

Southeast 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
Sikeston Regional Office
112 Plaza Dr.
Sikeston, MO 63801
Telephone: 800-497-4647
Fax: 573-472-5305

Table of Contents

About This Service Directory	5
About Missouri Autism Projects	6
Overview	6
Family Support.....	6
Webinar: Autism Projects Overview	6
Regional Autism Projects Webpage	6
Eligibility & Access Flowchart	7
Support Coordinator Roles & Responsibilities.....	7
Applying for Missouri Autism Project Services.....	8
Service Monitoring for Autism Project Services.....	8
Annual Plan Reviews.....	9
Ending Autism Project Services	9
Required Forms	10
<i>Referral Form</i>	11
<i>Choices Form</i>	12
<i>Disenrollment Form</i>	14
Provider Contact Information	15

Services.....	16
Specialized Autism Assessment 19A001.....	17
Specialized Autism Training 942A0H.....	17
Behavior Analysis Services.....	18
<i>Functional Behavioral Assessment 491601.....</i>	18
<i>Senior Behavior Consultant 491611.....</i>	18
<i>Behavior Intervention Specialist 491621.....</i>	19
<i>Registered Behavior Technician 491640.....</i>	19
Specialized Autism Community Inclusion 52A00H.....	20
Counseling-Cognitive Behavior Therapy 19400H.....	20
Counseling-CBT-Dialectical Behavior Therapy 19400H.....	20
Counseling-Psychotherapy 35C00H.....	21
Employment.....	21
<i>Pre-employment Services – ILS 580300.....</i>	21
<i>Job Discovery Individual: on-site 58050H, off-site 58051H.....</i>	22
<i>Job Preparation Individual: on-site 57031J, off-site 57032J</i>	
<i>Group: on-site 57031S, off-site 57032S.....</i>	23
<i>Individual Community Employment 58060H.....</i>	24
<i>Transportation 890400.....</i>	25
Family Resource Services 35B001.....	26
Family Resource Services Phone Support 35B00T.....	26
Specialized Autism Music Therapy 512A0H.....	27
Parent Training.....	27
<i>Parent Training Workshops 94200A.....</i>	28
<i>Parent Training Home-based Intensive 94201H.....</i>	29
<i>Parent Training Site-based Intensive 94202H.....</i>	30
<i>Parent Training Site-home Blend Intensive 94302H.....</i>	31
Specialized Autism Respite 440400.....	32
Social Skills Groups 15100H.....	32
Social Skills: PEERS® 15103H.....	32
Augmentative-Alternative Communication (AAC) Assessment 15101H.....	33
Social Skills: Speech/Language Pathology 73001H.....	33
Speech Implementer 73010H... ..	33
Therapeutic Camps 51030H.....	34
<i>Camp CONNECT.....</i>	34
<i>Camp SOCIAL.....</i>	34
<i>Skills Training Camps.....</i>	34
Transition Planning 46100H.....	35
Family Satisfaction Survey of ASD Services	36

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**
- General description of each 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

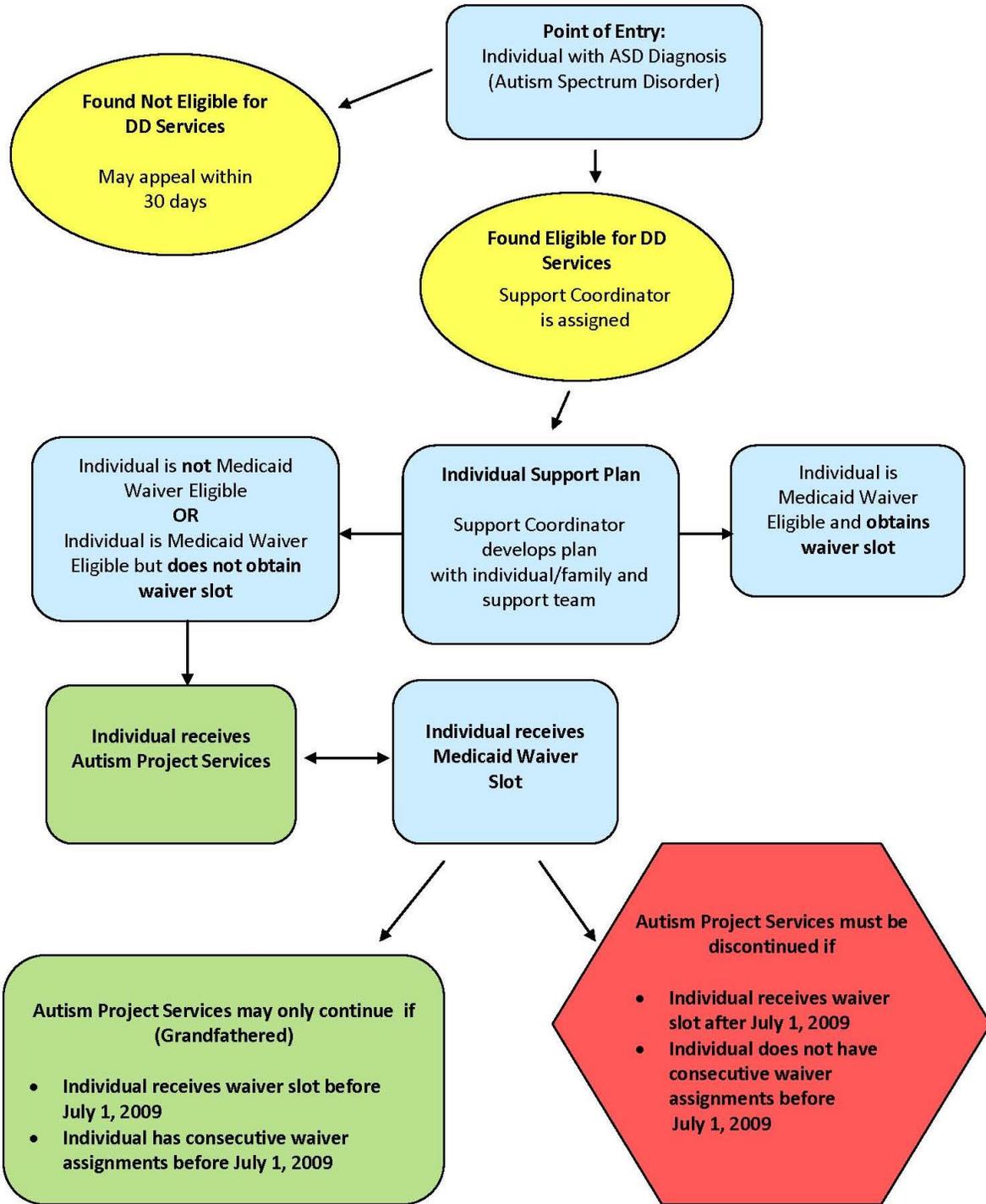
Webinar: Autism Projects Overview

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 (299)
 - 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
 - Autism Project Map/Funding
 - Parent and Family Information
 - “Help for Your Child with Autism” Brochure
 - IAN Brochure
 - SEMAP Service Directory
 - Sharing Our Strengths Card
 - Sharing Our Strengths Referral Form
 - Family Satisfaction Survey
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 justification for each service)
 - Budget Sheet/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://www.sos.mo.gov/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 SEMAP'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:

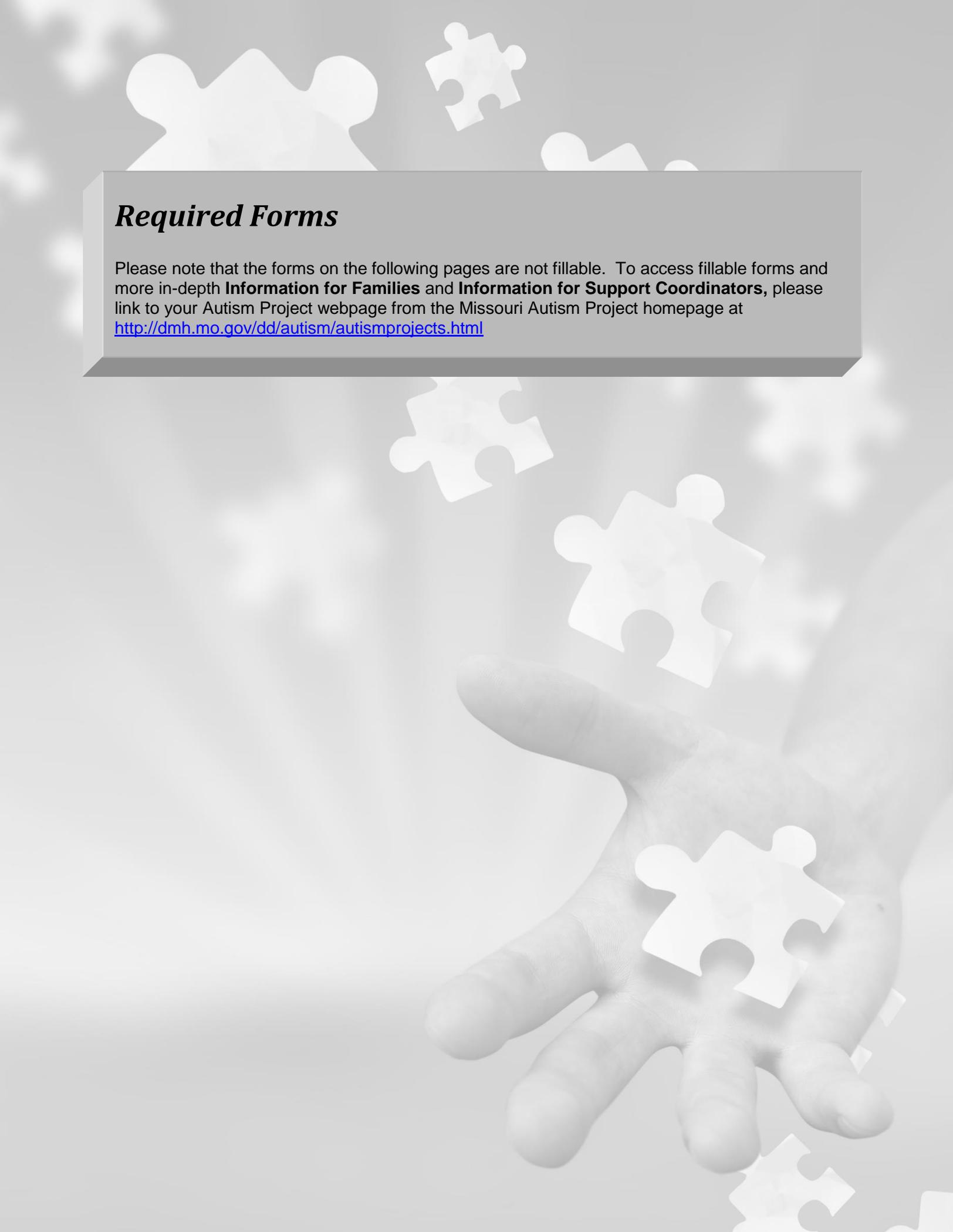
Forward a copy of the letter to the Utilization Review Committee Coordinator so that Autism Project authorizations can be ended and Autism Program Assignment can be ended.

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 Southeast 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.

A grayscale image of a hand holding a puzzle piece, with several other puzzle pieces floating in the air around it. The background is a soft, out-of-focus light gray.

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 Southeast 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"/> Sikeston <input type="checkbox"/> Poplar Bluff	
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"/> Life Skills TouchPoint Autism Services <input type="checkbox"/> SEMO University Autism Center <input type="checkbox"/> Blue Sky Community Services		<input type="checkbox"/> Annual Plan with New Provider <input type="checkbox"/> Life Skills TouchPoint Autism Services <input type="checkbox"/> SEMO University Autism Center <input type="checkbox"/> Blue Sky Community Services	
		<input type="checkbox"/> Amendment with New Provider <input type="checkbox"/> Life Skills TouchPoint Autism Services <input type="checkbox"/> SEMO University Autism Center <input type="checkbox"/> Blue Sky Community Services	



Individual Name	Date of Birth
Medicaid Number	DMH ID Number

Before proceeding with certification and signatures, providers and services must be chosen on the reverse side or page 2 of this form.

Individual/Parent/Guardian/Designated Representative Certification and Signature(s) Section	
1. I certify that I have chosen the provider(s) and service(s) on page 2 of this document. 2. I certify that I have been informed that enrollment in a Medicaid Waiver prohibits receiving services from the Southeast 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 Southeast Missouri Autism Project.	
Name of Support Coordinator (please print name legibly):	
Email	Phone
Support Coordinator Signature	Date

Individual Name	DMH ID Number
Providers' minimum requirements for authorizations: Easter Seals Midwest: 19A001, 35B001, 35B00T, Parent Training (94200A, 94201H, 94202H, or 94302H) at 1200 units for each service Southeast Missouri State University Autism Center: 35B001 at 1200 units, 35B00T at 2400 units	

X	CIMOR Code	Service	Provider Choice	
<input type="checkbox"/>	19A001	Specialized Autism Assessment	<input type="checkbox"/> Easter	<input type="checkbox"/> SEMO
<input type="checkbox"/>	942A0H	Specialized Autism Training	<input type="checkbox"/> Easter	<input type="checkbox"/> SEMO
<input type="checkbox"/>	491601	Behavior Analysis Services: Functional Behavioral Assessment	<input type="checkbox"/> Easter	<input type="checkbox"/> SEMO
<input type="checkbox"/>	491611	Behavior Analysis Services: Senior Behavior Consultant	<input type="checkbox"/> Easter	<input type="checkbox"/> SEMO
<input type="checkbox"/>	491621	Behavior Analysis Services: Behavior Intervention Specialist	<input type="checkbox"/> Easter	<input type="checkbox"/> SEMO
<input type="checkbox"/>	491640	Registered Behavior Technician	<input type="checkbox"/> SEMO	
<input type="checkbox"/>	52A00H	Specialized Autism Community Inclusion	<input type="checkbox"/> Easter	<input type="checkbox"/> SEMO
<input type="checkbox"/>	35C00H	Counseling - Psychotherapy	<input type="checkbox"/> SEMO	
<input type="checkbox"/>	19400H	Counseling - Cognitive Behavior Therapy (CBT)	<input type="checkbox"/> SEMO	
<input type="checkbox"/>	19400H	Counseling - CBT- Dialectical Behavior Therapy	<input type="checkbox"/> SEMO	
<input type="checkbox"/>	580300	Pre-employment - ILS	<input type="checkbox"/> Easter	<input type="checkbox"/> SEMO
<input type="checkbox"/>	58050H	Employment - Job Discovery Individual on-site	<input type="checkbox"/> Blue Sky	
<input type="checkbox"/>	58051H	Employment - Job Discovery Individual off-site	<input type="checkbox"/> Blue Sky	
<input type="checkbox"/>	57031J	Employment - Job Preparation Individual on-site	<input type="checkbox"/> Blue Sky	
<input type="checkbox"/>	57032J	Employment - Job Preparation Individual off-site	<input type="checkbox"/> Blue Sky	
<input type="checkbox"/>	57031S	Employment - Job Preparation Group on-site	<input type="checkbox"/> Blue Sky	
<input type="checkbox"/>	57032S	Employment - Job Preparation Group off-site	<input type="checkbox"/> Blue Sky	
<input type="checkbox"/>	58060H	Employment - Individual Community Employment	<input type="checkbox"/> Blue Sky	
<input type="checkbox"/>	890400	Employment - Transportation	<input type="checkbox"/> Blue Sky	
<input type="checkbox"/>	35B001	Family Resource Services	<input type="checkbox"/> Easter	<input type="checkbox"/> SEMO
<input type="checkbox"/>	35B00T	Family Resource Services Phone Support	<input type="checkbox"/> Easter	<input type="checkbox"/> SEMO
<input type="checkbox"/>	512A0H	Specialized Autism Music Therapy	<input type="checkbox"/> Easter	
<input type="checkbox"/>	94200A	Parent Training: <i>Workshops</i>	<input type="checkbox"/> Easter	<input type="checkbox"/> SEMO
<input type="checkbox"/>	94201H	Parent Training: <i>Home-Based Intensive</i>	<input type="checkbox"/> Easter	
<input type="checkbox"/>	94202H	Parent Training: <i>Site-Based Intensive</i>	<input type="checkbox"/> Easter	
<input type="checkbox"/>	94302H	Parent Training: <i>Site-Home Blend Intensive</i>	<input type="checkbox"/> Easter	<input type="checkbox"/> SEMO
<input type="checkbox"/>	440400	Specialized Autism Respite	<input type="checkbox"/> Easter	
<input type="checkbox"/>	15100H	Social Skills Groups	<input type="checkbox"/> Easter	<input type="checkbox"/> SEMO
<input type="checkbox"/>	15101H	AAC (Augmentative-Alternative Communication) Assessment	<input type="checkbox"/> SEMO	
<input type="checkbox"/>	15103H	Social Skills - <i>PEERS</i> [®]	<input type="checkbox"/> Easter	
<input type="checkbox"/>	73001H	Social Skills - Speech Language Path	<input type="checkbox"/> SEMO	
<input type="checkbox"/>	73010H	Speech Implementer	<input type="checkbox"/> SEMO	
<input type="checkbox"/>	51030H	Therapeutic Camps	<input type="checkbox"/> SEMO	
<input type="checkbox"/>	46100H	Transition Planning	<input type="checkbox"/> SEMO	

Please note: Due to space limitations, Provider names have been abbreviated in the Provider Choice section. 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/seautismproject.html>.



State of Missouri
 Department of Mental Health
 Division of Developmental Disabilities
Provider Disenrollment Form for Southeast Missouri Autism Project Services

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 Southeast 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 type="checkbox"/> Easter Seals Midwest Life Skills <input type="checkbox"/> Southeast Missouri State University Autism Center <input type="checkbox"/> Blue Sky Community Services	
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 name 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

Blue Sky Community Services

<http://www.blueskycommunityservices.com/>

2354 Rusmar St.
Cape Girardeau, MO 63703
Phone: 573-332-0030
Fax: 855-313-1583

Easter Seals Midwest | Life Skills | TouchPoint Autism Services

www.lifeskills-mo.org

611 North Fountain Street
Cape Girardeau, MO 63701
Phone: 573-339-9300
Fax: 573-339-7964

Southeast Missouri State University Autism Center (SEMO UAC)

www.semo.edu/autismcenter

Physical Address

611 N. Fountain Street
Cape Girardeau MO 63701
Phone: 573-986-4985
Fax: 573-986-4994

Mailing Address

One University Plaza, MailStop 9450
Cape Girardeau MO 63701



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
SEMO UAC	No	All	1-5 hours	As needed	Site, home, community

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
SEMO UAC	No	All	Individualized	Individualized	None	Site, community

Behavior Analysis Services

Behavior Analysis Services, provided by Board Certified Behavior Analysts (BCBAs), Assistant Behavior Analysts (BCaBAs), and Registered Behavior Technicians, 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. **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.*

Behavior Analysis Services may include:

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

Behavior Analysis Services may not be provided if the service are covered by the individual’s health insurance and may not replace educationally related services provided to individuals when the services are available under IDEA through the Missouri Department of Elementary and Secondary Education. 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.

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
SEMO University Autism Center	Yes for 491611 or 491621	All	Authorized for 1 yr	As needed	None	Site, home, community

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 individuals 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
SEMO University Autism Center	No	All	Individualized	As needed	491601	Site, home, community

Behavior Analysis Services continued

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
SEMO University Autism Center	No	All	Individualized	As needed	491601	Site, home, community

Registered Behavior Technician 491640

The RBT is a paraprofessional who practices under the close, ongoing supervision of a BCBA, BCaBA, or FL-CBA (hereafter referred to as “Supervisor”). The RBT is primarily responsible for the direct implementation of skill-acquisition and behavior-reduction plans developed by the Supervisor. The RBT may also collect data and conduct certain types of assessments (e.g., stimulus preference assessments). The RBT does not design intervention or assessment plans. It is the responsibility of the Supervisor to determine which tasks an RBT may perform as a function of his or her training, experience, and competence. The Supervisor is ultimately responsible for the work performed by the RBT.

Provider/ Staff Requirements and Service Documentation should follow the licensure, registration, and professional standards required by the Behavior Analyst Certification Board at <http://www.bacb.com/>

Provider Information for Registered Behavior Technician, CIMOR Code: 491640

Provider	Required	Age	Duration	Frequency	Prerequisites	Location
SEMO University Autism Center	No	All	Individualized	As needed	491601	Site, home, community

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
SEMO University Autism Center	No	All	Individualized	Individualized	491601 or 19A001	Site, home, community

Counseling-Cognitive Behavior Therapy 19400H

Cognitive behavioral interventions (CBIs) are designed to change negative or unrealistic thought patterns and behaviors with the aim of positively influencing emotions and life functioning. CBIs are comprised of multiple interventions that are uniquely crafted for each individual and his/her needs. Cognitive behavior techniques are known to work best with individuals who are verbal and have higher intelligence. The intervention process focuses on informing individuals about their emotional issues, assisting them in recognizing bodily responses, and organizing alternative responses to negative thoughts and feelings. The intervention process involves teaching problem solving typically in a group format. Modeling prosocial behavior, offering opportunities for role-playing, and rehearsing positive responses to typical situations with peers are part of the treatment. This description was taken from *Autism Spectrum Disorders: Guide to Evidence-based Interventions* at <http://autismguidelines.dmh.mo.gov/documents/Interventions.pdf>

Provider Information for Counseling-Cognitive Behavior Therapy, CIMOR Code: 19400H

Provider	Required	Age	Duration	Frequency	Prerequisites	Location
SEMO UAC	No	All	3-18 months	Individualized	None	Site

Counseling-CBT-Dialectical Behavior Therapy 19400H

Facilitated by a licensed clinician, Dialectical Behavior Therapy (DBT) is a form of psychotherapy that combines standard **cognitive-behavioral techniques** with the goal of participants learning skills including distress tolerance, interpersonal effectiveness, emotional regulation, and mindfulness.

Provider Information for Counseling-CBT-Dialectical Behavior Therapy, CIMOR Code: 19400H

Provider	Required	Age	Duration	Frequency	Location
SEMO University Autism Center	No	12+	1 year	2 times per wk	Site
Prerequisites: self-injury or severe emotional dysregulation					

Counseling-Psychotherapy 35C00H

Services include counseling sessions aimed at reducing anxiety and addressing mental health, behavioral, social, familial or other related issues with individuals with an Autism Spectrum Disorder. These services, which are provided by licensed mental health care professionals, include:

- Initial assessment of factors contributing to mental health conditions and need for therapy,
- Comprehensive treatment planning, and
- Direct implementation of therapy

Provider Information for Counseling-Psychotherapy, CIMOR Code: 35C00H

Provider	Required	Age	Duration	Frequency	Prerequisites	Location
SEMO	No	All	2-18 months	Individualized	None	Site

Employment

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
SEMO UAC	No	16+	Individualized	As needed	None	Site

Employment continued

Job Discovery Individual: on-site 58050H, off-site 58051H

Job discovery services include but are not limited to the following: Volunteerism, self-determination and self-advocacy (assisting an individual in identifying wants and needs for supports and in developing a plan for achieving integrated employment), job exploration, job shadowing, informational interviewing, labor market research, job and task analysis activities, employment preparation (i.e. resume development, work procedures), and business plan development for self-employment. Job discovery is intended to be time-limited. The initial discovery process should not exceed a three month period and will result in the development of a career profile and employment goal or career plan. Additional monthly increments must be preauthorized by the Division of DD.

If it becomes clear that competitive integrated employment is not a reasonable goal and the individual does not plan to move forward toward competitive integrated employment then other supports and services which are designed to continue on a long term basis should be considered.

The Autism Project will not cover vocational rehabilitation services, which are otherwise available under section 110 of the Rehabilitation Act of 1973. Therefore, the case records for individuals receiving job discovery and preparation services under the waiver will document that the individual was denied benefits by the Missouri Department of Elementary and Secondary Education, Office of Adult Learning and Rehabilitation Service (VR), exhausted VR benefits, VR does not cover the specific employment service the individual requires, or the person requests supports from a provider that does not participate in VR's system. The support coordinator's documentation of VR's failure to confirm a denial of benefits in writing within 30 days of verbal notification may also serve as evidence of eligibility for job discovery and preparation services.

When individuals are compensated they must be paid in accordance with the United States Fair Labor Standards Act (USFLSA) of 1985.

Services may be provided in a community workplace setting or at a licensed, certified or accredited facility of a qualified job discovery and preparation service provider.

Job discovery is intended to be time-limited. If the initial discovery process exceeds a three month period, the support coordinator should contact the provider and include case notes to justify an extended time period. The discovery process will result in the development of a career profile and employment goal or career plan.

Transportation costs for Job Discovery services are included in the unit rate, but costs for transporting to and from the residence are not included.

Job discovery does not include services available under section 602 (16) and (17) of IDEA (U.S.C. 1401).

Provider Requirements, Staff Requirements, and Service Documentation should follow the standards described in the waiver manual located at http://207.15.48.5/collections/collection_dmh/Print.pdf

Provider Information for Job Discovery, Individual: on-site 58050H, off-site 58051H

Provider	Required	Age	Duration	Frequency	Prerequisites	Location
Blue Sky Community Services	No	18+	90 days	Varies	None	Site, community

Employment continued

Job Preparation Individual: on-site 57031J, off-site 57032J Group: on-site 57031S, off-site 57032S

Job preparation services provide training and work experiences intended to teach an Individual the skills necessary to succeed in paid community employment. Skill training may include volunteerism, following directions, focusing on tasks, completing tasks, achieving productivity standards and quality results, responding appropriately to supervisors/co-workers, attendance and punctuality, problem solving, safety, mobility, or short term work trials. Training may also address workplace social skills necessary for successful community employment such as appropriate work place attire, hygiene, and interaction with co-workers and supervisors, acceptable work behaviors and other skills such as accessing transportation and connecting to community resources as it relates to obtaining employment. This service should be a pathway towards individualized employment and is dependent on individuals demonstrating progress towards employment over time.

Services may be provided on-site or off-site in the community. Group Job Preparation Service may include serving up to six (6) individuals at a time; however, with written approval from the RO director Job Preparation may serve up to eight (8) individuals.

Transportation costs for Job Preparation services are included in the unit rate, but costs for transporting to and from the residence are not included.

This service is limited to two years, in any single continuous time period. (Not a cumulative life-time limit.)

Job preparation services must comply with 42 CFR §440.180(c)(2)(i). The need for services must be documented in the ISP. Services must be primarily habilitation in nature.

Participation in prevocational services is not a required pre-requisite for individual or small group community employment services provided under the Autism Project.

Documentation is maintained that the service is not available under a program funded under 110 of the Rehabilitation Act of 1973 or the IDEA (20 U.S.C. 1401 et seq.).

Provider Requirements, Staff Requirements, and Service Documentation should follow the standards described in the waiver manual located at http://207.15.48.5/collections/collection_dmh/Print.pdf

Provider Information for Job Preparation

CIMOR codes Individual: on-site 57031J, off-site 57032J Group: on-site 57031S, off-site 57032S

Provider	Required	Age	Duration	Frequency	Prerequisites	Location
Blue Sky Community Services	No	18+	Up to 2 years	Varies	None	Site, community

Employment continued

Individual Community Employment 58060H

Individual Community Employment is competitive work in an integrated work setting with on-going support services for individuals with developmental disabilities. The service must be identified in the individual's support plan. Individual Community Employment must be provided in a manner that promotes integration into the workplace and interaction between participants and people without disabilities in those work places. The outcome of this service is sustained paid integrated community based employment where the individual has chosen to become employed (including self-employment situations) and work experience leading to further career development. The individual is compensated at or above the minimum wage, but not less than the customary wage and level of benefits paid by the employer for the same or similar work performed by individuals without disabilities. Individual Community Employment services may include:

- Individualized job development and placement;
- On-the-job training in work and work-related skills;
- Ongoing supervision and monitoring of the person's performance on the job; and
- Training in related skills needed to obtain and retain employment such as using community resources and public transportation; and
- Negotiation with prospective employers.

Additional information about employment services

Provider supervision supports in this service are over and above those normally provided by the employer to any employee without a disability.

Documentation is maintained that the service is not available under a program funded under 110 of the Rehabilitation Act of 1973 or the IDEA (20 U.S.C. 1401 et seq.). Therefore the case records for individuals receiving Community Employment Services under the Autism Project will document that the participant was found to be inappropriate for services by the Missouri Department of Elementary and Secondary Education, Office of Adult Learning and Rehabilitation Service (VR), exhausted VR benefits. VR does not cover the specific employment service the individual requires, or the person requests supports from a provider that does not participate in VR's system.

Provider Requirements, Staff Requirements, and Service Documentation should follow the standards described in the waiver manual located at http://207.15.48.5/collections/collection_dmh/Print.pdf

Provider Information for Individual Community Employment, CIMOR Code: 58060H

Provider	Required	Age	Duration	Frequency	Prerequisites	Location
Blue Sky Community Services	No	18+	Individualized	Varies	None	Site, community

Employment

Transportation 890400

Transportation is reimbursable when necessary for an individual to access Autism Project Employment services, community services, activities and resources specified by the ISP plan. Transportation under the Autism Project shall not supplant transportation provided to providers of medical services under the state plan as required by 42 CFR 431.53, nor shall it replace emergency medical transportation as defined at 42 CFR 440.170(a) and provided under the state plan. State plan transportation in Missouri is provided to medical services covered under the state plan, but not to Autism Project services, which are not covered under the state plan. Transportation is a cost effective and necessary part of the package of community services, which prevent institutionalization.

A variety of modes of transportation may be provided, depending on the needs of the individual and availability of services. Alternatives to formal paid support will always be used whenever possible. A unit is one per month.

Provider Requirements, Staff Requirements, and Service Documentation should follow the standards described in the waiver manual located at http://207.15.48.5/collections/collection_dmh/Print.pdf

Provider Information for Individual Community Employment, CIMOR Code: 890400

Provider	Required	Age	Duration	Frequency	Prerequisites	Location
Blue Sky Community Services	No	18+	Individualized	Varies	None	Site, community

SEMAP Services continued on next page

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
SEMO UAC	Yes	All	Individualized	Individualized	No	Site, home, community

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
SEMO UAC	Yes	All	Individualized	Individualized	No

Specialized Autism Music Therapy 512A0H

Music therapy is a service designed to treat autism and/or other developmental disabilities through various modalities and is performed by a Certified Music Therapist. Music Therapy involves the use of music to address non-musical objectives such as: communication skills, social skills, cognitive skills, and gross/fine motor skills. Therapists use music and music activities in an interactive manner (instrument playing, singing, movement to music, etc.) to address areas of need. Individuals may be seen in one-on-one or small group sessions at the discretion of the therapist. In order for individuals to get the most out of music therapy, therapists may apply techniques families learn in parent training and may provide the family with assignments and activities to be completed in the home. Family participation may help to ensure generalization and maintenance of skills and interventions for individuals.

Provider Information for Specialized Autism Music Therapy, CIMOR Code: 52103H

Provider	Required	Age	Duration	Frequency	Prerequisites	Location
Easter Seals Midwest	No	All	Varies	Weekly or biweekly	19A001 (Assessment); and 94200A, 94201H, 94202H, or 94302H (Parent Training)	Site

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 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 (or evenings)	Typically 1-2 days	19A001	Community, site
SEMO University Autism Center	No	All	1-8 hrs per day for 1-3 days long	Individualized	None	Site, home, community

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

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 weeks		19A001	Site

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
SEMO University Autism Center	No	All	Up to 1 year	As needed	None	Site, community, home

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.

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

Provider	Required	Age	Duration	Frequency	Prerequisites	Location
Easter Seals Midwest	No	5+	1-2 hrs	See newsletter	19A001	Site, community
SEMO UAC	No	All	6-24 wks	Weekly	None	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 for adolescents and young adults. 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	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					

Augmentative-Alternative Communication (AAC) Assessment 15101H

The purpose of an AAC assessment is to identify the strengths and weaknesses within an individual with the intent of bridging discrepancies between their current communication (if any) and future communication needs. AAC assessment is completed under the direct supervision of a Speech Language Pathologist for which a client is referred by a physician or other healing arts practitioner (operating within their scope of practice under state law). Information gathered from AAC Assessment(s) will be used to identify a client’s abilities/requirements for AAC which can then enhance Treatment Planning across settings and providers. Communication Partners (e.g., family, daycare, etc.) may also require training including using the device as a two-way means to communicate.

Research documents that skilled AAC users show communicative competence in four interrelated areas: 1) Linguistic (native language), 2) Operational (use and maintenance of the device), 3) Social and 4) Strategic (the latter two of which reflect knowledge & judgment in communication interaction).

Provider Information for AAC Assessment, CIMOR Code: 15101H

Provider	Required	Age	Duration	Frequency	Prerequisites	Location
SEMO UAC	No	3 - adult	individualized		Referral (see description)	Site, Community

Social Skills: Speech/Language Pathology 73001H

Services are targeted for high-functioning individuals with Autism Spectrum Disorder (ASD) who present with social learning and pragmatic challenges. Services may include consultation provided to families, other caretakers, and service providers. A state licensed and certified Speech-Language Pathologist provides individual and/or group therapy to qualified individuals of any age.

Provider Information for Social Skills: Speech/Language Pathology, CIMOR Code: 73001H

Provider	Required	Age	Duration	Frequency	Prerequisites	Location
SEMO UAC	No	4 - adult	6-52 wks	As needed	None	Site, Community

Speech Implementer 73010H

A *Speech Implementer*, practices under the close supervision of a licensed Speech-Language Pathologist, will:

- treat identified clients following a treatment plan developed by the speech-language pathologist,
- assist in directing client treatment activities,
- assist with the preparation and administration of treatment materials,
- do other related work as required for clients who may also present with articulation, fluency, voice, language, communication and /or related disorders,
- design interventions for clients at risk for the above conditions as assigned by the supervising SLP

Speech Implementer Services may not be provided if the services are covered by the individual’s health insurance and may not replace educationally related services provided to individuals when the services are available under IDEA through the Missouri Department of Elementary and Secondary Education.

Provider/ Staff Requirements should follow the education, registration and supervision standards for a “Speech-language pathology assistant” as described in RSMo 345.015 (12)

<http://www.moga.mo.gov/mostatutes/chapters/chapText345.html>

Provider Information for Speech Implementer, CIMOR Code: 73010H

Provider	Required	Age	Duration	Frequency	Prerequisites	Location
SEMO UAC	No	All	Individualized		15100H, 73001H, or 51030H	Site

Therapeutic Camps 51030H

Therapeutic summer camps, held in various camp settings, are available to eligible individuals. Qualified and trained professionals facilitate the camps, using interventions designed to help individuals develop and practice social and executive functioning skills, integrate into the community, and generalize the use of acquired skills. Camp activities include but are not limited to crafts, games, karaoke, swimming, cooking, and music. Therapeutic Camps include **Camp CONNECT**, **Camp SOCIAL**, and **Skills Training Camps** (described below).

Camp CONNECT

Camp CONNECT is an inclusive summer day camp that has traditional activities for individuals, ages 5-21. Children ages 5 to 14 may enroll in one week sessions held during the month of June. These camp experiences include community activities and outings. Adolescents ages 14 to 21 may participate in five days of community inclusion activities that span May and June. Announcements will be made for registration and enrollment in Camp CONNECT in the early spring. All activities will be supervised by a camp director, counselors, community volunteers, and practicum students.

Provider Information for Camp CONNECT, CIMOR Code: 51030H

Provider	Required	Age	Duration	Frequency	Prerequisites	Location
SEMO UAC	No	5-21	One week annually		None	Site, community

Camp SOCIAL

Camp Social is a partial-day intensive treatment summer camp that is facilitated by a Speech and Language Pathologist who uses evidence-based cognitive behavioral and social cognition interventions to help individuals develop and practice social and executive functioning skills. Camp Social will be held one week in June 2014 and one week in July 2014. Announcements will be made for registration and enrollment for Camp SOCIAL in early spring.

Provider Information for Camp SOCIAL, CIMOR Code: 51030H

Provider	Required	Age	Duration	Frequency	Location
SEMO UAC	No	10-16	Partial day for 1 week	Annually	Site, community
Prerequisites: None					

Skills Training Camps

Skills Training Camps are a partial-day camps which may be held as stand-alone days, or up to 4 days in succession. Skills Training camps are designed for children, ages 3-6, consisting of group skill building sessions. Trained professionals promote an inclusionary group experience for children and provide them with opportunities to develop targeted social skills that are needed to be successful in a group setting.

Provider Information for Camp SOCIAL, CIMOR Code: 51030H

Provider	Required	Age	Duration	Frequency	Prerequisites	Location
SEMO UAC	No	All	Individualized	Multiple times yearly	None	Site, home, community

Transition Planning 46100H

Transition Planning Services is a set of coordinated activities that aim to:

- Improve the functional achievement of individuals with Autism Spectrum Disorder (ASD)
- Promote individuals' successful movement from childhood to adulthood
- Promote success in employment, post-secondary education, relationship building, and daily and independent living skills
- Assure seamless transition from pediatric to adult medical/clinical care

An assessment is given and a transition plan is developed which documents the individual's unique needs, abilities, strengths, preferences, and interests with appropriate focus given to extraordinary needs or conditions of support. Additionally, barriers to successful learning, interactions, and performance are identified, and strategies are developed to address the barriers.

Provider Information for Transition Planning, CIMOR Code: 46100H

Provider	Required	Age	Duration	Frequency	Prerequisites	Location
SEMO UAC	No	All	8-12 hours	As needed	None	Site, home, community

Family Satisfaction Survey of ASD Services Southeast Missouri Autism Project (SEMAP)

Please take a few moments to complete this satisfaction survey. Results will be used to aid the Southeast 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/seautismproject.html>

Provider: Please check **only** one box:

Easter Seals Midwest|Life Skills SEMOU Autism Center Blue Sky Community Services

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	_____ Speech Therapy Services
_____ Specialized Autism Training	_____ Specialized Autism Music Therapy
_____ Behavior Analysis Services	_____ Parent Training
_____ Specialized Autism Community Inclusion	_____ Specialized Autism Respite
_____ Counseling-Psychotherapy	_____ Social Skills Groups
_____ Pre-employment-Indep Living Skills	_____ Social Skills PEERS®
_____ Employment Services	_____ Social Skills-Speech Language Pathology
_____ Family Resource Services	_____ Therapeutic Camps
_____ Family Resource Services Phone	_____ Transition Planning

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 at the Regional Office, or you may send/fax it directly to the Regional Office listed below:

Family Resource & Autism Specialist
Sikeston Regional Office
112 Plaza Dr.
Sikeston, MO 63801
Telephone: 800-497-4647
Fax: 573-472-5305