



Autism Spectrum Disorder Program Manual

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WELCOME TO THE ASD PROGRAM

Your family member is now enrolled in the Autism Spectrum Disorder Program (ASD) 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 that 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.

The ASD Program is funded by Boulder & Broomfield County Mill Levy funds. It was created by Imagine! in tandem with The Autism Society of Boulder County.

Contact Information: Emma Goodenow

ASD Program Coordinator

Imagine!

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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:

- ASD Program consumer 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.
- ASD Program consumer must live in Boulder County or be accepted into the 6 open slots in Broomfield County.
- ASD Program consumer is between the ages of 5-26. (Individuals who are 18 years or older need to provide proof of U.S. Citizenship to receive services)
- ASD Program consumer must live at home with their parents or guardian, or request an exemption in writing for other living arrangements.

- ASD Program consumer is not eligible for 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).

THE MOVING PARTS OF THE ASD PROGRAM

Where to start?

You are receiving this manual with assumption that the ASD Coordinator has found your family member eligible for the ASD Program. In the next week, the Coordinator will work with Imagine!'s IT department to get your login to you. You must read through this document and return the attached acknowledgement form in order to begin using your ASD Program funding.

Your main way of communicating the services you would like paid for by the ASD program is the Webstore. While it can be difficult to navigate at first, it makes it easier for both your family to communicate your needs with the Program Coordinator. The Webstore allows the Coordinator to keep this program as "family-led" as possible, as the ASD Program Coordinator position is only part time.

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**, and then followed by 4 or 5 digits, randomly assigned.

Below is an example:

Client Name: Temple Grandin:

UNIQUE ID: **GRTE1947-12345**

ASD Program Webstore

The Web Store is the main way you will communicate requests to the ASD Coordinator. It acts as an online shopping store of service providers and service offerings.

You will need to use the assigned Unique Identifier in the ASD Program Web Store for certain processes within the webstore. Keep in mind, the Web store will recognize you by your child's Unique ID and not by your family member's name.

How do I access and navigate the Web Store?

Please go to the ASD Tab on the Imagine! website (<https://imaginecolorado.org/services/autism-spectrum-disorder-program>). At the top of the tab, there is a link for the Webstore.

On the **Welcome** page, in the upper right hand corner you will see 'Please **click here** to log in'.

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. Your password is the 1st two letters of your child's last name (lower case) and the 1st two letters of their first Name (lower case), plus the number 220 and two exclamation marks after. **The Unique Identifier is NOT your web store Password.**

Password example for Temple Grandin: **grte220!!**

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?

'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.

ASD 3 Year Planning Document

It is required that you complete your 3 Year Plan before ordering any services in the webstore and within the first 2 weeks of your enrollment date. If you need additional time to complete your plan please notify the ASD Coordinator. Please explore 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 child. Please work with your team of medical & therapy providers to create a comprehensive plan for budgeting your ASD Funds so that your child receives the greatest possible funding benefit. 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.

How Do I Complete My ASD Online Planning Document?

Go to 'ASD Links' tab and click on: **ASD ONLINE PLANNING DOCUMENT**

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 developmental growth or 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. We also recommend subscribing to the ASBC newsletter to receive information on resources in the community for your child.

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, please see "**How Do I Add a New Service Provider?**" Section beginning on page 10 of this manual and contact the ASD Program Coordinator to begin that process.

- ❖ Next, **enter specific Budgets for the 1st Year of ASD funds**: services and equipment totaling no more than \$5,000 if in Boulder County or \$3,000 if you reside in Broomfield. Please include the following information in the **Action Plan** for your 1st Year (January 2021-December 2021), 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 January in the event that their child's goals have been reached or need to be adjusted. 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 via telephone or Zoom 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 a week for the ASD Program Coordinator to follow up with you** with any suggested additions/clarification to your plan.
- ❖ When the ASD Program Coordinator approves your 3 Year Plan 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 throughout the funding year before the order can be approved.

Imagine! Contracted Service Providers

Go to the 'ASD Services' tab: There is also a short cut to ASD Program Contracted Providers by accessing the navigation pane down the left side of the screen.

There are **14 service categories of available services:**

- ❖ Audiology
 - Audiology Evaluations, Central Auditory Processing Testing, Ear Filter, etc.
- ❖ Behavior Therapy
 - Evaluation and individual behavior therapy sessions including parent training courses.
- ❖ Complementary & Alternative Therapies
 - Chiropractic, Acupuncture, Brain Integration Therapy, Neurodevelopmental Movement Therapy, Nutrition therapy, Nature Therapy.
- ❖ Equipment & Supplies
 - Communication Devices, Computers/Software, OT and/or PT Equipment, ASD Related Conferences, etc.
- ❖ Family Assistance Services
 - Family Recruited Employees (Individual Living Counselors, Behavior, Staff, Tutors), and Professional Tutors.
- ❖ Medical Services
- ❖ Occupational Therapy
 - Evaluations and Sessions
- ❖ Physical Therapy
 - Evaluations and Sessions
- ❖ Psychiatric Services
- ❖ Psychological & Counseling Services
 - Evaluations and Individual Sessions
- ❖ Social Integration Services
 - After School Programs, Parent Training Classes, Music Therapy, Social Skills Groups (anger management, and friendship), and Summer Camps.
- ❖ Speech-Language Therapy
 - Literacy and language classes, Evaluations, and individual sessions.
- ❖ Therapeutic Recreation and Fitness

- Hippotherapy, Therapeutic Fitness Training, Therapeutic Riding, Therapeutic Swim Instruction, Therapeutic Recreation and Fitness classes (adaptive sports, martial arts, swimming lessons etc.), and Therapeutic Yoga Instruction.
- ❖ Vision Therapy
 - Evaluations, Progress Exams, and Vision Therapy.

Services do not include:

- Reimbursement to a family for services or supports purchased by the family
- Support from a family member that is typically thought of as support that a child without ASD would receive
- The cost of nutritional supplements, food, or medications
- Any services that occur outside of Colorado

Click on each category to see a list of **Service Providers**, their contact information and their specialty areas. You may also access this page by utilizing the short cut to service category types located on the left side of the screen under **'ASD SERVICES.'** At the bottom of the list, click on the drop down menu next to Service Provider to select. 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. Please confirm rates with services provider and notify ASD Program if it does not match with information in Webstore.

Once you place an order for services and it has been approved by the ASD Coordinator, a Service Authorization is sent to the provider to communicate the number of sessions ordered and approved.

If you are working with a provider who is **NOT** contracted with the ASD Program, please see "How Do I Add a New Service Provider?" on page 10 of this manual.

****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. In addition, it is YOUR RESPONSIBILITY to request for your providers to become contracted with Imagine!. The Coordinator can support with the process once the provider has committed to becoming contracted with Imagine!. If they don't feel comfortable, or simply don't want to, then it may not be a good fit for utilization of funding and you may work with the ASD Program Coordinator to find other uses of ASD Funding that will benefit your child.

Placing Orders For Services

Orders must be submitted between January 1st and November 31st in order to be approved for the current funding year.

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

Please allow 5 business days from your order date for processing of all orders for service providers. ASD Program Coordinator will follow up with you with questions or concerns regarding your service order.

Components of service order: located in Webstore in related Service category tab.

- ❖ **Service Provider:** Select the provider you want from the drop-down menu. Once you do, the provider's rate will display. You should have already discussed provider's rate with provider prior to entering sales order. Please note: Some providers have multiple rates so be careful to choose the rate discussed with provider beforehand to ensure accurate billing. If you are having a portion of it covered by Medicaid, please communicate that with the provider and ASD Coordinator so that sales order is adjusted to match rate owed by Imagine! ASD Program minus insurance coverage.
- ❖ **Service End Date:** This field is required for each order. Please enter the last date of the calendar/funding year, such as **12/31/2021. December 31st is the last day of the Boulder and Broomfield County funding year. No orders for services will be carried over into the next year.**
- ❖ **Service Memo:** Please include any information you think may be relevant for ASD Coordinator to know about this sales order. **For example:** Camp Director contact information and start & end dates for camps, accurate rate if listed incorrectly in webstore or rate agreed upon with provider that is different from rate listed in webstore, etc.
- ❖ **Quantity:** Each time you place an order, enter the total number of sessions you wish to order between 1/1 and 12/31 of funding year. It is best to order each service for the entire funding year. If you place an order that will not cover full calendar year, please remember to place additional orders prior to using the last authorized session. Please contact provider for their recommended initial quantity or make a general estimate. **For example,** if your provider intends on providing services weekly for your child, enter a sales order at the beginning of the funding year for 52 sessions. Please reach out to ASD Coordinator if sales orders need to be adjusted.
- ❖ **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.

The ASD Program Coordinator will receive notification of your order and email you with any questions or clarification needed in order to approve your sales order. As a reminder, these sales orders will be reviewed and compared to your 3 Year Plan. Please allow up to 5 business days for orders to be processed/approved. If your order is approved, you will receive an email with receipt of approval. Please review this receipt and save for your records. You are responsible for keeping track of your child's funding.

A Service Authorization is then emailed to the Provider with # of sessions approved. Services may begin once you receive confirmation of the approved Order via e-mail unless indicated otherwise.

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

Making 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 or need to make edits to a preexisting order. Authorizations for unused services will be credited back to your funds for that year.

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 January 1st – November 31st of each funding year.

ASD funds may be used for a product rather than a service. Examples are: Sensory Integration Equipment, Occupational or Physical Therapy Equipment, Assistive Technology such as a laptop or iPad, software programs that target skills or emotional regulation, etc. Letter of recommendation is required for purchase of equipment items. Please reach out to ASD Coordinator if you are unsure whether an equipment item can be paid for using ASD funding.

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 (direct links are preferred) or contact person and phone number where applicable (i.e. for summer camps, sport teams, enrichment classes, etc).
- ❖ **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. Some types of equipment require additional products to be ordered with them. For example, computers/tablets require purchase of a 2 year protection plan, and a protective case. Please discuss other requirements with the ASD Program Coordinator.

If you are ordering Equipment from various companies, please submit each order separately. 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 Complete My ASD Progress Updates?

Go to '**My Account**' tab, click on **New ASD Progress Update**

Progress Updates are required in July of each funding year. 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.

To complete your Progress Update please log on to the web store, go to the 'My Account' tab, and click on "New ASD Progress Update." Here you will enter the Unique ID Code that has been assigned to your family member: in caps, the 1st two letters of the Last Name and 1st two letters of the First Name, followed by the 4-digit birth year. That should be enough to pull up the whole code. When you click on it, all the info from your 3 Year Plan should auto-fill in the Action Plan fields. Please type **ONLY** in the Progress boxes for those services where Action Plans have auto-filled.

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.

How Do I Add a New Service Provider?

New Providers are added to the web store 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 Autism Spectrum Disorder Program page of the Imagine! website (<https://imaginecolorado.org/services/autism-spectrum-disorder-program>). Any prospective provider will use this form to submit the required information as directed. **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 and background check. Please plan accordingly!

New providers may be added to the ASD Program’s web store between July 1st and March 1st of each funding year. New providers will NOT be added in April, May or June for the current funding year; however, they may be added for the upcoming funding 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 a detailed plan with information about 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 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:

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 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**.

When placing your order, please include the specific name of a camp, contact information or any other relevant 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. If there is a camp that does not incorporate a support plan, please contact ASD Coordinator to discuss options.

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 5th 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'.

Tracking ASD Program Spending & Expense Reports

As a reminder, the ASD Program is a "family-led" program. This means that families are responsible for working with their child's support team to direct ASD Program funding to the therapies/equipment items that will maximize benefit for the child. It also means that families are responsible for keeping track of their child's spending and remaining funds to ensure that the child does not run out of funding before the end of the year. Once a child's funding amount is reached, families are responsible for privately paying for services from Imagine! contracted providers until funding is renewed at the first of the year. At any time, you may request a copy of your child's expense report from the ASD Program Coordinator to double check charges and ensure that billing is on track. Below is an example of an ASD Program expense report with information on each of its components:

ASD Equipment: You will see this for any equipment purchases as well as any payments made to vendors who do not have contracts with Imagine! For example, if your child utilizes ASD Funding for Karate lessons, climbing gyms, baking camp, etc (only turned in a W9 as opposed to becoming contracted) this service will show up as Equipment because they do not have their own line item title within our system.

Amount Spent: Amount of ASD Funding that has already been spent via provider invoices/ equipment for the funding year.

ASD Expense Report:

DATE	CONSUMER	ITEM NAME	RATE	TOTAL ORDER AMOUNT	QUANTITY ORDERED	QUANTITY RECEIVED	QUANTITY REMAINING	AMOUNT SPENT	ORDER STATUS
12/6/2020		ASD Equipment - Generic (E&S)-GenericVendors	\$1.00	\$0.00	70.47	70.47	0	\$70.47	Closed
1/31/2021		ASD Occupational Therapy-OTS45min	\$150.00	\$0.00	8	8	0	\$1,200.00	Open
1/31/2021		ASD Social Skills Groups-LAARC300	\$400.00	\$800.00	3	1	2	\$400.00	Open
1/31/2021		ASD Psychology & Counseling-LAARC	\$130.00	\$780.00	8	2	6	\$260.00	Open
Total				\$1,580.00				\$1,930.47	

Total Order Amount:
Dollar amount allotted and approved towards a contracted provider service; money has not been spent and is available towards that service.
For example, at this time, there is \$780 available and approved towards LAARC psychology and counseling. If an invoice from LAARC is received and processed for 2 sessions at \$260, this column will decrease to \$1320 and "Amount Spent" column will increase to \$2190.47. You will also see the "quantity ordered" column decrease to 4 and the Quantity received increases to 4.

To find your remaining available funding for the year, subtract your Total Order Amount and Amount Spent from your yearly grant total. If you have allotted money to a service that you no longer need or need to adjust the number of sessions allotted, please reach out to the ASD Coordinator for assistance.

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

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;
- ❖ 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

