

State of Missouri

Department of Mental Health

Division of Developmental Disabilities

**FY25 Southeast MO Autism Project (SEMAP) 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 SEMAP provider service limitations, requirements, instructions, and provider service areas:**

1. Individuals enrolled in a Medicaid Waiver may not receive SEMAP services if available in their waiver.
2. Review instructions in the [Support Coordinator Roles & Responsibilities](https://dmh.mo.gov/dev-disabilities/autism/southeast/support) concerning enrollment, initial plans, amendments, annual plan, and disenrollment.
3. Review the [SEMAP FY25 Service Directory](https://dmh.mo.gov/dev-disabilities/autism/southeast/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** | **Multiple Providers May Be Selected** |
|[ ]  Intake | Choose an item. | Choose an item. | Choose an item. |
|[ ]  Provider’s Service Plan | Choose an item. | Choose an item. | Choose an item. |
|[ ]  Community Inclusion | Choose an item. | Choose an item. | Choose an item. |
|[ ]  Family Resource Services  | Choose an item. | Choose an item. | Choose an item. |
|[ ]  Family Resource Services Phone  | Choose an item. | Choose an item. | Choose an item. |
|[ ]  Music Therapy | Choose an item. |
|[ ]  Parent Training | Choose an item. | Choose an item. |
|[ ]  Respite | Choose an item. | Choose an item. |
|[ ]  Social Skills Group | Choose an item. | Choose an item. | Choose an item. |
|[ ]  Therapeutic Camps | Choose an item. |
| **X** | **Specialized Autism Services** | **Only 1 Provider May Be Selected** |
|[ ]  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. |
|[ ]  Day Habilitation | Choose an item. |
|[ ]  Pre-employment ILS | Choose an item. |
|[ ]  Employment: Prevocational Services | Choose an item. |
|[ ]  Employment: Career Planning | Choose an item. |
|[ ]  Employment: Job Development | Choose an item. |
|[ ]  Employment: Individual Supported Employment | Choose an item. |
|[ ]  Transportation | Choose an item. |
|[ ]  Social Skills: Curriculum Based | Choose an item. |
|[ ]  Social Skills: SLP  | Choose an item. |
|[ ]  Speech Implementer | Choose an item. |
|[ ]  AAC Assessment | Choose an item. |
|[ ]  Transition Planning | Choose an item. |