

State of Missouri Department of Mental Health Division of Developmental Disabilities

FY26 Southeast MO Autism Project (SEMAP) Services Selection Form

DMH ID:	Plan Type
	DMH ID:

Instructions: Before selecting services and providers, review the following four items.

- 1. Individuals enrolled in a Medicaid Waiver may not receive SWMAP services if available in their waiver.
- **2.** Review instructions in the <u>Support Coordinator Roles & Responsibilities</u> concerning enrollment, initial plans, amendments, annual plans, and disenrollment.
- **3.** Review the <u>SWMAP FY26 Service Directory</u> for service descriptions, limitations, provider requirements, provider documentation, and information about the region, provider funding, and providers contacts.
- **4.** Below, choose the services for the individual by selecting the provider(s).

Specialized Autism Services		Choose Provider	
ASD Training			
ABA Assessment Services			
ABA Adaptive Behavior Treatmer	nt		
Counseling			
Day Habilitation			
Pre-Employment ILS			
Employment: Prevocational Servi	ices		
Employment: Career Planning			
Employment: Job Development			
Employment: Individual Supporte	ed Employment		
Transportation			
Social Skills: Curriculum Based			
Social Skills: SLP			
Speech Implementer			
AAC Assessment			
Transition Planning			
Music Therapy			
Therapeutic Camps			
Specialized Autism Services	Choose Provider	Choose Provider	Choose Provider
Community Inclusion			
Family Resource Service			
Family Resource Service- Phone			
Parent Training			
Respite			
Social Skills Group			