**Imagine!**

**Program Approved Service Agency (PASA) Contact Information**

Please complete this form and return to Imagine! if you are billing directly to Medicaid or through a billing agent. If you are applying to enter into an OHCDS billing relationship with Imagine!, please complete the online application at: <http://www.imaginecolorado.org/ProviderApplicationInformation.htm>. If you would like to fill in this form electronically, please email the completed form to me at [mconkey@imaginecolorado.org](mailto:mconkey@imaginecolorado.org)

|  |  |  |  |
| --- | --- | --- | --- |
| Name of PASA: | | | |
| Medicaid Provider #: | | | Date Medicaid # Received: |
| Name of Primary Contact: | | | |
| Title: | | | |
| Name of Secondary Contact: | | | |
| Title: | | | |
| Mailing Address: | | | City:       State:       Zip: |
| Physical Address: | | | City:       State:       Zip: |
| Phone: | | | Fax: |
| Email Address Name: | | | Email Address: |
| Additional Email Address Name: | | | Additional Email Address: |
| Name of Request for Proposals (RFP) Contact: | | | |
| RFP Contact Phone: | | | RFP Contact Email: |
| Website: | | | |
| New PASA? Yes  No | | **OR** is the PASA expanding to Imagine! Yes  No | |
| Date of DIDD PASA program approval: | Date of last DIDD survey: | | |
| The provider will: Bill Medicaid directly  Use a billing agent  Bill through Imagine! | | | |

For which Community Centered Board(s) does the Provider have ***DIDD Program Approval***?

Have you/your agency provided services for Imagine! in the past? Yes  No

If yes, under what name were services provided?

Projected start date in the Imagine! CCB area:

Services to be provided (check all that apply):

|  |  |
| --- | --- |
| Assistive Technology (SLS/CES) | Behavioral Supports (DD/SLS/CES) |
| Community Connector (CES) | Group Residential Services (DD) |
| Homemaker (SLS/CES) | Individual Residential Services (DD) |
| Mentorship (SLS) | Movement Therapy (DD/SLS/CES) |
| Personal Care (SLS/CES) | Pre-Vocational (DD/SLS) |
| Respite (SLS/CES) | Specialized Habilitation (DD/SLS) |
| Supported Community Connections (DD/SLS) | Supported Employment (DD/SLS) |
| Transportation (DD/SLS) | Family Caregiver Provider |

Please return this completed PASA Contact Information form to Michelle Conkey at [mconkey@imaginecolorado.org](mailto:mconkey@imaginecolorado.org)

Fax 303 665-2648

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