

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 ABA implementers.
- Direct Deposit form and voided or cancelled check (This cannot be faxed. We need original signature.)

All providers need to complete this section, including individuals who work as private providers and persons who work for a provider agency.

- Module I: Orientation completed. Please print final score and send with packet and/or send the date completed.
- Email Address provided for each provider (*one email may not be used more than once*)
- Completed and signed CFO Provider Agreement for each provider and a Payee Agreement (*each independent / agency*).
- Applicable License, Transcript, High School Diploma or equivalent to assure minimum entry level standard according to the credential requirement (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 the last 12 months*).
- FBI Background Check submitted to DESE, Professional Conduct and Investigations Department.

- Online Access Forms (cannot be faxed, need original signature)
 - Certification for Online Claims
 - Electronic Signature
 - User Online Access Request

- For OT, SLP, PT, SC, Physician, Social Worker, Counselor, Audiologist, Psychologist, Optometrist, and Assistive Technology: Medicaid / Medicare Provider Information Form*

- For assistants (PTA, COTA, SLPA, etc): Proof of supervision*

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

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

For enrollment questions please contact the CFO at 1-866-711-2573 x 2

Effective May 28, 2009