



State of Missouri
 Department of Mental Health
 Division of Developmental Disabilities
FY16 Provider & Services Choice Form for Central Missouri Autism Project 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
<p>Please note that the following providers have the following minimum requirements for authorizations:</p> <p>Easter Seals Midwest* 19A001 94200A 94201H 94202H 94302H 35B001 35B00T</p> <p>*Provider does not require four parent trainings, but requests that all parent training codes are included for Authorizations.</p>	

X	CIMOR Code	Service	Provider Choice
<input type="checkbox"/>	19A001	Specialized Autism Assessment	<input type="checkbox"/> Easter Seals Midwest
<input type="checkbox"/>	942A0H	Specialized Autism Training	<input type="checkbox"/> Easter Seals Midwest
<input type="checkbox"/>	491601	Functional Behavioral Assessment	<input type="checkbox"/> Easter Seals Midwest
<input type="checkbox"/>	491611	Senior Behavior Consultant	<input type="checkbox"/> Easter Seals Midwest
<input type="checkbox"/>	491621	Behavior Intervention Specialist	<input type="checkbox"/> Easter Seals Midwest
<input type="checkbox"/>	52A00H	Specialized Autism Community Inclusion	<input type="checkbox"/> Easter Seals Midwest
<input type="checkbox"/>	580300	Pre-employment - ILS	<input type="checkbox"/> Easter Seals Midwest
<input type="checkbox"/>	35B001	Family Resource Services	<input type="checkbox"/> Easter Seals Midwest
<input type="checkbox"/>	35B00T	Family Resource Services Phone Support	<input type="checkbox"/> Easter Seals Midwest
<input type="checkbox"/>	94200A	Parent Training: <i>Workshops</i>	<input type="checkbox"/> Easter Seals Midwest
<input type="checkbox"/>	94201H	Parent Training: <i>Home-Based Intensive</i>	<input type="checkbox"/> Easter Seals Midwest
<input type="checkbox"/>	94202H	Parent Training: <i>Site-Based Intensive</i>	<input type="checkbox"/> Easter Seals Midwest
<input type="checkbox"/>	94302H	Parent Training: <i>Site-Home Blend Intensive</i>	<input type="checkbox"/> Easter Seals Midwest
<input type="checkbox"/>	440400	Specialized Autism Respite	<input type="checkbox"/> Easter Seals Midwest
<input type="checkbox"/>	15100H	Social Skills Groups	<input type="checkbox"/> Easter Seals Midwest
<input type="checkbox"/>	15103H	Social Skills - <i>PEERS</i>®	<input type="checkbox"/> Easter Seals Midwest

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