

State of Missouri

Department of Mental Health

Division of Developmental Disabilities

**FY25 Southwest MO Autism Project (SWMAP) 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 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.

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| **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. |
|[x]  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. |