State of Missouri

Department of Mental Health

Division of Developmental Disabilities

**FY24-25 Southwest MO Autism Project (SWMAP) 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 SWMAP 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/southwest/support) concerning enrollment, initial plans, amendments, annual plan, and disenrollment.
2. Review the [SWMAP FY24-25 Service Directory](https://dmh.mo.gov/dev-disabilities/autism/southwest/support) for complete service descriptions, limitations, provider requirements, provider documentation, and other service information.
3. Review page 3 of the [SWMAP FY24-25 Service Directory](https://dmh.mo.gov/dev-disabilities/autism/southwest/support) for information about SWMAP 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 SWMAP services available in their waiver.

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| **Only 1 provider may be selected per service in this section** |
| **X** | **Code** | **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. |
|[ ]  491640 T | ABA Registered Behavior Technician Telehealth | Choose an item. |
|[ ]  35C00H | Counseling Individual | Choose an item. |
|[ ]  35C00H T | Counseling Individual Telehealth | Choose an item. |
|[ ]  580300 | Pre-employment Services ILS Individual | Choose an item. |
|[ ]  580300 T | Pre-employment Services ILS Individual Telehealth | Choose an item. |
|[ ]  580500 | Pre-employment Services ILS Group | Choose an item. |
|[ ]  580500 T | Pre-employment Services ILS Group Telehealth | Choose an item. |
|[ ]  570101 | Employment: *Prevocational Training* | Choose an item. |
|[ ]  58080H | Employment: *Intensive Follow-Along* | Choose an item. |
|[ ]  52103H | Independent Living Skills Individual | Choose an item. |
|[ ]  52103H T | Independent Living Skills Individual Telehealth | Choose an item. |
|[ ]  52105H | Independent Living Skills Group | Choose an item. |
|[ ]  52105H T | Independent Living Skills Group Telehealth | Choose an item. |
|[ ]  0401H | Dietician Services | Choose an item. |
|[ ]  15200H | Occupational Therapy Individual | Choose an item. |
|[ ]  15200H T | Occupational Therapy Individual Telehealth | Choose an item. |
|[ ]  15201H | Occupational Therapy Group | Choose an item. |
|[ ]  15103H | Social Skills: Curriculum Based  | Choose an item. |
|[ ]  15103H T | Social Skills: Curriculum Based Telehealth | Choose an item. |
|[ ]  73001H | Speech Language Pathology Individual (Nonverbal) | Choose an item. |
|[ ]  73001H T | Speech Language Pathology Individual Telehealth (Nonverbal) | Choose an item. |
|[ ]  46100H | Transition Planning  | Choose an item. |
|[ ]  46100H T | Transition Planning Telehealth | Choose an item. |
| **Name** Click or tap here to enter text. | **DMH ID** Click or tap here to enter text. | **Plan Type** Choose an item. |
| **Multiple providers may be selected per service in this section** |
| **X** | **Code** | **Specialized Autism Services** | **Select Provider(s)** |
|[ ]  19F001 | Assessment | Choose an item.Choose an item.Choose an item. | Choose an item.Choose an item. |
|[ ]  19F001 T | Assessment Telehealth | Choose an item.Choose an item. | Choose an item. |
|[ ]  52A00H | Community Inclusion Individual | Choose an item.Choose an item. | Choose an item.Choose an item. |
|[ ]  53A00H | Community Inclusion Group | Choose an item.Choose an item. | Choose an item.Choose an item. |
|[ ]  35B001 | Family Resource Services | Choose an item.Choose an item.Choose an item. | Choose an item.Choose an item. |
|[ ]  35B001 T | Family Resource Services Telehealth | Choose an item.Choose an item. | Choose an item.Choose an item. |
|[ ]  35B00T | Family Resource Services Phone Support | Choose an item.Choose an item.Choose an item. | Choose an item.Choose an item. |
|[ ]   94200A | Parent Training Individual  | Choose an item.Choose an item. | Choose an item.Choose an item. |
|[ ]   94200A T | Parent Training Individual Telehealth | Choose an item.Choose an item. | Choose an item. |
|[ ]  94200H | Parent Training Group | Choose an item.Choose an item. | 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. | 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. |
|[ ]  15100H | Social Skills Groups | Choose an item.Choose an item. | Choose an item. |
|[ ]  15100H T | Social Skills Groups Telehealth | Choose an item.Choose an item. | Choose an item. |
|[ ]  51030H | Therapeutic Camps  | Choose an item. | Choose an item. |

**Providers’ Authorization Requirements Appendix**

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.

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| CIMOR Code | Autism Service | Required for Initial Plan or Initial Service |
| 19F001 | Autism Assessment | Abilities | Burrell |  | Judevine | Ozark Ctr. |
| 19F001 T | Autism Assessment Telehealth | Abilities | Burrell |  | Judevine | Ozark Ctr. |
| 35B001 | Family Resource Services | Abilities | Burrell | Easterseals | Judevine |  |
| 35B001 T | Family Resource Services Telehealth | Abilities | Burrell | Easterseals | Judevine |  |
| 35B00T | Family Resource Services Phone | Abilities | Burrell | Easterseals | Judevine |  |
| 94200A | Parent Training Individual |  |  | Easterseals | Judevine |  |
| 94200A T | Parent Training Individual Telehealth |  |  | Easterseals | Judevine |  |
| 94200H | Parent Training Group |  |  | Easterseals |  |  |
| 94200H T | Parent Training Group Telehealth |  |  | Easterseals |  |  |
| 15100H | Social Skills Groups |  |  | Easterseals | Judevine |  |
| 15100H T | Social Skills Groups Telehealth |  |  | Easterseals | Judevine |  |

**Provider Agencies for Southwest Missouri Autism Project**

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| **Abbreviated Name** | **Provider Agency & Also Known As** |
| Abilities | Abilities First Art Inspired Academy |
| Arc | The Arc of the Ozarks CounterPoint Autism |
| Burrell | Burrell Behavioral Health Autism Center |
| Easterseals | Easterseals Midwest |
| Judevine | Judevine Center for Autism |
| Ozark Ctr. | Bill & Virginia Leffen/Ozark Center for Autism |
| Preferred | Preferred Family Healthcare |

***The Office of Autism Services was established in 2008 (633.225 RSMo) to provide leadership in program development for children and adults with autism spectrum disorders, to include the establishment of program standards and coordination of program capacity.***

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*Office of Autism Services*