

Support Coordinator Roles and Responsibilities East Missouri Autism Project (EMAP) Referral and Funding Packet:

Below are instructions to follow when you meet with an individual or the family of a loved one with autism spectrum disorder. Most importantly, always access the website for the most up-to-date documents and instructions: <http://dmh.mo.gov/dd/autism/east/eastautismproject.html>

I. Eligibility for EMAP Services

Verify that the individual has an open Episode of Care in CIMOR with the Division of Developmental Disabilities, has 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

Navigating CIMOR (Cont'd)

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 services funded through EMAP. (*See grandfather clause below.)
10. If one of the above is listed with **both** a "From Date" **and** a "To Date," the individual is eligible to be referred for services funded through EMAP.
11. If there is no waiver designation listed, the individual **IS** eligible to be referred for services funded through EMAP.

*In July of 2009, the division discontinued the practice of supplementing individuals participating in Medicaid Waivers 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 consecutive waiver assignments pre-dating July 1, 2009, the person is considered grandfathered as well. If you have questions, please contact the Family Resource and Autism Specialist (FRAS) in your region.

II. Initial Contact with Family:

Families often experience anxiety and confusion when their loved one is diagnosed with autism spectrum disorder.

Furthermore, Support Coordinators may feel under-equipped to assist the family in identifying supports and services to address specific needs. Families themselves report that they struggle to articulate their needs without knowing "what" is out there and available to them. A Missouri best practice diagnostic evaluation for autism spectrum disorder is composed of several parts, one of which is recommendations for treatment or intervention. If the Support Coordinator does not have that documentation of recommendations, he/she should contact the Regional Office and request that that information be provided (properly encrypted) to him/her from the Intake and Eligibility unit. Those recommendations will serve as building blocks for addressing individual needs.

In the event the diagnostic evaluation does not include a section outlining treatment recommendations, a Support Coordinator's professional judgment is critical in identifying supports and resources that will assist the individual with ASD as well as his/her family. If a family's stress level appears high, without doubt, they might benefit from respite. The Office of Autism Service recommends parent training for families of the newly diagnosed. As children with ASD grow, the demands of social situations may exceed their capacity to respond appropriately. Therefore, supports and services designed to enhance social skills are also recommended by the Office of Autism Services.

It is not unusual for families to feel overwhelmed by the amount of paperwork associated with the eligibility process for division services. These families may well be experiencing a

similar amount of paperwork within the school setting. With that in mind, the Office of Autism Services recommends that Support Coordinators assemble the **Autism Information and Resource Folder** prior to their initial visit with families.

The Autism Information and Resource Folder is not intended to be all inclusive. Instead, it is intended to provide immediate discussion catalysts as teams meet to develop a plan that supports the individual with ASD and his/her family. It is important to note that additional resources specific to areas such as transition, employment, self-directed supports, challenging behaviors, housing, etc. may be explored with staff in those lead roles at the Regional Office. It is vital that Support Coordinators exercise professional judgment so that targeted technical assistance may be provided to the family to assist in any of the above areas.

The contents of the Autism Information and Resource Folder are listed below. The Office of Autism Services has created a Q & A document that more fully describes these components with information about where brochures may be located or obtained. Please visit <http://dmh.mo.gov/dd/autism/east/docs/howtouse.pdf> to access the Q & A.

1. Missouri Family to Family Resource Center pocket folder containing autism information and resources enumerated in 2-9 below
2. "Help for Your Child with Autism" Brochure
3. IAN Brochure
4. Sharing Our Strengths PEER Support Rack Card
5. Missouri Family to Family Resource Center / DD Regional Office / Release of Information and Referral
6. EMAP Family Information Sheet
7. Autism Project Map/Funding
8. EMAP Services Reference Guide
9. Family Satisfaction Survey

III. INDIVIDUAL SUPPORT PLAN

When the Individual Support Plan for the individual with ASD is completed, it is submitted to the UR Coordinator at the appropriate office consistent with established practice for all ISPs. If there are current unmet needs that are justified in the plan with identified outcomes, the relevant budget sheet for Tri-County or County offices must be attached to the plan before submitting it to the UR Coordinator.

Within 10 days of the final decision from the RO, the final decision letter, the approved plan, and budget will be provided to the individual and/or responsible party, support coordinator, and provider. <http://s1.sos.mo.gov/cmsimages/adrules/csr/current/9csr/9c45-2a.pdf>

After the plan has been approved by the Regional Office Director or designee, approved services are entered into CIMOR's DD Wait List under the Service Type: In-Home.

IV. EMAP REFERRAL:

After the Support Coordinator receives copies of the final decision letter, the approved plan, budget, and UR Recommendation form, s/he should contact the family to determine whether they are interested in being referred to EMAP.

Service monitoring is guided by <http://dmh.mo.gov/docs/dd/directives/3020.pdf>. For individuals receiving support coordination only, the minimal requirement is 1 face to face contact annually and at least 4 quarterly contacts which may be made by phone. Since all services were entered on the In-Home Wait List, the required contact for Support Coordinators would default to that of individuals receiving support coordination only. Therefore, discussing with the Eastern Missouri Autism Project services and referral process could occur immediately after the SC receives the approved plan from the Regional Office, or it could occur at the next required quarterly contact.

If the family requests to have their waitlisted services removed from the In-Home Wait List to the Autism Project Wait List, the following must be submitted to the EMAP Coordinator:

1. Eastern Missouri Autism Project Referral form,
2. Documentation of diagnosis of autism spectrum disorder,

The EMAP Coordinator or designee will change waitlisted service type from In-Home to Autism Project.

For individuals residing in St. Louis City, Jefferson County, or St. Charles County, send or fax the above documents to:

EMAP Coordinator
St. Louis Regional Office
Wainwright State Office Building
111 N 7th Street, 6th Floor
St. Louis, MO 63101

Fax: (314) 244-8846

For individuals residing in St. Louis County, send or fax the above documents to:

EMAP Coordinator
Attn: Lachelle Peebles
St. Louis County Regional Office
4040 Seven Hills Drive
St. Louis, Mo. 63033

Fax: (314) 877-3112

V. Funding/Authorizing Services through EMAP:

Funding for services through EMAP may occur in two ways:

1. Individuals who leave the Project (move to different service area, move into a Medicaid Waiver slot, move out of state, decline services, forfeit enrollment)

due to non-use of funds, etc.) permit individuals to be taken off the wait list and enroll in the Project.

2. The Missouri General Assembly and governor may approve additional funding for Missouri's Autism Projects.

Regardless of how funding is generated, the process for authorizing services remains the same and is described below.

EMAP Funding Request Packet:

The **EMAP Funding Request Packet** consists of several documents which must be completed in order to process requests. The steps listed below will assure that adequate and accurate information is exchanged among the family, the Support Coordinator, and the St. Louis Regional Office.

When funding becomes available, the EMAP Coordinator will contact the Support Coordinator, indicating that he/she should complete the EMAP Funding Request Packet. Upon notification of funding, the Support Coordinator should contact the family to discuss service authorization(s) and funding.

If the wait listed service, placed first on the In-Home Wait List and later on the Autism Project Wait List in CIMOR, remains the service that is sought, the Support Coordinator should assemble the **EMAP Funding Request Packet** described below.

If, on the other hand, the waitlisted service in CIMOR does not reflect current needs, the Support Coordinator should work with the family to identify a more relevant service(s). At that point, the Individual Support Plan must be amended to reflect that current need and outcome.

EMAP Funding Request Packet Contents:

1. **Eastern Missouri Autism Project (EMAP) Funding Request** form, and
2. **Tri-County or County Regional Office Budget Summary**, and
3. Procedure Authorization and Input Document (**PAID**) form, and
4. If the service is Choices for Families (**CFF**), submit:
 - **Choices for Family Provider Information** form: This form provides the Regional Office with sufficient information to issue a check. The person/provider to whom the check is to be issued should appear in the field marked "Provider Name," **AND**
 - **Choices for Families – Family Friend Services Respite – Monthly Documentation** form: This form serves as a service log, documenting who provided the service, when, and for what amount of time.
5. **Utilization Review (UR) Recommendation** form: Attach the Utilization Review Committee's Recommendation form for the current plan year.

For individuals residing in St. Louis City, Jefferson County, or St. Charles County, submit the **EMAP Funding Request Packet** to:

EMAP Coordinator
St. Louis Regional Office
Wainwright State Office Building
111 N 7th Street, 6th Floor
St. Louis, MO 63101

Fax: (314) 244-8846

For individuals residing in St. Louis County, submit the **EMAP Funding Request Packet** to:

EMAP County Coordinator
Attn: Lachelle Peebles
St. Louis County Regional Office
4040 Seven Hills
St. Louis, MO 63033

Fax: (314) 877-3112

If the services requested represent an amended ISP, submit the amended plan to the UR Coordinator. The relevant budget sheet for Tri-County or County office must be attached to the plan before submitting it to the UR Coordinator.

Within 10 days of the final decision from the RO, the final decision letter, the approved plan, and budget will be provided to the individual and/or responsible party, support coordinator, and provider. <https://www.sos.mo.gov/adrules/csr/current/9csr/9c45-2a.pdf>.

The Support Coordinator will assemble the **EMAP Funding Request Packet** described above and submit it to the EMAP Coordinator at the above address.

VI. Redirecting Services within a Plan Year / Annual Plan Reviews

***Redirecting Services:**

It is permissible for families to request to **redirect funding** from one approved service to another within a plan year. Appropriate paperwork should be submitted to the Team Supervisor for review and then sent to UR for final recommendation.

***Redirecting Authorized Service Units:**

Likewise, it is permissible for families to request units of an authorized service to be moved to other months within the same fiscal year. For example, if CIMOR reflects service authorizations equally distributed within the months of the year, but the service wasn't rendered in a given month, the family may request those unused authorizations to be redirected to a future month. Appropriate paperwork should be submitted to the Team

Supervisor for review/approval; then EMAP Funding Request Packet is sent to Assistant Director's (EMAP Coordinator's) office for final approval.

Annual Plan Reviews with reauthorization(s) of EMAP services are not required to go through Utilization Review. If the previous year's services were authorized in CIMOR, necessary paperwork to ensure the new plan year's authorizations are entered into CIMOR with no interruption of service should be submitted to the Team Supervisor for review and approval. After approval has been granted, submit the EMAP Funding Request Packet to Assistant Director's (EMAP Coordinator's) office for final approval. NOTE: Nothing is entered into CIMOR w/out approval first.

*Any redirection of services or units must occur within a fiscal year. All funding is subject to the state fiscal year which ends on June 30 and begins on July 1.

VII. **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 to 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, then that is the category under which service monitoring falls. However, please note, these guidelines reflect a **"minimum standard."** **It is expected that Support Coordinators exercise professional judgment and increase visits according to the individual needs of people.**

Forfeiture of Autism Project Funding:

Funding allocated to the Eastern Missouri Autism Project is intended to assist families to keep their loved ones integrated within the home and community. If funding goes unused, other families in need should have the opportunity to access services. If Autism Project services are not utilized for a year, Support Coordinators should contact families and discuss reasons why. Each family's circumstances are different, and it may be that there are legitimate reasons that the family should continue receiving funding. It may be that a family has experienced a life changing event that interfered with service utilization. It may be that the service provider has left the area, and obtaining a new provider is presenting a problem. Or, it may be a host of other reasons that provide solid reasons why funding isn't utilized.

The Service Monitoring Directive 3.020 (<http://dmh.mo.gov/docs/dd/directives/3020.pdf>) stipulates that quarterly contact be made and face-to-face planning meetings occur annually. Support Coordinators should consult provider notes as well as CIMOR service utilization in preparation for those meetings so that EMAP funds are monitored for utilization, and discussions can occur about funding utilization.

If, during preparation for a quarterly visit or annual plan review, it is discovered that the family has not utilized EMAP funding for a year, the Support Coordinator should issue the **Letter from Support Coordinator** connected with the appropriate Regional Office from <http://dmh.mo.gov/dd/autism/east/eastautismproject.html>. That letter states that the SC will contact the family within two weeks to discuss the non-use of funds and work to assist the

family in obtaining services. Support Coordinators must insert information within the highlighted fields, submit a copy of the letter to the EMAP Coordinator and the Autism Navigator at the Regional Office, and retain one in the case file.

If the family is unable to utilize funding, and no action is taken within one month subsequent to the two week window indicated in the letter from the SC, the Support Coordinator will initiate sending by certified mail the “**Non-Use of Funds Letter**.” A copy of that letter will be submitted to the EMAP Coordinator and the Family Resource and Autism Specialist (FRAS), and one will be retained in the official case file. Appropriate action will be taken to “remove” that individual from EMAP and to remove the next eligible individual from the EMAP Wait List.

ADDENDUM

This addendum provides instructions for completing forms associated with EMAP as well as information intended to help Support Coordinators understand the differences between Purchase of Service (POS) funding and Choices for Families (CFF) funding.

Instructions for Completing the EMAP Funding Request form:

The **Eastern Missouri Autism Project (EMAP) Funding Request** form: Please complete accurately and pay particular attention to the following fields on the form:

- Current Fiscal Year
- Status: Please indicate whether the individual is “In (the) Project” or on the Autism Project Wait List and include the PON score.
- Please indicate whether service will be paid through Purchase of Service (POS) or Choices for Families (CFF).
- This form requires the signature of the Support Coordinator Supervisor.

Payment Processing Forms:

Regional Office Budget Summary: This form must be completed and submitted with other documents in the **EMAP Funding Request Packet**. The form is fairly self-explanatory, but there are several relevant fields for completion, including:

Current DD Program Participation: Individuals should not be participating in any DD Medicaid Waiver unless he/she is grandfathered, i.e., he/she was enrolled in a Medicaid Waiver prior to July 1, 2009, and any movement into other waivers after July 1, 2009, should be consecutive. The individual should be on the Autism Project Wait List; therefore, you should mark the field in the blank to the left of Autism Project Wait List.

Copied below are the “funding” fields for both the County and the Tri-County Budget Sheets. **PLEASE NOTE:** Under the **Funding** heading, always mark **EMAP** and either **POS** or **CFF**.

**Tri-County
FUNDING**

WAIVER	POS	EMAP	CFF	DDRB
	?	X	?	

POS or CFF – Not Both

**County
FUNDING**

WAIVER	POS	EMAP	CFF	One-time
	?	X	?	

POS or CFF – Not Both

DD Services, Funding, and Payments

Medicaid Waiver / Purchase of Service / Choices for Families

The Division of Developmental Disabilities offers a robust menu of services and supports which are designed to promote self-determination and optimize independence. Two service catalogs exist:

- Developmental Disabilities Waiver Manual (includes both **waiver** and **POS** codes) <http://dmh.mo.gov/docs/dd/waivermanual070112.pdf>, and
- Non-Waiver Service definitions (includes only **POS** codes) <http://dmh.mo.gov/docs/dd/servicedefinitions.pdf>

Service codes from either catalog may be entered into the department’s CIMOR database and ultimately generate a payment for a service rendered. The codes associated with a particular service enable the division to track and monitor usage of that service and identify the source of funding attached to that service. It is important to distinguish between **Medicaid Waiver** services and **Purchase of Service (POS)** services because **Medicaid Waiver** service costs are matched by federal dollars. **POS** services, on the other hand, are entirely funded through state tax dollars. Finally, there are some services that are not eligible for federal match. Those services have no waiver codes associated with them; they are **POS** only, paid for solely with Missouri tax dollars.

Autism Project funds are strictly Missouri state tax dollars - General Revenue - so when families seek a service that is listed in either of the catalogs referred to above, a POS code is used to identify it as state funding only.

Families may request services from providers who do not contract with the division.

Example 1: A family might benefit from attending a conference on best practice interventions for children with autism spectrum disorder. The division is able to reimburse the family for the cost of registration and expenses (not to exceed the family’s allocated

amount) even though it (the division) has no contract with the conference organizer(s) or restaurants that provided meals.

Example 2: A family would benefit from respite services. The family might have a friend who is willing to provide supervision and see to the needs of the child. That friend would likely not be contracted with the division to provide respite care. Again, the family may pay that friend for providing respite, maintain the appropriate documentation, and submit a request to the division for reimbursement. This payment mechanism is referred to as **Choices for Families (CFF)** or, simply, **Choices**.

Example 3: There may be an organization that hosts a summer camp every year that promotes inclusion for children with autism spectrum disorder. It may be that the family is unable to pay registration fees in advance. Using the **Choices for Families (CFF)** funding mechanism with appropriate collateral documentation, the division can issue payment to the camp organizers. The Support Coordinator may contact the business office of the Regional Office, and a purchase order can be issued that enables the division to make the necessary payment to the vendor (organization that sponsors the camp). There are distinct forms that must be submitted in order for payments to be generated.

Finally, families who choose to access services from a provider who is not contracted with the Department of Mental Health – Division of Developmental Disabilities may not exceed service costs of \$3,000.

POS vs CFF:

POS stands for **Purchase of Service**. POS means that the service on the Procedure Input Authorization form has a procedure (service) code that comes out of DD's service catalog. POS also means that the service is fully funded by state of Missouri tax dollars, general revenue, rather than being matched by federal dollars as Medicaid Waiver services are. The provider of that service has a contract with DMH, and payment can be made directly to the provider.

CFF stands for **Choices for Families**. CFF permits a reimbursement payment to be made to a family or a payment to be made to a provider who is not contracted with DMH. Services funded under CFF are also strictly Missouri tax dollars – general revenue.

Forms to Use for Services Funded through POS or CFF:

- Tri-County or County Budget Sheet
- PAID form

Additional Forms to Use for CFF Services:

- **Choices for Families – Provider Information** form (required). This form provides the Regional Office with sufficient information to issue a check. The person/provider to whom the check is to be issued should appear in the field marked "Provider Name."
- **Monthly Travel Documentation** form - *only if requesting travel reimbursement*

- ***Family Friend Services/Respite – Monthly Documentation** form *only if* requesting reimbursement for respite. This form serves as a service log, documenting who provided the service, when, and for what amount of time. It must accompany the following form in order for payment to be processed..

Support Coordinators should retain copies of all forms and file them in the individual's case file along with the Individual Support Plan.