



## Missouri First Steps Service Provider Enrollment 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.

### **Part I: Payee Checklist.** (Applicable to individual providers and agencies)

**NOTE: Individuals who work for an agency do not need to submit these items. The agency will complete these forms. If you are an independent provider, you need to submit these items upon enrollment.**

- \_\_\_ Completed and signed First Steps Service Provider Agreement (*one per payee*)
- \_\_\_ W-9 Request for Taxpayer Identification Number and Certification (*one per payee*)
- \_\_\_ Proof of professional liability (copy of insurance certificate) for each payee AND/OR for each employee if professional liability is not covered by the payee. Not applicable for ABA implementers.
- \_\_\_ EFT/Direct Deposit form and voided or cancelled check (*This cannot be faxed, original signature needed.*)

### **Part II: Provider Checklist.** (Applicable to every provider, including individuals who work as private providers and individuals who work for a provider agency)

- \_\_\_ Completed and signed First Steps Service Provider Agreement for each individual provider
- \_\_\_ Completed and signed Provider Information Form for each individual provider
- \_\_\_ Applicable License, Transcript, High School Diploma or equivalent to assure minimum entry level standard according to the credential requirement
- \_\_\_ Module I: Orientation completed. Please print final score and send with packet and/or send the date completed.
- \_\_\_ Certification regarding Lobbying, Debarment, Suspension and Other Responsibility Matters and Drug-Free Workplace
- \_\_\_ Family Care Safety Registry – Worker Registration for each provider
- \_\_\_ Criminal Background Check/Fingerprinting submitted to DESE/Educator Certification/Conduct and Investigations Background Check
- \_\_\_ Online Access Forms (*cannot be faxed, original signature needed*)
  - \_\_\_ Certification for Online Claims
  - \_\_\_ Electronic Signature
  - \_\_\_ User Online Access Request
- \_\_\_ Medicaid / Medicare Provider Information Form **only for Assistive Technology, Audiologist, Counselor, Dietician, Nurse (RN and LPN), OT, PT, SLP, Optometrist, Ophthalmologist, Physician, Psychologist, and Social Worker.**

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

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

**For questions please contact Provider Enrollment at 1-866-711-2573 ext. 2  
or email at: [mofsenroll@dx.com](mailto:mofsenroll@dx.com)**