

CPS CIMOR Organization Change Form Instructions

Complete one form for EACH Organization address requiring updates. If an entire site is moving and ALL services will be offered at the new location, one form will be accepted for the change. This form WILL NOT be accepted to request certification changes. Those requests must be made directly to the DBH Certification Unit. This form must be completed prior to implementation of changes and **does not apply to ADA service changes**.

Definitions: Organization - Provider or Agency

Primary Address - Physical Location of the Site

Executive Director - Chief Executive Officer or President

Section 1: ALL FIELDS IN THIS SECTION ARE REQUIRED FOR ALL REQUESTS

Reason for Request - Include a detailed description of the changes requested in the form. Completion of this description does not replace completing the rest of the form.

Effective Date - The date on which the changes will be implemented, NOT the date that the form is completed.

NOTE: Effective Date will be used as the date for contract action effective date if applicable.

Section 2: Complete ONLY if changes need to be made to the Organization Name or Executive Director

Previous Organization Name - The former name of the organization that is currently showing in CIMOR

New Organization Name - The organization name as you want it to read in CIMOR.

NOTE: The Parent Organization Name in CIMOR **MUST** exactly match the name registered on the agency's Federal Tax ID.

Previous Executive Director - The name of the former CEO/President as it currently appears in CIMOR

New Executive Director - The name of the new CEO/President as you want it to appear in CIMOR, including the person's job title.

Section 3: All fields are required when adding new locations or requesting changes to the Physical/Primary Billing and/or Mailing Address

Administrative Site - Check this box if the site you are requesting changes for is the Administrative location.

Previous Address - Complete this information to identify the location in CIMOR requiring changes.

New Address - Complete this information when a change to the existing address is required or to add a new site.

Primary Address - Physical address for the location. This is required on all sites in CIMOR.

Billing Address - Optional address can be added if different from the Physical address.

Mailing Address - Optional address can be added if different from the Physical and/or Billing address

NOTE: New location must include a Primary Daytime Phone number and the additional 4 digit zip code extension.

Section 4: Complete the Add/Delete drop down boxes ONLY if changes are required or for a new location.

Add - Select 'Add' for new programs and levels that will be offered at the location.

Delete - Select 'Delete' for programs and levels that will no longer be offered at the location.

'Completed By' and 'Regional Representative' Digital Signatures are required for ALL Requests

Digital Signatures - Click in the box and a wizard will open prompting you for your password if you have already created a signature. If you have not created a signature, the wizard will provide the steps to create a signature. The PDF reader must be an Adobe product for this to work. A free download can be obtained at www.adobe.com.

E-mail the completed form with digital signature to the appropriate regional representative:

Eastern Region: CACO – Scott Giovanetti (Scott.Giovanetti@dmh.mo.gov 314-877-0372)

CCCO – Al Eason (Al.Eason@dmh.mo.gov 314-877-0372)

Central Region: CACO – Brooke Dawson (Brooke.Dawson@dmh.mo.gov 573-751-2257)

CCCO – Melissa Smyser (Melissa.Smyser@dmh.mo.gov 573-522-6187)

Southeast Region: CACO – Scott Giovanetti (Scott.Giovanetti@dmh.mo.gov 314-877-0372)

CCCO – Melodie York (Melodie.York@dmh.mo.gov 573-218-6792)

Western Region: CACO – Janet Munsterman (Janet.Munsterman@dmh.mo.gov 417-448-3463)

CCCO – Amy Stevens (Amy.Stevens@dmh.mo.gov 816-482-5774)

For questions about this form, please contact your regional office at the numbers listed above.

DEPARTMENT OF MENTAL HEALTH CPS CIMOR ORGANIZATION CHANGE FORM

SECTION 1: Identification and Reason(s) for Request (REQUIRED FOR ALL REQUESTS)

Organization Name:

Reason for Request (Brief description of changes needed and if applicable, list 'Other Services' such as specific procedure codes):

Effective Date of Changes:

SECTION 2: Organization Name & Executive Director (Complete ONLY if changes are required)

Previous Organization Name:

New Organization Name:

Previous Executive Director:
(Name/Title)

New Executive Director:
(Name/Title)

SECTION 3: Address/Phone/Contact Person (Previous Address is required for all changes)

Primary Address (Physical Location of Site) Action Administrative Site

Previous

Street Address

City

State

Zip Code (xxxx-xxxx)

New

Street Address

City

State

Zip Code (xxxx-xxxx)

County

Service Area

Primary Daytime Phone (xxx) xxx-xxxx

Site Fax Number (xxx) xxx-xxxx

Primary Contact Person/Title

Contact Person's Email Address

Billing Address

Action

Same as Primary

Previous

Street Address

City

State

Zip Code (xxxx-xxxx)

New

Street Address

City

State

Zip Code (xxxx-xxxx)

County

Service Area

Mailing Address

Action

Same as Primary

Previous

Street Address

City

State

Zip Code (xxxx-xxxx)

New

Street Address

City

State

Zip Code (xxxx-xxxx)

County

Service Area

SECTION 4: Add or Remove Services

Action

Contract Number

- Community Psychiatric Rehabilitation (CPR).....
- Psychosocial Rehabilitation (PSR).....
- Youth Day Treatment (YDT).....
- Community Psychiatric Rehabilitation - Intensive (CPR-I).....
- Clustered Apartments
- Intensive Residential Treatment Setting (IRTS).....
- Psychiatric Individualized Supported Living Environment (PISL).....
- Treatment Family Home (TFH)/Professional Parent Home (PPH).....
- Evidence Based Practices (EBP).....
- Assertive Community Treatment (ACT).....
- Integrated Dual Diagnosis Treatment (IDDT).....
- Other - Specify in 'Reason for Request' box (above).....

Does this location serve ADA consumers?

Completed By:

Regional Rep:

Regional Representative Comments: