**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 mshanley@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:       |
| After Hours Emergency Number:       |
| 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 Shanley at mshanley@imaginecolorado.org

 Fax 303-926-6498

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