

# Provider Application for a Business

*A red arrow ➔ indicates documents that may need to be attached along with this application.*

## 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 the business or its staff and My Health My Resources (MHMR of Tarrant County's employees or Board of Trustees - Current MHMR Board Members are: William R. Brown, Lea Ann Capel, Carey Cockerell, Roy Griffin, Linda Harmon, Henry Reyes, Carolyn Sims, Jim Teague, Lyn Willis, and Theodis "T" Ware.

Name(s): \_\_\_\_\_

Any conflicts of interest?

☐ Yes ☐ No



*If yes, please complete the Conflict of Interest Questionnaire (CIQ form)* located on MHMR's Business Opportunities webpage, under the Conflict of Interest section: <https://www.ethics.state.tx.us/data/forms/conflict/CIQ.pdf> and submit it along with this application.

## III. Service Delivery

A. Services to be provided:

☐ Physical Therapy ☐ Occupational Therapy ☐ Speech Therapy  
☐ Specialized Skills Training ☐ 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 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 each policy.

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

☐ Yes

☐ No

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
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
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
Specialized Skills Training / Service Coordination	
SST/SC - per hour	\$40.00

➔ *Rates for other service types may be proposed in a written request submitted with this application. Non-standard services and rates will be discussed/negotiated with the [Chief of Child & Family Services](#).*

### B. Flat Rates:

Service	Rate	Duration
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.

Rates for services include travel and paperwork; ECI does not pay for that time separately.

ECI does not pay for cancellations.

## VIII. Required Training Elements

The business' primary agent, as well as staff who will be providing ECI services, are required to read and understand MHMR's **Compliance Plan**, found on MHMR's Business Opportunities webpage, under the Provider Relations section: <https://www.mhmrtarrant.org/Business-Opportunities>

The business' staff must complete all training described and contained inside the **ECI Provider Manual**, located on MHMR's Business Opportunities webpage, under the Provider Relations section: <https://www.mhmrtarrant.org/Business-Opportunities>

## IX. Assurances Statement

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

- ☐ 1. All information provided in this application and attachments are true and correct.
- ☐ 2. Business does not discriminate in its services or employment practices based on race, color, religion, sex, national origin, disability, veteran status, or age.
- ☐ 3. The business accepts the terms, conditions, criteria, and requirements set forth in this application.
- ☐ 4. The individual signing this application as the 'Business Agent' is authorized to legally bind the business on its behalf.

By Business Agent: \_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

Date: \_\_\_\_\_

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

**Laura Kender, Chief of Early Childhood Services (ECS)**

**ECI of North Central Texas**

**3840 Hulen Street, Suite #602**

**Fort Worth, TX 76107**

**817-569-5348 - fax**

**[Laura.Kender@mhmrtc.org](mailto:Laura.Kender@mhmrtc.org)**

*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

### Individual Applications:

After completing this Business application, each staff employed by the business, who will be providing ECI services, will complete their own Provider Application for an **Individual**, available on MHMR's Business Opportunities webpage, under the Become a Provider section: <https://www.mhmrtarrant.org/Business-Opportunities>

### Credentialing:

Prior to providing services, each staff employed by the business who will be providing ECI services must complete a Credentialing Application, which is handled through MHMR's Credentialing Department. The application is located on MHMR's Credentialing webpage: <https://www.mhmrtarrant.org/credentialing-provider-enrollment-services/>. Select the appropriate credentialing packet, based upon license.

Re-credentialing is conducted every three years. It is each business employee's responsibility to forward their renewed license to the Credentialing Department in a timely manner to avoid disruption of services.

### Billing:

Even if an individual staff already has a TPI number, each is required to obtain a separate Medicaid **Texas Provider Identifier (TPI)** number to allow delivered ECI services to be billed to under MHMR. Once credentialed, a representative from MHMR's Patient Financial Services Department will send the appropriate packet/forms to the staff.

## Checklist

Items to be included along with this business application

*Ensure copies of the following are attached, as 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)
- ☐ List of services or rates that are different than those listed (Section VII)