

Southwest Missouri Autism Project Service Directory Fiscal Year 2015



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.

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Springfield Regional Office
1515 E Pythian
Springfield MO 65801
Telephone: 888-549-6635
Fax: 417-895-7412

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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

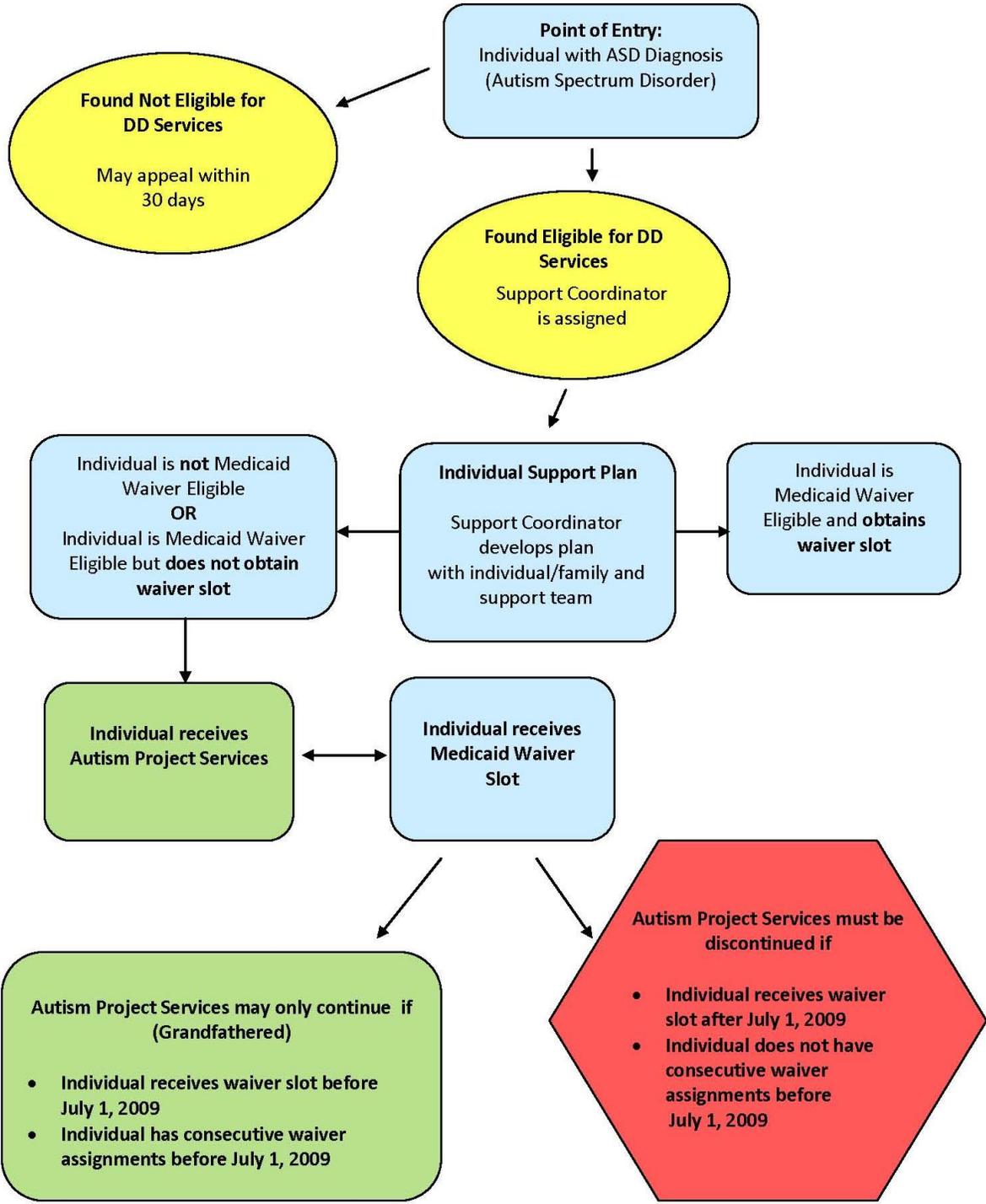
Webinar: Autism Projects Overview

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
 - Missouri Autism Projects Fiscal Year Business Models & Allocations Map
 - Regional Autism Project Parent/Family Information
 - “Help for Your Child with Autism” Southwest Missouri Autism Resource Brochure
 - IAN Brochure
 - Regional Autism Project Fiscal Year Service Directory
 - Sharing Our Strengths PEER Support Card
 - Missouri Family to Family Resource Center / DD Regional Office / Release of Information and Referral Form
 - Family Satisfaction Survey of ASD Services
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
 - Budget 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 SWMAP'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 Southwest 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 background image featuring a hand holding a puzzle piece. Several other puzzle pieces are shown floating in the air around the hand, creating a sense of movement and assembly. The overall theme is one of support and problem-solving.

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 Southwest 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 <input type="checkbox"/> Joplin <input type="checkbox"/> Springfield	
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"/> Abilities First (Art Inspired Academy) <input type="checkbox"/> Alternative Opportunities <input type="checkbox"/> Arc of the Ozarks - Counterpoint <input type="checkbox"/> Burrell Autism Center <input type="checkbox"/> Judevine Center for Autism <input type="checkbox"/> Easter Seals Life Skills <input type="checkbox"/> Ozark Center Leffen Center for Autism	<input type="checkbox"/> Annual with new provider <input type="checkbox"/> Abilities First (Art Inspired Academy) <input type="checkbox"/> Alternative Opportunities <input type="checkbox"/> Arc of the Ozarks - Counterpoint <input type="checkbox"/> Burrell Autism Center <input type="checkbox"/> Judevine Center for Autism <input type="checkbox"/> Easter Seals Life Skills <input type="checkbox"/> Ozark Center Leffen Center for Autism	<input type="checkbox"/> Amendment with new provider <input type="checkbox"/> Abilities First (Art Inspired Academy) <input type="checkbox"/> Alternative Opportunities <input type="checkbox"/> Arc of the Ozarks - Counterpoint <input type="checkbox"/> Burrell Autism Center <input type="checkbox"/> Judevine Center for Autism <input type="checkbox"/> Easter Seals Life Skills <input type="checkbox"/> Ozark Center Leffen Center for Autism



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	
<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 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	
<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 Southwest Missouri Autism Project. I certify that the need for each service has been justified and tied to an outcome in the ISP. 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
------------------------	----------------------

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

*** When a providers name is in bold in the "Providers" column, the Service on the corresponding line is required and should be checked if that provider is chosen for any service. For Easter Seals Midwest, only 1 Parent Training Code is required and only choose the Social Skills group that is age appropriate.**

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

CIMOR Codes	Services	*Providers
<input type="checkbox"/> 19A001	Specialized Autism 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: <i>Workshops</i>	<input type="checkbox"/> Burrell <input type="checkbox"/> Easter <input type="checkbox"/> Judevine
<input type="checkbox"/> 440400	Specialized Autism Respite	<input type="checkbox"/> Arc <input type="checkbox"/> Easter <input type="checkbox"/> Judevine
<input type="checkbox"/> 15100H	Social Skills Groups: <i>Children/Adolescents</i>	<input type="checkbox"/> Abilities <input type="checkbox"/> Burrell <input type="checkbox"/> Easter <input type="checkbox"/> Judevine
<input type="checkbox"/> 15100H	Social Skills Groups: <i>Young Adults/Adults</i>	<input type="checkbox"/> Abilities <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	Specialized Autism Training	<input type="checkbox"/> Easter <input type="checkbox"/> Judevine
<input type="checkbox"/> 491601	Behavior Analysis Services: <i>Functional Behavioral Assessment</i>	<input type="checkbox"/> Burrell <input type="checkbox"/> Easter <input type="checkbox"/> Judevine <input type="checkbox"/> Ozark Ctr
<input type="checkbox"/> 491611	Behavior Analysis Services: <i>Senior Behavior Consultant</i>	<input type="checkbox"/> Burrell <input type="checkbox"/> Easter <input type="checkbox"/> Judevine <input type="checkbox"/> Ozark Ctr
<input type="checkbox"/> 491621	Behavior Analysis Services: <i>Behavior Intervention Specialist</i>	<input type="checkbox"/> Burrell <input type="checkbox"/> Easter <input type="checkbox"/> Judevine <input type="checkbox"/> Ozark Ctr
<input type="checkbox"/> 19400H	CBT-Dialectical Behavior Therapy	<input type="checkbox"/> Burrell
<input type="checkbox"/> 52A00H	Specialized Autism Community Inclusion	<input type="checkbox"/> Abilities <input type="checkbox"/> Easter <input type="checkbox"/> Judevine
<input type="checkbox"/> 580300	Pre-employment Services - ILS	<input type="checkbox"/> Abilities <input type="checkbox"/> Judevine
<input type="checkbox"/> 570101	Employment: <i>Prevocational Training</i>	<input type="checkbox"/> Alternative Opportunities
<input type="checkbox"/> 58080H	Employment: <i>Intensive Follow-Along</i>	<input type="checkbox"/> Alternative Opportunities
<input type="checkbox"/> 52103H	Independent Living Skills	<input type="checkbox"/> Burrell <input type="checkbox"/> Ozark Ctr
<input type="checkbox"/> 512A0H	Music Therapy	<input type="checkbox"/> Abilities <input type="checkbox"/> Easter
<input type="checkbox"/> 15200H	Occupational Therapy	<input type="checkbox"/> Burrell
<input type="checkbox"/> 94000H	Outreach Services: Information/Education	<input type="checkbox"/> Ozark Ctr
<input type="checkbox"/> 890300	Group Transportation for 94000H only	<input type="checkbox"/> Ozark Ctr
<input type="checkbox"/> 94201H	Parent Training: <i>Home-Based Intensive</i>	<input type="checkbox"/> Easter <input type="checkbox"/> Judevine
<input type="checkbox"/> 94202H	Parent Training: <i>Site-Based Intensive</i>	<input type="checkbox"/> Easter <input type="checkbox"/> Judevine
<input type="checkbox"/> 94302H	Parent Training: <i>Site-Based & Home-Based Intensive (Blended)</i>	<input type="checkbox"/> Easter <input type="checkbox"/> Judevine
<input type="checkbox"/> 15103H	Social Skills: PEERS®	<input type="checkbox"/> Easter
<input type="checkbox"/> 51030H	Therapeutic Camps	<input type="checkbox"/> Abilities <input type="checkbox"/> Arc
<input type="checkbox"/> 46100H	Transition Planning	<input type="checkbox"/> Burrell <input type="checkbox"/> Ozark Ctr



State of Missouri
 Department of Mental Health
 Division of Developmental Disabilities
Provider Disenrollment Form for Southwest 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 Program:

- Individual enrolled in a Medicaid Waiver (support coordinator signature required below)
- Individual discharged from the Division of Developmental Disabilities (support coordinator signature required below)
- Individual declined to continue receiving services funded through Southwest Missouri Autism Project (Individual/Parent/Guardian/Designated Representative and support coordinator signatures required below)
- Individual discharged by provider (support coordinator signature required below)
- 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 program services (check all that apply) that will be removing individual from their rolls and concluding service provision:

- Abilities First (Art Inspired Academy)
- Alternative Opportunities
- Arc of the Ozarks - Counterpoint
- Burrell Autism Center
- Judevine Center for Autism
- Easter Seals Midwest | Life Skills
- Ozark Center | Bill & Virginia Leffen Center for Autism

Individual/Parent/Guardian/Designated Representative Certification and Signature(s) Section

Individual	Date
Parent/Guardian/Designated Representative	Date

Service 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.

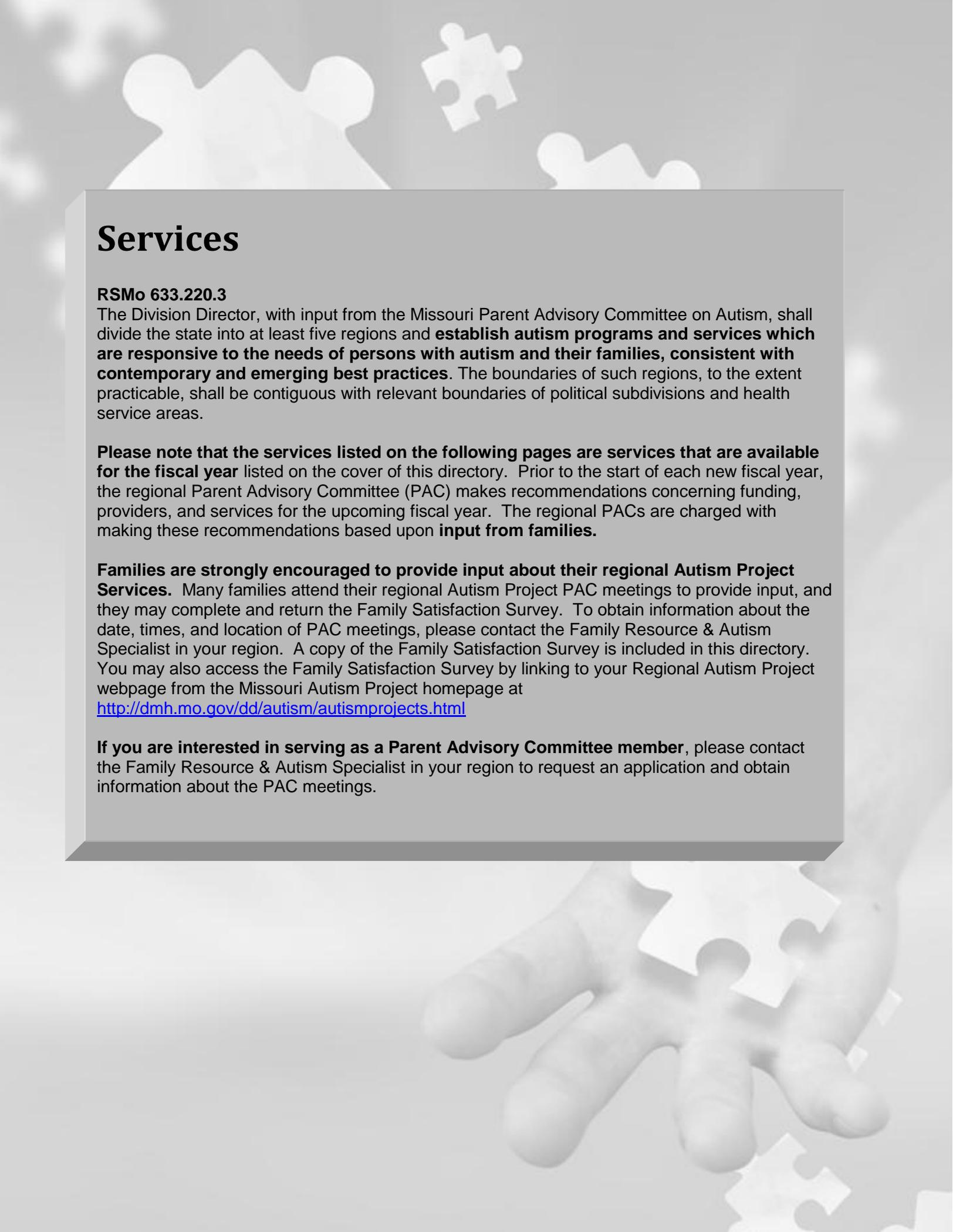
Name of Support Coordinator and TCM or Regional Office affiliation **(please print name legibly):**

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

Abilities First (Art Inspired Academy) http://www.abilitiesfirst.net/ 1370 E Primrose, Suite A Springfield MO 65804 Phone 417-886-0407 Fax 417-886-0405		
2626 W College Road Springfield, MO 65802 Phone 417-862-1753 Toll Free 800-778-9317 Fax 417-864-5621	Alternative Opportunities Employment Services Division www.aoinc.org	2709 West 13th Street Joplin, MO 64801 Phone 417- 659-9911 Toll Free 800- 878-1307 Fax 417- 659-9088
Arc of the Ozarks – CounterPoint http://www.thearcoftheozarks.org/pages/counterpoint_autism_services 1501 E Pythian Springfield, MO 65802 Phone 417-864-7887 Fax 417-864-4307		
Burrell Autism Center www.burrellautismcenter.com 1300 E. Bradford Parkway Springfield, MO 65804 Phone 417-761-5330 Fax 417-761-5331		
1740 S. Glenstone, Suite S Springfield, MO 65804 Phone 417-890-1399 Fax 417-890-1775	Easter Seals Midwest LifeSkills http://www.eastersealsmidwest.org/	1211 S. Illinois Joplin, MO 64801 Phone 417-781-3616 Fax 417-781-4190
Judevine Center for Autism www.judevinecenter.org 3450 S. Campbell Springfield, MO 65807 Phone 800-780-6545		
Ozark Center Bill and Virginia Leffen Center for Autism www.freemanhealth.com/ozarkcenterforautism 3230 Wisconsin Ave Joplin, MO 64803 Phone 417-347-7850		



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
Abilities First (AIA)	Yes	All	2 hours	Annual & as needed	Site
Burrell Autism Center	Yes	All	30-60 minutes	Initial & as needed	Site
Easter Seals Midwest	Yes	All	Generally 1-3 hrs	Initial & as needed	Site, home, community
Judevine Center for Autism	Yes	All	60-180 minutes	Initial & as needed	Site, home
Ozark Leffen Ctr. for Autism	Yes	All	1 hour	Annually	Site, home

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
Judevine Center for Autism	No	All	Individualized	Individualized	19A001	Site, community

Behavior Analysis Services

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

Behavior Analysis Services may include:

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

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.

**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.*

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
Burrell Autism Center	No	0-8	Individualized	Individualized	19A001	Site
Easter Seals Midwest	No	All	Short term episodic	Individualized	19A001	Site, home
Judevine Center for Autism	No	All	Individualized	Individualized	19A001	Site, home
Ozark Leffen Center for Autism	No	All	Crisis per Individual Support Plan team & provider			Site, home

Behavior Analysis Services continued

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 individual's 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
Burrell Autism Center	No	0-8	Individualized	Individualized	19A001	Site
Easter Seals Midwest	No	All	Short term episodic	Individualized	19A001	Site, home
Judevine Center for Autism	No	All	Individualized	Individualized	19A001	Site, home
Ozark Leffen Center for Autism	No	All	Crisis per Individual Support Plan team & provider			Site, home

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
Burrell Autism Center	No	0-8	Individualized	Individualized	19A001	Site
Easter Seals Midwest	No	All	Short term episodic	Individualized	19A001	Site, home
Judevine Center	No	All	Individualized	Individualized	19A001	Site, home
Ozark Leffen Center	No	All	Crisis per Individual Support Plan team & provider			Site, home, community

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/>

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 Dialectical Behavior Therapy, CIMOR Code: 19400H

Provider	Required	Age	Duration	Frequency	Prerequisites	Location
Burrell Autism Center	No, but may not miss more than 4 sessions	Adolescent to Young Adult	9-12 mths	2 hr group once a wk & 1 hr individual session	19A001	Site

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
Abilities First (AIA)	No	All	1-1.5 hrs per week for 5-14 weeks		19A001	Community
Easter Seals Midwest	No	All	Individualized	Individualized	19A001	Community
Judevine Center for Autism	No	All	Individualized	Individualized	19A001	Community

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
Abilities First (AIA)	No	All	1 hour per week for 5 weeks		19A001	Community
Judevine Center for Autism	No	18+	Individualized	Individualized	19A001	Site, community

SWMAP services continued on next page

Employment

Employment services including **Prevocational Training** and **Intensive Follow-Along** provided through the regional Autism Project are designed to be responsive to the talents and gifts of the individual served. Please note the following about complementary employment services provided by the Missouri Department of Vocational Rehabilitation:

Vocational Rehabilitation Services *Employment Services Plus-ASD (VR Funded - Vocational Planning, Job Development and Job Supports)* Missouri Department of Vocational Rehabilitation is a critical partner in the success of any individuals participating in the project. VR has committed to improving the employment success rates of individuals with ASD in Missouri. As one of the primary team members in each individual's support network, the VR Counselor will assist the team in developing career planning by providing recommendations for goals, objectives, and supports as well as authorizing VR funding to implement *Employment Services Plus-ASD* (Vocational Planning, Job Development, and Job Supports) services. If determined appropriate, VR may use alternative career development opportunities for individuals with ASD such as On-The-Job Training, Vocational Skills Training Programs, or post secondary training. Website Link to VR: <http://dese.mo.gov/vr/vocrehab.htm>

Prevocational Training 570101

The **Prevocational Training** includes a variety of job and independent living skills development activities designed to prepare individuals for beginning or enhancing their careers. Training activities are provided in an individualized manner, using a community-based philosophy and focusing on involvement of the individual's family and other support systems in developing these critical employment skills. Prevocational Training may not replace related services provided through Vocational Rehabilitation.

Provider	Required	Age	Duration	Frequency	Location
Alternative Opportunities	No	Legal working age	Anticipated 120 hours	Individualized	Site, community
Prerequisite: Interest in learning about and preparing for obtaining and maintaining employment					

Intensive Follow-Along 58080H

Intensive Follow-Along Service is an extension of on-site supports provided to the individual and employer in order to facilitate continued employment success. Supports include periodic visits to the work-site; meetings with the individual, their family/support system, and the employer to ensure job skill and environmental adaptation are successful for everyone involved; and coordination, as necessary, of any supports at or away from the work-site. Providers of Follow-Along deliver ongoing education and consultation for employers and proactively plan for anticipated support needs that may arise from changes in supervision, skill requirements, and other environmental variables that could impact the success of long-term employment. Intensive Follow Along Services may not replace related services provided through Vocational Rehabilitation.

Provider	Required	Age	Duration	Frequency	Location
Alternative Opportunities	No	Legal working age	Individualized	Individualized	Site, community
Prerequisite: Completion of VR Employment Services Plus-ASD and/or employed.					

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
Abilities First (AIA)	Yes	All	1 hour per week for 5 weeks		none	Community
Burrell Autism Center	Yes	All	Individualized	Individualized	19A001	Site
Easter Seals Midwest	Yes	All	Individualized	Individualized	19A001	Determined by need
Judevine Center	No	All	Individualized	Individualized	19A001	Determined by need
Ozark Leffen Ctr. for Autism	No	All	Varies	Varies	none	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
Abilities First	Yes	All	Individualized	Individualized	none
Burrell Autism Center	Yes	All	Individualized	Individualized	19A001
Easter Seals Midwest	Yes	All	Individualized	Individualized	19A001
Judevine Center for Autism	No	All	Individualized	Individualized	19A001

Independent Living Skills 52103H

Independent Living Skills provide opportunities to learn and use essential skills necessary for daily living. The following skill building sessions are offered throughout the year:

- **Budgeting** Skills may include but are not limited to: setting up bank accounts, counting money, depositing money into accounts, writing checks, and creating weekly/monthly budgets
- **Community Awareness** Skills may include but are not limited to: abiding by laws and learning the penalties for breaking them, using local resources and the library, and volunteering in the community
- **Domestic** Skills may include but are not limited to: cooking, laundry, bed making, cleaning, vacuuming, dusting, sweeping, mopping
- **Exercise and Nutrition** Skills may include but are not limited to: finding places to exercise in your area, setting goals for exercising, using equipment properly, setting up exercise buddies, and maintaining good nutrition/healthy diet
- **First Aid/Medical Independence** Skills are taught on the following topics: feminine hygiene and menstruation, basic first aid, emergency procedures, poison education, and medical office procedures and etiquette (separate classes for men and women)
- **Occupational** Skills may include but are not limited to: looking for employment, creating a resume, filling out applications, developing phone and interview skills, performing job duties, dressing appropriately
- **Organizing, Scheduling, Prioritizing (Executive Functioning)** Skills may include but are not limited to: keeping a calendar, making to-do lists, establishing priorities, and creating schedules
- **Personal Hygiene** Skills may include but are not limited to: toileting, dressing independently and appropriately, hair care, bathing and showering, and oral hygiene (i.e. teeth brushing, flossing)
- **Personal Safety** Skills are taught on the following topics: appropriate times to shake hands vs. give hugs, how to safely carry money, when to give out or not give out personal information, how to walk safely at night, safety items to keep in home/car/purse/backpack
- **Phone Skills** may include but are not limited to: using the phone and adhering to phone etiquette for casual and business conversations, dialing 911 in an emergency, making and cancelling appointments, texting as means of effective communication
- **Relationship** Skills are taught on the following topics: dating, exploitation, sex education (separate classes for men and women), making friends, setting boundaries, bullying
- **Self Advocacy** Skills may include but are not limited to: articulating opinions about individual treatment plans, expressing wants/needs to family members, to employers, and to others within the community and circle of influence
- **Shopping** Skills may include but are not limited to: planning and executing a successful trip to the store, making lists, using proper social skills in stores, handling money, and putting items away at home
- **Transportation Skills** may include but are not limited to: reading maps, reading bus and flight schedules and itineraries, using public transportation (ground and air), calling a cab, using travel etiquette, booking on-line flights

Provider Information for Independent Living Skills, CIMOR Code: 52103H

Provider	Required	Age	Duration	Frequency	Prerequisites	Location
Burrell Autism Center	No	Adolescent to Young Adult	Individualized	Individualized	19A001	Site
Ozark Leffen Center for Autism	No	13+	Varies	Varies	19A001	Site, home, community

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: 512A0H

Provider	Required	Age	Duration	Frequency	Prerequisites	Location
Abilities First (AIA)	No	All	1 hr per wk for 14 wks		19A001	Community
Easter Seals Midwest	No	All	Varies	Weekly or biweekly	19A001 (Assessment); and 94200A, 94201H, 94202H, or 94302H (Parent Training)	Site

Specialized Autism Occupational Therapy 15200H

Occupational Therapy is defined as services provided by a qualified occupational therapist. Occupational Therapy may be provided on an individual or group basis, and includes:

- Improving, developing, or restoring functions impaired or lost through illness, injury, or deprivation
- Improving ability to perform tasks for independent functioning if functions are impaired or lost
- Preventing, through early intervention, initial or further impairment or loss of function

Provider Information for Specialized Autism Occupational Therapy, CIMOR Code: 15200H

Provider	Required	Age	Duration	Frequency	Prerequisites	Location
Burrell Autism Center	No	4-10	1 hour sessions for 8 weeks	Weekly	19A001	Site

Outreach Services: Information/Education 94000H

Under the Southwest Missouri Autism Project, this service has been designated for conferences and educational events designed to increase awareness and understanding of ASD, the service delivery system, and specialized services and strategies.

Provider Information for Outreach Services: Information/Education, CIMOR Code: 94000H

Provider	Required	Prerequisites	Location
Ozark Ctr. Leffen Ctr. for Autism	No	19A001	Varies

Group Transportation for Outreach Services: Information/Education 890300

Provider Information for Group Transportation: CIMOR Code 890300. Only authorize with 94000H above.

Provider	Required	Prerequisites	Location
Ozark Ctr. Leffen Ctr. for Autism	No	19A001	Varies

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
Burrell Autism Center	No	All	Varies per training topic	Monthly	19A001	Site
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)	Individualized	19A001	Community
Judevine Center for Autism	No	All	1-3 hrs	As scheduled	19A001 preferred but not required for one-time topic specific community based workshops	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
Judevine Center for Autism	No	All	Individualized	Individualized	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, community
Judevine Center for Autism	No	All	1-6 hours 3-15 sessions individualized		19A001	Site, community

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
Judevine Center for Autism	No	All	Individualized		19A001	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
The Arc of the Ozarks CounterPoint Autism Services	No	6+	10:00 am-3:00 pm	3 Saturdays per month	Site
Prerequisites & Terms: Child/Adult must be potty trained, ambulatory, non-aggressive to self and others, and have the ability to eat finger foods.					

Provider	Required	Age	Duration	Frequency	Location
Judevine Center for Autism	No	All	Individualized		Site, community, home
Prerequisites & Terms: 19A001 Specialized Autism Assessment , arranged in advance, and must RSVP for prescheduled site or community based group respite					

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.

Social Skills Groups are categorized by the following:

- Children/Adolescents (ages 17 and below)
- Young Adults/Adults (ages 18 and above)

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

Provider	Required	Age	Duration	Frequency	Prerequisites	Location
Abilities First (AIA)	No	17-	1 hour per week for 5 weeks		19A001	Community
Burrell Autism Center	No	5-17	1.5 hours per week for 8-12 weeks		19A001	Site
Easter Seals Midwest	Yes	5-17	1 hour	See newsletter	19A001	Site, community
Judevine Center for Autism	No	5-17	1-2 hours	Individualized to ea. group	19A001	Site, community

Provider Information for Young Adults/Adults Social Skills Groups, CIMOR Code: 15100H

Provider	Required	Age	Duration	Frequency	Prerequisites	Location
Abilities First (AIA)	No	18+	1 hour per week for 5 weeks		19A001	Community
Easter Seals Midwest	Yes	18+	1 hour	See newsletter	19A001	Site, community
Judevine Center for Autism	No	18+	1-2 hours	Individualized to ea. group	19A001	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	Middle or high school teens	14 weeks	Once a week	Site, community
Prerequisites: Interest in learning how to make and keep friends					

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 **Interactive Arts Camps** and **No Limits Summer Camp** (described below).

Interactive Arts Camps

Camps will include art, music, musical theatre and multi arts. Camps will be integrated with various disability diagnosis and individuals with no diagnosis. Camps will be offered based on interest and age. The focus will be on social skills, communication and community integration.

Provider Information for Interactive Arts Camps, CIMOR Code: 15030H

Provider	Required	Age	Duration	Frequency	Prerequisites	Location
Abilities First (Art Inspired Academy)	No	All	½ day for 1-2 weeks	Daily	19A001	Site

No Limits Summer Camp

A therapeutic Summer Day Camp that provides opportunities for individuals to work on social skills, communication skills and daily functioning skills that assist the individuals with integration in the community. Programs are facilitated through activities that give them choices, teaching them to respond to persons in the environment while interacting appropriately in social settings. Sample activities include: field trips, picnics, movies, bowling, swimming, walks, museums, arts, crafts, games, classes, etc.

Provider Information for No Limits Summer Camp, CIMOR Code: 15030H

Provider	Required	Age	Duration	Frequency	Prerequisites	Location
The Arc of the Ozarks CounterPoint Autism Services	No	6-21	9am-3pm Monday-Friday	Two 4 week sessions June-August	None	Site

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
Burrell Center for Autism	No	Adolescent to Young Adult	Typically approx. 3 hrs	Individualized	19A001	Site
Ozark Center Leffen Center for Autism	No	13+	Varies	Varies	19A001	Site, home, community

Family Satisfaction Survey

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

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

- | | |
|---|---|
| <input type="checkbox"/> Alternative Opportunities | <input type="checkbox"/> Abilities First (Art Inspired Academy) |
| <input type="checkbox"/> Arc-CounterPoint | <input type="checkbox"/> Burrell |
| <input type="checkbox"/> Ozark Center Bill & Virginia Leffen
Center for Autism | <input type="checkbox"/> Judevine |
| | <input type="checkbox"/> Easter Seals Midwest Life Skills |

-
- I, or my loved one with ASD, was able to choose from a variety of services provided to me/our family Yes No
 - I, or my loved one with ASD, was able to choose who provided the services to my/our family.
 Yes No
 - The types of services that I, or my loved one with ASD, had to choose from were services that I needed.
 Yes No
 - 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
 - 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 | _____ Family Resource Services Phone |
| _____ Specialized Autism Training | _____ Independent Living Skills |
| _____ Behavior Analysis Services | _____ Specialized Autism Music Therapy |
| _____ CBT-Dialectical Behavior Therapy | _____ Specialized Autism Occupational Therapy |
| _____ Specialized Autism Community Inclusion | _____ Parent Training |
| _____ Prevocational Training | _____ Specialized Autism Respite |
| _____ Employment Follow Along Intensive | _____ Social Skills Groups |
| _____ Family Resource Services | _____ 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
Springfield Regional Office
1515 E Pythian
Springfield MO 65801
Phone: 417-895-7400
Fax: 417-895-7412