State of Missouri

Department of Mental Health

Division of Developmental Disabilities

**FY23 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 the below services and providers, review the following SEMAP provider service limitations, requirements, instructions, and provider service areas:**

1. 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.
2. Review the [SEMAP FY23 Service Directory](https://dmh.mo.gov/dev-disabilities/autism/southeast/support) for complete service descriptions, limitations, provider requirements, provider documentation, and other service information.
3. Review page 3 of the [SEMAP FY23 Service Directory](https://dmh.mo.gov/dev-disabilities/autism/southeast/support) for information about SEMAP funding, areas served, and provider information.
4. For new plans or initial services with a new provider, see *Providers’ Authorization Requirements Appendix* below.
5. Individuals enrolled in a Medicaid Waiver may not receive SEMAP services if available in 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. | |
| 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 | | | | | | |
|  | 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. | |
|  | 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. | |

**See Providers’ Authorization Requirements Appendix Tables below**

Provider Authorization Requirements are only used with initial plans or initial services with a new provider. For subsequent amendments and annual plans, the Support Coordinator, individual/family, provider(s), and other planning team members work together to revise the plan to address the support needs at that time.

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

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

***EasterSeals Midwest (EasterSeals)***

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

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