Dear (New Hire),

Welcome to the COMPANY NAME Family!  To complete the on-boarding process, we are attaching copies of several documents that will have to be fully completed, signed in some cases, and returned via FAX or email to BILLING COMPANY at [Emailhandle@billingcompany.com](mailto:Emailhandle@billingcompany.com) Please note Billing Company contact will be your future contact during the hiring process.

A critical step for your onboarding is the Medicaid enrollment process. We must help you get approved by the state as a Medicaid Provider, Type 39. Please note that this process takes 2-3 weeks AFTER we have all the necessary paperwork, so please email Emily if you have any questions. Please make sure that you physically sign all forms or it will delay the process even longer; digital signatures or typed signature will NOT be accepted.  Also, please let Emily know right away by return email if you already have a previous Provider Type – 39 Medicaid ID#.

The following documents are critical to becoming a Medicaid provider and getting started with COMPANY NAME:

* Background Check Consent
* L2 Screening Questions (for Background Check)
* Group Membership Agreement
* Non-Institutional Provider Agreement
* Behavior Assistant Attestation (or BCBA/BCaBA certificate if you are certified)
* Copy or Photo of your Social Security Card
* Completion of HIPAA Certificate

Complete this process in the following order:

1. Background Screening: Please first fill out and return the word document that is named *"*L2 Screening Questions*."* This will allow us to initiate your background check. Also sign and send in the Background Check Consent. You will receive a form back from us that you will take to get your fingerprints done, along with a list of approved locations.
2. Complete/submit the following documents:
   1. For the Group Membership Agreement: fill in your name and then sign the bottom
   2. For the Non-Institutional Provider Agreement (NIPA): fill out the top line on page 4, put your name, for title put “Sole Proprietor,” and sign
   3. For the Behavior Assistant Attestation: fill out the highlighted sections AND check ONE of the last 2 boxes—whichever applies.
   4. A legible copy or photo of your social security card
3. Obtain a HIPAA certificate and National Provider Identifier (NPI) #
   1. For the HIPAA certificate, go here: <https://floridadcf.adoeconnect.com/p7m1uumlqjs/>). Enter your name and take the free course. Send us the certificate or screenshot of the certificate
   2. For the NPI #: Use the following link: (<https://nppes.cms.hhs.gov/NPPES/Welcome.do>). Select the “Create a Login” option to start your INDIVIDUAL NPI profile.  This application will require you to set up a Username and Password, attached to a current email address.  Provide the personal information required, and then select an appropriate Taxonomy code that fits your credentials:

-Behavior Technician or Behavior Assistant - 106S00000X

After you have registered for your NPI, submit a copy of the registration, preferably a scanned copy (although fax is fine)

Several additional documents are required for becoming certified to provide ABA therapy through Medicaid with COMPANY NAME. These should be completed and submitted as soon as possible after completing the Medicaid Provider application process, and These include (1) Application for Employment, (2) Reference Check Form (two required, and they can be from peers), (3) Local Background Check Form, (4) Affidavit of Good Moral Character, (5) Child Abuse & Neglect Reporting Acknowledgment, (6) Confidentiality & HIPAA Agreement, (7) Job Descriptions for BSA or RBT (complete one), (8) Direct Deposit Agreement, (9) W9 form, (10) Contractor Agreement, and (11) Sign-Off on Handbook Training (see attached Medicaid BA Services Coverage Handbook & CMS Title 19 Provider Handbook).

Additionally, you will need to send in copies of the following documents: (1) resume, (2) driver’s license, (3) car insurance & registration, (4) diploma or transcripts, and (5) proof of your licensure/certification level.

You will need to obtain liability insurance in order to serve clients. This can be purchased through [cphins.com](http://cphins.com/) or other companies like TRMS. Please submit a copy of your policy to Emily.

Proof of specific training/coursework is required (see attached APD web-based training instructions and links document). Please note that Zero Tolerance, Intro to DD, Health and Safety, HIV, and Bloodborne pathogens are available through TRAIN APD. You have 90 days from first date of seeing a client to complete these trainings if you don't have them. BILLING COMPANY and Insurance services (our HR firm) will be sending you information on the TRAIN Website. CPR is required within 30 days of seeing a client.

About payouts: Medicaid and Private Insurance clients are reimbursed every 2 weeks via direct deposit.   All foster care and CCC Grant based clients will continue to be reimbursed via paper check directly from COMPANY NAME bi-weekly.

If you have questions or need assistance with the hiring process, please email [Emailhandle@billingcompany.com](mailto:Emailhandle@billingcompany.com) .

Welcome aboard!