Hello - attached are some employment forms for you to fill out and send back. I also need the first page of your Professional Liability Insurance ($1M/$3M if you’re an Independent Contractor), your latest physical and vaccination information (dated within the past twelve months), a copy of your Driver's License, your NPI#, your Resume, your record of fingerprint clearance, proof of attending the Child Abuse Workshop as well as copies of your professional license and any certificates you hold.

To obtain your record of fingerprinting, go to [www.highered.nysed.gov/tcert/teach](http://www.highered.nysed.gov/tcert/teach) , login and print page found under fingerprinting tab. If you do not have fingerprints on file at TEACH, go to <http://www.highered.nysed.gov/tsei/ospra/> and follow the procedure.

Proof of attending the Child Abuse Workshop can also be found at [www.highered.nysed.gov/tcert/teach](http://www.highered.nysed.gov/tcert/teach) , under the conferences tab.

If you are an Independent Contractor, please send me a copy of your DOH letter and disregard the attached W4. Please also sign and return the last page of the attached Independent Contractor Agreement.

If you do not yet have an NPI#, please go to <https://nppes.cms.hhs.gov/#/> to register.

If you need access to the CPSE Portal or to the NYEIS system, let me know so I can get you a login.

Please also sign the Suffolk County Ethics Attestation. Go to:

<https://suffolkcountyny.gov/Portals/0/formsdocs/Boardofethics/Code%20of%20Ethics%20Booklet%20-%20New%20Revised%20May%202017.pdf>

Read the booklet, and sign and return page 33.

Just send in the forms as you complete them, there is no need to hold them until all are ready.

Let me know if you have any questions.

Laura

Employment forms.pdf

Provider confidentiality.pdf

I9 form blank 2019.pdf

BLANK 2020 W4

Blank scr 2020.pdf

DOH EI APPLICATION PROVIDER AGREEMENT (REV2018).pdf

DOH LETTER INSTRUCTIONS

Independent Contractor Agreement.docx

Regarding billing, please send in your EI billing every two weeks and your Preschool (PS) and School Age (SA) billing every month. Billing is due one week after the end of the period so May billing is due by June 7 and June billing is due by July 7.

EI billing consists of a filled out spreadsheet (sample attached) complete with accurate service authorization numbers and your session notes. Each date should show the time of service, i.e. 10:30am-11:15am.

PS billing consists of a spreadsheet along with a signature log (attached). Your attendances are to be entered by you into the CPSE Portal and signed weekly.

SA billing consists of a spreadsheet along with your signed session notes (blank sample attached). If you have cases in the South Huntington UFSD, your session notes must be entered into IEP Direct. Those signed notes are then sent in to me along with the signature log (attached). for SHUFSD School Age billing, I need your spreadsheet, the Monthly Related Service Attendance Log (attached) and the signed printout from IEP Direct "Summary of Related Service Session Notes".

On Frontline, click on left "My Students" then "Jon Doe" then on left click on "Letters & Reports" then scroll down and check "RS Log - Summary of Related Service Session Notes with CPT Codes (In-District Services)" and click "Process" button at top right. Select the dates, type of service, all log types, O'Brien Speech on the long list of provider names (or your name if there), and "yes"to "Please Include USO/UDO Notes". Then hit the "Next" button at the top right.

After the report processes, you'll see a PDF (red/white) button to left of report name. Click it and print out report. You'll have to sign it by hand and fill in your license/NPI#. Then you can scan it over to me.

I prefer for all paperwork to be scanned and emailed to me, but you can also fax it to 631-423-7706, mail it to O'Brien Speech, Language & Learning at 7 High St., #201, Huntington, NY 11743 or drop it off here at the office.

DO note that I need all the paperwork at the same time. Please do not send paperwork separately or one part via email and one via US mail.

I know this a lot. Don't hesitate to contact me with any other questions.

Laura Girsky

* [NEW Billing Template.xlsx (21 KB)](http://mail.obrienspeechandlearning.com/webmail/?_task=mail&_action=compose&_id=205017000159f9dda71aad2#load)

largeformatbillingtemplate.xlsx

filled sample billing spreadsheet.xlsx

BLANK SCHOOL DISTRICT SESSION NOTES.DOCX

SHUFSD Monthly Related Service Attendance Log Blank Signature.pdf

* [CPSE SIGNATURE LOG BLANK DELIVERY OF SERVICES.pdf (145 KB)](http://mail.obrienspeechandlearning.com/webmail/?_task=mail&_action=compose&_id=205017000159f9dda71aad2#load)
* blank EI Session notes

Dear Early Intervention Program Individual Provider Candidate:

Attached you will find the *New York State Department of Health Bureau of Early Intervention Application for the Approval of Individuals as Early Intervention Evaluators, Service Providers & Service Coordinators*.

To be approved you must have:

* current NYS licensure and/or certification in a profession recognized by the Early Intervention Program
* 1600 hours working with children age birth up to the age of five years old with a disability or developmental delay. This experience can be gained as an employee or during a practicum/internship required to obtain your licensure/certification.

Please review the application to determine if you meet the minimum qualifications.

The **application**must be:

* Completed in full (please print legibly). The section title Employment History must be completed in full, including: From/To Dates must include month/day/year; Employer Information must include employers name in full, address, telephone number, supervisor's name; the number of hours you worked per week.
* Include a Cover Letter (see below for details).
* Submitted via US Mail (copies will not be accepted).

As part of the Application you will find the *Early Intervention Provider****Agreement****(effective 2018)*. This document:

* Must be completed in full. All pages must be submitted.
* You will be selecting between a “Basic” or "Appendix 1" Agreement. See the attached brochures for further information.

**Page 1: Write your full name. Leave NYS Provider ID/State ID blank.**

**Basic Agreement:**

**Last Page (Authorization/Signature Page): Complete as follows:**

* Check the YES box next to “I have read and understand my obligations as stated in this 2018 Agreement”
* Check the NO box next to “I request the additional terms outlined in Appendix 1”
* Complete the Individual Provider Name, Address, Email Address, and NPI sections. Leave the “Agency Provider’s Authorizing Office” section blank.
* Service Catchment Area(s) – only circle counties where you are currently available to provide early intervention services
* Complete the Applicant Authorized Signature: Sign (only ink signatures are accepted), record your primary phone number, and title (e.g., SLP, special education teacher, PT, OT, etc.)

**OR**

**Appendix 1 Agreement:**

**Page 2:** Check the box next to “Appendix 1- Payee Provider Agreement/Service Authorizations and Payment"

**Last Page (Authorization/Signature Page): Complete as follows:**

* Check the YES box next to “I have read and understand my obligations as stated in this 2018 Agreement”
* Check the YES box next to “I request the additional terms outlined in Appendix 1”
* Complete the Individual Provider Name, Address, Email Address, and NPI sections. Leave the “Agency Provider’s Authorizing Office” section blank.
* Service Catchment Area(s) – only circle counties where you are currently available to provide early intervention services
* Complete the Applicant Authorized Signature: Sign (only ink signatures are accepted), record your primary phone number, and title (e.g., SLP, special education teacher, PT, OT, etc.)

**Cover Letter**

The cover letter must include the following:

Information:

* Your contact information: Name, Mailing Address, Primary Phone Number, Primary E-mail Address.

Confirming Statements:

* I am:
  + in compliance with federal and state labor standards, tax and finance standards, and federal and state early intervention law and regulations. *(These statements confirm that you understand that you are an independent contractor, pay your taxes, and follow EI laws and regulations.)*
  + in compliance with NYSED practice of the professions *[if applicable i.e., you are a licensed professional such as an OT. This statement is not required if you are a certified professional (teachers)].*
  + in compliance with Medicaid standards and requirements. *(Lets us know that you have not been restricted or excluded by Medicaid.)*
  + *if applicable*, a compelling statement for why you should be approved for an Appendix Agreement i.e., what is your experience with billing commercial insurance and/or Medicaid. If a county has reached out to you to provide early intervention services please include the name of the county, name and phone number of the county staff person that contacted you. If you have a colleague that has an appendix agreement and is experienced with the billing process for EI, and is willing to mentor you, please include his/her full name and phone number with area code.

In order for your application to be processed you **MUST return 1) notarized Application, 2) Early Intervention Provider Agreement, and 3) Cover Letter** to:

NYS Department of Health

Bureau of Early Intervention

ESP- Corning Tower, Room 287

Albany, New York 12237-0660

Attn: Provider Approval Unit

We have attached four informational brochures regarding the *Early Intervention Provider Agreement*(do not include them in your application packet). In addition, Department regulations may be found on the following Webpage, <http://www.health.ny.gov/community/infants_children/early_intervention/>

**All documents should be sent together as one packet. Incomplete information will delay review.**

Please allow up to 12 weeks for your approval to be processed.

You will receive written notification of approval (US Mail) or denial (email) upon completion of the review process.

Inquiries concerning the Application, Provider Agreement and Cover Letter can be directed to the Bureau of Early Intervention via e-mail, [provider@health.state.ny.us](mailto:provider@health.state.ny.us).

Thank you.

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NYS Department of Health

Bureau of Early Intervention

Provider Approval and Due Process Unit

Phone: (518) 473-7016 (press 1)

Fax: (518) 486-1090

[www.nyhealth.gov/community/infants\_children/early\_intervention/](http://www.nyhealth.gov/community/infants_children/early_intervention/)