



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	
<ol style="list-style-type: none"> I certify that I have chosen the provider(s) and service(s) on page 2 of this document. 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	
<ol style="list-style-type: none"> I certify that the individual/parent/guardian/designated representative has chosen the provider(s) and service(s) herein. 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>.