



Amendment
Date: ____/____/____

**NASSAU COUNTY DEPARTMENT OF HEALTH
PRESCHOOL PROVIDER CONTRACT APPLICATION**

The accuracy of the Preschool Special Education Provider List is absolutely essential to the delivery of services. It is important to carefully check off the specific services you or your agency actually provide on page 5. As part of Quality Management, we ask your cooperation in completing the following and returning promptly. Please print the information clearly.

Section A

Vendor category requested (check off one box only):

- A) Individual – sole practitioner, will **NOT** have employees and/or sub-contractors
- B) Agency - Related Service Only– have employees and/or sub-contractors **OR** may have in the future
- C) Agency - Related Services **and** NYSED approved 4410 (must submit approval letter from NYSED)
 - _____ Multidisciplinary Evaluations
 - _____ SEIT
 - _____ Center Based Program
 - _____ Related Services
- D) NYSED approved 4410 service(s) **only** (must submit approval letter from NYSED)
 - _____ Multidisciplinary Evaluations
 - _____ SEIT
 - _____ Center Based Program

Section B

Vendor Registration Required

Registration as County Vendor is required for all individuals and/or agencies wishing to contract with the Nassau County Department of Health. Use the link below to register as a Nassau County Vendor and complete the relevant information and disclosures. There is no fee to register you or your agency as a vendor.

<https://apex5.nassaucountyny.gov/ords/f?p=CEVM:VREG>

Enter your FEIN/TIN/SSN: _____

Notice: If you do not register as a Nassau County Vendor and upload all of the required documents your request for a contract will not be processed!

Section C

A Category Type - Individual Contractor's Name as it will appear on the contract:

NPI # _____ New York State License # _____

B, C, or D Category Type - Agency Contractor's Name:

DBA Name: _____

Agency's NPI # _____

Agency Owner(s): _____

Agency Director: _____

Section D

Contractor's Contact Person: _____ Title: _____

Contract Street Address: _____
(Cannot use a PO Box)

City: _____ State: _____ Zip: _____

Phone: _____ FAX: _____

E-Mail Address: _____

Section E

Please complete all sections below.

• **Entity status:**

- Individual – uses personal social security number for income reporting
- Privately owned corporation – uses TIN (Tax payer ID number) for income reporting
- NY State Not-for-Profit -501 C 3
- Publicly owned corporation
- "S" corporation
- "L" corporation
- PLLC
- NYSED Public Education Entity
- Other _____

• **Non- Profit Status:**

- Not-for Profit - IRS tax emption letter required
 - _____ NY State
 - _____ Out of NY State _____
- For-Profit

Section F

Required for Justice Center Clearance

All individual vendors or agency owner/directors must be cleared through the NYS Justice Center and the NYS Central Registry Database for Child Abuse prior to the contract being sent to you for execution.

Note: The complete date of birth and social security number must be supplied or the Preschool Provider Contract Application cannot be processed.

Please complete the appropriate information below:

Individual Vendor

Date of Birth _____ Social Security Number _____

Or Alien Registration Number _____

Agency Owner’s (list every owner’s information in the blank space below if more than one owner)

Name: _____

Date of Birth _____ Social Security Number _____

Or Alien Registration Number _____

Agency Director’s (list every director’s information in the blank space below if more than one director)

Name: _____

Date of Birth _____ Social Security Number _____

Or Alien Registration Number _____

Section G

Referral information:

Accepts e-mail referral _____ yes or _____ no

E-mail referral address: _____

Referral phone number: _____

Referral Contact name: _____

Section H

Clinical Program Records Location address:

Fiscal Records Address (if different from the contractor’s address) where books and records are maintained:

Fiscal Contact Name and Title: _____

Fiscal Contact phone number: _____ Fax: _____

Fiscal Contact e-mail: _____

Section I

Preschool Special Education Reference Checks

Applicants, complete the required information below. It is recommended that you alert the individuals and agencies listed below that you have submitted their contact information to Nassau County as a reference.

Note: The references below must match the references that are listed in the Nassau County Vendor Portal or the application process will be delayed.

Nassau County will contact all your references.

You contract application will not move forward until all references have been contacted and have supplied the requested information.

Reference Checks:

a Company or Name:

Contact Person:

Phone Number:

Address:

b Company or Name:

Contact Person:

Phone Number:

Address:

c Company or Name:

Contact Person:

Phone Number:

Address:

Section J

Please note that the following are some of the conditions that will apply:

- 1) Taxpayer ID W9 Form must be uploaded to the Nassau County Vendor Portal. Link to form <https://www.irs.gov/forms-pubs/about-form-w-9>
- 2) Copies of the therapists' licenses must be submitted with the completed contract for Related Service only providers.
- 3) All therapists must be cleared through The New York State Justice Center. Nassau will clear staff for non-Early Intervention or Related Service Only Providers. The name, date of birth, and social security number or alien registration number will be required to complete this clearance. <http://www.justicecenter.ny.gov/investigations-prosecution/sel/management>
- 4) All therapists and the agency owner/directors must be cleared through the NYS Central Registry Database for Child Abuse on or after March 01, 2020. Nassau County will clear the individual/independent contract applicants and agency owners/directors as part of the contracting process. Agencies who have an NYS Resource ID will clear their staff, contractors, and sub-contractors. Those agencies without an NYS Resource ID will submit the Justice Center Check information, SCR forms, copies of the licenses, and proof of OPRA enrollment for all Speech Therapists to NCDOH_Preschool_Program@nassaucountyny.gov
- 5) All therapists must be cleared (at a minimum) monthly by their agencies through:
 - The United States Department of Health and Human Service's Office of the Inspector General's Lists of Excluded Individuals and Entities or any successor list (or any successor system), [HHS-OIG-Fraud Prevention & Detection - Exclusion Program - Search](#)
 - The New York State Department of Health's Office of the Medicaid Inspector General's list of Restricted, Terminated or Excluded Individuals or Entities (or any successor system), <http://www.omig.state.ny.us/fraud/medicaid-terminations-and-exclusions>
- 6) Center based providers must annually supply to the County and the Transportation Management Company the start and end dates of their programs and the start and end times for all classes **prior** to the transportation deadlines. Additionally, the center-based providers must verify their start and end dates in the CPSE Portal after they have been updated on the NYSED EFRT website.
- 7) Nassau County requires **all** providers who will be prescribing or creating referrals including *physicians, physician's assistants, nurse practitioners, Speech Language Pathologists, social workers, and psychologists* must be enrolled with Medicaid as an Ordering Referring, Prescribing or Attending (OPRA) provider. Here is the link to enroll: <https://www.emedny.org/info/ProviderEnrollment/ther/index.aspx>

This is a paper process. There is no fee to register. The registration is valid for 5 years and must be renewed.

eMedNY Call Center Phone Number & Helpful Links for OPRA

- eMedNY Call Center Phone Number: **1-800-373-9000**
- **Provider Enrollment Maintenance Screen** (New Enrollment * Revalidation * Reinstatement/Reactivation):
<https://www.emedny.org/info/ProviderEnrollment/ther/index.aspx>

Important application information:

- ✓ *A copy of your license should be included with the application.*
- ✓ *All questions on the application should be answered (Do not leave any blanks or your application will be returned.)*
- ✓ *Sign and date the application (use blue or black ink only / original signature only - no stamps)*
- ✓ *Keep a copy of all documents submitted.*
- **Revalidation Information (Enrolled - Required to Revalidate):** <https://www.emedny.org/info/ProviderEnrollment/revalidation/index.aspx>
- **Enrolled Practitioner's Search Page:** (To check your enrollment status) <https://www.emedny.org/info/opra.aspx>

Link to Frequently Asked Questions

(FAQs): https://www.emedny.org/info/ProviderEnrollment/ProviderMaintForms/Core_OPRA_FA_Qs.pdf

- 8) Effective on October 1, 2023, Nassau County service providers are required to verify their credentials in the CPSE Portal, and McGuinness will approve those credentials. You will be provided with the links to complete this upon ratification of your contract.

What is Credential Verification? It is a simple process that verifies the information of a licensed or non-licensed professional in the Portal. The information that needs to be verified is:

- First Name, Last Name & Signature,
- Profession (OT, PT, SLP....),
- License #,
- Date of Licensure,
- Date Registered Through
- And NPI #.

For most non-licensed professionals, they do not have an NPI #. Therefore, the verification is usually just to verify the name and the signature on the Portal account.

- 9) Staff hired for and during the contract period is subject to these conditions.

Acknowledgement:

Signature: _____

Date: _____

Name: _____

Title: _____

Section K

INSURANCE REQUIREMENTS

The following three insurance requirements must be satisfied by all vendors prior to the County executing a contract. Please provide this information to your insurance agent.

- 1) **Commercial General Liability Insurance**, which policy shall name “Nassau County” as an additional insured and have a minimum single combined limit of liability of not less than one million dollars (\$1,000,000) per occurrence and two million dollars (\$2,000,000) aggregate coverage.
Certificate of Insurance must include the following regarding General Liability:
 - Description: The County of Nassau is named as an Additional Insured.
 - Certificate Holder: County of Nassau, 200 County Seat Drive, Mineola, NY 11501
 - Please upload all pages, in one document, to the Nassau County Vendor Portal.
- 2) **Professional Liability Insurance**, which policy shall have a minimum single combined limit liability of not less than one million dollars (\$1,000,000) per occurrence and two million dollars (\$2,000,000) aggregate coverage.
 - Please upload all pages, in one document, to the Nassau County Vendor Portal.
- 3) **Workers’ Compensation Insurance or Insurance Waiver**, compensation insurance for the benefit of the Contractor’s employees, which insurance complies with the New York State Workers’ Compensation Law. If the Contractor does not have any employees, the following is required from all Vendors requesting a Worker’s Compensation Insurance exemption:
 - A statement, on the company letterhead, stating the Entity has no employees.
 - The provider should complete the exemption application in the following link:
http://www.wcb.ny.gov/content/ebiz/wc_db_exemptions/requestExemptionOverview.jsp
 - Upon completion and acceptance of the application, the provider will get a certificate of attestation of exemption.
 - Please upload all pages, in one document, to the Nassau County Vendor Portal.

Failure to maintain current certificates of insurance on file with the County could result in the contract being terminated or delays in payment.

Updated certificates must be uploaded to the Nassau County Vendor Portal.

Section L

Related Services Provided outside of a Center Based Program

Preschool Related Services at non-center based locations

Complete if applicable for requested contract type A, B, or C.

Please indicate all services that will be provided during the contract period:

- 1:1 Aide (non-Center Based)
- Certified Teacher Assistant
- Teacher Aide
- Audiology
- Coordination of Services -as a related service
- Occupational Therapy
- Orientation and Mobility
- Parent Counseling and Training (any Therapist)
- Physical Therapy
- Psychological Counseling Services (Social Work, Psychologist, Psychiatrist)
- School Health Service/ Nurse
 - Nurse RN
 - Nurse LPN
- School Social Work
- Speech Therapy
- Teacher of the Hearing Impaired
- Teacher of the Visually Impaired
- Assistive Technology Services

Section M

Related Services – Complete if applicable for requested contract type A, B, or C. (continued)**Related Services Location of Service Provision:**

Check of all the locations at which services will be provided.

Child's Preschool Setting

Child's Home

Community Setting

Provider Office

Related Service Providers requesting a contract must list all sites other than student's home, regular education preschool or other community setting at which the provider, their employees and/or sub-contractors will provide preschool special education district authorized services.

Office

Street Address: _____

City: _____ State: _____ Zip: _____

Contact Name: _____

Contact Number: _____

Attach an additional page if necessary.

Therapist's Home Office (***Must submit Fire Marshal's Certificate of Inspection and a Certificate of Occupancy for the home office.***)

Street Address: _____

City: _____ State: _____ Zip: _____

Contact Name: _____

Contact Number: _____

Specialties (please list)

Languages other than English (please specify by discipline)

Section N

[] 4410 Multidisciplinary Evaluation Services - Complete if applicable for requested contract type C or D.

Note: All NYSED approved 4410 agencies must submit their most current SED approval letters with this data sheet.

Please indicate all services which will be provided during the contract period:

[] Specialty Evaluations in addition to the Multidisciplinary Evaluations (please specify)

- Assistive Technology**
- Orientation and Mobility**
- Neurological**
- Neuropsychological**
- Psychiatric**
- Optometric**
- Other** _____ **See pages 8-11 of the link below:**

<http://www.oms.nysed.gov/stac/preschool/policy/eval3-4yr803.pdf>

List all Multidisciplinary Evaluation Site location(s) which will service Nassau County children below. Attach additional page if necessary.

This information must match your NYSED Approval Letter.

Location Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Contact Name: _____ Title: _____

Contact Number: _____ FAX: _____

E-Mail Address: _____

Languages other than English: _____

[] **4410 SEIT Services: - Complete if applicable for requested contract type C or D.**

Note: All NYSED approved 4410 agencies must submit their most current SED approval letters with this data sheet.

List all SEIT Administration Site Location(s) which will service Nassau County children below. Attach additional page if necessary.

This information must agree with NYSED Approval Letter.

Location Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Contact Name: _____ Title: _____

Contact Number: _____ FAX: _____

E-Mail Address: _____

Languages other than English: _____

Center Based - **Complete if applicable for requested contract type C or D.**

Note: All NYSED approved 4410 agencies must submit their most current SED approval letters with this data sheet.
List all center based locations which will service Nassau County children below. Attach additional page if necessary.
This information must match your NYSED Approval Letter.

- Special Class (SC)
 - Half Day Full Day
- Special Integrated Class (SCIS)
 - Half Day Full Day
- Other - Describe _____
 - Half Day Full Day

Location Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Contact Name: _____ Title: _____

Contact Number: _____ FAX: _____

E-Mail Address: _____

Languages other than English: _____