State of Missouri

Department of Mental Health

Division of Developmental Disabilities

**FY23-24 Central Missouri Autism Program (CMAP) Provider Services Selection Form**

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| **Name** Click or tap here to enter text. | **DMH ID** Click or tap here to enter text. | **Plan Type** Choose an item. |

**Before selecting the below services and providers, review the following CMAP provider service limitations, requirements, instructions, and provider service areas:**

1. Individuals enrolled in a Medicaid Waiver may not receive any CMAP services from Easterseals.
2. Individuals enrolled in a Medicaid Waiver may not receive CMAP respite services from Judevine.
3. Review instructions in the [Support Coordinator Roles & Responsibilities](https://dmh.mo.gov/dev-disabilities/autism/central/support) concerning enrollment, initial plans, amendments, annual plan, and disenrollment.
4. Review the [CMAP FY23-24 Service Directory](https://dmh.mo.gov/dev-disabilities/autism/central/support) for complete service descriptions, limitations, provider requirements, provider documentation, and other service information.
5. Review page 3 of the [CMAP FY23-24 Service Directory](https://dmh.mo.gov/dev-disabilities/autism/central/support) for information about “Central MO Autism Program” & “Central MO Autism Project,” funding, areas served, and provider information.
6. For new plans or initial services, see the *Providers’ Authorization Requirements Appendix* below.

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| **Only 1 provider may be selected per service in this section** |
| **X** | **Code** | **Specialized Autism Services** |  **Select Provider** |
|[ ]  942A0H | ASD Training Individual | Choose an item. |
|[ ]  942A0H T | ASD Training Individual Telehealth | Choose an item. |
|[ ]  943A0H | ASD Training Group | Choose an item. |
|[ ]  943A0H T | ASD Training Group Telehealth | Choose an item. |
|[ ]  491611 | ABA Consultation & Intervention | Choose an item. |
|[ ]  491611 T | ABA Consultation & Intervention Telehealth | Choose an item. |
|[ ]  491640 | ABA Registered Behavior Technician | Choose an item. |
|[ ]  491640 | ABA Registered Behavior Technician | Choose an item. |
|[ ]  580300 | Pre-employment ILS Individual | Choose an item. |
|[ ]  580300 T | Pre-employment ILS Individual Telehealth | Choose an item. |
|[ ]  580500 | Pre-employment ILS Group | Choose an item. |
|[ ]  580500 T | Pre-employment ILS Group Telehealth | Choose an item. |
| **If available, multiple providers may be chosen per service in this section** |
| **X** | **Code** | **Specialized Autism Services** |  **Select Provider(s)** |
|[ ]  19F001 | Assessment  | Choose an item. | Choose an item. |
|[ ]  19F001 T | Assessment Telehealth | Choose an item. |
|[ ]  52A00H | Community Inclusion Individual | Choose an item. | Choose an item. |
|[ ]  53A00H | Community Inclusion Group | Choose an item. | Choose an item. |
|[ ]  35B001 | Family Resource Services | Choose an item. | Choose an item. |
|[ ]  35B001 T | Family Resource Services Telehealth | Choose an item. | Choose an item. |
|[ ]  35B00T | Family Resource Services Phone Support | Choose an item. | Choose an item. |
|[ ]  94200A | Parent Training Individual  | Choose an item. | Choose an item. |
|[ ]  94200A T | Parent Training Individual Telehealth | Choose an item. | Choose an item. |
|[ ]  94200H | Parent Training Group | Choose an item. | Choose an item. |
|[ ]  94200H T | Parent Training Group Telehealth | Choose an item. | Choose an item. |
|[ ]  440400 | Respite Individual | Choose an item. | Choose an item. |
|[ ]  440500 | Respite Group | Choose an item. | Choose an item. |
|[ ]  15100H | Social Skills Groups | Choose an item. | Choose an item. |
|[ ]  15100H T | Social Skills Groups Telehealth | Choose an item. | Choose an item. |
|[ ]  15103H  | Social Skills Curriculum Based | Choose an item. | Choose an item. |
|[ ]  15103H T | Social Skills Curriculum Based Telehealth | Choose an item. | Choose an item. |

**Providers’ Authorization Requirements Appendix**

Provider Requirements are only used with initial plans or initial services with a new provider. For subsequent amendments and annual plans, the Support Coordinator, individual/family, provider(s), and other planning team members work together to revise the plan to address the support needs at that time.

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| **Code** | **Autism Service** | **Provider** | **Provider** |
| 19F001 | Autism Assessment |  | Judevine |
| 942A0H | ASD Training Individual | Easterseals |  |
| 942A0H T | ASD Training Individual Telehealth | Easterseals |  |
| 943A0H | ASD Training Group | Easterseals |  |
| 943A0H T | ASD Training Group Telehealth | Easterseals |  |
| 35B001 | Family Resource Services | Easterseals | Judevine |
| 35B001 T | Family Resource Services Telehealth | Easterseals | Judevine |
| 35B00T | Family Resource Services Phone | Easterseals | Judevine |
| 52A00H | Community Inclusion Individual | Easterseals |  |
| 53A00H | Community Inclusion Group | Easterseals |  |
| 94200A | Parent Training Individual | Easterseals |  |
| 94200A T | Parent Training Individual Telehealth | Easterseals |  |
| 94200H | Parent Training Group | Easterseals |  |
| 440400 | Respite Individual  | Easterseals |  |
| 440500 | Respite Group | Easterseals |  |
| 15100H | Social Skills Groups | Easterseals | Judevine |
| 15100H T | Social Skills Groups Telehealth | Easterseals | Judevine |

**Provider Agencies for Central Missouri Autism Program**

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| **Abbreviated Name** | **Provider Agency Also Known As** |
| Easterseals | Easterseals Midwest |
| Judevine | Judevine Center for Autism |

***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 the establishment of program standards and coordination of program capacity.***

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