



ASD PROGRAM MANUAL 2016-17

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WELCOME TO THE ASD PROGRAM

Your family member is now enrolled in the Autism Spectrum Disorder Program which is unique to Imagine! in Colorado. Please print a copy of this Manual and keep it handy so you can refer to it frequently as you learn to navigate this family-directed program, including the necessary online documents and forms described here. Your guide throughout the program is the ASD Program Coordinator.

Please note: if your child has Medicaid coverage or private insurance will cover specific services, you must use those coverage options or co-pays first. Imagine! is the “payer of last resort”, so use ASD Program funds for services not covered by your insurance or Medicaid.

Contact Information: Josie Shields
ASD Program Coordinator
Imagine!
1400 Dixon Ave.
Lafayette, CO 80026

Email: jshields@imaginecolorado.org

Phone : 303-926-6444

Fax: 303-665-2648

ELIGIBILITY REQUIREMENTS REMINDER

The eligibility requirements for enrollment remain in effect throughout each year of your family member’s participation. Please contact the Program Coordinator if there are changes in any of the following areas:

- The person must have a diagnosis, defined in DSM-V as Autism Spectrum Disorder (OR have been previously diagnosed under DSM-IV with Autism, Asperger's Syndrome, PDD-NOS, Rett Syndrome or Childhood Disintegrative Disorder) as determined and signed by a licensed psychiatrist, physician, or psychologist who specializes in autism spectrum disorders.
- The person must live in Boulder County or be accepted into Broomfield County Pilot Project
- The person is at least 3 years of age and under 26 years of age.
- The person must live at home with his or her parents or guardian, or request an exemption in writing for other living arrangements.
- The person is not eligible for or receiving other services funded by the Colorado Division for Intellectual/Developmental Disabilities through Imagine! (Individuals with autism who have intellectual deficits or adaptive skills deficits are often eligible for Imagine! services funded by the State of Colorado).

WHAT is a UNIQUE ID NUMBER?

A **Unique Identifier** has been assigned to your family member's record to better protect Personal Health Information in Imagine!'s data system. The code consists of the **1st two letters of the Last Name** (upper case) and **1st two letters of the First Name** (upper case), followed by the **4-digits of your child's birth year**, followed by 4 or 5 digits, randomly assigned.

Example for Temple Grandin: **GRTE1947-12345**

You will need to use the assigned Unique Identifier in the ASD Program web store for certain processes. The web store will recognize you by this ID and not by your family member's name.

The Unique Identifier is different than your web store Password, which is also based on your family member's name (see below).

HOW do I ACCESS and NAVIGATE the WEB STORE?

Please go to <http://www.imaginationco.org/>

On the **Welcome** page, in the upper right hand corner you will see 'Please **click here** to log in'. By clicking on this link, you will be directed to the login page.

Email address and password

You will log in with the email address on record with us, which is the email address at which you received this ASD Program Manual.

If your email address has changed, please notify the Program Coordinator immediately so the contact information can be changed in your family member's records.

Your password is the 1st letter of your child's First Name (lower case) and the 1st four letters of their Last Name (lower case), plus the number 220. Example for Temple Grandin: **tgran220**

Please click the '**Continue**' button. Once you log in, you will have the opportunity to change your password and create a password hint for password retrieval per the instructions below.

Inside the web store are the following 7 tabs at the top of the page:

Welcome, ASD Links, ASD Services, Shopping Cart, Checkout, My Account, Need Help?

On the 'Welcome' tab, please read the web store alerts specific to the ASD Program.

On your first visit, please go to the 'My Account' tab. Here you can:

- Set your preferences
- Make sure you are set to receive group emails by subscribing in the Campaign Subscription Center- **this is mandatory**
- Change your password and create a password hint
- View your Sales Orders > See Orders; Please do not use the "Re-Order" items link.
- Contact Customer Support
- Edit your Profile
- Create New ASD Progress Updates

Please complete the following items on the 'My Account' tab: Go to Settings in Left hand column:

- ❖ **Set Preferences:** Change your Time Zone to Mountain Time
- ❖ **Campaign Subscription Center: Make sure you are subscribed: check ALL the boxes and Save. Do NOT unsubscribe.** If you unsubscribe you will not receive important ASD Program updates. Imagine! rarely sends out mass emails, so we ask all families to Subscribe.
- ❖ **Change Email:** You can update your email address if the one we have on file is not current, please also email the Program Coordinator to have it updated in your family member's record. The email listed will be used for the Program Coordinator to communicate with you and must be current.
- ❖ **Change Password:** You may create a password and password hint that is meaningful to you or continue to use the designated password. If you change it, you may need to provide the new password to the Program Coordinator when you need assistance.

HOW do I COMPLETE my ASD PLANNING DOCUMENT?

It is recommended that you begin working on your 3 Year Plan by exploring all of the Service Categories & Providers in the ASD Program web store to get ideas for what and who will best match the needs of your son or daughter.

The web store is where you find contact information for all Providers (therapists, etc.) **AND** their Rates for sessions.

Go to 'ASD Links' tab and click on:

- **ASD ONLINE PLANNING DOCUMENT**

This is your 3 Year Plan which must be completed and approved before you may place orders and use funds. Plans must be approved by the Program Coordinator no later than August 31, 2016 for Boulder County residents. If your family member was enrolled after July 1st, the Program Coordinator will provide you with a new submission deadline. Broomfield County Pilot Project has different dates.

While your son or daughter is in the ASD Program, it is critical that you have a plan for spending the funds so that your son or daughter receives the greatest possible benefit. Please take some time to define the **overall 3-year goals** you have for your son or daughter and what services you believe will BEST help him or her to reach these goals.

It is important to identify goals based on needs that are related to his or her ASD diagnosis and that exist because of the ASD diagnosis. These must be above and beyond what a typical child of the same age might need.

Your **3 Year Plan** consists of specific **budgets** for whichever services and equipment purchases you anticipate year by year. Initially, you will focus on budgets for your 1st Year.

- ❖ Your **Overall Plan Goals** list the improvements in symptoms, behaviors, etc. that you hope to see in your family member by the end of 3 years in services. Make this list specific to your family member's challenges and the progress you hope he or she will make in 3 years. State these goals in future tense: "Temple will be able to...; Temple will have developed..."
- ❖ Talk with your family member's therapists, teachers and doctors for a **Team approach**. Browse the web store to view the 14 service categories and providers available; check their rates. Ask former or current ASD Program families for recommendations, by emailing the Autism Society of Boulder County (ASBC) at www.autismboulder.org or join the optional ASBC Support Group for current and former families in the ASD Program.
- ❖ **Contact the Providers** you're interested in using to discuss their availability and to determine if they are a good 'match' for your son or daughter. If your current Providers aren't in the web store, contact the ASD Program Coordinator promptly to discuss asking them to become contractors with Imagine!
- ❖ Next, **enter specific Budgets for the 1st Year of ASD funds**: services and equipment totaling no more than \$5,000. Please include the following information in the **Action Plan** for your 1st Year (July 2016-June 2017), and repeat annually:

- the **Name** of each Service Provider
 - their session **Rate (this is often per hour)**
 - the **Estimated Number of Sessions** for the year, and
 - an **Estimated Dollar Total** for that service. (Example: “Therapeutic Riding with Mary Smith @ \$35/hr x 40 hrs = \$1,400.00 Total”).
- ❖ **Your 3 Year Plan is a “living document”**. Each year, if you would like to change or drop services, you will need to amend your Plan. Please contact the Program Coordinator for guidance in this process.
 - ❖ **2nd and 3rd Year** families will add the new budget to their 3 Year Plan each July. Please **do not delete** information from prior years. If you didn’t use a planned service, you can add “not used”. Start new entries with “2nd Year” or “3rd Year” adding specific budgets for the new year.
 - ❖ If you need assistance with your 3 Year Plan, please contact the ASD Program Coordinator. You may also request an orientation session with the Program Coordinator for a brief overview of the program, and more guidance on how to complete your plan and submit orders. This is completely optional.
 - ❖ Once you have submitted your 3 Year Plan, **please allow 2 weeks for the ASD Program Coordinator to follow up with you**. You may be asked to add detail to goals or budgets for this year’s service action plans.
 - ❖ When the ASD Program Coordinator approves your 3 Year Plan, you will receive notification via e-mail. At this time, you will be able to begin placing Sales Orders on the web store.
 - ❖ Your Sales Orders will be compared to the services and equipment that were approved in your 3 Year Plan. If a service or provider is not already budgeted in your Plan, you will be asked to add a budget to your 3 Year Plan before the order can be approved.

HOW do I PLACE ORDERS for SERVICES?

Go to the ‘ASD Services’ tab:

This is where you will place your Sales Orders. There are 14 Service Categories:

- ❖ Audiology (currently no provider listed)
- ❖ Behavior Therapy
- ❖ Complementary & Alternative Therapies
- ❖ Equipment & Supplies

- ❖ Family Assistance Services
- ❖ Medical Services
- ❖ Occupational Therapy
- ❖ Physical Therapy
- ❖ Psychiatric Services
- ❖ Psychological & Counseling Services
- ❖ Social Integration Services
- ❖ Speech-Language Therapy
- ❖ Therapeutic Recreation and Fitness
- ❖ Vision Therapy

Click on each category to see a list of **Service Providers**, their contact information and their specialty areas. At the bottom of the list, click on the box next to Service Provider and a drop-down menu will display. When you click on a Provider's name, their Rate will display.

• CONTACTING SERVICE PROVIDERS

Always talk with Service Providers BEFORE ordering a service from them on the web store. This will ensure they are available to provide the type of service you need, when and where you need it. It is your responsibility to ask if a Provider can travel to your house or if services are available only at their place of business.

Also, please ask if relevant materials (curriculum materials for tutoring, recreation equipment) are included in their fee or if you will need to order them separately as an Equipment Order.

Once you place an Order and the Program Coordinator approves it, a Service Authorization is sent to the provider with the assumption that you have spoken with that provider and they have already agreed to provide the service.

If you have been working with one of our listed providers prior to the ASD Program, please let them know your family member now accesses funds through the ASD Program.

You will need to place an order for their services and let them know to submit invoices directly to the ASD Program Coordinator, Lucy Williams. Providers have been informed of this process, but it is best if you communicate this to them also.

PLEASE NOTE: ASD FUNDS CANNOT REIMBURSE FAMILIES. NO EXCEPTIONS ARE MADE TO THIS POLICY.

PLEASE ALSO NOTE: It is your responsibility to register your son or daughter for classes, camps, riding sessions, etc., just as it is your responsibility to schedule sessions with providers and follow their cancellation policy.

- **PLACING ORDERS FOR SERVICES**

Orders must be submitted between July 1st and May 31st in order to be approved for the current fiscal year.

PLEASE NOTE: Your Orders must be placed AND approved PRIOR to services occurring.

With the exception of Equipment Orders, please allow 3 business days from your order date for processing.

If there is a question about your order, you will be emailed, so please check your email a few days after you place your order to confirm the order has been fully processed.

Determine the first Service you want to order and then enter:

- ❖ **Service Provider:** Select the provider you want from the drop-down menu. Once you do, the provider's specific rate will display. Some providers may have multiple rates, so please check with the provider for the appropriate rate for the service you are interested in.
- ❖ **Service End Date: This field is required for each order.** Please enter the date you think services will conclude. Even if you are not ordering for the full year, it is simplest to enter the last day of the fiscal year, such as 6/30/2017, in 'Service End Date'. **June 30TH is the last day of each fiscal year. No orders for services will be carried over into the next fiscal year.**
- ❖ **Service Memo:** A few services ask you to include information here. For example: **Camp Director contact information and Start & End Dates for camps.** Please read the item description to confirm if additional information needs to be included in the Service Memo.
- ❖ **Quantity:** (This is the empty box to the left of "Add") Each time you place an order, enter the total number of sessions you wish to order. It is best to order for each service for the entire fiscal year, or as long as you plan on using the service this year. If you place an order for shorter time

spans, please remember to place repeat orders prior to using the last authorized session. Ask the provider for their recommended initial quantity or make a general estimate.

- ❖ **Add:** Once you have selected your Item and completed Service Provider, Service End Date, Service Memo and Quantity, you can 'Add' the Item to your Cart. The screen will then display your **Shopping Cart**. Please review your Cart. Confirm under 'Options' column that your Service Provider, Service End Date & Service Memo are correct. **Please place just one type of Service Item or Equipment Item per order; 'Proceed to Checkout'.**
- ❖ **Checkout:** You will be asked to choose a Billing Address. For protection of your personal information, you have been assigned the Imagine! Dixon Building address and the Program Coordinator's Phone Number. Please do not change these! If prompted, click on "Use this Address".
- ❖ To '**Review & Submit Your Order**', be sure to click '**Submit Order**' by scrolling down to the bottom right hand corner. You will receive an email confirmation that your Sales Order has been submitted. This is NOT an Approval email.
- ❖ **Repeat the entire process for the next Service or Equipment item you wish to order:** Please submit only one item per order for ease of administration.

PLEASE REMEMBER to 'Sign Out' each time you leave the web store to prevent problems logging in the next time. All Tabs have a Sign Out link in the upper right hand corner.

- **What happens after I place my order?**

The ASD Program Coordinator receives notification of your Order. Please allow 3 business days for orders to be processed/approved.

Your Order will be reviewed and compared to your 3 Year ASD Plan. After your order is approved, you will receive an email confirming approval. If there is a question about your order, you will be emailed.

A Service Authorization is then emailed to the Provider, giving them permission to start sessions with your son or daughter and to bill Imagine! for the specific services and quantity you have arranged with them.

Services may begin once you receive confirmation of the approved Order in your email in-box.

You may view the Sales Orders you have placed by going to **'My Account' > Orders > See Orders.**

- **What if I want to make changes to an order?**

- ❖ **If you have not yet submitted the order:** select 'Change Order' in the lower right corner, make your changes and then 'Submit Order'.

- ❖ **If you have submitted your order but have not received an email confirmation that the order has been approved:** Go to 'My Account' > Orders > See Orders and select the order which you want to change > Click Cancel Order.

- ❖ **If you have received email confirmation and the order has been approved:** please email the ASD Program Coordinator to ask for the necessary changes. If you want to discontinue a service, you are responsible for contacting the provider and the ASD Program Coordinator to inform them you no longer wish to receive that service. Authorizations for unused services will be credited back to your funds for that year upon receipt of final billing from the provider.

- **What if we miss an appointment with a Provider?**

The ASD Program cannot pay for missed appointments. If the Provider has a cancellation policy that requires payment for missed appointments, your family will be responsible for paying for any missed appointments.

Please Note: It is your responsibility to notify Providers in advance if you are unable to keep an appointment for any reason.

HOW do I PLACE ORDERS for EQUIPMENT?

Equipment Orders are accepted July 1st - March 1st of each fiscal year.

ASD funds may be used for a product rather than a service. Examples are: Sensory Integration Equipment, other Occupational or Physical Therapy Equipment, Electronic Equipment such as a laptop or iPad.

The following 3-Step Process is required for equipment orders:

Step 1: Include the item(s) in your **3 Year Planning Document**, created when you begin the Program or revised at the start of the 2nd or 3rd Year. Include the **product name** and the **cost of the item**.

Step 2: Submit a **letter of recommendation** for the item(s) from a medical professional or therapist who is familiar with your child's needs. This may be emailed or faxed to the ASD Program Coordinator. In the letter of recommendation, please include:

1. **What** the product is
2. **How** the product will be used
3. **Who** will assist with its implementation and use
4. **What** will be accomplished with the use of this product

Step 3: After Steps 1 and 2 are completed, place an **Equipment Order** in the web store. Please include in the '**Service Memo**' field:

- ❖ **Website** to order from, as well as phone number, when possible
- ❖ **Product name**, item/model number, specifications (color, size, etc.)
- ❖ **Cost** of item(s) and **shipping/handling** cost (Imagine! is a tax-exempt non-profit agency, so no tax will be charged.)

Please note: On the web store, the 'Price' for an Equipment Order is set at \$1.00. Please change the "1" in the "Quantity" field to the actual cost of the item, rounded to the nearest dollar, before you click "Add". The minimum amount for an Equipment Order is \$20.00. Additionally, If more than one product is being ordered from the same website, it helps to create a Shopping Cart and include the link in the Equipment Order.

Place separate Equipment Orders for each website you want us to purchase items from. **Any Order that includes items from more than one website will be delayed in processing.** Please click on '**Submit**' after each website.

Please allow 3 weeks for processing Equipment Orders. Products will be shipped to your home. You can also use the Equipment Order process to request funds to cover Registration fees for parents to attend **Workshops and Conferences** taught by our Service Providers and/or related to Autism Spectrum Disorders, or bus passes for community integration/independence. These types of "equipment" do not require a letter of recommendation.

HOW do I CREATE a PLAN FOR USE for EQUIPMENT ORDERS?

Go to '**My Account**' tab > **Support** > **Contact Support** and complete the

online support form. You are required to use this form for **Equipment Orders** to create a **Plan for Use** (see note on p.12, Step 3). Once a Support Case is created, you may select 'See Support Cases' to view communications.

HOW do I COMPLETE my ASD PROGRESS UPDATES?

Go to 'My Account' tab, click on [New ASD Progress Update](#)

Progress Updates are required twice each fiscal year: in mid-November and in mid-May. You will be notified of the exact due dates each year.

The ASD Program values the progress of all participants and believes it is beneficial and crucial for the family, provider and Imagine! to monitor the progress of participants.

Families are required to request and collect progress notes from their son's or daughter's service providers and then summarize this information in the online ASD Progress Update form.

Progress Updates must be completed in order to continue using ASD funds. Funds will be marked unavailable should this requirement not be met.

Please follow the instructions at the top of the Progress Update form so that the 'Action Plans' from your child's 3 Year Plan will auto-fill.

Please type ONLY in the Progress boxes for those services where Action Plans have auto-filled.

HOW Do I ADD A NEW SERVICE PROVIDER?

The only way new Providers are added to the web store is by request of families in the ASD Program. Potential Providers must complete a contract process with Imagine!

Please locate the form "**Steps to become a Service Provider**" on the 'ASD **Links**' tab in the web store. It is also p.18 of this Manual. Please email this form to a prospective provider who then submits the required information as directed, both on the Imagine! website and to the ASD Program Coordinator. **Potential providers must meet contract requirements and complete the Imagine! contract process or ASD funds cannot be used for their services.**

Complementary & Alternative Providers must additionally provide efficacy research studies showing their practice is evidence-based for treating symptoms of Autism.

ASD funds will not pay for any services delivered until the contract process has been completed and the provider's services are approved and added to the web store.

PLEASE NOTE: It generally takes at least 4 weeks to add a new provider. It may take longer, depending upon how quickly and accurately the provider completes the necessary contract paperwork. Please plan accordingly!

New providers may be added to the ASD Program's web store between July 1st and March 1st of each fiscal year. New providers will NOT be added in April, May or June for the current fiscal year; however, they may be added for the upcoming fiscal year.

COMPLEMENTARY & ALTERNATIVE THERAPIES, FAMILY-RECRUITED EMPLOYEES, SUMMER CAMPS & AFTER-SCHOOL PROGRAMS

- **COMPLEMENTARY & ALTERNATIVE THERAPIES**

At its discretion, Imagine! may agree to fund a professional service or program for complementary therapies, but does not endorse, verify, recommend or vouch for the safety, quality or efficacy of a particular provider, program or treatment.

Please note that these therapies require the following:

- ❖ **A letter of recommendation from a medical professional or therapist who is familiar with your child's needs.** This recommendation should not come from the complementary and alternative therapy provider themselves.
- ❖ **A signed Alternative Therapies Treatment Disclaimer** (located on 'ASD Links' tab). Please print out, sign & send in.

- **FAMILY-RECRUITED EMPLOYEES**

Families in the ASD Program may recruit an individual to provide services as an **Independent Living Counselor**, a **Behavior Staff-person**, or **Tutor** for their son or daughter. Family Recruited Employees are described under **Family Assistance Services**.

Please note: Imagine! does not maintain a list of these providers to offer to families and funds do not pay for Respite providers or overnight supervision. Additionally, Imagine! does not pay overtime for Family Recruited Employees.

To begin the process for a **Family-Recruited Employee**, please email the ASD Program Coordinator with the name and credentials of the prospective provider and **include the activities they will be working on with your son or daughter.**

Tutors are required to have a **current teaching certificate.**

Upon approval by the ASD Program Coordinator, the prospective provider should contact the **Family-Recruited Employee Coordinator**, Jenna Sallee, to schedule an appointment to complete paperwork, hiring process and brief training. Contact: 303-926-6468 or jsallee@imaginecolorado.org

Imagine! is the Employer of Record and pays initial and ongoing administrative costs, including human resources costs to complete hiring, background checks, liability insurance and worker's compensation.

Imagine! will also collect and process all timesheets and Service Delivery Reports (notes about specific activities the employee assisted your family member with). The hourly rate listed in the web store is deducted from your family member's ASD funds and the provider will be paid an hourly rate determined by Imagine's Family-Recruited Employee Program.

Please note: The amount billed to your son's or daughter's ASD funds is greater than the amount paid to the Family-Recruited Employee:

Category	Billing Rate	Starting Pay Rate
I. L. C.	\$19.81/hr	\$12.50/hr
Behavior Staff	\$26.52/hr	\$16.75/hr
Tutor	\$35.88/hr	\$19.43/hr

It is the Family's responsibility to:

- ❖ find a qualified person to work with your son or daughter;
- ❖ email the ASD Program Coordinator with the name and credentials of the prospective provider, including activities they will be working on with your son or daughter;
- ❖ place your order in the Imagine! web store to allocate hours;
- ❖ review and sign timesheets for accuracy and to ensure that the Family-Recruited Employee does not exceed the authorized hours allocated or exceed 40 hours per week before the time sheets are submitted to Imagine!;
- ❖ train the employee as to how to work with your son or daughter.

- **SUMMER CAMPS AND AFTER-SCHOOL PROGRAMS**

All Summer Camps and After-School Programs must be therapeutic in nature and offer staffing and support plans to address behaviors and/or social integration for the success of those with special needs. Summer Camps and After-School Programs are listed in the web store under **Social Integration Activities**.

Please Note: Summer Camps are the exception to the rule that funds must be used during a given fiscal year. Because Camp registration deadlines can be as early as February, families may place orders with this fiscal year's funds to pay for a camp that occurs after June 30th. Please check with the camp to be sure you have the correct rate before placing your order.

When placing your order, please include the specific name of a camp & specific Start & End dates in the 'Service Memo' of your Order along with the Camp Director's contact information.

Families and Camp Staff must create a Support Plan, for either Behavioral Support or Social Integration that outlines how Camp Staff will help the camper be successful.

The Support Plan must be emailed by Camp Staff to the ASD Program Coordinator before payment will occur.

HOW DOES BILLING WORK?

- **Providers submit invoices directly to the ASD Program.** If a provider submits an invoice to your family, please ask them to instead submit it to the ASD Program Coordinator. Invoices may be emailed, faxed or mailed to the ASD Program Coordinator.
- **Bills are processed each month for services delivered in the previous month.** Invoices received later than the 3rd business day of the month following the delivery of services are held for payment until the next month.
- The ASD Program Coordinator processes bills and sends them to Imagine!'s business office for payment.
- **No bills are paid without a prior Sales Order and Service Authorization in place, along with sufficient funds available for the services.** Please make sure you have ordered a sufficient quantity of services so as not to

delay bill processing and payment to the providers for your son's or daughter's services.

- **Funds will not be rolled over into the next year.** You 'use it or lose it'.

HOW do I TRACK HOW MUCH I HAVE SPENT and WHAT I HAVE LEFT?

Go to 'My Account' > Quick View (upper right corner) > Outstanding Orders: Each order you place is added to your Outstanding Orders to reflect the amount that has been spent from your funds.

Each month, an **Expense Report** is emailed to you. This report itemizes the orders you have placed and the bills already paid from your family member's funds. This means it is current through the end of the previous month.

By adding two totals together (**Order Amount Remaining & Amount Spent**), then subtracting the result from this year's total amount, you can determine the balance of funds remaining for the year. **Please review Expense Reports for accuracy.**

If you have ANY QUESTIONS about this Program Manual or the ASD Program in general, please feel free to contact the Program Coordinator at any time by email or phone.

ASD Program Manual Acknowledgment Form

Once you have read the preceding ASD Program Manual, please print out, read and sign this page. Please fax, mail or email it back to the ASD Program Coordinator at 303-665-2648 or Imagine! 1400 Dixon Avenue, Lafayette CO 80026 within one week of the date of receipt.

- ❖ I have received a copy of the Imagine! Autism Spectrum Disorders Program Manual for 2016-17;
- ❖ I have read and understood the ASD Program Manual and I agree to follow the requirements explained therein and to self-direct the use of funds for my son or daughter;
- ❖ I understand that I may contact the ASD Program Coordinator regarding any questions I may have about the Manual, the web store, the 3 Year Plan, the Progress Updates or any other aspect of the ASD Program.

ASD Enrollee's Name (your son or daughter)

Signature of Parent/Guardian

Printed Name of Parent/Guardian

Relationship to ASD Enrollee

Date

Steps to become a Service Provider with Imagine!

ASD Program in Family Services

NOTE: Imagine!'s fiscal year runs from July 1 to June 30. Contracts are renewed each June for the upcoming fiscal year. Provider applications must be submitted by March 1 to be processed for the current fiscal year. Applications received after March 1 will be held for the next fiscal year.

Step 1

A provider must be requested by a family enrolled in the ASD program to be considered a candidate for the contract process. Please complete the online Provider Application form at:

<http://www.imaginecolorado.org/services-provider-app>

Please complete the entire 2 page form (generally Type 1 or 2):

- Be sure to attach Resume or CV when you email the completed form to Imagine!'s Contract Administrator, Kit Peiffer.
- You will be contacted by the ASD Program Coordinator for additional information regarding:
 - Name of the family requesting your services;
 - Credentials and education;
 - Experience serving individuals with intellectual and developmental disabilities for ages 3-22;
 - Languages spoken;
 - Cities where you work;
- Brief description of each service to be offered to Imagine! families. Please note: each service offered must be itemized in order to be listed on the web store;
Rate per hour or ½ hour for each service provided.

Step 2

Upon review, an Imagine! contract packet is mailed to the provider. This step requires the following information:

- Signed Contract, including all applicable exhibits and completed HIPAA addendum;
- Completed W-9 with Employer Identification Number (EIN) & proof of business registration with CO Secretary of State:
<http://www.sos.state.co.us/pubs/business/businessHome.html?menuheaders=2>
- Imagine! Exhibit 1 - "Services to be performed";
- Pinnacol "Declaration of Independent Contractor Status" Form or Worker's Compensation Insurance - current certificate;
- Central Registry of Child Protection Form;
- Release Authorization for criminal background check;
- Proof of General Liability and Professional Liability Insurance (Current Certificate of Insurance) in the amounts of \$1,000,000 for each;
- If Applicable, for vehicles used to transport clients, submit proof of *Automobile Liability Insurance* with a minimum combined single limit of \$1,000,000 for each accident for any **company** vehicle or minimum liability insurance coverage of \$300,000 per accident for any **personal** vehicle;
- Copy of Licensure or Professional Certification (Current license);
- 2 Letters of Recommendation;
- See also: http://www.imaginecolorado.org/PDFs/PROVIDER_PROCESS/ProviderAssurances.pdf

Step 3

Upon successful completion of Imagine!'s contract process, the provider receives a welcome letter outlining:

- Service Authorizations
- Billing procedures
- Submission of progress notes & recommendations to the family <http://www.imaginecolorado.org/ASD>