



**Central Reimbursement Office**  
**PROVIDER ENROLLMENT**  
Attn: Indiana Provider Enrollment  
CSC Covansys  
P.O. Box 29160  
Shawnee Mission, KS 66201-9160

Provider Enrollment 866.339.9595 Option 2 Fax: 913.888.6683 [www.infirststeps.com](http://www.infirststeps.com) Email: [infsenroll@csc.com](mailto:infsenroll@csc.com)

### First Steps Agency -- Application Checklist

Name of Facility: \_\_\_\_\_ Group NPI: \_\_\_\_\_

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

Facility Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Fax: \_\_\_\_\_

***Please submit the following items to Provider Enrollment. Incomplete applications will be returned.***

\_\_\_\_ Signed Central Reimbursement Office (CRO) Provider Agreement (please note that the agreement is not effective until approval from the Division of Disability and Rehabilitative Services (DDRS) or it's designee)

\_\_\_\_ Copy of registration with Indiana Secretary of State

\_\_\_\_ Documentation of Office location within Indiana, assurance that the location meets ADA requirements, is open to the public during normal business hours, and meets HIPAA and FERPA requirements for document maintenance

\_\_\_\_ Proof of liability insurance covering the office location

\_\_\_\_ Proof of ability to successfully bill private insurance (or documentation of completion of approved Third Party Liability (TPL) Training)

\_\_\_\_ Completed and signed Service Area Agreement indicating each area agency intends to serve – Exhibit 1

\_\_\_\_ List of required number and types of providers affiliated with agency per service area -- must include name, discipline, and anticipated weekly caseload including Full Time Equivalent (FTE). Please note that a minimum of .25 FTE is needed in order for an individual provider to be considered toward the minimum provider count.

\_\_\_\_ Signed Rider A-Provider Agreement for each provider listed (please note that the agreement is not effective until approval from the Division of Disability and Rehabilitative Services (DDRS) or its designee)

\_\_\_\_ Completed Exhibit 1

\_\_\_\_ Proof of professional and general liability insurance policies for each provider listed

\_\_\_\_ Referral agreements for all early intervention services or documentation that the agency is able to provide such services within each service area, excluding medical service referrals which will be handled by each SPOE

\_\_\_\_ Detailed description of agency structure – must include history of agency, list of all services provided, agency's relationship with First Steps providers, physical location, and hours of operation

The Indiana First Steps Program does not discriminate on the basis of race, color, national origin, sex, disability, or age in its programs and activities. Inquiries related to department programs may be directed to First Steps FSSA-Bureau of Child Development services, 402 West Washington St., W453, MS51, Indianapolis, IN 46204. Phone 1-800-441-7837

- \_\_\_\_\_ Detailed referral procedures – including how referrals will be received from the System Point of Entry and how referrals will be disseminated to agency provider
- \_\_\_\_\_ Detailed description of billing procedures and fiscal controls– must include names, qualifications, job description and availability (including contact information and hours of work) of billing and fiscal staff
- \_\_\_\_\_ Detailed description of how agency will address all areas listed on the “First Steps Agency Requirements for Supervision/Support” document – must include names, qualifications, job description and availability (including contact information and hours of work) for all individuals providing supervision
- \_\_\_\_\_ Detailed description of quality assurance procedures– must include names, qualifications, job description and availability (including contact information and hours of work) of responsible staff
- \_\_\_\_\_ Include names, title, qualifications and contact information for any additional executive level staff
- \_\_\_\_\_ If contracting with providers, include a copy of a sample contract that will be utilized for early intervention providers – please note that actual contracts may be requested
- \_\_\_\_\_ Electronic Funds Transfer form (EFT) – if current transfer form is not on file
- \_\_\_\_\_ Online Access Form – if current access form is not on file
- \_\_\_\_\_ IRS W-9 form - if current W-9 is not on file

*The CRO will not accept photocopies, faxed copies, or scanned images of signed documents. Documents with original signatures must be submitted. All required documents must be sent together, as a comprehensive enrollment application. Packets that are incomplete or that do not contain original signed documents will be returned without consideration or review. Enrollment packets must be mailed with all items listed above along with this completed checklist to the address below.*

**Indiana First Steps Provider Enrollment**  
c/o CSC Covansys  
P.O. Box 29160  
Shawnee Mission, KS 66201-9160  
Telephone: 1-866-339-9595 Option 2

**To expedite the enrollment and review process, the applicant may submit a duplicate copy of the application packet to the First Steps web at [firststepsweb@fssa.in.gov](mailto:firststepsweb@fssa.in.gov). This scanned copy will only be used to expedite review time, as enrollment will not be granted prior to the CRO receipt of the original application packet.**

**The applicant may expect a response to the enrollment application within 14 days of the CRO’s receipt of the original application. The application packets will be reviewed utilizing the criteria set forth by DDRS and may include a “conditional approval” based on the submission of additional documentation, such as additional Rider A’s if the minimum number of Riders were not submitted with the application packet. Agencies that receive “conditional approval” may not be authorized to provide services as a multidisciplinary agency until full approval is granted. If additional clarification is needed, please email questions to: [firststepsweb@fssa.in.gov](mailto:firststepsweb@fssa.in.gov) with the subject line of “Provider Enrollment Questions”.**

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