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Early Intervention Basic Provider Agreement REQUIRED

As of April 1, 2013, the Public Health Law governing the Early Intervention Program was revised and now defines an approved early intervention provider as being approved **and** in agreement with the Department of Health Bureau of Early Intervention.

There are *two* clearance agreements required in order to provide Early Intervention services. The initial DOH Clearance as well as the additional Basic Provider Agreement. You will need to submit this Basic Provider Agreement even if you've been granted initial DOH clearance previously.

In order to service the EI population; you must fill out the attached Basic Prover Agreement and mail it to the DOH EI Bureau in Albany. A copy of the signed agreement returned to you from the DOH must be sent back to our office via fax 631-938-2581 or via email to Katherine Mollberg, Compliance Coordinator at hillary.teger@nytps.com.

In addition, you must include a cover letter with the Basic Provider Agreement that includes:

- your contact information, including an e-mail address
- a confirming statement that you are in compliance with federal and state labor standards, tax and finance standards, and federal and state early intervention law and regulations
- a confirming statement that you are in compliance with NYSED practice of the professions (if applicable i.e., you are a licensed professional such as an OT)
- a confirming statement that you are in compliance with Medicaid standards and requirements

Further instructions for completing the Basic Provider Agreement:

- The attached Basic Provider Agreement is in a pdf fillable format so that you can type in your information, then save the document to your files. Once saved, you should then print out the Agreement and sign it. (You can also print out and complete if necessary). **Please keep a copy of the Agreement for your records.** Where your signature is required, please sign in ink.
- **First page** - include full name. Your NYS Provider ID/State ID#, if known
- **Second page** - Please do NOT check the box for Appendix 1
- **Authorization/signature page** -
 - check the "YES" box indicating you understand your obligations as stated in the Provider Agreement
 - check the "NO" circle where it reads "My request includes the terms outlined in Appendix 1"
 - complete Provider Name and NYS Provider ID-State ID/by/Address/circle the county(s) in which you are available to provide early intervention services/sign where it says Authorized Signature and include your phone number and title e.g., dietitian.

Please be advised, the Department cannot accept faxed or e-mailed copies. Only complete packages (all pages of the Provider Agreement with your *original* signature and cover letter) will be accepted.

The brochures are for informational purposes. You do not need to return these.

If you have any questions you can contact the Bureau's Provider Approval Unit directly at (518) 473-7016, press 1 or provider@health.ny.gov.

Any questions please contact Katherine Mollberg of New York Therapy Placement Services, Inc. at 631-473-4284 or via email at katherine.mollberg@nytps.com.

Thank you