

CENTRAL FINANCE OFFICE (CFO) AGREEMENT CHECKLIST

PLEASE WRITE LEGIBLY, IN BLACK OR BLUE INK, AND DO NOT USE HIGHLIGHTER.

Indicate with a check (√) on the line provided if item is included in the packet.

Payee Checklist: Applicable to individual providers and agencies

People who work for an agency do not submit these items. The agency you work for will complete these forms. If you are an independent provider, you will need to submit these items.

- Completed and signed CFO Service Provider/Payee Agreement (one (1) for each payee)
- W-9 Request for Taxpayer Identification Number and Certification (one (1) for each payee)
- Proof of professional liability (copy of insurance certificate) for payee AND/OR for each employee if professional liability is not covered by the payee. Not applicable for DHSS or DMH current employees who enroll as First Steps service coordinators or for ABA implementers.
- Direct Deposit form and voided or cancelled check (This cannot be faxed. We will need original signature.)

Individual Providers: People who work for an agency and those who work as private providers submit these items. All providers need to complete this section.

- Module I: Orientation completed
- Email Address provided.
- Completed and signed CFO Provider and Payee Agreement for each provider.
- Applicable License, Transcript, High School Diploma or equivalent, to assure minimum entry level standard according to the credential requirement, for each provider
- Certification regarding Lobbying, Debarment, Suspension and other responsibility and Drug-Free Workplace
- Family Care Safety Registry – Worker Registration form for each provider (must have been completed within last 12 months)
- Medicaid Forms (if providing one of the following Medicaid covered services: SLP, OT, PT AND SC)
 - Self-Evaluation for Civil Rights Compliance (MOA-10) – call CFO to have this form mailed to you.
 - Medicaid/Medicare Provider Information
- All others (if providing one of the following services: Physician, Social Worker, Counselor, Audiologist, Psychologist, Optometrist, and Assistive Technology) – call CFO to get on-line instructions or Medicaid packet for Assistive Technology.
 - Provider Questionnaire
 - Medicaid Provider Enrollment Application
 - Application for Provider Direct Deposit
 - Self-Evaluation for Civil Rights Compliance (MOA-10)
- FBI Background Check submitted to DESE, Professional Conduct and Investigations Department. (Copy of email verification)
- Online Access Forms (cannot be faxed, need original signature)
 - Certification for Online Claims
 - Electronic Signature
 - User Online Access Request

PLEASE SUBMIT ALL APPLICABLE ITEMS LISTED ABOVE ALONG WITH A COPY OF THIS COMPLETED CHECKLIST TO:

**CFO Provider Enrollment
PDA Software Services
Attn: Missouri Provider Enrollment
PO Box 29134
Shawnee Mission, KS 66201-9134**

For questions please contact the CFO at 1-866-711-2573