

Procedure Authorization and Input - Autism Project Services

The POS and Choices for Families codes and services which can be funded through the Autism Project are noted on the following pages. All services requested must be justified in the ISP/Amendment. Check CIMOR to make sure the selected Provider has the code for the service being requested.

If authorizing the service through the Choices Program, please complete the Choices for Families – Provider Information page.

The service definitions are noted in the DD Non-Waiver Manual and DD Waiver Manual at <http://dmh.mo.gov/dd/provider/>.

If the individual/family is requesting to use a non-contracted provider, then the appropriate person in the Business Office needs to be contacted to see if that provider is already providing services for anyone. A non-contracted provider can only be authorized for up to \$3,000 worth of services through Autism Project funding.

Once the responsible party has chosen the service, the SC will copy and paste the selected code and service from the attached lists to the PA&I. Unless otherwise noted, all services should be authorized in ¼ units.

Once completed the PA&I should be submitted as an individual document without the other pages.

Choices for Families Program Codes & Services

*CFF001 – Aquatics for Therapy, 1 session	*97003 – OT Evaluation
CFF002 – Conference 1 Session	*97110 – Therapeutic Exercises
CFF003 – CoPay 1 Session	97802 – Professional Assessment and Monitoring
CFF004 – Dietary Supplies 1 Session	*99503 – Home visit Resp. Therapy, 1 unit
*CFF005 – Medical Services 1 Session	S5125 – Attendant Care Services
CFF006 – Socialization 1 Session	S5150 – Unskilled Respite Care, Not Hospice
CFF007 – Membership 1 Session	S5151 – Unskilled Respite Care Not Hospice, 1 Day
CFF010 – Consumer Related Legal Fees	44010F – Unskilled Respite Care, Not Hospice, 1 Day
H0002 – Functional Behavior Assessment	S5165 – Home Modifications; Per Service, 1 unit
570400 – ABA Consultation 15 minutes	*S9127 – Social Work Visit the Home Per, 1 Day
570020 – Camping and Recreation, 1 Session	*T1013 – Sign Language/Oral Interpreter Service
600010 – Transportation Family Reimbursement, 1 unit	T2029 – Specialized Medical Equipment, nos waiver, 1 unit
890000 – Transportation, Ind. Per month, 1 month	T2028 – Special Supply, nos waiver, 1 unit
*92507 – Speech/Hearing Therapy	55000H – OT service
*95807 – Sleep Study Attended, 1 Session	94200H – Parent/Caregiver Training
*96100 – Psychological Testing, 1 hour	
*V2799 – Vision Service Misc., 1 session	
*A4335 – Incontinence Supply Misc., 1 unit	

*These services may be covered under an individual’s private health insurance policy, Medicaid State Plan services (especially for children who are covered under Early and Periodic Screening, Diagnosis, and Treatment – EPSDT). State General Revenue funding is the payer of last resort.

POS Codes & Services

<p><u>Codes for Behavioral Services/Evaluations</u> 491601 – Functional Behavior Assessment 491611 – Senior Behavior Consultant 491621 – Behavior Intervention Specialist 210001 – Crisis Intervention Professional – Hourly 210011 – Crisis Intervention Technician – Hourly 130A0H – Adaptive Behavior Evaluation (Type A) 130B0H – Adaptive Behavior Evaluation (Type B) 02200H – Adaptive Behavior Evaluation/Assessment</p>	<p><u>Codes for Education Services</u> 94200H – Parent/Caregiver Training 94000H – Outreach Services: Information/Education 94000W – Outreach Services: Information/Education (as prescribed) 940001 – Outreach Services: Information/Education (Hour) 95000H – Outreach Services: Planning/Consultation 95000W – Outreach Services: Planning/Consultation (as prescribed) 950001 – Outreach Services: Planning/Consultation (Hour) 960051 – Peer Support Services: Individual/Family Specific (Hour) 960052 – Peer Support Services: Regional Office/Systems Oriented (Hour)</p>
<p><u>Codes for Employment Services</u> 58060H – Community Employment: (Individual) 58070S – Community Employment: (Group) 58050H – Job Discovery, Individual On-Site 58051H – Job Discovery, Individual Off-Site 57032S – Job Preparation: Off-Site (Group) 57032J – Job Preparation: Off-Site (Individual) 57031S – Job Preparation: On-Site (Group) 57031J – Job Preparation: On-Site (Individual) 57010H – Pre-Vocational Training (Type A) 57020H – Pre-Vocational Training (Type B) 14000H – Vocational Evaluation</p>	<p><u>Codes for Health Care</u> 11000H – Psychiatric Evaluation 04000H – Nutritional Evaluation 12000H – Psychological Evaluation 06700H – Health Care/Nursing Evaluation 392801 – Home Health Care: Parent Training 39210H – Home Health Care: Quality Nursing Care I 39220H – Home Health Care: Quality Nursing Care II 49202H – Professional Assessment and Monitoring: LPN 49203H – Professional Assessment and Monitoring: Dietician 49201H – Professional Assessment and Monitoring: Registered Nurse</p>

<p><u>Codes for Independent Living Skills Development</u></p> <p>52001H – Independent Living Skills Development, Individual (Day Services)</p> <p>52001S – Independent Living Skills Development, Group (Day Services)</p> <p>52002H – Independent Living Skills Development, Individual (Community Integration)</p> <p>52002S – Independent Living Skills Development, Group (Community Integration)</p> <p>52100H – Independent Living Skills Development, Individual (Home Skills Development)</p> <p>52101H – Independent Living Skills Development, Group (Home Skills Development)</p>	<p><u>Codes for Other Services</u></p> <p>35A00H – Counseling</p> <p>80201H – Interpreting</p> <p>80302W – Alternative Language Transition (As Prescribed)</p> <p>80302H – Alternative Language Transition (1/4 unit)</p> <p>39300W – Assistive Technology (As Prescribed)</p> <p>96005W – Community Transition</p> <p>58081H – Co-worker Supports</p> <p>08000H – Developmental/Habilitative Skills Evaluation</p> <p>39271W – Environmental Accessibility Adaptation - Vehicle Mod Waiver</p> <p>87200H – In-Home Service (Natural Environment)</p> <p>05000H – Social Service Evaluation</p> <p>39270W – Specialized Medical Equipment & Supplies</p> <p>33200H – Person Centered Strategies Consultation</p>
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<p><u>Codes for Personal Assistant Services</u></p> <p>49001S – Personal Assistant Services: Group Size 2-3</p> <p>49002S – Personal Assistant Services: Group Size 4-6</p> <p>T1019U2 – Personal Assistant Services: Self-Directed</p> <p>49003H – Personal Assistant Services: Agency-Based</p> <p>49002H – Personal Assistant Services: Specialized Medical/Behavioral</p>	<p><u>Codes for Residential Services</u></p> <p>96004W – Supported Residential Development (as prescribed)</p> <p>41010F – Temporary Residential, Daily (Daily)</p> <p>41000F – Emergency Residential Care</p> <p>41004W – Host Home (Shared Living) (Day)</p>
<p><u>Codes for Respite Services</u></p> <p>44010F – In Home Respite Care – Day</p> <p>44010H – In Home Respite Care – Individual</p> <p>44010S – In Home Respite Care – Group</p> <p>44020F – Out of Home Respite Care – Day</p>	

<u>Codes for Therapies/Evaluation</u>	<u>Codes for Transportation Services</u>
51200H – Music Therapy 56000H – Physical Therapy 55000H – Occupational Therapy 55001H – Occupational Therapy Assistant 56001H – Physical Therapy Assistant 56A00H – Physical Therapy Consultation 16000H – Audiological Evaluation/Assessment 18000H – Occupational Therapy Evaluation (Type A) 18100H – Occupational Therapy Evaluation (Type B) 17000H – Physical Therapy Evaluation (Type A – Individual Oriented) 17100H – Physical Therapy Evaluation (Type B – Equipment Repair/Home Mod.) 51010H – Recreation: Leisure Time Activity 51020H – Recreation: Therapeutic Recreation 51000S – Recreation Therapy (Group) 51000H – Recreation Therapy (Individual) 09000H – Recreation Therapy Evaluation 73000H – Speech Therapy 73000H – Speech Therapy Consultation 15000H – Speech/Language Evaluation 06100H – Visual Evaluation 80210H – Communication Skills Instruction 06000H – Medical Evaluation	890000 – Transportation (Month) 890010 – Transportation: Ambl Small Group (Month) 890100 – Transportation: Rolling Mile (Mile) 890200 – Transportation: Rolling Mile (Mile) 890270 – Transportation: Fixed Route, A (Month) 890300 – Transportation: Per Trip, Group (Trip) 890330 – Transportation: Per Trip, Ambl (Month) 890340 – Transportation: Per Trip, Non-Ambl. (Trip) 890380 – Transportation: Fixed Route, N (Month) 890400 – Transportation: Per Trip, Individual (Trip) 890406 – Transportation: Zone, Group (Month) 890430 – Transportation: Per Trip, Ambl, (Month) 890440 – Transportation: Per Trip, Non-Ambl, (Month) 891101 – Transportation: Contractor Travel (Not per consumer) (Mile) 891101 – Transportation: Contractor Travel (Per consumer) (Mile)

Procedure Authorization and Input

Autism Project Services

CLIENT NAME:					PLAN BEGIN DATE:			END DATE:		
DMH ID:		<input type="checkbox"/> Annual Plan <input type="checkbox"/> Amendment			SERVICE COORDINATOR:				TEAM:	
TOTAL AMOUNT AUTHORIZED CURRENT YEAR				\$	TOTAL AMOUNT AUTHORIZED LAST PLAN YEAR			\$	Difference: \$ 0.00	
<i>(Total should include all services for the plan year even if on a different PAI)</i>										
REASON FOR INCREASE :										
Comments:										

Code & Service for Contracted Provider:													
Provider Name or Responsible Party:							CHECK ONE: <input type="checkbox"/> NEW SERVICE <input type="checkbox"/> REAUTHORIZATION <input type="checkbox"/> CHANGE <input type="checkbox"/> TERM.						
Authorized month	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	
UNITS													
Or Time Period	From		To		Total Units:	0	Unit Cost				Annual Cost	0.00	

Code & Service for Contracted Provider:													
Provider Name or Responsible Party:							CHECK ONE: <input type="checkbox"/> NEW SERVICE <input type="checkbox"/> REAUTHORIZATION <input type="checkbox"/> CHANGE <input type="checkbox"/> TERM.						
Authorized month	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	
UNITS													
Or Time Period	From		To		Total Units:	0	Unit Cost				Annual Cost	0.00	

Choices for Family Program

Code & Service:													
Provider Name or Responsible Party:							CHECK ONE: <input type="checkbox"/> NEW SERVICE <input type="checkbox"/> REAUTHORIZATION <input type="checkbox"/> CHANGE <input type="checkbox"/> TERM.						
Authorized month	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	
UNITS:													
											Total	\$ 0.00	
Or Time Period	From		To		Cost for Time Period								

Complete the Choices for Families - Provider Information page.

Funding for service is not authorized by the Regional office unless all signature lines completed by responsible party.

UR Reviewer		Administration			Service Coordinator			Input		ASU Approval	
Date 090808		Date		Date		Date		Date		Date	