

State of Missouri

Department of Mental Health

Division of Developmental Disabilities

**FY25 Southwest MO Autism Project (SWMAP) Services Selection Form**

|  |  |  |
| --- | --- | --- |
| **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 SWMAP provider service limitations, requirements, instructions, and provider service areas:**

1. Individuals enrolled in a Medicaid Waiver may not receive SWMAP services if available in their waiver.
2. Review instructions in the [Support Coordinator Roles & Responsibilities](https://dmh.mo.gov/dev-disabilities/autism/southwest/support) concerning enrollment, initial plans, amendments, annual plan, and disenrollment.
3. Review the [SWMAP FY25 Service Directory](https://dmh.mo.gov/dev-disabilities/autism/southwest/support) for complete service descriptions, limitations, provider requirements, provider documentation, and information about funding, region, and providers.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **X** | **Specialized Autism Services** | | | | **Select 1 Provider Only** | | | |
|  | Comprehensive Clinical Assessment for Intervention Planning | | | | Choose an item. | | | |
|  | ASD Training | | | | Choose an item. | | | |
|  | ABA Assessment Services | | | | Choose an item. | | | |
|  | ABA Adaptive Behavior Treatment | | | | Choose an item. | | | |
|  | Counseling | | | | Choose an item. | | | |
|  | Pre-employment Services ILS | | | | Choose an item. | | | |
|  | Employment: *Prevocational Training* | | | | Choose an item. | | | |
|  | Employment: *Intensive Follow-Along* | | | | Choose an item. | | | |
|  | Independent Living Skills | | | | Choose an item. | | | |
|  | Dietician Services | | | | Ozark Ctr. | | | |
|  | Occupational Therapy | | | | Choose an item. | | | |
|  | Social Skills: Curriculum Based | | | | Choose an item. | | | |
|  | Speech Language Pathology Individual (Nonverbal) | | | | Choose an item. | | | |
|  | Transition Planning | | | | Choose an item. | | | |
| **X** | **Specialized Autism Services** | **Multiple Providers May Be Selected** | | | | | | |
|  | Intake | Choose an item.  Choose an item. | Choose an item.  Choose an item. | | | Choose an item.  Choose an item. | | Choose an item. |
|  | Provider’s Service Planning | Choose an item.  Choose an item. | Choose an item.  Choose an item. | | | Choose an item.  Choose an item. | | Choose an item. |
|  | Community Inclusion | Choose an item.  Choose an item. | | | | Choose an item.  Choose an item. | | |
|  | Family Resource Services | Choose an item.  Choose an item. | Choose an item. | | | Choose an item. | | Choose an item. |
|  | Family Resource Services Phone | Choose an item. | Choose an item. | | | Choose an item. | | Choose an item. |
|  | Parent Training | Choose an item.  Choose an item. | | | | Choose an item.  Choose an item. | | |
|  | Respite | Choose an item. | Choose an item. | | | Choose an item. | | Choose an item. |
|  | Music Therapy | Choose an item. | | | | Choose an item. | | |
|  | Social Skills Groups | Choose an item. | | Choose an item. | | | Choose an item. | |
|  | Therapeutic Camps | Choose an item. | | | | Choose an item. | | |