CIMOR Organization Change Form
Instructions

Complete one form for EACH Organization address requiring updates. If an entire site is moving and ALL services will be offered at the new location, one form will be accepted for the change. This form WILL NOT be accepted to request certification changes. Those requests must be made directly to the DBH Certification Unit.

Definitions: Organization - Provider or Agency
Primary Address - Physical Location of the Site
Executive Director - Chief Executive Officer, President or SATOP Administrator

Section 1: ALL FIELDS IN THIS SECTION ARE REQUIRED FOR ALL REQUESTS

Reason for Request - Include a detailed description of the changes requested in the form. Completion of this description does not replace completing the rest of the form.
Effective Date - Date on which the changes will go into effect.

Section 2: Complete ONLY if changes need to be made to the Organization Name or Executive Director

Previous Organization Name - The former name of the organization that is currently showing in CIMOR.
New Organization Name - The organization name as you want it to read in CIMOR.

NOTE: The Parent Organization Name in CIMOR **MUST** exactly match the name register on the agency's Federal Tax ID.

Previous Executive Director - The name of the former CEO/President/SATOP Administrator as it currently appears in CIMOR.
New Executive Director - The name of the new CEO/President/SATOP Administrator as you want it to appear in CIMOR. Please include the Executive Director's Title.

Section 3: All fields are required when adding new locations or requesting changes to the Physical/Primary Billing and/or Mailing Address

Administrative Site - Check this box if the site you are requesting changes for is the Administrative location.
Previous Address - Complete this information to identify the location in CIMOR requiring changes.
New Address - Complete this information when a change to the existing address is required or to add new site.
Primary Address - Physical address for the location. This is required on all sites in CIMOR.
Billing Address - Optional address can be added if different from the Physical address.
Mailing Address - Optional address can be added if different from the Physical and/or Billing address.

NOTE - New location must include a Primary Daytime Phone number and the additional 4 digit zip code extension.

Section 4: Complete the Add/Delete drop down boxes ONLY if changes are required or for a new location

Add - Select 'Add' for new programs and levels that will be offered at the location.
Delete - Select 'Delete' for programs and levels that will be no longer offered at the location.

'Completed By' and 'Regional Representative' Digital Signatures are required for ALL Requests

Completed By - Digital Signature of the person completing the form.
Phone Number - The primary daytime contact number for the person who digitally signed the request.

Regional Representative Digital Signature is required for all requests.

E-mail the completed form with digital signature to the appropriate regional representative:

Eastern Region: Lynne Allar-Meine (Lynne.Allar-Meine@dmh.mo.gov 314-877-0389)
Central Region: Brooke Dawson (Brooke.Dawson@dmh.mo.gov 573-751-2257)
Southeast Region: Tom Kimbro (Tom.Kimbro@dmh.mo.gov 573-368-2298)
Western Region: Angie Lewis (Angie.Lewis@dmh.mo.gov 816-482-5779)

For questions about this form, please contact your regional office at the numbers listed above.

DEPARTMENT OF MENTAL HEALTH
CIMOR ORGANIZATION CHANGE FORM

SECTION 1: Identification and Reason(s) for Request (REQUIRED FOR ALL REQUESTS)

Organization Name:

Reason for Request:

Effective Date of Changes:

SECTION 2: Organization Name & Executive Director (Complete ONLY if changes are required)

Previous Organization Name:

New Organization Name:

Previous Executive Director:
(Name/Title)

New Executive Director:
(Name/Title)

SECTION 3: Address/Phone/Contact Person (Previous Address is required for all changes)

Primary Address (Physical Location of Site) Action ☐ Administrative Site

Previous

Street Address

City State Zip Code (xxxxx-xxxx)

New

Street Address

City State Zip Code (xxxxx-xxxx)

County

Primary Daytime Phone (xxx) xxx-xxxx Site Fax Number (xxx) xxx-xxxx

Primary Contact Person/Title Contact Person's Email Address

Billing Address Action ☐ Same as Primary

Previous

Street Address

City State Zip Code (xxxxx-xxxx)

New

Street Address

City State Zip Code (xxxxx-xxxx)

County

Mailing Address Action ☐ Same as Primary

Previous

Street Address

City State Zip Code (xxxxx-xxxx)

New

Street Address

City State Zip Code (xxxxx-xxxx)

County

SECTION 4: Select ADD or DELETE on appropriate levels of services. List the affected contract in the box at right.

Compulsive Gambling

Compulsive Gambling		Contract#

CSTAR

	Residential	Level 1	Level 2	Level 3
Adolescent				
		Contract#		
General Population				
		Contract#		
General Population Enhanced				
		Contract#		
Women & Children				
		Contract#		
Women & Children Enhanced				
		Contract#		

Women & Children Alt Care	Residential	Level 1	Level 2	Level 3
		Contract#		
Detox Program	MMID	Social Setting		
		Contract#		
Opioid		Contract#		

General Treatment

Primary Recovery Plus				
Detox - SS	Residential	Level 1	Level 2	Level 3
		Contract#		
ATR Treatment		Contract#		
General Treatment		Contract#		

Substance Abuse Traffic Offenders Program (SATOP)	Contract#	
Offender Management Unit (OMU)		
Offender Education Program (OEP)		
Adolescent Diversion Education Program (ADEP)		
Weekend Intervention Program (WIP)		
Clinical Intervention Program (CIP)		
Youth Clinical Intervention Program (YCIP)		
Serious and Repeat Offender Program/Level IV (SROP)		
Required Education Assessment & Community Treatment (REACT)		

Support Services

Recovery Support Access	Contract#	
Recovery Support	Contract#	
Transitional Housing	Contract#	

Prevention

Targeted	Contract#	
Primary	Contract#	
Statewide Resource Center	Contract#	

Department of Corrections

	Phase 1	Phase 2	Phase 3
Free & Clean Plus			
	Contract#		
Partnership for Community Restoration	Phase 1	Phase 2	Phase 3
	Contract#		

STL Education		Contract#	
Case Management		Contract#	

Certified Non-Contracted Services

Detoxification - Medical	
Detoxification - Modified Medical	
Detoxification - Social Setting	
Residential	
Opioid	
Institutional Corrections	
Outpatient – Community-based Primary Treatment	
Outpatient – Intensive Outpatient Rehabilitation	
Outpatient – Supported Recovery	

Completed By:

Contact Email

Primary Daytime Phone (xxxx) xxx-xxxx

Regional Rep:

Regional Representative Comments:

Modified Date: 1/11/2017 (ks)