

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. | | | |