/cms-kids/providers/early_steps/training/orientation/orientation.html

Early Steps Orientation Training

All of the modules in the Early Steps Orientation Training are self-paced tutorials designed to provide you with information and activities to increase your skills and knowledge. These modules will prepare you to better meet the challenges of your position and to work effectively in Florida's Early Steps system. The overall purpose of these training modules is to enhance your ability to provide family-centered early intervention services in the context of each child and family's everyday routines, activities, and places. Because early intervention is changing extremely rapidly, even recent graduates in related fields or individuals who have been working in early intervention, have gaps in their skills and knowledge that need to be filled through inservice training and staff development.

Select a module below to begin training.

Module 1: Introduction to Early Steps

Module 2: Early Steps Service Delivery System

Module 3: Introduction to the Individualized Family Support Plan Process & Form

The modules have been organized in a sequence in which each module builds upon the content from the previous module. Therefore, it is recommended that you take the modules in order.

2. All ITDS Providers must have completed university ITDS coursework at an approved university documented by university letter or transcripts **OR** complete the ITDS Training Modules 1 – 6 found here:

http://www.floridahealth.gov/alternatesites/cms-kids/providers/early_steps/training/itds/itds.html

Infant Toddler Developmental Specialist Training

The purpose of the Infant Toddler Developmental Specialist (ITDS) Profe, but remain available as a resource for pre-service orientation, for providers who have credentialing from another state, and as continuing education opportunities for licensed professionals working with children with disabilities, birth to age three, and their families.

ITDS Certificates

The purpose of the Infant Toddler Developmental Specialist (ITDS) Professional Development Program is to ensure that individuals who provide services to young children with special needs and their families, under the Early Steps program, meet the competencies prescribed for the ITDS professional discipline.

Providers who applied to the Early Steps provider enrollment program prior to July 1, 2006 in the category of "ITDS without a Certificate" have up to twelve months from the date of their online application to complete the ITDS Training Modules and receive their certificate.

Select a module below to begin training.

- **Module 1:** Infant Toddler Development
- **Module 2:** Teaming and Systems in Early Intervention
- **Module 3:** Observation and Assessment
- **Module 4:** Curriculum for Infants and Toddlers with Special Needs
- **Module 5:** Partnerships and Alliances with Families and the Community
- **Module 6:** Intervention with Children with Medically Complex Conditions and/or Intensive Special Needs

****Please print completion certificate after EACH module completion – you will not be able to go back to retrieve.**



INFANT TODDLER DEVELOPMENTAL
SPECIALIST (ITDS)
CERTIFICATE REQUIREMENTS



The Local Early Steps (LES) must collect the information below for each ITDS applicant.

COPY OF DIPLOMA OR TRANSCRIPTS. ITDS applicants must have **one** of the following:

- a. Bachelor's degree or higher from an accredited college or university in early childhood education or early childhood/special education, child and family development, family life specialist, communication sciences, psychology, or social work.
 - The LES should verify that university accreditation is met by checking the following website:
<http://ope.ed.gov/accreditation/Search.aspx>.
 - If the college or university is not listed on the website, verification of accreditation by another organization must be included in the certification packet.
- b. An equivalent degree based on transcript review. An equivalent degree would generally consist of at least 18 credit hours in one of the fields listed in **a.** above.
- c. An out-of-field degree from an accredited college or university.

DOCUMENTATION OF PROFESSIONAL/POST DEGREE EXPERIENCE

- a. An ITDS applicant with an in-field or equivalent degree must provide documentation of at least one year of post-degree professional experience in early intervention using the Early Steps Certification of Experience form.
- b. An ITDS applicant with an out-of-field degree must provide documentation of at least five years of post-degree professional experience in early intervention using the Early Steps Certification of Experience form.

VERIFICATION OF ONE OF THE FOLLOWING:

- The applicant has successfully completed the university ITDS coursework at an approved university as documented by a university letter or transcripts
- OR
- The applicant has completed the six ITDS online modules.

VERIFICATION OF THE FOLLOWING:

- The applicant has completed the three Early Steps Orientation modules.

For additional information regarding the ITDS application process, refer to Component 10 of the Early Steps Policy Handbook and Operations Guide.

1. **NPI (New or Updating NPI number)** - <https://nppes.cms.hhs.gov/#/>
2. **Medicaid Provider Enrollment Forms** -
<http://portal.flmmis.com/FLPublic/Provider ProviderServices/Provider Enrollment/Provider Enrollment EnrollmentForms/tabId/58/Default.aspx>
3. **Medicaid Provider Application (Wizard)** -
<https://portal.flmmis.com/Flpublic/Provider ProviderServices/Provider Enrollment/Provider Enrollment EnrollmentApplication/tabId/67/desktopdefault/+/Default.aspx>
4. **Medicaid Provider Enrollment Application Guide** -
<http://portal.flmmis.com/FLPublic/Portals/0/StaticContent/Public/Public%20Misc%20Files/Guide for App for 2015 Final 2015-02-27.pdf>
5. **Medicaid Provider Portal Direct Link** -
<https://public.flmmis.com/public/pinletter/>
6. **Early Steps Policy Handbook and Operations Guide** -
http://www.floridahealth.gov/AlternateSites/CMS-Kids/home/resources/es_policy/es Policy.html
7. **AHCA Clearinghouse Background Screening** -
<http://ahca.myflorida.com/MCHQ/Central Services/Background Screening/index.shtml>
8. **LiveScan Fingerprints – Scheduling Appointment** -
<https://www.fieldprintflorida.com/>