



FY17 Provider & Services Choice Form for Southwest Missouri Autism Project 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.

Section I.

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 Southwest Missouri Autism Project.

Individual	Date
Parent/Guardian/Designated Representative	Date
Name of Person to be Contacted by Provider	Phone

Section II.

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 Southwest Missouri Autism Project.
3. I certify that the need for each service has been justified and tied to an outcome in the ISP.
4. I certify that if there is a need for multiple providers for a service, it has been justified in the ISP.

Name of Support Coordinator (**please print name legibly**):

Email	Phone
Support Coordinator Signature	Date

Individual Name	DMH ID Number
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Please note: Provider names have been abbreviated. For provider information, service descriptions, and SC Roles & Responsibilities, refer to the Southwest Missouri Autism Project (SWMAP) Service Directory: <http://dmh.mo.gov/dd/autism/southwest/swautismproject.html>

***When the Provider's name is in bold in the "Providers" column, the Service on the corresponding line is required by that provider and should be checked if that provider is chosen for any service.**

Section: III. Multiple providers may be chosen per service in this section.

CIMOR Codes	Specialized Autism Services	*Providers
<input type="checkbox"/> 19F001	Assessment	<input type="checkbox"/> Abilities <input type="checkbox"/> Burrell <input type="checkbox"/> Easter <input type="checkbox"/> Judevine <input type="checkbox"/> Ozark Ctr
<input type="checkbox"/> 35B001	Family Resource Services	<input type="checkbox"/> Abilities <input type="checkbox"/> Burrell <input type="checkbox"/> Easter <input type="checkbox"/> Judevine <input type="checkbox"/> Ozark Ctr
<input type="checkbox"/> 35B00T	Family Resource Services Phone Support	<input type="checkbox"/> Abilities <input type="checkbox"/> Burrell <input type="checkbox"/> Easter <input type="checkbox"/> Judevine
<input type="checkbox"/> 94200A	Parent Training Individual	<input type="checkbox"/> Burrell <input type="checkbox"/> Easter <input type="checkbox"/> Judevine
<input type="checkbox"/> 94201A	Parent Training Group	<input type="checkbox"/> Burrell <input type="checkbox"/> Easter <input type="checkbox"/> Judevine
<input type="checkbox"/> 440400	Respite Individual	<input type="checkbox"/> Easter <input type="checkbox"/> Judevine <input type="checkbox"/> Ozark Ctr
<input type="checkbox"/> 440500	Respite Group	<input type="checkbox"/> Arc <input type="checkbox"/> Easter <input type="checkbox"/> Judevine <input type="checkbox"/> Ozark Ctr
<input type="checkbox"/> 512A0H	Music Therapy Individual	<input type="checkbox"/> Abilities <input type="checkbox"/> Easter
<input type="checkbox"/> 512A2H	Music Therapy Group	<input type="checkbox"/> Abilities <input type="checkbox"/> Easter
<input type="checkbox"/> 15100H	Social Skills Groups	<input type="checkbox"/> Abilities <input type="checkbox"/> Burrell <input type="checkbox"/> Easter <input type="checkbox"/> Judevine

Section IV. Only 1 provider may be chosen per service in this section.

CIMOR Codes	Services	*Providers
<input type="checkbox"/> 942A0H	Autism Training Individual	<input type="checkbox"/> Burrell <input type="checkbox"/> Easter <input type="checkbox"/> Judevine
<input type="checkbox"/> 943A0H	Autism Training Group	<input type="checkbox"/> Burrell <input type="checkbox"/> Easter <input type="checkbox"/> Judevine
<input type="checkbox"/> 491611	ABA: Consultation & Intervention	<input type="checkbox"/> Burrell <input type="checkbox"/> Easter <input type="checkbox"/> Judevine <input type="checkbox"/> Ozark Ctr
<input type="checkbox"/> 491640	ABA: Registered Behavior Technician	<input type="checkbox"/> Burrell <input type="checkbox"/> Easter <input type="checkbox"/> Judevine <input type="checkbox"/> Ozark Ctr
<input type="checkbox"/> 52A00H	Community Inclusion Individual	<input type="checkbox"/> Abilities <input type="checkbox"/> Easter <input type="checkbox"/> Judevine
<input type="checkbox"/> 53A00H	Community Inclusion Group	<input type="checkbox"/> Abilities <input type="checkbox"/> Easter <input type="checkbox"/> Judevine
<input type="checkbox"/> 19400H	Counseling: CBT-DBT Individual	<input type="checkbox"/> Burrell
<input type="checkbox"/> 19500H	Counseling: CBT-DBT Group	<input type="checkbox"/> Burrell
<input type="checkbox"/> 35C00H	Counseling: Psychotherapy Individual	<input type="checkbox"/> Burrell
<input type="checkbox"/> 36C00H	Counseling: Psychotherapy Group	<input type="checkbox"/> Burrell
<input type="checkbox"/> 580300	Pre-employment Services – ILS Individual	<input type="checkbox"/> Abilities <input type="checkbox"/> Judevine
<input type="checkbox"/> 580500	Pre-employment Services – ILS Group	<input type="checkbox"/> Abilities
<input type="checkbox"/> 570101	Employment: Prevocational Training	<input type="checkbox"/> Alternative Opportunities
<input type="checkbox"/> 58080H	Employment: Intensive Follow-Along	<input type="checkbox"/> Alternative Opportunities
<input type="checkbox"/> 52103H	Independent Living Skills Individual	<input type="checkbox"/> Burrell <input type="checkbox"/> Ozark Ctr
<input type="checkbox"/> 52105H	Independent Living Skills Group	<input type="checkbox"/> Burrell <input type="checkbox"/> Ozark Ctr
<input type="checkbox"/> 04000H	Nutrition Therapy	<input type="checkbox"/> Ozark Ctr
<input type="checkbox"/> 15200H	Occupational Therapy Individual	<input type="checkbox"/> Burrell
<input type="checkbox"/> 15201H	Occupational Therapy Group	<input type="checkbox"/> Burrell
<input type="checkbox"/> 15103H	Social Skills: Curriculum Based	<input type="checkbox"/> Burrell <input type="checkbox"/> Easter (PEERS)
<input type="checkbox"/> 51030H	Therapeutic Camps	<input type="checkbox"/> Abilities
<input type="checkbox"/> 46100H	Transition Planning	<input type="checkbox"/> Judevine <input type="checkbox"/> Ozark Ctr
<input type="checkbox"/> 9000TH	Telehealth	<input type="checkbox"/> Ozark Ctr