

CREDENTIALING CHECKLIST Quick Guide

INITIAL DOCUMENTS REQUESTED IN ESDS – *Do not need to resubmit with packet unless there is an error*

- W9
- Service area zip code
- Resume
- Diploma/transcript
- Car insurance
- Liability Insurance
- Driver's license
- Professional license (if applicable)

DOCUMENTS NEEDED

- All LES documents in packet signed and dated

Documents not on ESDS that are required:

- SS Card
- Summary of any professional liability claims (if applicable)
- Summary of any Medicaid/Medicare sanctions (if applicable)
- COE Form
- ITDS Modules Certificates
- Early Steps Module Certificates
- ATN Number OR Medicaid Number

New Provider Enrollment & Credentialing Process Flow

Step 1: Complete the Provider Enrollment Request

All new providers must complete a Provider Enrollment Request through the ESDS website. This request can be completed without logging into the system.

Required Information and Documentation

Providers must upload the following documents as part of the enrollment request:

- W-9 Form
- Service Area ZIP Codes
- Resume
- Diploma and/or Transcript
- Auto Insurance
- Professional Liability Insurance
- Driver's License
- Professional License (if applicable)

Resume Requirements

Early Steps requires documentation of the provider's last five (5) years of work experience.

- The resume must clearly reflect employment and professional experience for the previous five years.
- Any employment gap greater than 90 days must include a written explanation on the resume.

Important

All submitted documents must be current, accurate, and complete. If any documentation is expired, missing, or contains incorrect information, providers will be required to submit updated documentation at a later date, which may delay the enrollment process.

Step 2: LES Review and Credentialing Initiation

Once the Provider Enrollment Request is submitted:

1. The enrollment request is routed to the Local Early Steps (LES) office.
2. An LES staff member will claim the assignment within ESDS.
3. The credentialing process will begin.

Step 3: Submit the Credentialing Packet

After the provider enrollment process is completed, providers must submit a complete Credentialing Packet.

Credentialing Packet Includes

- All additional required credentialing documents
- Provider Quick Checklist
- Education and Experience Requirements Guide

Providers should review the checklist carefully and ensure all required documents are included to avoid processing delays.

Process Summary

Complete Provider Enrollment Request in ESDS



Upload Required Documentation



LES Receives and Claims Assignment



Credentialing Process Begins



Submit Complete Credentialing Packet



Credentialing Review and Approval

EDUCATION REQUIREMENTS

EARLY INTERVENTION EXPERIENCE REQUIREMENTS (Policy 10.5.2)

- ☐ Must have **at least 1 year of early intervention experience**

How experience is defined:

- ☐ **1 year of experience = 1,600 hours** of post-degree, professional, hands-on work

- ☐ Experience must be:

- With children **birth to 60 months**
- Who have **special needs or developmental delays**
- Direct, degree-related professional practice

Not accepted as experience:

- ☐ Volunteer work does **NOT** count toward experience requirements

ITDS EDUCATION & EXPERIENCE REQUIREMENTS

1. Education Requirement (must meet ONE)

You must have **one of the following**:

- A **Bachelor's degree or higher** in one of these fields:
 - Early Childhood Education
 - Early Childhood or Special Education
 - Child & Family Development
 - Family Life Services
 - Communication Sciences
 - Psychology
 - Social Work

OR

- A **Bachelor's degree or higher in a related field** with:
 - At least **18 credit hours** in one of the fields listed above

OR

- A Bachelor's degree in:
 - Rehabilitation (with vision-related coursework), OR
 - Teaching the visually impaired**PLUS** required specialized training (VIISA or INSITE)

OR

- A Bachelor's degree in:
 - Communication Disorders, Audiology, or Deaf Studies**PLUS** required infant/toddler hearing-related training (SKI-HI or INSITE)

2. Out-of-Field Degree Option

If your degree is not in a related field:

- Your degree must be from an accredited college/university
- AND you must provide documentation of **professional early intervention experience**

3. Experience Requirement (based on degree type)

You must document:

- **1 year of early intervention experience** (if your degree is in-field or equivalent)
- OR

- **5 years of early intervention experience** (if your degree is out-of-field)
- (Experience must be documented using the Early Steps Certification of Experience form)

4. Required Training

You must complete **ONE of the following**:

- University-approved ITDS coursework
- OR**
- Six (6) ITDS online training modules

EXAMPLE - ITDS Provider Enrollment Request in ESDS

Provider Enrollment Request

[Back To Case](#)

Due Date 06/10/2026	Assignee Natalie Cardona - NORTH...	Assign	Reset
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1. Review Early Steps Policy , specifically Components 1, 4, 6, and 10 for enrollment prerequisites pertaining to your discipline and the Early Steps Program.
2. Review the Agency for Health Care Administration's Service-Specific Policies for provider qualifications pertaining to your discipline (e.g., the Early Intervention Services Coverage Policy).
3. Once the service-specific policies have been reviewed, see Medicaid's General Policies for billing and enrollment information. The Provider Enrollment Policy within the general policies includes a list of Provider Type and Specialty will be used as an Early Steps Provider.
4. While Provider Type and Specialty can require supplemental information/documentation, at minimum, the following is required prior to enrolling with the Early Steps Program:
 - Level II Background Screening
 - National Provider Identifier Number (NPI)
 - Medicaid Identification Number (If applicable)

Enter agency from
dropdown box here

Local Early Steps (LES) provider is requesting enrollment with: * North Beaches	Desired Agency Select Values	User User Name - NORTHBEACH X Q
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If the provider you are trying to enroll does not appear in the user lookup, please select 'User Not Found' and enter all required information and documentation below.

☐ User Not Found

Provider Type * 81 - Professional Early Intervention S	Provider Specialty * Non-licensed practitioner certified by I
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Taxpayer Identification Number Supporting Documentation

Choose File No file chosen	Upload individual W9 & copy of SS Card (combined) PDF here
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Provider Qualifications Supporting Documents

Professional License N/A Choose File No file chosen	Resume Choose File No file chosen	Diploma Choose File No file chosen	Transcript Choose File No file chosen
Car Insurance Information Choose File No file chosen	Driver's License Choose File No file chosen		
Liability Insurance Information Choose File No file chosen	Upload individual liability or group policy of agency if covered		
Save	Cancel	Submit	Close Request

EXAMPLE - Therapy Provider Enrollment Request in ESDS - same process, different provider Type/Specialty

Provider Enrollment Request

Due Date 06/10/2026	Assignee Natalie Cardona - NORTH...	Assign	Reset
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If the provider you are trying to enroll does not appear in the user lookup, please select 'Use all required information and documentation below.

☐ User Not Found

For Therapist – choose specialty type form dropdown box

Provider Type * 83 - Therapist	Provider Specialty * None Selected
Taxpayer Identification Number Supporting Choose File No file chosen	90 - Occupational Therapist
	91 - Physical Therapist
	92 - Speech Language Pathologist
	93 - Occupational Therapist Assistant
	94 - Physical Therapist Assistant
	95 - Speech Language Pathologist Ass

Provider Qualifications Support

Professional License Choose File No file chosen	Resume Choose File No file chosen	Trade License Choose File No file chosen
Car Insurance Information Choose File No file chosen	Driver's License Choose File No file chosen	
Liability Insurance Information Choose File No file chosen		

Save	Cancel	Submit	Close Request
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