

## Support Coordinator Roles and Responsibilities Central Missouri Autism Program (CMAP)

Below are instructions to follow when you meet with an individual or the family of a loved one with autism spectrum disorder.

### Applying for Autism Services:

1. Verify that the individual has an open Episode of Care in CIMOR with the Division of Developmental Disabilities and an autism spectrum disorder diagnosis and is not participating in a \*Medicaid Waiver.

### Navigating CIMOR

Follow these steps to verify the individual's eligibility status in CIMOR:

1. Locate the CIMOR menu at the left of the home page and click on "consumer."
2. Enter name and/or DMH ID in corresponding fields and click on the "Search" button.
3. Click on "View" under the heading "List EOC."
4. Click on the + sign beside "EOC" in the CIMOR menu at the left of the "Episode of Care" screen to expand the selection.
5. In the expanded selection, click on "EOC Summary."
6. On the "Episode of Care Summary" screen, locate the heading labeled "Most Recent Diagnosis" and locate the column labeled "Description." Autism spectrum disorder descriptions are:
  - Childhood Autism
  - Asperger's Syndrome
  - Atypical Autism
  - Other Pervasive Development Disorders
  - Pervasive Developmental Disorder, unspecified
7. If one of the codes above is listed, click on the + sign beside "Demographics" CIMOR menu at the left of the "Episode of Care Summary" screen to expand the selection.
8. In the expanded selection, click on "Identifiers" to determine whether the individual has been awarded a Medicaid Waiver slot. The possible listings are:
  - Comprehensive Waiver Slot
  - Community Waiver Slot
  - Partnership Waiver Slot
  - Autism Waiver Slot
  - Lopez Waiver Slot
9. If one of the above is listed with a "From Date" and no "To Date," the individual is **NOT** eligible to be referred for autism services. (\*See grandfather clause below.)
10. If none of the above are listed, the individual **IS** eligible to be referred for services funded through CMAP.

2. Provide the family with the Autism Information and Resource Folder, which includes:

1. Missouri Family to Family Resource Center pocket folder containing autism information and resources enumerated in 2-9 below
2. Autism Project (Program) Map/Funding
3. Missouri Autism Program Parent and Family Information
4. "Help for Your Child with Autism" Brochure
5. IAN Brochure
6. CMAP Directory
7. Charting the Life Course Toolkit
8. Family Satisfaction Survey

3. Discuss with individual/family the CMAP Directory and the available services from the provider(s) contracted under a shared unit agreement with the Division.

4. If the family desires CMAP complete the Autism Referral Packet that includes:

1. Provider and Services Choice Form
2. Provider Referral Form
3. Individual Support Plan with documentation of need for each service tied to an outcome
4. Budget Summary (Sheet)/IPC with provider/s, services, CIMOR codes, and 1200 units per service per plan year, except 19F001 which is 1 unit per plan year for each provider chosen.

5. Submit the Autism Referral Packet to the Utilization Review Committee (URC). The URC will make recommendations for approval to the Regional Director.

Upon final approval (or disapproval) of the plan, the individual and/or responsible party, Support 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>

### **Plan Amendments**

Sometimes, after services are approved by the Regional Director and implementation has begun, the individual and/or responsible party may desire additional services not listed on the Individual Support Plan. When this occurs, the family and/or provider should contact the Support Coordinator to communicate the desire for the additional service. The Support Coordinator must then complete a plan amendment and Budget Sheet/IPC to add the additional services. The Support Coordinator must submit the plan amendment to the URC for approval. Upon final approval (or disapproval) of the plan amendment by the Regional Director, the individual and/or responsible party, Support Coordinator, and provider/s will be notified within 10 working days. **Authorizations will not be entered into CIMOR without prior approval.**

### **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. CMAP plans 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.

### **Service Monitoring for Autism Program Services:**

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 Program 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.”**

### **Ending Autism Program Services:**

1. CMAP services will end when any of the following occurs:

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| <ol style="list-style-type: none"><li>1. The individual enrolls in a Medicaid Waiver,</li><li>2. The individual is discharged from the Division of Developmental Disabilities,</li><li>3. The individual declines to continue receiving CMAP services, or</li><li>4. The individual transfers to a region where the business model does not offer similar services.</li></ol> |
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2. Please follow these steps for CMAP disenrollment:

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| <ol style="list-style-type: none"><li>1. Complete the Provider Disenrollment Form and fax it to the appropriate provider. Note: Emailing this form requires that you encrypt the message to comply with HIPAA.</li><li>2. File the original and fax cover sheet in case record.</li><li>3. Fax/scan/send the Disenrollment Form to the Utilization Review Coordinator at the Regional Office in your region so that CMAP authorizations can be ended.</li></ol> |
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3. There are instances when a CMAP 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:

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| <ol style="list-style-type: none"><li>1. Plan completion summary showing Inactive Status;</li><li>2. <i>Family not interested</i> letter, or;</li><li>3. Exhausted benefits of program.</li></ol> |
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When this occurs:

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

**Note: When individuals enroll in Medicaid Waivers, they are unable to continue receiving services funded through the Central Missouri Autism Project (Easter Seals Midwest).<sup>\*</sup> However, providers contracted under Autism Program shared unit agreements (Easter Seals Midwest and Judevine Center for Autism) 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 CMAP may continue providing services as a Medicaid Waiver provider.**

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\*In July of 2009, the division discontinued the practice of supplementing individuals participating in Medicaid Waiver with services funded through the Autism Projects. At that time, individuals who received services under both funding streams were grandfathered and permitted to continue services funded under both waiver and Autism Project. 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. Likewise, if there is evidence of services provided under Autism Project funding to waiver participants at any time prior to July 1, 2009, regardless of frequency or duration, the individual is eligible for services funded through the Autism Project. If you have questions, please contact the Family Resource and Autism Specialist in your region.

**Regional and Satellite Offices Toll Free Telephone Numbers**

<b>Central Missouri Autism Project (CMAP)</b>	
Central Missouri Regional Office: 888-671-1041	Hannibal Satellite Regional Office: 800-811-1128
Kirksville Satellite Regional Office: 800-621-6082	Rolla Satellite Regional Office: 800-828-7604