

DIVISION OF
DEVELOPMENTAL
DISABILITIES



Support Coordinator Roles & Responsibilities Southwest Missouri Autism Project (SWMAP)

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**Office of Autism Services
Division of Developmental Disabilities
Department of Mental Health**

The Office of Autism Services was established in 2008 (633.225 RSMo) to provide leadership in program development for children and adults with autism spectrum disorders, to include establishment of program standards and coordination of program capacity.

Production June 29, 2018

Southwest Missouri Autism Project Providers

Abilities First (Art Inspired Academy)

<http://www.abilitiesfirst.net/>

1370 E Primrose, Suite A
Springfield MO 65804
Phone 417-886-0404
Fax 417-886-0405

Arc of the Ozarks – CounterPoint

http://www.thearcoftheozarks.org/pages/counterpoint_autism_services

1721 W Elfindale
Springfield, MO 65807
Phone 417-771-3700
Fax 417-771-3722

Burrell Autism Center

www.burrellautismcenter.com

1300 E. Bradford Parkway
Springfield, MO 65804
Phone 417-761-5330
Fax 417-761-5331

Easter Seals Midwest

<http://www.eastersealsmidwest.org/>

3828 south Ave
Springfield, MO 65807
Phone 417-890-1399
Toll Free Phone 800-200-2119
Fax 417-890-1775

Judevine Center for Autism

www.judevinecenter.org

3444 S. Campbell
Springfield, MO 65807
Phone 417-213-8018
Toll Free 800-780-6545
Fax 417-708-9244

3130 Wisconsin Avenue, Suite
1B
15060 Business 13
Branson West, MO 65737
Phone 417-213-8018
Fax 417-708-9244

Ozark Center | Leffen Center

www.freemanhealth.com/ozarkcenterforautism

2808 S Picher
Joplin, MO 64802
Phone 417-347-7850
Fax 417-347-7859

Preferred Family Healthcare

Employment Services Division

www.aoinc.org

2626 W College Road
Springfield, MO 65802
Phone 417-862-1753
Toll Free 800-778-9317
Fax 417-864-5621

2709 West 13th Street
Joplin, MO 64801
Phone 417-659-9911
Toll Free 800-878-1307
Fax 417-659-9088

Enrollment

1. Determine **Southwest Missouri Autism Project (SWMAP)** eligibility by verifying that the individual has an
 - Open Episode of Care
 - Autism spectrum disorder (ASD) diagnosis

Steps to verify the individual's eligibility status in CIMOR

1. Locate the CIMOR menu at the left of the home page and click on "consumer."
2. Enter name and/or DMH ID in corresponding fields and click on the "Search" button.
3. Click on "View" under the heading "List EOC."
4. Click on the + sign beside "EOC" in the CIMOR menu at the left of the "Episode of Care" screen to expand the selection.
5. In the expanded selection, click on "EOC Summary."
6. On the "Episode of Care Summary" screen, locate the heading labeled "Most Recent Diagnosis" and locate the column labeled "Description." Autism spectrum disorders (ASDs) include
 - Autistic Disorder
 - Asperger's Syndrome
 - Other Pervasive Development Disorders
7. If one of the codes above **IS** listed, the individual/family is eligible for services funded through the Southwest Missouri Autism Project (SWMAP).

2. Obtain and review the assessment for intervention planning, evaluations, education plans, and other documentation/information that identifies challenges and recommendations to inform the development of an *Individual Support Plan*.
3. Meet with the individual/family to discuss support needs, provide the Autism Information & Resource Folder, review services available in the *SWMAP Service Directory* and in the community to enable completion of an *Individual Support Plan*.

Contents of the Autism Information & Resource Folder

1. Missouri Family to Family Resource Center pocket folder containing autism information and resources enumerated in 2-7 below
2. *Autism Project Map/Funding*
3. *Parent and Family Information*
4. *"Help for Your Child with Autism" Brochure*
5. *Service Directory*
6. *Charting the Life Course Toolkit*
7. *Family Satisfaction Survey*

To access resource folder and documents discussed in step 3 above, visit the SWMAP webpage at <https://dmh.mo.gov/dd/autism/southwest/index.html>.

Enrollment (con't)

4. Develop the initial *Individual Support Plan (ISP)*
 - Individualize the plan to address current needs
 - Document the need for each service and tie each service to an outcome
 - Only include services that address current needs or are ***required** for initial plans/services by provider(s) that the individual/family chooses to support plan implementation. Providers may be contacted concerning their services (page 2).

***Required**

The *SWMAP Service Directory* and the *SWMAP Provider & Services Choice Form* list new plan services that some providers require upon initial service request. (In the *SWMAP* directory, see **Required** in the *Provider Information Table(s)*, and on the choices form, see page 3). The directory and choices form can be accessed on the *SWMAP* webpage at <https://dmh.mo.gov/dd/autism/southwest/index.html>.

5. Prepare the request for *SWMAP* enrollment and service authorizations for the individual/family by completing the *SWMAP Autism Referral Packet*.
6. Submit the *SWMAP Autism Referral Packet* for plan approval and CIMOR authorizations by following established protocols.

Contents of the SWMAP Referral Packet

1. *Individual Support Plan*
2. *Provider Referral Form*
3. *Provider and Services Choice Form*
4. ***Budget** form (see choices form and directory for service unit authorization information)

To access the forms in the *SWMAP Referral Packet*, see *Information for Support Coordinators* at <https://dmh.mo.gov/dd/autism/southwest/index.html>.

***Budget**

Support Coordinators should use established UR Budget process according to established protocols.

Services only begin after CIMOR authorizations are entered and approved.

Upon final plan approval, the individual and/or responsible party, Support Coordinator, and provider(s) will be notified within 10 working days. See 9 CSR 45-2.017(9) at <https://s1.sos.mo.gov/cmsimages/adrules/csr/current/9csr/9c45-2a.pdf>

Plan Amendments

1. Meet with the individual/family, provider(s), and planning team to discuss current support needs.
2. Develop the plan amendment
 - Individualize the amendment to address current support needs
 - Document the need for each added service and tie each added service to an outcome
 - Only include services that address current needs or are ***required** by a ***new provider** that the individual/family chooses to support implementation of the plan amendment

***Required**

If a new provider is chosen for a service added in the plan amendment, also include the new provider's required services in the plan amendment by documenting the need for each required service and tying each required service to an outcome.

The *SWMAP Service Directory* and the *SWMAP Provider & Services Choice Form* list providers' required services for initial plans/services. (In the SWMAP directory, see **Required** in the *Provider Information Table(s)*, and on the choices form, see page 3). The directory and choices form can be accessed on the SWMAP webpage at <https://dmh.mo.gov/dd/autism/southwest/index.html>.

***New Provider**

A new provider is a SWMAP Provider that did not provide services to the individual/family in the past.

3. Prepare the request for plan amendment and service authorizations for the individual/family, by completing the *SWMAP Plan Amendment Packet*.
4. Submit the *SWMAP Plan Amendment Packet* for amendment approval and CIMOR authorizations by following established protocols.

Contents of the SWMAP Amendment Packet

1. *Plan amendment*
2. *Provider Referral Form* (only needed for a ***new provider** – see above)
3. *Provider & Services Choice Form*
4. ***Budget Form** (see ***Budget** on page 5)

To access forms in the *SWMAP Amendment Packet*, see *Information for Support Coordinators* at <https://dmh.mo.gov/dd/autism/southwest/index.html>.

Services only begin after CIMOR authorizations are entered and approved.

Upon plan amendment approval, the individual and/or responsible party, Support Coordinator, and provider(s) will be notified within 10 working days.

See 9 CSR 45-2.017(9) at

<https://s1.sos.mo.gov/cmsimages/adrules/csr/current/9csr/9c45-2a.pdf>

Annual Plan Review & Revision

1. Meet with the individual/family, provider(s), and planning team to discuss current support needs.
2. Develop the plan
 - Individualize the annual plan to meet needs at the renewal time
 - Document the need for each service
 - Tie each service to an outcome
 - Only include services that address current needs or are ***required** for initial services by a ***new provider** the individual/family chooses to support implementation of the annual plan.

***Required**

If a new provider is chosen for a service added in the plan amendment, also include the new provider's required services in the plan amendment by documenting the need for each required service and tying each required service to an outcome.

The *SWMAP Service Directory* and the *SWMAP Provider & Services Choice Form* list provider's required services. (In the SWMAP directory, see **Required** in the *Provider Information Table(s)*, and on the choices form, see page 3). The directory and choices form can be accessed on the SWMAP webpage at <https://dmh.mo.gov/dd/autism/southwest/index.html>.

***New Provider**

A new provider is a SWMAP Provider that did not provide services to the individual/family in the past.

3. Prepare the request for the annual ISP approval and CIMOR authorizations by completing the *SWMAP Revised ISP Packet*.
4. Submit the *SWMAP Revised ISP Packet* for approval and CIMOR authorizations by following established protocols.

Contents of the SWMAP Annual Plan Packet

1. Revised *Individual Support Plan*
2. *Provider Referral Form* (only needed for a ***new provider** – see above)
3. *Provider & Services Choice Form*
4. ***Budget Form** (see ***budget** on page 5)

To access forms in the **SWMAP Annual Plan Packet**, see **Information for Support Coordinators** at <https://dmh.mo.gov/dd/autism/southwest/index.html>.

Services only begin after CIMOR authorizations are entered and approved.

Upon plan amendment approval, the individual and/or responsible party, Support Coordinator, and provider(s) will be notified within 10 working days. See 9 CSR 45-2.017(9) at <https://s1.sos.mo.gov/cmsimages/adrules/csr/current/9csr/9c45-2a.pdf>

Service Monitoring

1. Contact the individual/family quarterly to monitor services and make plan amendments as needed.
2. Conduct annual face-to-face meeting(s) to monitor services and review and revise plan to address current needs.
3. Increase visits according to individualized needs.
4. **Initial plans, plan amendments, and annual plans need to be completed as soon as possible and not be postponed until the next quarterly contact or annual plan renewal.**

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 the Directive, a table 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 Program funding is general revenue only, that is the category under which service monitoring falls.

The directive illustrates a **“minimum standard. It is expected that Support Coordinators exercise professional judgment and increase visits according to the individual needs of people.”**

Disenrollment

1. Complete the Provider Disenrollment Form.
2. If the provider initiates termination of services, include the copy of the provider's letter with the disenrollment form and follow established protocols to ensure that authorizations are ended and all appropriate parties are contacted.
3. Submit the disenrollment documents by following established protocols to ensure that authorizations are ended and the provider and individual/family is informed.
4. If an individual is transitioning to a Medicaid Waiver, Provider Relations may be contacted to request clarification about whether a **Southwest Missouri Autism Project Provider** may continue providing services as a Medicaid provider (see **Medicaid Waiver Enrollees** below).

SWMAP services will end when any of the following occurs

- The individual is discharged from the Division of Developmental Disabilities
- The individual declines to continue receiving services funded through SWMAP
- The individual transfers to a region where the Autism Program business model does not offer similar services
- The provider discontinues services and notifies the individual/family and Support Coordinator. Providers may discontinue services due to plan completion, inactive status, family not interested, exhausted benefits, etc.
- If an individual is receiving SWMAP services and is enrolled in a Medicaid Waiver, the individual/family may not receive SWMAP services that are available in the waiver (see below **Medicaid Waiver Enrollees**)

To access the disenrollment form, see **Information for Support Coordinators** at <https://dmh.mo.gov/dd/autism/southwest/index.html>.

Medicaid Waiver Enrollees

Medicaid Waiver enrollees in the SWMAP region, where dual access has been approved by the regional Parent advisory council (PACs), may ONLY request and access Autism Project services not available in the waiver or in Medicaid State Plan Services.

Regional and Satellite Offices Toll Free Telephone Numbers

Southwest Missouri Autism Project (SWMAP)	
Springfield Regional Office: 417-895-7400	Joplin Satellite Office: 417-629-3020

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