Support Coordinator Flowchart
Applying for Central Missouri Autism Project (CMAP)
Shared Unit Services

Verify Eligibility for CMAP Services in CIMOR

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Meet with Family to Develop Individual Support Plan

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Provide Family with Autism Information & Resource Packet

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Discuss CMAP's Service Directory with Family

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If family consents, complete the CMAP Autism Referral Packet that includes:

1. CMAP Provider and Services Choice Form
2. CMAP Referral Form
3. Individual Support Plan with documentation of need for services tied to an outcome
4. Budget Summary (Sheet)/IPC Form (with provider(s), services, CIMOR codes, and units filled in)

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Submit the CMAP Autism Referral Packet to the Utilization Review Committee.

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Upon approval, the UR Lead will fax completed Choices and Referral forms to the designated providers.

Support Coordinator Flowchart
Ending Central Missouri Autism Project (CMAP) Shared Unit Services

Services provided through the Central Missouri Autism Project (CMAP) will end when:

An Individual:

Has enrolled in a Medicaid Waiver, or

Is discharged from the Division of Developmental Disabilities, or

Declines to continue receiving Autism Project services, or

The individual transfers to a region where the Autism Project business model does not offer similar services

Complete Provider Disenrollment Form for CMAP Services

Fax Disenrollment Form to provider.

File original and fax cover sheet in case record.

*Fax/scan/send Disenrollment Form to Utilization Review Coordinator at DD Regional Office.

OR

Autism Project Provider sends Support Coordinator:

Plan Completion Summary indicating Inactive Status, or

Not Interested Letter, or

Exhausted Benefits of Intervention Letter

Complete Provider Disenrollment Form for CMAP Services

*Fax/scan/send Disenrollment Form to Utilization Review Coordinator at DD Regional Office.

* Method of transmitting information between organizations will be governed by HIPAA. Encrypting or faxing are acceptable methods of ensuring privacy.

12/14/12 kp