



Provider Application Business

Ensure all questions are answered. If the question does not apply, indicate "N/A".

I. Demographics

Business Legal Name: _____

DBA Name: _____

Remit to Address: _____
Street Address

City State Zip Code

Physical Address (if different) - not P.O. Box: _____
Street Address

City State Zip Code

Correspondence/1099 Address (if different): _____
Street Address

City State Zip Code

County: _____ Business Phone: _____ Fax: _____

Contact Name: _____

E-Mail Address: _____

Business Tax ID#: _____

Historically Underutilized Business/Disadvantaged Business: No Yes - Number of Years: _____

HUB Certified: Women Hispanic Asian Pacific African-American Native American Other

Eligible (not certified): Women Hispanic Asian Pacific African-American Native American Other

II. Conflicts of Interest

Identify any relationships between provider or provider's staff and MHMRTC employees or Board of Trustees - Current MHMRTC Board Members are: [William R. Brown](#), [Lea Ann Capel](#), [Roy Griffin](#), [Linda Harmon](#), [Elaine Klos](#), [Eva LeBlanc](#), [Carolyn Sims](#), [Jim Teague](#), and [Theodis "T" Ware](#).

Any conflicts of interest?

Yes No

If yes, please complete the Conflict of Interest Questionnaire (CIQ) located on MHMRTC's website www.mhmrtc.org under the "Conflict of Interest" section, and include it with this application.

III. Service Delivery

A. Services to be provided:

Physical Therapy Occupational Therapy Speech Therapy

Other: _____

B. What times of day and days of the week are services available?

Monday Tuesday Wednesday Thursday Friday Saturday

C. How long do people currently wait to get into your services? _____

D. How many slots/visits **per day** do you have available? _____
45-minute visit minimum

E. How many 45-minute slots **per month** do you have available? _____

F. How many 1-hour slots **per month** do you have available? _____

IV. Experience

A. Describe your business' experience in working with infants and children (ages birth to 36 months) during the last five years: _____

V. Financial

Is the business incorporated?

Yes No

If yes: For Profit Not-for-Profit Other

If other, explain: _____

VI. Risk Assessment

A. Is the business delinquent in State franchise tax?

Yes No

Organizations must have a Letter of Good Standing that verifies that it is not delinquent in State franchise tax. Corporations that are non-profit or exempt from Franchise Tax are not required to have this letter, but will have a 501C IRS Exemption form from the Comptroller's Office.

B. Does each of the business' locations have general liability insurance coverage?

Yes No

C. Does the business have current insurance showing liability coverage for:

Property Yes* No N/A

Vehicles Yes* No N/A

General Liability Yes* No N/A

Professional Liability Yes* No N/A

Medical Malpractice Yes* No N/A

**If yes, attach a copy of the face sheet from the policy.*

D. Has the business been cited by any licensing, accrediting or certifying body in the last 5 years?

Yes No

If yes, please explain: _____

VII. Rate Schedules

A. Standard Rates:

| Service | Rate |
|-----------------------------|---------------------|
| Occupational Therapy | |
| Therapy - 45 minutes | \$70. ⁰⁰ |
| Therapy - 1 hour | \$93. ⁵⁰ |
| IFSP - 45 minutes | \$70. ⁰⁰ |
| IFSP - 1 hour | \$93. ⁵⁰ |
| Evaluation | \$72. ⁵⁰ |
| Arena | \$72. ⁵⁰ |
| Physical Therapy | |
| Therapy - 45 minutes | \$70. ⁰⁰ |
| Therapy - 1 hour | \$93. ⁵⁰ |
| IFSP - 45 minutes | \$70. ⁰⁰ |
| IFSP - 1 hour | \$93. ⁵⁰ |
| Evaluation | \$72. ⁵⁰ |
| Arena | \$72. ⁵⁰ |
| Speech Therapy | |
| Therapy - 45 minutes | \$55. ⁰⁰ |
| Therapy - 1 hour | \$73. ⁰⁰ |
| IFSP - 45 minutes | \$55. ⁰⁰ |
| IFSP - 1 hour | \$73. ⁰⁰ |
| Evaluation | \$72. ⁵⁰ |
| Arena | \$72. ⁵⁰ |

Other service rates will be negotiated with the Chief of ECI or ECI's Clinical Director.

B. Flat Rates:

| Service | Rate | Duration |
|---|----------------------|---------------|
| Arena & IFSP completed at the same meeting for all disciplines | \$100. ⁰⁰ | per 1 hour |
| Arena & IFSP completed at the same meeting for all disciplines | \$125. ⁰⁰ | per 1½ hour |
| Arena & IFSP completed at the same meeting for all disciplines | \$150. ⁰⁰ | per 2 hour |
| Consultation* | \$25. ⁰⁰ | per hour |
| No Show when provider drives to a home and no one is there | \$10. ⁰⁰ | per "No Show" |

**Consultation consists of phone calls and other required contact with families, ECI staff, doctors, and other professionals; this DOES NOT include scheduling or other coordination activities.*

Please note that visits include travel and paperwork; ECI does not pay for that time separately.

ECI does not pay for cancellations.

VIII. Required Training Elements

Provider must demonstrate a thorough understanding of the relevant elements of reporting, investigating, and preventing abuse, neglect, and exploitation before contact with persons served and annually thereafter

Provider who routinely perform any job duty in proximity to persons served must implement and maintain personnel practices that safeguard people against infectious and communicable diseases before contact with persons served and annually thereafter.

Provider must receive, read, and understand the MHMRTC Compliance Plan. Provider will agree to abide by the principles contained in the Compliance Plan, including its responsibility to report any known or suspected violations of the Plan.

Required training is listed and described in the ECI Provider Manual, which is available on MHMRTC's website, under the Contract Provider Services section: <http://www.mhmrtc.org/MC/>

If provider's Cardiopulmonary Resuscitation (CPR) certification is current, and was instructed by the standards set by the American Heart Association (MHMRTC's approved method), then provider is not required to take the class again; however, **provider must submit proof of current CPR training.**

IX. Assurances Statement

Provider assures the following (indicate with a ✓mark):

- 1. That all addenda and attachments to this application as distributed by ECI have been received.
- 2. That provider has read the ECI Provider Manual (on MHMRTC's website: <http://www.mhmrtc.org/MC/>) and understands its requirements, terms, and conditions.
- 3. No attempt will be made by provider to induce any person or firm to submit or not to submit an application, unless so described in the application document.
- 4. Provider does not discriminate in its services or employment practices on the basis of race, color, religion, sex, national origin, disability, veteran status, or age.
- 5. That no employee of ECI or MHMRTC, and no member of ECI's Board of Trustees will directly or indirectly receive any pecuniary interest from an award of the proposed contract. If the provider is unable to make the affirmation, then the provider must disclose any knowledge of such interests.
- 6. Provider accepts the terms, conditions, criteria, and requirements set forth in this application.
- 7. Provider accepts ECI's right to cancel this application at any time prior to contract award.
- 8. Provider accepts ECI's right to alter the timetables for procurement.
- 9. This application submitted by provider has been arrived at independently without consultation, communication, or agreement for the purpose of restricting competition.
- 10. Unless otherwise required by law, the information in this application submitted by provider has not been knowingly disclosed by provider to any other provider prior to the notice of intent to award.
- 11. No claim will be made for payment to cover costs incurred in the preparation of the submission of this application or any other associated costs.
- 12. ECI has the right to complete background checks and verify information.
- 13. The individual signing this document and the contract is authorized to legally bind provider.
- 14. The address submitted by provider is current and correct; this address will be used by ECI for all notices.

By Business Agent: _____
Print Name

By Business Agent: _____ Date: _____
Signature

Submit this application by U.S. mail, hand delivery, carrier, fax, or electronically to:

**Debbie Lisher, Chief of ECI
ECI of North Central Texas
3880 Hulen Street, Suite 400
Fort Worth, TX 76107
817-569-5301**

False statements on this proposal by prospective providers may disqualify enrollment.

ECI reserves the right to reject any and all applications, to waive technicalities, and to accept any advantages deemed beneficial to the ECI program and its clients.

Next Steps

Business' Employees:

After completing this application, each staff employed by the business, who will be providing ECI services, must complete their own provider application for an individual, which is available on MHMRTC's website www.mhmrtc.org, under the "Contracted Provider Services" section.

Credentialing:

Prior to providing services, new providers must complete a Credentialing Application, which is available on MHMRTC's website www.mhmrtc.org, under the "Contracted Provider Services" section, where instructions and contact information is also available, as well as in the ECI Provider Manual.

Returning providers must be re-credentialed every three years by MHMRTC's Credentialing Department. It is the individual's responsibility to forward their renewed license to the Credentialing Department in a timely manner to avoid disruption of services. Services cannot be provided without a valid license.

Billing:

For providers who do not already have a Texas Provider Identifier (TPI) number or a National Provider Identifier (NPI) number, a Medicaid Provider Enrollment Application must be completed to obtain both TPI number and a NPI number.

Instructions and contact information is available in the ECI Provider Manual located at www.mhmrtc.org under the "Contracted Provider Services" section.

Checklist

Ensure a copy of the following is enclosed, if applicable:

- Conflict of Interest Questionnaire (Section II)
- Property Insurance Face Sheet (Section VI)
- Vehicle Insurance Face Sheet (Section VI)
- General Liability Insurance Face Sheet (Section VI)
- Professional Liability Insurance Face Sheet (Section VI)
- Medical Malpractice Insurance Face Sheet (Section VI)