



## **Multidisciplinary Provider Agency Application Packet**

*Thank you for your interest in becoming a multidisciplinary provider agency for Indiana First Steps, Indiana's Part C Early Intervention program under the Individuals with Disabilities Education Act (IDEA). We look forward to reviewing your application, which will provide the Bureau of Child Development Services the necessary information for review to become an approved First Steps multidisciplinary provider agency.*

## **Instructions**

As you prepare your application packet, we would ask you to review and ensure alignment with the following guiding principles, federal and state requirements, and service delivery practices:

### **Mission**

To partner with Hoosier families whose young children are experiencing developmental delays and connect them with services that help them promote their child's development.

### **Vision**

All Indiana families have a strong foundation to advocate for their infants and toddlers to grow and flourish to their highest potential.

### **Values**

Indiana First Steps seeks to provide services that are:

- Family centered
- Strengths-based
- Relationship-based
- Holistic
- Culturally competent
- Routines-based
- Individualized

### **Federal and State Requirements**

- Code of Federal Regulations: <https://www.ecfr.gov/current/title-34/subtitle-B/chapter-III/part-303>
- Indiana Code: <http://iga.in.gov/legislative/laws/2022/ic/titles/012#12-12.7>
- Indiana Administrative Code: [http://iac.iga.in.gov/iac//iac\\_title?iact=470](http://iac.iga.in.gov/iac//iac_title?iact=470)
- First Steps Policy Manual: [https://www.in.gov/fssa/firststeps/files/First\\_Steps\\_Policy\\_Manual\\_FINAL.pdf](https://www.in.gov/fssa/firststeps/files/First_Steps_Policy_Manual_FINAL.pdf)

### **Service Delivery Practices**

- Family Guided Routines Based Intervention: <https://fgrbi.com/>
- Charting the LifeCourse: <https://www.lifecoursetools.com/about-us/the-lifecourse-nexus/>

Please complete each section of the application packet in the shaded fields below. Fields will expand as text is entered. Please collect all requested additional supporting documentation prior to submission and reference the file name of supporting documents within the body of the application below, where applicable.

Please email your completed application to [FirstStepsWeb@fssa.in.gov](mailto:FirstStepsWeb@fssa.in.gov). Following review, you will be notified if your application has been approved or denied. If approved, you will be requested to move forward with your agency and provider enrollment.

## Section 1 – General Information

Applicant must provide all requested information below.

Name of Agency	
Agency Website	
Group NPI	
Address	
Agency Owner	
Phone Number	
Email Address	
Early Intervention Services Agency Director	
Phone Number	
Email Address	

## Section 2 – Indiana Secretary of State Registration

Applicant must be registered with and provide the ID number from the Indiana Secretary of State Certificate of Existence.

ID Number	
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## Section 3 – Proposed Service Areas

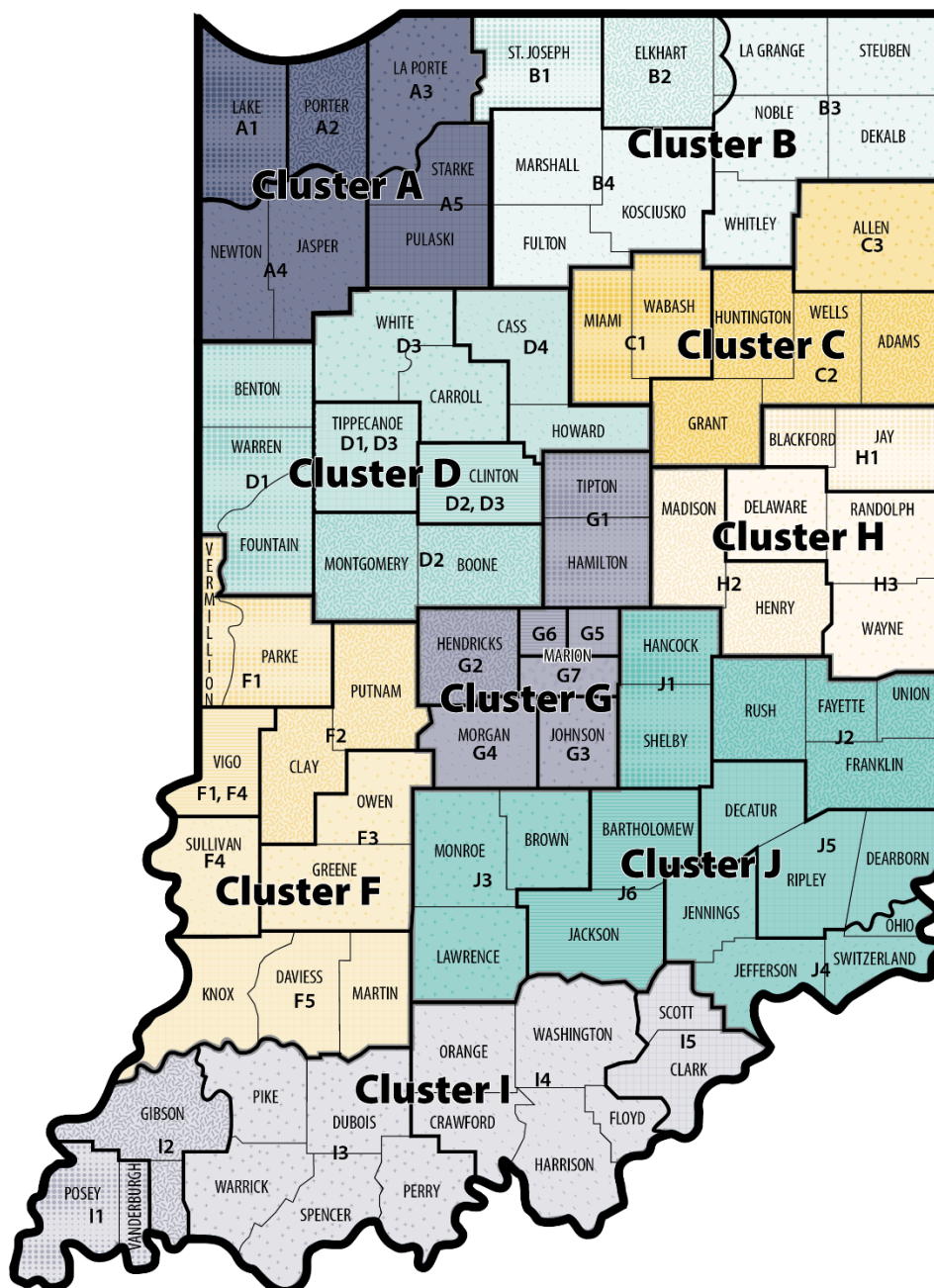
Identify the area(s) of the state your agency is applying to serve using the map found below. To provide services, applicant must employ/contract with a minimum of ten providers within each service area identified. Providers must agree to work a minimum of 0.25 FTE in the service area identified. Of the ten providers, two must be from each of the following professions:

- Developmental Therapist
- Occupational Therapist/Certified Occupational Therapy Assistant
- Physical Therapist/Physical Therapy Assistant
- Speech Language Pathologist

The remainder of positions may be filled by additional personnel from the above professions or other approved disciplines listed within the [Policy Manual](#). At the time of application, providers are not required to complete the provider enrollment screening; however, providers must meet the requirements for their profession as outlined in the [Policy Manual](#), have an NPI number, have a completed background check, and review the [Provider Agreement](#) with the Division of Disability and Rehabilitative Services with the intention to sign should the agency be approved and enrolled with First Steps.

The purpose of enrolling additional agencies in the First Steps system is to bring in more providers to serve the children and families of Indiana. Applicants should not rely on employing/contracting with currently enrolled First Steps providers as this does not bring more providers into the system.

<b>Cluster:</b>	<b>Service Area:</b>	<b>Number and Type of Providers Available</b>
<i>Ex. I</i>	<i>I5</i>	<i>3 DT, 2 OT, 2 PT, 2 SLP, 1 Social Work</i>





**Section 5 – Service Delivery**

Explain in detail any experience you and/or your agency have in providing Part C or early intervention services.

Describe any experience in providing in home services to children and families.

Explain your experience in providing services using a developmental model, as opposed to a clinical or educational model.

As an agency, how will you ensure individualized services are provided utilizing a developmental model?

Explain in detail how your agency will ensure that Part C services are provided to children and families within their natural environment during their daily routines.

How will your agency empower and help families advocate for their vision of a good life?

Describe how your agency will support providers to collaborate with other members of the IFSP team to ensure the team is working toward shared outcomes to support the family's goals.

**Section 8 – Data Entry**

Provide a summary of how you will ensure complete, accurate and timely data entry into the state's data system (EIHub) and your quality assurance approach for monitoring this. Please include attachments of any current policy and procedural manuals or other relevant documents to support your response.

**Section 9 – Adherence to Regulations, Agreements, and Policies**

Describe your management and quality assurance plans for ensuring that your agency and providers are delivering services in alignment with [Federal Regulations](#), [Indiana First Steps Rule](#), [agency provider agreement](#), [individual provider agreement](#), and all [First Steps policies](#). Please include attachments of any current policy and procedural manuals or other relevant documents to support your response.

**Section 10 – Professional Development**

In order to best support your personnel in delivering high quality early intervention services, describe how you plan to organize and deliver trainings to your personnel.

**Section 11 – Financial Stability**

First Steps does not guarantee consistency of referrals or caseload sizes which means agency income may fluctuate; therefore, applicants must provide documentation to demonstrate financial stability. Examples of acceptable documents include a most recent Dunn & Bradstreet Business Report or audited financial statements for the two most recently completed fiscal years. If neither of these can be provided, explain why, and include an income statement and balance sheet for each of the two most recently completed fiscal years. Please note that the documents provided will be kept confidential in accordance with the Indiana Code 5-14-3-4(a)(5).

**Section 12 – Billing and Payment**

How will you ensure that your agency and providers stay up to date on all current billing and coding procedures? Please include attachments of any current policy and procedural manuals or other relevant documents to support your response.

Describe quality assurance plans to ensure timely and accurate billing, including corrective actions, professional development, and technical assistance when necessary.



Has your agency, or any of your providers, received any audit findings and/or been placed on corrective action plans in the last five years? If yes, please explain.

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**Section 13 – References**

Provide the contact information of your references below and submit a minimum of two letters of references with your application. Please supply one (1) professional reference that speaks to your experience in child development, special education, or intellectual and developmental disabilities service provision, and supply one (1) personal reference.

<b>Reference 1</b>	
Reference Name	
Company	
Title	
Phone Number	
Email Address	
<b>Reference 2</b>	
Reference Name	
Company	
Title	
Phone Number	
Email Address	

**Section 14 – Attestation**

Sign and date the attestation below.

**I hereby certify that the above information is true and correct to the best of my knowledge. I understand that any false information may result in being denied or subsequently terminated as a First Steps approved provider agency.**

Name	
Title	
Phone Number	
Email Address	
Signature	
Date	