



State of Missouri
Department of Mental Health
Division of Developmental Disabilities
FY17 Provider & Services Choice Form for Central Missouri Autism Services

Individual Name	Date of Birth
Medicaid Number	DMH ID Number

Before proceeding with certification and signatures, providers and services must be chosen on the reverse side or page 2 of this form.

Individual/Parent/Guardian/Designated Representative Certification and Signature(s) Section	
1. I certify that I have chosen the provider(s) and service(s) on page 2 of this document. 2. I certify that I have been informed that enrollment in a Medicaid Waiver prohibits receiving services from the Central Missouri Autism Project.	
Individual	Date
Parent/Guardian/Designated Representative	Date
Name of Person to be Contacted by Provider	Phone

Support Coordinator Certification and Signature Section	
1. I certify that the individual/parent/guardian/designated representative has chosen the provider(s) and service(s) herein. 2. I certify that I have informed the individual/parent/guardian/designated representative that enrollment in a Medicaid Waiver prohibits receiving services from the Central Missouri Autism Project.	
Name of Support Coordinator (please print name legibly):	
Email	Phone
Support Coordinator Signature	Date

Individual Name	DMH ID Number
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Request the following core services that correspond to the provider or providers chosen at 1 unit for 19F001 and 1,200 units for all other services:

Easter Seals Midwest (serves CMRO & Hannibal, Kirksville, and Rolla Satellite Office catchment areas)

19F001 Assessment	35B00T Family Resource Services Phone
942A0H Autism Training Individual	94200A Parent Training Individual
943A0H Autism Training Group	94201A Parent Training Group
52A00H Community Inclusion Individual	440400 Respite Individual
53A00H Community Inclusion Group	440500 Respite Group
35B001 Family Resource Services	15100H Social Skills Groups

Judevine Center for Autism (serves Chariton & Randolph Counties and Hannibal & Kirksville Satellite Office catchment area)

19F001 Assessment	35B001 Family Resource Services
35B00T Family Resource Services Phone	

X	CIMOR Code	Specialized Autism Services	Provider Choice	
<input type="checkbox"/>	19F001	Assessment (Maximum 1 unit/yr)	<input type="checkbox"/> Easter Seals	<input type="checkbox"/> Judevine
<input type="checkbox"/>	942A0H	Autism Training Individual	<input type="checkbox"/> Easter Seals	<input type="checkbox"/> Judevine
<input type="checkbox"/>	943A0H	Autism Training Group	<input type="checkbox"/> Easter Seals	<input type="checkbox"/> Judevine
<input type="checkbox"/>	491611	ABA: Consultation & Intervention	<input type="checkbox"/> Easter Seals	<input type="checkbox"/> Judevine
<input type="checkbox"/>	491640	Registered Behavior Technician	<input type="checkbox"/> Easter Seals	<input type="checkbox"/> Judevine
<input type="checkbox"/>	52A00H	Community Inclusion Individual	<input type="checkbox"/> Easter Seals	<input type="checkbox"/> Judevine
<input type="checkbox"/>	53A00H	Community Inclusion Group	<input type="checkbox"/> Easter Seals	<input type="checkbox"/> Judevine
<input type="checkbox"/>	580300	Pre-employment – ILS Individual	<input type="checkbox"/> Easter Seals	
<input type="checkbox"/>	19500H	Pre-employment – ILS Group	<input type="checkbox"/> Easter Seals	
<input type="checkbox"/>	35B001	Family Resource Services	<input type="checkbox"/> Easter Seals	<input type="checkbox"/> Judevine
<input type="checkbox"/>	35B00T	Family Resource Services Phone Support	<input type="checkbox"/> Easter Seals	<input type="checkbox"/> Judevine
<input type="checkbox"/>	94200A	Parent Training Individual	<input type="checkbox"/> Easter Seals	<input type="checkbox"/> Judevine
<input type="checkbox"/>	94201A	Parent Training Group	<input type="checkbox"/> Easter Seals	<input type="checkbox"/> Judevine
<input type="checkbox"/>	440400	Respite Individual	<input type="checkbox"/> Easter Seals	<input type="checkbox"/> Judevine
<input type="checkbox"/>	440500	Respite Group	<input type="checkbox"/> Easter Seals	<input type="checkbox"/> Judevine
<input type="checkbox"/>	15100H	Social Skills Groups	<input type="checkbox"/> Easter Seals	<input type="checkbox"/> Judevine
<input type="checkbox"/>	15103H	Social Skills Curriculum Based	<input type="checkbox"/> Easter Seals	<input type="checkbox"/> Judevine

Please note: For provider information, service descriptions and SC Roles & Responsibilities, refer to the Central Missouri Autism Services Directory at <http://dmh.mo.gov/dd/autism/central/centralproject.html>.

Central, Southeast & Southwest MAP (Missouri Autism Project)

- ❖ The *Support Coordinator Roles & Responsibilities* are covered under *Funding Basics* in the *Support Coordinator Manual* at <http://dmh.mo.gov/dd/manuals/scmanual.html>
- ❖ Unabridged *Regional Support Coordinator Roles & Responsibilities* and *Forms* can be found by linking to your *Regional Autism Project Webpage* from: <http://dmh.mo.gov/dd/autism/autismprojects.html>

Central, Southeast & Southwest MAP Abridged Support Coordinator Roles & Responsibilities

New Plans

1. Verify that the individual has an open Episode of Care in CIMOR and an ASD Diagnosis
2. Provide the family with the *Autism Information & Resource Folder*
3. Review with families the description of services in the regional ***Service Directory***, identify their service needs, justify the need for each service in the plan, and tie each service to a measurable outcome.
4. Complete **Referral Packet**
 - ***Individual Support Plan (ISP)*** with documentation of need for each service tied to an outcome
 - Regional ***Services & Provider Choice Form***
 - Regional ***Provider Referral Form*** (only needed for providers that have not served the individual)
 - ***Budget Summary*** with providers(s), services, CIMOR codes, and units per service per plan year
5. Submit the Referral Packet to the Utilization Review Committee.

Plan Amendments

1. Create an amendment for additional services needed, justify the need for each additional service, tie each service to a measurable outcome.
2. Complete the regional ***Services & Provider Choice Form*** and ***Budget Summary*** with providers(s), services, CIMOR codes, and units per service.
3. Submit the amendment, choices form and budget to the Utilization Review Committee.

Annual Plan Reviews

1. Review the regional ***Service Directory*** (services may have been added or removed), identify service needs, justify the need for each service in the plan, tie each service to a measurable outcome.
2. Complete new regional ***Services & Provider Choice Form***.
3. Complete new ***Budget Summary*** with providers(s), services, CIMOR codes, and units per service per plan year.
4. Only complete a new regional ***Provider Referral Form*** for providers that have not previously served the individual.
5. Submit the ISP, choices form, budget (and referral form if appropriate) to the Utilization Review Committee.

Ending Autism Project Services

1. Complete the regional ***Provider Disenrollment Form***
2. Distribute copies to Individual/Family, Providers, and Regional Office Utilization Review Lead.

Please Note

- ❖ See the regional *Service Directory* for service descriptions, provider requirements, service limitations, authorization & utilization information, service documentation, provider information, etc.
- ❖ Services funded through Missouri Autism Projects are processed the same as all other plans.
- ❖ Upon final approval (or disapproval) of the individual support plan or individual support plan amendment by the Regional Director or designee, the individual and/or responsible party, Support Coordinator, and provider(s) will be notified within 10 working days.
- ❖ Services may not be provided and authorizations will not be entered into CIMOR without prior approval.
- ❖ Service monitoring provided in the natural home is governed by Directive 3.020 <http://dmh.mo.gov/dd/directives/docs/directive3.020.pdf> On page 3 of that Directive is a table that identifies services that may be monitored by quarterly contact and annual face-to-face plan renewals. There is an asterisk that identifies such services as being funded through Choices for Families or POS, both general revenue funding categories. Because Autism Project funding is general revenue only, that is the category under which service monitoring falls. However, please note, these guidelines illustrate a **“minimum standard. It is expected that Support Coordinators exercise professional judgment and increase visits according to the individual needs of people.”**