



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	
I certify that I have chosen the provider(s) and service(s) on page 2 of this document.	
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 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
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- Each service must be justified in the plan and tied to an outcome
- Maximum unit request are 1200 per year except where noted below and per provider on page 3
- When a service is chosen that is available for individual & group, please select both
- See Page 3 for Providers' Minimum Service Authorization Requirements
- See Page 4 for SEMAP Support Coordinator Instructions

X	CIMOR Code	Specialized Autism Services	Provider Choice
<input type="checkbox"/>	19F001	Assessment (maximum 1 unit/yr)	<input type="checkbox"/> Easter <input type="checkbox"/> SEMO
<input type="checkbox"/>	942A0H	Autism Training Individual	<input type="checkbox"/> Easter <input type="checkbox"/> SEMO
<input type="checkbox"/>	943A0H	Autism Training Group	<input type="checkbox"/> Easter <input type="checkbox"/> SEMO
<input type="checkbox"/>	491611	ABA: Consultation & Intervention	<input type="checkbox"/> Easter <input type="checkbox"/> SEMO
<input type="checkbox"/>	491640	Registered Behavior Technician	<input type="checkbox"/> Easter <input type="checkbox"/> SEMO
<input type="checkbox"/>	52A00H	Community Inclusion Individual	<input type="checkbox"/> Easter <input type="checkbox"/> SEMO
<input type="checkbox"/>	53A00H	Community Inclusion Group	<input type="checkbox"/> Easter
<input type="checkbox"/>	35C00H	Counseling – Psychotherapy Individual	<input type="checkbox"/> SEMO
<input type="checkbox"/>	36C00H	Counseling – Psychotherapy Group	<input type="checkbox"/> SEMO
<input type="checkbox"/>	19400H	Counseling – CBT-DBT Individual	<input type="checkbox"/> SEMO
<input type="checkbox"/>	19500H	Counseling – CBT-DBT Group	<input type="checkbox"/> SEMO
<input type="checkbox"/>	580300	Pre-employment – ILS Individual	<input type="checkbox"/> Easter <input type="checkbox"/> SEMO
<input type="checkbox"/>	580500	Pre-employment – ILS Group	<input type="checkbox"/> Easter
<input type="checkbox"/>	57031J	Employment: Prevocational Services Individual (max 80 U 6 mth)	<input type="checkbox"/> Blue Sky
<input type="checkbox"/>	57031S	Employment: Prevocational Services Group (max 80 units 6 months)	<input type="checkbox"/> Blue Sky
<input type="checkbox"/>	58050H	Employment: Career Planning Individual (maximum 240 units/yr)	<input type="checkbox"/> Blue Sky
<input type="checkbox"/>	58081H	Employment: Job Development Individual (maximum 240 units/yr)	<input type="checkbox"/> Blue Sky
<input type="checkbox"/>	58060H	Employment: Individual Supported Employment (max 80 U 6 mth)	<input type="checkbox"/> Blue Sky
<input type="checkbox"/>	890400	Employment: Transportation (for maximum see waiver manual)	<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	Music Therapy Individual	<input type="checkbox"/> Easter
<input type="checkbox"/>	512A2H	Music Therapy Group	<input type="checkbox"/> Easter
<input type="checkbox"/>	94200A	Parent Training Individual	<input type="checkbox"/> Easter <input type="checkbox"/> SEMO
<input type="checkbox"/>	94201A	Parent Training Group	<input type="checkbox"/> Easter <input type="checkbox"/> SEMO
<input type="checkbox"/>	440400	Respite Individual	<input type="checkbox"/> Easter
<input type="checkbox"/>	440500	Respite Group	<input type="checkbox"/> Easter
<input type="checkbox"/>	15100H	Social Skills Groups	<input type="checkbox"/> Easter <input type="checkbox"/> SEMO
<input type="checkbox"/>	15103H	Social Skills: Curriculum Based	<input type="checkbox"/> Easter
<input type="checkbox"/>	73001H	Social Skills: Speech Language Pathology Individual	<input type="checkbox"/> SEMO
<input type="checkbox"/>	73002H	Social Skills: Speech Language Pathology Group	<input type="checkbox"/> SEMO
<input type="checkbox"/>	73010H	Speech Implementer	<input type="checkbox"/> SEMO
<input type="checkbox"/>	15001H	AAC (Augmentative-Alternative Communication) Assessment	<input type="checkbox"/> SEMO
<input type="checkbox"/>	51030H	Therapeutic Camps (maximum 240 units/yr)	<input type="checkbox"/> SEMO

Providers' Minimum Service Authorization Requirements

Easter Seals Midwest (Easter)

FY17 Code	Required Specialized Autism Services	Units to Request Per Plan Year
19F001	Autism Assessment	1
35B001	Family Resource Services	1200
35B00T	Family Resource Services Phone	1200
94200A	Parent Training Individual	1200
94201H	Parent Training Group	1200
15100H	Social Skills Groups	1200

Southeast Missouri State University Autism Center (SEMO)

Type of Service Needed	FY17 Code	Required Specialized Autism Services	Units to Request Per Plan Year
All Services	19F001	Autism Assessment	1
	942A0H	Autism Training Individual	1200
	943A0H	Autism Training Group	1200
	35B001	Family Resource Services	1200
	35B00T	Family Resource Services Phone	1200
ABA	491611	Consultation & Intervention	3880
	491640	Registered Behavior Technician	4320
Counseling	35C00H	Psychotherapy Individual	1240
	36C00H	Psychotherapy Group	1200
	19400H	CBT/DBT Individual	1240
	19500H	CBT/DBT Group	1200
Speech	73001H	Social Skills: SLP Individual	1240
	73002H	Social Skills: SLP Group	1200
	73010H	Speech Implementer	1200
	15001H	AAC Assessment	1200
Camps	51030H	Therapeutic Camps	240

Central, Southeast & Southwest MAP (Missouri Autism Project)

- ❖ The *Support Coordinator Roles & Responsibilities* are covered under *Funding Basics* in the *Support Coordinator Manual* at <http://dmh.mo.gov/dd/manuals/scmanual.html>
- ❖ Unabridged *Regional Support Coordinator Roles & Responsibilities* and *Forms* can be found by linking to your *Regional Autism Project Webpage* from: <http://dmh.mo.gov/dd/autism/autismprojects.html>

Central, Southeast & Southwest MAP Abridged Support Coordinator Roles & Responsibilities

New Plans

1. Verify that the individual has an open Episode of Care in CIMOR and an ASD Diagnosis
2. Provide the family with the *Autism Information & Resource Folder*
3. Review with families the description of services in the regional ***Service Directory***, identify their service needs, justify the need for each service in the plan, and tie each service to a measurable outcome.
4. Complete **Referral Packet**
 - ***Individual Support Plan (ISP)*** with documentation of need for each service tied to an outcome
 - Regional ***Services & Provider Choice Form***
 - Regional ***Provider Referral Form*** (only needed for providers that have not served the individual)
 - ***Budget Summary*** with providers(s), services, CIMOR codes, and units per service per plan year
5. Submit the Referral Packet to the Utilization Review Committee.

Plan Amendments

1. Create an amendment for additional services needed, justify the need for each additional service, tie each service to a measurable outcome.
2. Complete the regional ***Services & Provider Choice Form*** and ***Budget Summary*** with providers(s), services, CIMOR codes, and units per service.
3. Submit the amendment, choices form and budget to the Utilization Review Committee.

Annual Plan Reviews

1. Review the regional ***Service Directory*** (services may have been added or removed), identify service needs, justify the need for each service in the plan, tie each service to a measurable outcome.
2. Complete new regional ***Services & Provider Choice Form***.
3. Complete new ***Budget Summary*** with providers(s), services, CIMOR codes, and units per service per plan year.
4. Only complete a new regional ***Provider Referral Form*** for providers that have not previously served the individual.
5. Submit the ISP, choices form, budget (and referral form if appropriate) to the Utilization Review Committee.

Ending Autism Project Services

1. Complete the regional ***Provider Disenrollment Form***
2. Distribute copies to Individual/Family, Providers, and Regional Office Utilization Review Lead.

Please Note

- ❖ See the regional *Service Directory* for service descriptions, provider requirements, service limitations, authorization & utilization information, service documentation, provider information, etc.
- ❖ Services funded through Missouri Autism Projects are processed the same as all other plans.
- ❖ Upon final approval (or disapproval) of the individual support plan or individual support plan amendment by the Regional Director or designee, the individual and/or responsible party, Support Coordinator, and provider(s) will be notified within 10 working days.
- ❖ Services may not be provided and authorizations will not be entered into CIMOR without prior approval.
- ❖ Service monitoring provided in the natural home is governed by Directive 3.020 <http://dmh.mo.gov/dd/directives/docs/directive3.020.pdf> On page 3 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. Because 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.**”