

Central Missouri Autism Project
Service Directory
Fiscal Year 2016



Developed as a Regional Service Directory for use by families, individuals with autism, support coordinators, and Division of Developmental Disabilities Family Resource & Autism Specialists and staff

The information presented in this directory was developed by the Office of Autism Services for informational purposes only and is not in any way designed or intended to recommend a course of service or treatment.

Citings of the authorities for the Missouri Autism Projects and the Parent Advisory Committees may have minor changes and omissions. The changes are not intended to alter meanings but were designed to promote understanding of the information. For your convenience, URLs are provided so the authorities may be easily accessed and read in full. If you have any questions, please contact the Family Resource & Autism Specialist in your region or the Office of Autism Services.

Citings, resources, and websites in the directory are as current as possible, but may change at any time.

This directory was developed to represent only the Fiscal Year stated on the cover of the directory. Several months prior to the start of the new fiscal year, Parent Advisory Committees provide recommendations for funding, services, and providers, and the information in this publication reflects those recommendations. Services and providers are subject to change from fiscal year to fiscal year according to the recommendations of the Parent Advisory Committees and the approval of the Director of the Division of Developmental Disabilities.

If you have any questions or would like further information, please do not hesitate to contact the Family Resource & Autism Specialist in your region or the Office of Autism Services.

Family Resource & Autism Specialist
Central Missouri Regional Office
1500 Vandiver Drive, Suite 100
Columbia, MO 65202
Telephone: 573-441-6278
Fax: 573-884-4294

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About This Service Directory

The **Table of Contents** lists the topics within the directory. If you are using the directory electronically, most computers will allow you to directly access a selected section of the directory from the table of contents by hovering your cursor over the selected section and using **Ctrl + Click** to directly link to the selected section.

The **About Missouri Autism Projects** section provides

- A brief overview of the Missouri Autism Projects and Parent Advisory Committees
- The definition of Family Support
- A link to access a webinar for a more in-depth overview of the Autism Projects and Parent Advisory Committees
- Information about how to link to the webpage that provides information for families, support coordinators, and others about your regional Autism Project and Parent Advisory Committee
- A flowchart describing eligibility and access to the Missouri Autism Projects

The **Support Coordinator Roles & Responsibilities** section provides Support Coordinators with the basic information they need to perform their duties while assisting individuals and families who are accessing in or disenrolling from regional Autism Project services. For more in depth **Information for Support Coordinators**, please link to your Autism Project webpage from the Missouri Autism Project homepage at <http://dmh.mo.gov/dd/autism/autismprojects.html>. Specific information in this section includes **Applying for Autism Project Services, Service Monitoring, Annual Plan Reviews, Ending Autism Project Services, and Required Forms.**

The **Provider Contact Information** section includes information such as the address, telephone number, fax number, and web address for the provider.

The **Services** section of this directory provides the following information about services from your regional Autism Project

- Services listed alphabetically by headings. Again, please note that services with the associated CIMOR code may be identified in the table of contents and directly linked to from the table of contents by using **Ctrl + Click**
- A general description of the service listed directly under the service heading
- Provider table(s) for each service that offers the following information as appropriate
 - Listing of each **Provider** contracted to offer the service
 - Whether provider **requires** the service
 - **Ages** of individuals the provider will serve
 - **Duration** of the service (how long it will last)
 - **Frequency** of the service (how often the service is provided)
 - **Location** of the service (home, site, community)
 - Whether there are any **prerequisites** to access the service
 - Special **terms** affecting the service

The **Family Satisfaction Survey** is included in the last section of this directory to provide convenient access to the survey. To access the fillable form, please link to your Autism Project webpage from the Missouri Autism Project homepage at <http://dmh.mo.gov/dd/autism/autismprojects.html>. The survey is located under the **Information for Families** section of the regional Autism Project webpage.

About Missouri Autism Projects

Overview

The **award-winning, consumer-driven** Missouri Autism Projects are established in both statute and the Missouri Code of State Regulations. Each regional Autism Project has a Parent Advisory Committee (PAC) connected to it and has bylaws that provide a framework for its operation and management. Representatives from each regional PAC serve on the Missouri Parent Advisory Committee on Autism.

The Parent Advisory Committees (PACs) are made up of volunteers (family members) who are appointed by the Division of Developmental Disabilities. To respond to the unique needs of their region and best serve the needs of families and their loved ones with an Autism Spectrum Disorder (ASD), the PACs make recommendations to the division about the business model, services, and providers. The **regional PACs are charged with making these recommendations based upon input from families.**

Families are encouraged to provide input whenever possible. Many families attend the PAC meetings to provide input and may complete and return the Family Satisfaction Survey. To obtain information about the date, time, and location of PAC meetings, please contact your Family Resource & Autism Specialist. A copy of the Family Satisfaction Survey is included in this directory. You may also access the Family Satisfaction Survey by linking to your regional Autism Project webpage from the Missouri Autism Project homepage at <http://dmh.mo.gov/dd/autism/autismprojects.html>.

Family Support

Family Support is the heart of the Missouri Autism Projects. All the authorities contain the following items to define Family Support

- Services and helping relationships for the purpose of maintaining and enhancing family care giving
- May be any combination of services that enables individuals with autism to reside within their family homes and remain integrated within their communities
- Services shall be
 - Based on individual and family needs
 - Identified by the family
 - Easily accessible to the family
 - Family-centered and culturally sensitive
 - Flexible and varied to meet the changing needs of the family members...
 - Provided in a timely manner contingent upon the availability of resources

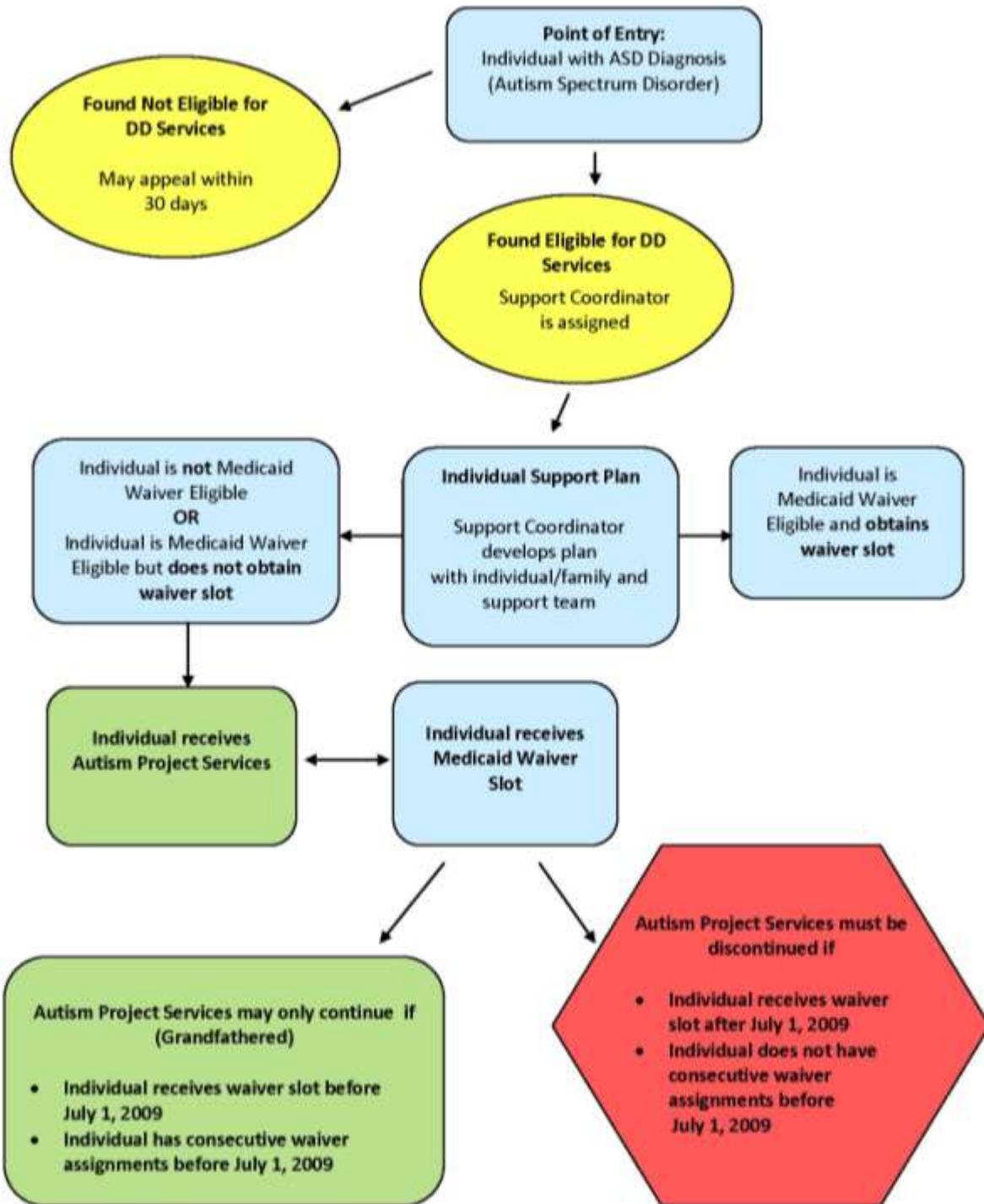
Webinar: Autism Projects Overview

The Office of Autism Services has developed a webinar to provide a more in-depth overview of the Missouri Autism Projects. The webinar can be accessed on the Office of Autism Services website at <http://dmh.mo.gov/dd/autism/>

Regional Autism Projects Webpage

To read the authorities related to the Missouri Autism Projects and PACS, review information for families and service coordinators, and learn more about the Autism Project services in your region, please link to your Autism Project webpage from the Missouri Autism Project homepage at <http://dmh.mo.gov/dd/autism/autismprojects.html>.

Eligibility & Access Flowchart



Support Coordinator Roles & Responsibilities

Applying for Missouri Autism Project Services

1. Verify that the individual:
 - Has an open Episode of Care in CIMOR with the Division of Developmental Disabilities
 - Has Autism Spectrum Disorder (ASD) diagnosis
 - Is not participating in a *Medicaid Waiver
2. Provide family Autism Information and Resource Folder, which includes:
 - Missouri Family to Family Resource Center pocket folder containing autism information and resources enumerated in 2-9 below
 - Missouri Autism Projects Fiscal Year Business Models & Allocations Map
 - Regional Autism Project Parent/Family Information
 - “Help for Your Child with Autism” Central Missouri Autism Resource Brochure
 - IAN Brochure
 - Regional Autism Project Fiscal Year Service Directory
 - Sharing Our Strengths PEER Support Card
 - Missouri Family to Family Resource Center / DD Regional Office / Release of Information and Referral Form
 - Family Satisfaction Survey of ASD Services
3. Discuss with individual/family the regional Autism Project Service Directory and the availability of accessing a variety of services from the providers contracted under a shared unit agreement with the Division.
4. If the family consents, complete the Regional Autism Project Autism Referral Packet that includes:
 - Provider and Services Choice Form
 - Provider Referral Form
 - Individual Support Plan with documentation of need for services tied to an outcome
 - Budget Summary (with Providers, Services, CIMOR codes, and 1200 Units per service per plan year)
5. Submit the Autism Referral Packet to the Utilization Review Committee (URC). Upon final approval (or disapproval) of the plan, the individual and/or responsible party, service coordinator, and provider(s) will be notified within 10 working days. See 9 CSR 45-2.017(9) at <http://s1.sos.mo.gov/cmsimages/adrules/csr/current/9csr/9c45-2a.pdf>

Service Monitoring for Autism Project Services

Service monitoring provided in the natural home is governed by Directive 3.020 <http://dmh.mo.gov/docs/dd/directives/3020.pdf>. On page 5 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. Since 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.”**

Annual Plan Reviews

1. Complete new Provider and Services Choice Form along with revised Budget Summary(Sheet)/IPC and Individual Support Plan so provider(s) will be informed of service authorizations for current plan year. Services funded through CMAP's shared unit agreement(s) will be processed in the same manner as all other plans.
2. A new referral form will only need to be completed when a new provider has been added.

Ending Autism Project Services

Services provided through the regional Autism Project will end when any of the following occurs:

- The individual enrolls in a Medicaid Waiver, or
- The individual is discharged from the Division of Developmental Disabilities, or
- The individual declines to continue receiving services funded through the regional Autism Project, or
- The individual transfers to a region where the Autism Project business model does not offer similar services.

Please follow these steps to disenroll an individual from Autism Project services:

- Complete the **Provider Disenrollment** and fax it to the appropriate provider. Note: Emailing this form would require that **you encrypt the message to comply with HIPAA.**
- File original and fax cover sheet in case record.
- Fax/scan/send the disenrollment form to the Utilization Review Coordinator at the Regional Office in your region so that autism project authorizations can be ended.

There are instances when a provider may discontinue providing services to families, resulting in notification both to the family and to the Support Coordinator. The correspondence will indicate one of the following:

- Plan completion summary indicating Inactive Status,
- Family not interested letter, or
- Exhausted benefits on intervention.

When this occurs:

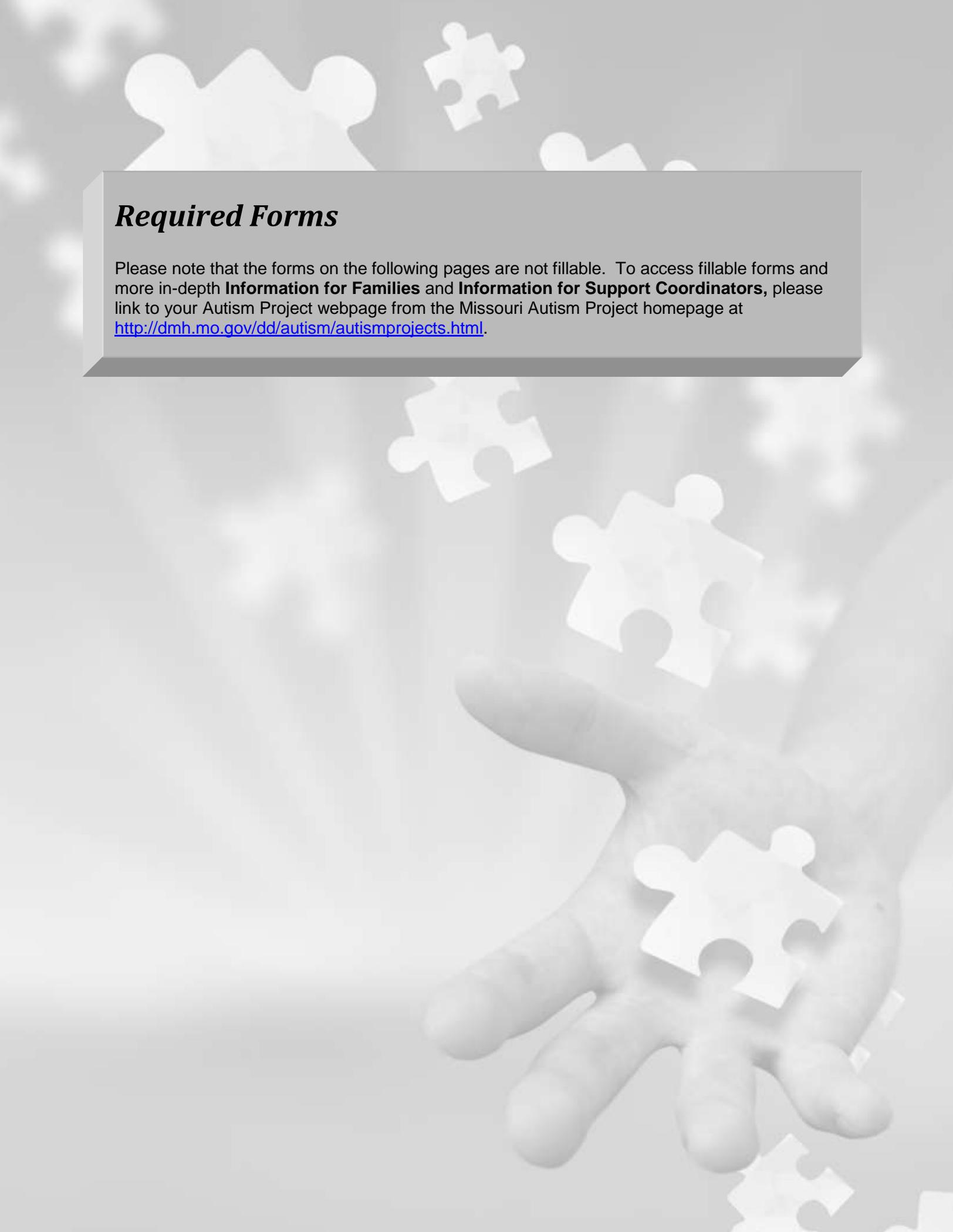
Forward a copy of the letter to the Utilization Review Committee Coordinator so that Autism Project authorizations can be ended and Autism Program Assignment can be ended.

Upon Disenrollment, Similar Services May be Available from Providers through Waivers

When individuals enroll in Medicaid Waivers, they are unable to continue receiving services funded through the Central Missouri Autism Project.* However, providers contracted under shared unit agreements may also be contracted with the division to provide Medicaid Waiver services. Contact Provider Relations at the Regional Office to request clarification about whether a provider under the shared unit may continue providing services as a Medicaid Waiver provider.

***Dual Funding Prohibition: Grandfather Clause**

In July of 2009, the division discontinued the practice of supplementing individuals participating in Medicaid Waiver with services funded through the Autism Projects. Individuals who fell into this category were **grandfathered**. If Autism Project services are being requested by an individual who is enrolled in a Medicaid Waiver, that waiver assignment must have been prior to July 1, 2009. If there is a waiver assignment subsequent to July 1, 2009, but there have been consecutive waiver assignments pre-dating July 1, 2009, the person is considered grandfathered as well. If you have questions, please contact the Family Resource & Autism Specialist in your region.



Required Forms

Please note that the forms on the following pages are not fillable. To access fillable forms and more in-depth **Information for Families** and **Information for Support Coordinators**, please link to your Autism Project webpage from the Missouri Autism Project homepage at <http://dmh.mo.gov/dd/autism/autismprojects.html>.



State of Missouri
 Department of Mental Health
 Division of Developmental Disabilities
Provider Referral Form for Central Missouri Autism Project Services

Individual Name		Date of Birth	
Medicaid Number		DMH ID Number	
Date of Referral			
Parent/Guardian Contact Information			
Name, Address, City/State/Zip		County of Residence	
Regional Office or Satellite Office <input type="checkbox"/> Central <input type="checkbox"/> Hannibal <input type="checkbox"/> Rolla <input type="checkbox"/> Kirksville			
Preferred Contact Information			
Check preferred contact method and provide contact information		Preferred time of day to contact	
<input type="checkbox"/> Home Phone:			
<input type="checkbox"/> Work Phone:			
<input type="checkbox"/> E-Mail:			
Living Arrangement			
<input type="checkbox"/> Natural Family <input type="checkbox"/> Foster Care <input type="checkbox"/> Supported Living <input type="checkbox"/> Independent Living <input type="checkbox"/> RCF <input type="checkbox"/> Other			
Communication Method			
<input type="checkbox"/> Fully Verbal <input type="checkbox"/> Partially Verbal <input type="checkbox"/> Sign <input type="checkbox"/> Gesture <input type="checkbox"/> With Assistance <input type="checkbox"/> Communicative Device			
Individual/Parent/Guardian/Designated Representative Signature(s) Section			
Individual Signature		Date	
Parent/Guardian/Designated Representative Signature		Date	
Service Coordinator Signature Section and Plan Information			
Name of Support Coordinator (please print name legibly):			
Email		Phone	
Support Coordinator Signature		Date	
<input type="checkbox"/> New Referral <input type="checkbox"/> Easter Seals Life Skills	<input type="checkbox"/> Annual Plan Referral form is not necessary for annual plan if individual is already receiving services from Easter Seals Life Skills through CMAP		<input type="checkbox"/> Amendment Referral form is not necessary for amendment if individual is already receiving services from Easter Seals Life Skills through CMAP



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>.



Individual Name	Date of Birth
Medicaid Number	DMH ID Number
End Date of Autism Project Provider(s) Services	
Reason for ending DD Autism Project Services:	
<input type="checkbox"/> Individual enrolled in a Medicaid Waiver (support coordinator signature required below) <input type="checkbox"/> Individual discharged from the Division of Developmental Disabilities (support coordinator signature required below) <input type="checkbox"/> Individual declined to continue receiving services funded through Central Missouri Autism Project (Individual/Parent/Guardian/Designated Representative and support coordinator signatures required below) <input type="checkbox"/> Individual discharged by provider (support coordinator signature required below) <input type="checkbox"/> Individual transferred to a region where the Autism Project business model does not offer similar Services (support coordinator signature required below)	
Providers authorized to provide Autism Project services (check all that apply) that will be removing individual from their rolls and concluding service provision:	
<input checked="" type="checkbox"/> Easter Seals Midwest Life Skills	
Individual/Parent/Guardian/Designated Representative Certification and Signature(s) Section	
Individual	Date
Parent/Guardian/Designated Representative	Date
Support Coordinator Certification and Signature Section	
I certify that the family has been informed that authorizations for Autism Project services will be discontinued. I certify that the family has been informed that (unless grandfathered) enrollment in a Medicaid Waiver prohibits receiving Autism Project services.	
Name of Support Coordinator and TCM or Regional Office affiliation (please print legibly):	
Email	Phone
Support Coordinator Signature	Date

This form is intended to facilitate communication among the family, Regional Office, the Targeted Case Management Entity, and Autism Project Providers to ensure proper protocols are being followed. Autism Project authorizations will be discontinued via this disenrollment. **Distribute copies to** Individual/Parent/Guardian/Designated Representative, Provider(s), and Regional Office Utilization Review Lead.

Provider Contact Information

Easter Seals Midwest | Life Skills | TouchPoint Autism Services

<http://www.eastersealsmidwest.org/>

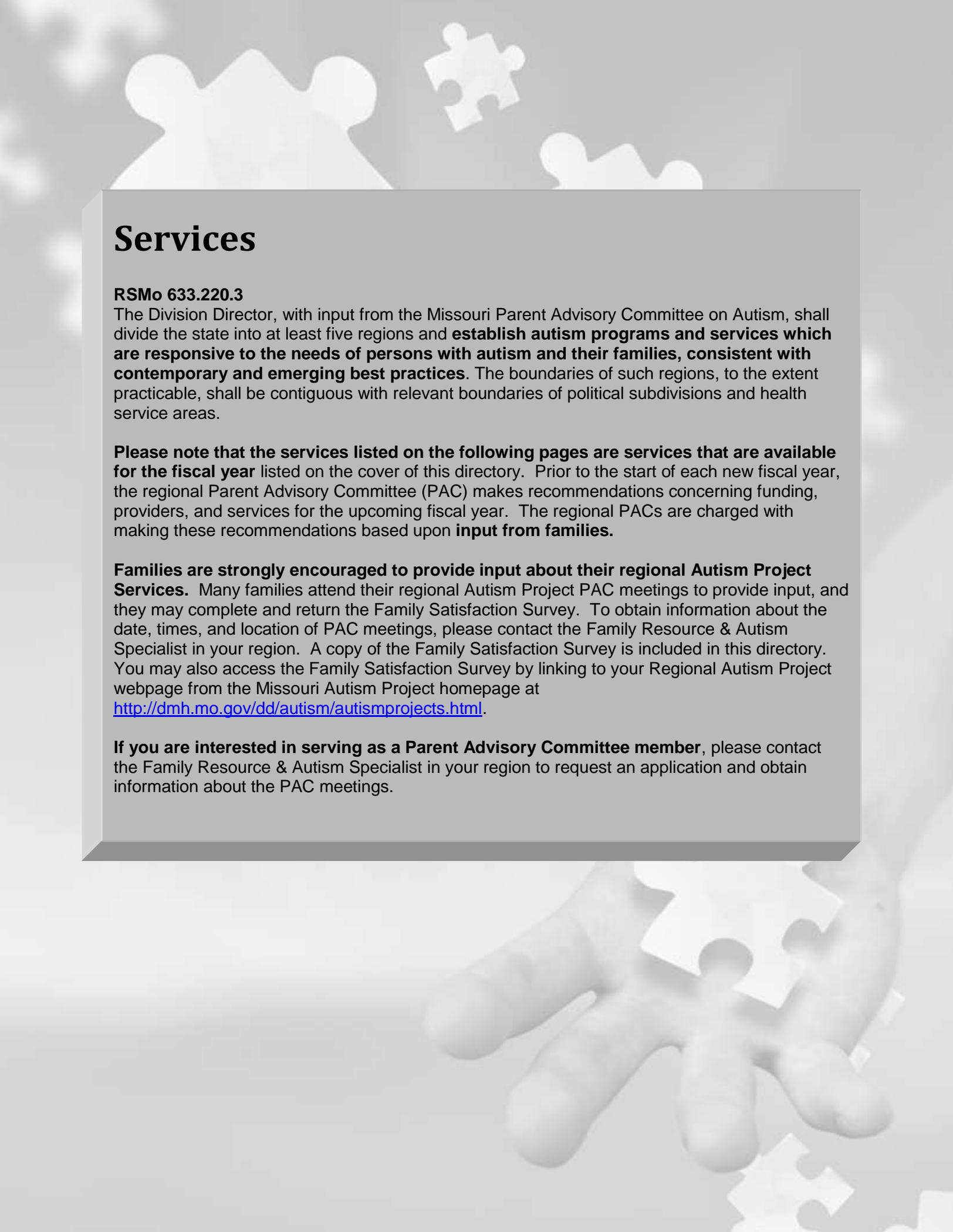
918 Bernadette Drive

Columbia, MO 65203

Phone: (573) 874-3777

Toll Free: 800-675-4241

Fax: (573) 874-3880



Services

RSMo 633.220.3

The Division Director, with input from the Missouri Parent Advisory Committee on Autism, shall divide the state into at least five regions and **establish autism programs and services which are responsive to the needs of persons with autism and their families, consistent with contemporary and emerging best practices.** The boundaries of such regions, to the extent practicable, shall be contiguous with relevant boundaries of political subdivisions and health service areas.

Please note that the services listed on the following pages are services that are available for the fiscal year listed on the cover of this directory. Prior to the start of each new fiscal year, the regional Parent Advisory Committee (PAC) makes recommendations concerning funding, providers, and services for the upcoming fiscal year. The regional PACs are charged with making these recommendations based upon **input from families.**

Families are strongly encouraged to provide input about their regional Autism Project Services. Many families attend their regional Autism Project PAC meetings to provide input, and they may complete and return the Family Satisfaction Survey. To obtain information about the date, times, and location of PAC meetings, please contact the Family Resource & Autism Specialist in your region. A copy of the Family Satisfaction Survey is included in this directory. You may also access the Family Satisfaction Survey by linking to your Regional Autism Project webpage from the Missouri Autism Project homepage at <http://dmh.mo.gov/dd/autism/autismprojects.html>.

If you are interested in serving as a Parent Advisory Committee member, please contact the Family Resource & Autism Specialist in your region to request an application and obtain information about the PAC meetings.

Specialized Autism Assessment 19A001

Specialized Autism Assessments are conducted for individuals who have already been evaluated, have received an ASD diagnosis, and are referred to regional Autism Project Providers by DD Regional Offices. A Specialized Autism Assessment report may be produced as a result of this assessment process. A Specialized Autism Assessment:

- Helps the provider identify and understand the unique capabilities, strengths, and needs of each individual; this information is the basis for intervention planning
- Helps the provider develop comprehensive recommendations for specialized autism services that meet each individual's unique needs
- Is used to further develop and modify Individual Support Plans
- Includes observation of the individual in relevant environments and face-to-face interviews with the individual, parents, and/or other caregivers
- Establishes a baseline of skills that can be used to measure progress over time

Provider Information for Specialized Autism Assessment, CIMOR Code: 19A001

Provider	Required	Age	Duration	Frequency	Location
Easter Seals Midwest	Yes	All	Generally 1-3 hrs.	Initial & as needed	Site, home

Specialized Autism Training 942A0H

This service provides Specialized Autism Training to staff, providers, educators, and others who provide natural supports to individuals with Autism Spectrum Disorder (ASD) and their families. This service may include:

- Teaching participants about ASD and effective strategies for interacting with individuals with ASD
- Teaching specific strategies that have been individualized to support the needs of the individual with ASD and the family

Provider Information for Specialized Autism Training, CIMOR Code: 942A0H

Provider	Required	Age	Duration	Frequency	Prerequisites	Location
Easter Seals Midwest	No	All	Individualized	Individualized	19A001	Site, community

Behavior Analysis Services

Behavior Analysis Services, provided by Board Certified Behavior Analysts (BCBAs) and Assistant Behavior Analysts (BCaBAs), are designed to help individuals who are exhibiting significant deficits in behavior acquire functional skills in their homes and communities and/or to prevent hospitalizations or out-of-home placements.

Behavior Analysis Services may include:

- **Functional Behavioral Assessment 491601**
- **Senior Behavior Consultant 491611**
- **Behavior Intervention Specialist 491621**

The provision of Behavior Analysis Services is not subject to time constraints that are outlined in the DMH Waiver Manual. Individuals providing services under Behavior Analysis Services are bound by the ethical standards of practice described in 20 CSR 2063-4.005 and 20 CSR 2063-5.010.

**A large body of research has shown the successful use of ABA-based procedures to reduce problem behavior and increase appropriate skills for individuals with intellectual disabilities (ID), autism and related disorders.*

Functional Behavioral Assessment 491601

The Functional Behavior Assessment, a process of gathering and analyzing information about an individual's behavior, is used to identify the purpose of the individual's actions or behavior, develop strategies to proactively address challenging behaviors, implement a plan to modify variables that contribute to the problem behaviors, and teach appropriate replacement behaviors using positive intervention. Behavior analysts (including both senior consultant and behavior intervention specialist) conducting the FBA must be licensed in the State of Missouri (20 CSR 2063-4.005; 20 CSR 2063-5.010).

Provider Information for Functional Behavioral Assessment, CIMOR Code: 491601

Provider	Required	Age	Duration	Frequency	Prerequisites	Location
Easter Seals Midwest	No	All	Short term episodic	Individualized	19A001	Site, home

Behavior Analysis Services continued

Senior Behavior Consultant 491611

Senior Behavior Consultants provide advanced expertise and consultation at critical points in the service delivery process through the design, monitoring, revision, and implementation of 1:1 behavioral interventions described in the individual's behavior support plan. This service is designed to be used for complex behavioral concerns involving severe aggression or self-inflicted injury, multiple behavioral challenges, instances when multiple interventions have been unsuccessful, and behaviors that are long-standing. Evaluation of these data is used to revise the individual's support plan and accompanying services to ensure the best outcomes for the individual.

Provider Information for Senior Behavior Consultant, CIMOR Code: 491611

Provider	Required	Age	Duration	Frequency	Prerequisites	Location
Easter Seals Midwest	No	All	Short term episodic	Individualized	19A001	Site, home

Behavior Intervention Specialist 491621

The Behavior Intervention Specialist provides ongoing management of behavioral services including collecting and analyzing data for the effectiveness of the behavior support plan, ensuring the fidelity of implementation of the behavior support plan and the reliability of data, adjusting the strategies identified in the behavior support plan as necessary, training caregivers and family members on the implementation of the behavior support plan, and on occasion implementing the behavior support plan when complicated techniques are involved or for short trial periods to determine if the plan is viable. In more complex cases, the Behavior Intervention Specialist serves as a "bridge" between the Senior Behavior Consultant and the other service providers and family and supports of the individual receiving services. In cases which do not require the advanced services of a Senior Behavior Consultant the Behavior Intervention Specialist may provide the Functional Behavioral Assessment and Behavioral Services without the oversight of a Senior Behavior Consultant except as required by licensure law and professional standards (Board Certified Assistant Behavior Analyst [BCABA] practice standards require supervision by a Board Certified Behavior Analyst [BCBA]).

Provider Information for Behavior Intervention Specialist, CIMOR Code: 491621

Provider	Required	Age	Duration	Frequency	Prerequisites	Location
Easter Seals Midwest	No	All	Short term episodic	Individualized	19A001	Site, home

Specialized Autism Community Inclusion 52A00H

Community Inclusion Service, available to individuals with Autism Spectrum Disorder (ASD) of all ages, is designed to empower individuals to access community services, resources, activities, and programs and to provide them with opportunities to integrate within the community. Parent and staff involvement may be necessary for increased effectiveness of the program.

Community Inclusion:

- Helps individuals build social networks
- Helps individuals develop appropriate behavior for successful integration within the community
- Addresses specific needs and challenges to promote individuals' successful integration within the community

Provider Information for Specialized Autism Community Inclusion, CIMOR Code: 52A00H

Provider	Required	Age	Duration	Frequency	Prerequisites	Location
Easter Seals Midwest	No	All	Individualized	Individualized	19A001	Community

Pre-employment Services – ILS 580300

Key components of Pre-employment Services, provided by an employee consultant, include:

- **Employment Access Training**—an individualized pre-employment skill-building service designed to support individuals and promote independence.
- **Soft Skills Training**—a pre-employment service that focuses on training “soft skills” which are crucial for workplace productivity. Soft skills are the non-technical skills and abilities required to function in a specific employment environment such as: delivering information or services to customers and co-workers; working effectively as a member of a team; and understanding and adapting to the cultural norms of the workplace.

Provider Information for Pre-employment Services-ILS, CIMOR Code: 580300

Provider	Required	Age	Duration	Frequency	Prerequisites	Location
Easter Seals Midwest	No	All	Typically 2-4 hr sessions	1-3 times per wk	19A001	Site, community

Family Resource Services 35B001

Family Resource Services, provided by trained professionals, are designed to support families and their loved ones with Autism Spectrum Disorder (ASD). Providers of Family Resource Services help families obtain access to comprehensive and coordinated care and support. Please note there is a separate definition and code for Family Resource Services Phone Support. Please see the definition and code below.

Family Resource Services may include but are not limited to:

- Observations within the school setting, consultations with teachers, participation in Individualized Education Program (IEP)
- Observations within other settings such as residential settings, job sites, colleges, daycare centers, and day programs, and consultations with respective community service providers
- Other consultative and support services that families may request excluding phone support which is covered in the below described service.
- Workshops for siblings that are designed for brothers and sisters who have a sibling with autism to obtain peer support and education within a safe and interactive environment facilitated by a trained professional
- Connections/referrals to resources and/or services and/or supports groups

Provider Information for Family Resource Services, CIMOR Code: 35B001

Provider	Required	Age	Duration	Frequency	Prerequisites	Location
Easter Seals Midwest	Yes	All	Individualized	Individualized	19A001	Determined by need

Family Resource Services Phone Support 35B00T

Phone Support is provided by a trained professional after the initial assessment has occurred and a therapeutic relationship has been established. It is intended to help children and adults with Autism Spectrum Disorder (ASD) and their families. Phone support is defined as substantive in nature and is relevant to providing support to families about ASD-related issues. Phone support has practical importance, value, or effect, is substantial in amount or quantity, and is essential in meeting the needs of the families. Phone support is not leaving a voice mail, notification about an event or activity, or calling a family for the sole purpose of soliciting enrollment in services.

Provider Information for Family Resource Services, CIMOR Code: 35B00T

Provider	Required	Age	Duration	Frequency	Prerequisites
Easter Seals Midwest	Yes	All	Individualized	Individualized	19A001

Parent Training

This service shall include the provision of training and consultation with parents and caregivers of Autism Spectrum Disorder (ASD). Trainings may include but are not limited to the following:

- Understanding an Autism Spectrum Disorder (ASD) Diagnosis
- Discerning which treatment opportunities might be best for a child and family (per Missouri Autism Guidelines Initiative <http://autismguidelines.dmh.mo.gov/> and the Interactive Autism Network (IAN) <http://www.ianproject.org/>)
- Developing behavior and communication strategies to support individuals with ASD at home and in the community; addressing challenging behavior patterns and setting up positive behavior supports; and evaluating the effectiveness of strategies and treatments
- Understanding a child's/adolescent's sensory and motor strengths and barriers and setting up healthy activities that will be successful for a child and family (i.e. Sensory Diet)
- Understanding the role of speech, language, and auditory processing in everyday interaction and identifying what to do when a child does-not understand what he/she hears
- Developing strategies for social skills acquisition

Parent Trainings are categorized by the following:

- **Parent Training Workshops** and short term training (1-8 hours per day, 1-3 days long) **94200A**
- **Parent Training Home-Based Intensive** (more than 1-8 hours per day and more than 1-3 days long) **94201H**
- **Parent Training Site-Based Intensive** (more than 1-8 hours per day and more than 1-3 days long) **94202H**
- **Parent Training Site-Home Blend Intensive** (more than 1-8 hours per day and more than 1-3 days long) **94302H**

Please see detailed information concerning the above categorized Parent Trainings on the pages that follow.

Parent Training continued

Parent Training Workshops 94200A

Workshops may be 1-8 hours per day and 1-3 days long. As with any Parent Training, workshops may include but are not limited to the following:

- Understanding an Autism Spectrum Disorder (ASD) Diagnosis
- Discerning which treatment opportunities might be best for a child and family (per Missouri Autism Guidelines Initiative <http://autismguidelines.dmh.mo.gov/> and the Interactive Autism Network (IAN) <http://www.ianproject.org/>)
- Developing behavior and communication strategies to support individuals with ASD at home and in the community; addressing challenging behavior patterns and setting up positive behavior supports; and evaluating the effectiveness of strategies and treatments
- Understanding a child's/adolescent's sensory and motor strengths and barriers and setting up healthy activities that will be successful for a child and family (i.e. Sensory Diet)
- Understanding the role of speech, language, and auditory processing in everyday interaction and identifying what to do when a child does-not understand what he/she hears
- Developing strategies for social skills acquisition

Provider Information for Parent Training Workshops, CIMOR Code: 94200A

Provider	Required	Age	Duration	Frequency	Prerequisites	Location
Easter Seals Midwest	Yes, unless another parent training is selected (94201H, 94202H, or 94302H)	All	Generally, 5-6 hrs for 1 day, Or 3 hrs per day for 2 days/evenings		19A001	Site, Community

CMAP Services continued on next page

Parent Training continued

Parent Training Home-based Intensive 94201H

Home-based Intensive Parent Training is provided in the home and the duration is more than 1-8 hours per day and more than 3 days long. As with any Parent Training, Home-Based Intensive Parent Training may include but is not limited to the following:

- Understanding an Autism Spectrum Disorder (ASD) Diagnosis
- Discerning which treatment opportunities might be best for a child and family (per Missouri Autism Guidelines Initiative <http://autismguidelines.dmh.mo.gov/> and the Interactive Autism Network (IAN) <http://www.ianproject.org/>)
- Developing behavior and communication strategies to support individuals with ASD at home and in the community; addressing challenging behavior patterns and setting up positive behavior supports; and evaluating the effectiveness of strategies and treatments
- Understanding a child's/adolescent's sensory and motor strengths and barriers and setting up healthy activities that will be successful for a child and family (i.e. Sensory Diet)
- Understanding the role of speech, language, and auditory processing in everyday interaction and identifying what to do when a child does-not understand what he/she hears
- Developing strategies for social skills acquisition

Provider Information for Parent Training Home-based Intensive, CIMOR Code: 94201H

Provider	Required	Age	Duration	Frequency	Prerequisites	Location
Easter Seals Midwest	Yes, unless another parent training is selected (94201H, 94202H, or 94302H)	All	Generally, 2 hrs a week	The number of weeks is individualized for the family's needs	19A001	Home

CMAP Services continued on next page

Parent Training continued

Parent Training Site-based Intensive 94202H

Site-based Intensive Parent Training is provided at the site of the provider or another site outside of the home and the duration is more than 1-8 hours per day and 3 days long. As with any Parent Training, Site-Based Intensive Parent Training may include but is not limited to the following:

- Understanding an Autism Spectrum Disorder (ASD) Diagnosis
- Discerning which treatment opportunities might be best for a child and family (per Missouri Autism Guidelines Initiative <http://autismguidelines.dmh.mo.gov/> and the Interactive Autism Network (IAN) <http://www.ianproject.org/>)
- Developing behavior and communication strategies to support individuals with ASD at home and in the community; addressing challenging behavior patterns and setting up positive behavior supports; and evaluating the effectiveness of strategies and treatments
- Understanding a child's/adolescent's sensory and motor strengths and barriers and setting up healthy activities that will be successful for a child and family (i.e. Sensory Diet)
- Understanding the role of speech, language, and auditory processing in everyday interaction and identifying what to do when a child does-not understand what he/she hears
- Developing strategies for social skills acquisition

Provider Information for Parent Training Site-based Intensive, CIMOR Code: 94202H

Provider	Required	Age	Duration	Frequency	Prerequisites	Location
Easter Seals Midwest	Yes, unless another parent training is selected (94201H, 94202H, or 94302H)	All	Generally, 8 hours per day Monday through Friday for 2 wks		19A001	Site, community

CMAP Services continued on next page

Parent Training continued

Parent Training Site-Home Blend Intensive 94302H

Site-based & Home-based Intensive Parent Training is provided at the site of the provider and in the home and the duration is more than 1 hour per session and more than 3 sessions/days long. As with any Parent Training, Site-Based & Home-Based Intensive Parent Training may include but is not limited to the following:

- Understanding an Autism Spectrum Disorder (ASD) Diagnosis
- Discerning which treatment opportunities might be best for a child and family (per Missouri Autism Guidelines Initiative <http://autismguidelines.dmh.mo.gov/> and the Interactive Autism Network (IAN) <http://www.ianproject.org/>)
- Developing behavior and communication strategies to support individuals with ASD at home and in the community; addressing challenging behavior patterns and setting up positive behavior supports; and evaluating the effectiveness of strategies and treatments
- Understanding a child's/adolescent's sensory and motor strengths and barriers and setting up healthy activities that will be successful for a child and family (i.e. Sensory Diet)
- Understanding the role of speech, language, and auditory processing in everyday interaction and identifying what to do when a child does-not understand what he/she hears
- Developing strategies for social skills acquisition

Provider Information for Parent Training Site-home Blend Intensive, CIMOR Code: 94302H

Provider	Required	Age	Duration	Frequency	Prerequisites	Location
Easter Seals Midwest	Yes, unless another parent training is selected (94201H, 94202H, or 94302H)	All	Individualized for family's needs		19A001	Site, community, home

CMAP Services continued on next page

Specialized Autism Respite 440400

Respite services, which provide a break for parents and supervised, safe, and age-appropriate activities for individuals with Autism Spectrum Disorder (ASD), are provided by staff trained to support individuals with ASD.

Provider Information for Specialized Autism Respite, CIMOR Code: 440400

Provider	Required	Age	Duration	Frequency	Location
Easter Seals Midwest	No	All	Individualized, and varies for prescheduled groups	Offered year-round, and during the day, evenings, and weekends	Site, community, home
Prerequisites & Terms: 19A001 Specialized Autism Assessment. Families must RSVP for any prescheduled or announced respite. Other respite services that are needed by the family must be arranged in advance.					

Social Skills Groups 15100H

The Social Skills Groups for individuals with Autism Spectrum Disorder (ASD) are designed to provide participants with opportunities to acquire valuable skills they need to successfully interact with their others. The service helps increase individuals’ social awareness and improves their ability to make friends and develop the skills necessary to successfully integrate in a variety of social settings.

Social Skills Groups are categorized by the following:

- Children/Adolescents (ages 17 and below)
- Young Adults/Adults (ages 18 and above)

Provider Information for Children/Adolescents Social Skills Groups, CIMOR Code: 15100H

Provider	Required	Age	Duration	Frequency	Prerequisites	Location
Easter Seals Midwest	No	All	1-2 hrs	Varies by location	19A001	Site, community

Social Skills: PEERS® 15103H

UCLA Program for the Education and Enrichment of Relational Skills (PEERS®)

The UCLA Program for the Education and Enrichment of Relational Skills (PEERS®) is a manualized, social skills training intervention. It has a strong evidence-base for use with teens and young adults with autism spectrum disorders (ASDs). <http://www.semel.ucla.edu/peers>

Provider Information for Social Skills: PEERS®, CIMOR Code: 15103H

Provider	Required	Age	Duration	Frequency	Location
Easter Seals Midwest	No	Varies	Typically 14-16 sessions, generally 1.5 hrs each every week or every other week		Site, community
Prerequisites: 19A001 Specialized Autism Assessment, Interest in learning how to make and keep friends					

Family Satisfaction Survey

Please take a few moments to complete this satisfaction survey. Results will be used to aid the **Central Missouri Autism Project** to continue improving services to individuals with ASDs and their families. If you received services from more than one provider, please complete a separate survey for each provider. Additional surveys may be downloaded at <http://dmh.mo.gov/dd/autism/centralproject.html>

1. I, or my loved one with ASD, was able to choose from a variety of services provided to me/our family. Yes No

2. I, or my loved one with ASD, was able to choose who provided the services to my/our family. Yes No

3. The types of services that I, or my loved one with ASD, had to choose from were services that I needed. Yes No

4. I would rate the quality of services that I, or my loved one with ASD received, as (check one only):
 - Extremely satisfied
 - Satisfied
 - Neither satisfied nor dissatisfied
 - Dissatisfied
 - Extremely dissatisfied

5. Please rate how helpful the services that you, or your loved one with ASD, have/has used within the last year. Number the top 3 services (with 1 being the most helpful service, 2 the next most helpful service, etc.). Please use numbers from 1 – 3 only.

_____ Specialized Autism Assessment	_____ Family Resource Services Phone
_____ Specialized Autism Training	_____ Parent Training
_____ Behavior Analysis Services	_____ Specialized Autism Respite
_____ Specialized Autism Community Inclusion	_____ Social Skills Groups
_____ Family Resource Services	_____ Social Skills PEERS®
_____ Pre-employment - ILS	

This survey is continued on the next page. Please continue.

6. What services, if any, do you, or your loved one with ASD, currently need but not have access to? Number the top 3 services needed (with 1 being the most needed service, 2 the next most needed service, etc.). Please use numbers from 1 – 3 only.

- | | |
|---|---|
| <input type="checkbox"/> Social Skills Training | <input type="checkbox"/> Functional Life Skills Training |
| <input type="checkbox"/> Behavior Support | <input type="checkbox"/> Parent Training |
| <input type="checkbox"/> Adaptive Recreation | <input type="checkbox"/> Respite |
| <input type="checkbox"/> Parent Support | <input type="checkbox"/> Occupational Therapy |
| <input type="checkbox"/> Physical Therapy | <input type="checkbox"/> Speech Therapy |
| <input type="checkbox"/> Personal Assistance | <input type="checkbox"/> Service Coordination |
| <input type="checkbox"/> Employment Services | <input type="checkbox"/> Transition Services |
| <input type="checkbox"/> Counseling | <input type="checkbox"/> After School Child Care |
| <input type="checkbox"/> Summer Child Care | <input type="checkbox"/> Post-Secondary Education Support |
| <input type="checkbox"/> Sensory Integration | <input type="checkbox"/> Sibling Support |
| <input type="checkbox"/> Specialty Medical Services | |

Please use the space below to add comments: _____

Thank you for completing this family satisfaction survey. You may give this to your Support Coordinator who will give send it to the Family Resource & Autism Specialist or you may send/fax it directly to the Regional Office listed below:

Family Resource & Autism Specialist
Central Missouri Regional Office
1500 Vandiver Drive, Suite 100
Columbia, MO 65202
Telephone: 573-441-6278
Fax: 573-884-4294