State of Missouri

Department of Mental Health

Division of Developmental Disabilities

**FY22 Southeast Missouri Autism Project (SEMAP) Provider 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 services and providers:**

1. Review [Support Coordinator Roles & Responsibilities](https://dmh.mo.gov/dev-disabilities/autism/southeast/support), and the [SEMAP FY22 Service Directory](https://dmh.mo.gov/dev-disabilities/autism/southeast/support)
2. For new plans or initial services, see *Providers’ Authorization Requirements Appendix* (attached below)
3. Individuals enrolled in a Medicaid Waiver may not receive SEMAP services available through their waiver

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| Multiple providers may be selected **per service** in this section | | | | | | |
| **X** | **Codes** | **Specialized Autism Services** | | **Select Provider(s)** | | |
|  | 19F001 | Assessment | | Choose an item.  Choose an item. | | Choose an item. |
|  | 19F001 T | Assessment Telehealth | | Choose an item. | | |
|  | 52A00H | Community Inclusion Individual | | Choose an item. | | Choose an item. |
|  | 53A00H | Community Inclusion Group | | Choose an item. | | |
|  | 35B001 | Family Resource Services | | Choose an item.  Choose an item. | | Choose an item. |
|  | 35B001 T | Family Resource Services Telehealth | | Choose an item.  Choose an item. | | Choose an item. |
|  | 35B00T | Family Resource Services Phone Support | | Choose an item.  Choose an item. | | Choose an item. |
|  | 512A0H | Music Therapy Individual | | Choose an item. | | Choose an item. |
|  | 512A0H T | Music Therapy Individual Telehealth | | Choose an item. | | Choose an item. |
|  | 512A2H | Music Therapy Group | | Choose an item. | | Choose an item. |
|  | 512A2H T | Music Therapy Group Telehealth | | Choose an item. | | Choose an item. |
|  | 94200A | Parent Training Individual | | Choose an item. | | Choose an item. |
|  | 94200A T | Parent Training Individual Telehealth | | Choose an item. | | Choose an item. |
|  | 94200H | Parent Training Group | | Choose an item. | | Choose an item. |
|  | 94200H T | Parent Training Group Telehealth | | Choose an item. | | Choose an item. |
|  | 440400 | Respite Individual | | Choose an item.  Choose an item. | | Choose an item. |
|  | 440500 | Respite Group | | Choose an item. | | Choose an item. |
|  | 15100H | Social Skills Groups | | Choose an item. | | Choose an item. |
|  | 15100H T | Social Skills Groups Telehealth | | Choose an item. | | |
|  | 51030H | Therapeutic Camps | | Choose an item. | | |
| Only 1 provider may be selected **per service** in this section. | | | | | | |
| **X** | **Codes** | **Specialized Autism Services** | | | **Select Provider** | |
|  | 942A0H | ASD Training Individual | | | Choose an item. | |
|  | 942A0H T | ASD Training Individual Telehealth | | | Choose an item. | |
|  | 943A0H | ASD Training Group | | | Choose an item. | |
|  | 943A0H T | ASD Training Group Telehealth | | | Choose an item. | |
|  | 491611 | ABA Consultation & Intervention | | | Choose an item. | |
|  | 491611 T | ABA Consultation & Intervention Telehealth | | | Choose an item. | |
|  | 491640 | ABA Registered Behavior Technician | | | Choose an item. | |
|  | 35C00H | Counseling Individual | | | Choose an item. | |
|  |  |  | | |  | |
| This section continued on the next page | | | | | | |
| **Name:** Click or tap here to enter text. | | | | **DMH ID:** Click or tap here to enter text. | | **Plan Type:** Choose an item. | | |
| **This section continued from previous page:** Only 1 provider may be selected per service in this section | | | | | | |
|  | 35C00H T | Counseling Individual Telehealth | | | Choose an item. | |
|  | 36C00H | Counseling Group | | | Choose an item. | |
|  | 36C00H T | Counseling Group Telehealth | | | Choose an item. | |
|  | 580300 | Pre-employment ILS Individual | | | Choose an item. | |
|  | 580300 T | Pre-employment ILS Individual Telehealth | | | Choose an item. | |
|  | 580500 | Pre-employment ILS Group | | | Choose an item. | |
|  | 580500 T | Pre-employment ILS Group Telehealth | | | Choose an item. | |
|  | 57031J | Employment: Prevocational Services Individual | | | Choose an item. | |
|  | 57031J T | Employment: Prevocational Services Individual Telehealth | | | Choose an item. | |
|  | 57031S | Employment: Prevocational Services Group | | | Choose an item. | |
|  | 57031S T | Employment: Prevocational Services Group Telehealth | | | Choose an item. | |
|  | 58050H | Employment: Career Planning Individual | | | Choose an item. | |
|  | 58050H T | Employment: Career Planning Individual Telehealth | | | Choose an item. | |
|  | 58081H | Employment: Job Development Individual | | | Choose an item. | |
|  | 58081H T | Employment: Job Development Individual Telehealth | | | Choose an item. | |
|  | 58060H | Employment: Individual Supported Employment | | | Choose an item. | |
|  | 58060H T | Employment: Individual Supported Employment | | | Choose an item. | |
|  | 890400 | Employment: Transportation | | | Choose an item. | |
|  | 15103H | Social Skills: Curriculum Based | | | Choose an item. | |
|  | 15103H T | Social Skills: Curriculum Based Telehealth | | | Choose an item. | |
|  | 73001H | Social Skills: SLP Individual | | | Choose an item. | |
|  | 73001H T | Social Skills: SLP Individual Telehealth | | | Choose an item. | |
|  | 73002H | Social Skills: SLP Group | | | Choose an item. | |
|  | 73010H | Speech Implementer | | | Choose an item. | |
|  | 15001H | AAC Assessment | | | Choose an item. | |
|  | 46100H | Transition Planning | | | Choose an item. | |
|  | 46100H T | Transition Planning Telehealth | | | Choose an item. | |

For initial plans or initial services with a provider

1. See the below attached **Providers’ Authorization Requirements Appendix**
2. Complete the **FY22 Provider Referral/Enrollment Form** below

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|  | State of Missouri  Department of Mental Health  Division of Developmental Disabilities  **Southeast Missouri Autism Project**  **FY22 Provider Referral/Enrollment Form** |

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| The *Provider Referral/Enrollment* form is only needed for a referral/enrollment with a provider the individual is not currently enrolled with (CIMOR code 52070A). Please review [Support Coordinator Roles & Responsibilities](https://dmh.mo.gov/dev-disabilities/autism/southeast/support) at <https://dmh.mo.gov/dev-disabilities/autism/southeast/support>. | | | | | | | |
| Name  Click or tap here to enter text. | | | | | Provider Referral/Enrollment Reason  Choose an item. | | |
| DMH ID  Click or tap here to enter text. | | Regional Office Choose an item. | | | Medicaid Number  Click or tap here to enter text. | | |
| Referral Date  Click or tap here to enter text. | | | | | Date of Birth  Click or tap here to enter text. | | |
| Living Arrangement  Choose an item. | | | Communication Method  Choose an item. | | | | |
| Referral/Enrollment Request for  Choose an item. | Referral/Enrollment Request for  Choose an item. | | | | | | Referral/Enrollment Request for  Choose an item. |
| **Parent/Guardian Contact Information** | | | | | | | |
| Name Click or tap here to enter text. | | | | | | | |
| Street Address Click or tap here to enter text. | | | | | | | |
| City, State Zip Click or tap here to enter text. | | | | | | County Click or tap here to enter text. | |
| Is Guardian someone other than parent? Choose an item.  If yes, explain Click or tap here to enter text. | | | | | | | |
| Guardian’s Preferred Contact Method | | | | Time of day to contact | | | |
| Home/Cell phone Click or tap here to enter text. | | | | Click or tap here to enter text. | | | |
| Work phone Click or tap here to enter text. | | | | Click or tap here to enter text. | | | |
| Email Click or tap here to enter text. | | | | Click or tap here to enter text. | | | |
| **Individual/Parent/Guardian/Designated Representative Certification & Signature(s)**  I certify that I have selected the provider(s) and services(s) on this document based on identified needs. | | | | | | | |
| Individual Signature | | | | | | | Date Click or tap to enter a date. |
| Parent/Guardian/Designated Representative Signature | | | | | | | Date Click or tap to enter a date. |
| **Support Coordinator Certification & Signature**   1. I certify that the individual/parent/guardian/designated representative has selected the provider(s) and service(s) in this document based on identified needs. 2. I certify that the need for each service has been justified in the ISP. 3. I certify any request for multiple providers for a service has been justified in the ISP. | | | | | | | |
| Support Coordinator Name Click or tap here to enter text. | | | | | | | |
| Email  Click or tap here to enter text. | | | | | | | Phone  Click or tap here to enter text. |
| Support Coordinator Signature | | | | | | | Date  Click or tap to enter a date. |

**Providers’ Authorization Requirements Appendix**

Only needed for initial plans or initial services with a new provider.

***Blue Sky Community Services (Blue Sky)***

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| **Codes** | **Required Specialized Autism Services** |
| 19F001 | Autism Assessment |

***EasterSeals Midwest (EasterSeals)***

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| **Codes** | **Required Specialized Autism Services** |
| 35B001 | Family Resource Services |
| 35B00T | Family Resource Services Phone |
| 94200A | Parent Training Individual |
| 94200H | Parent Training Group |
| 440400 | Respite Individual |
| 440500 | Respite Group |
| 15100H | Social Skills Groups |

***Southeast Missouri State University Autism Center (SEMO)***

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| **Type of Service Needed** | **Service Codes** | **Required**  **Specialized Autism Services** |
| All  Services | 19F001 | Autism Assessment |
| 942A0H | ASD Training Individual |
| 943A0H | ASD Training Group |
| 35B001 | Family Resource Services |
| 35B00T | Family Resource Services Phone |
| 15100H | Social Skills Group |
| ABA | 491611 | Consultation & Intervention |
| 491640 | Registered Behavior Technician |
| 491611 T | Telehealth |
| Counseling | 35C00H | Counseling Individual |
| 36C00H | Counseling Group |
| 35C00H T | Telehealth |
| Speech | 73001H | Social Skills: SLP Individual |
| 73002H | Social Skills: SLP Group |
| 73010H | Speech Implementer |
| 15001H | AAC Assessment |
| 73001H T | Telehealth |
|  | 51030H | Therapeutic Camps |

