CHAPTER 35 - PROGRESS REPORTING REQUIREMENT

REVISION DATE: 9/15/2017, 9/1/2014
EFFECTIVE DATE: July 1, 2013

Progress notes and other documentation are required based on the service being provided.

Elements of Progress Notes

A. The Division of Developmental Disabilities (Division) does not have a required format to be used for progress reports (except as set forth below in Section D of Progress Reports and Reporting Requirements), but the following minimum elements must be included:

1. Overall progress specific to planning document outcomes
2. Performance data that identifies the member's progress toward achievement of the established outcomes
3. Current and potential barriers to achieving outcomes
4. Written summary describing specific service activities
5. Additional requirements as specified below.

B. The Division does not require periodic progress reports for:

1. Attendant Care
2. Housekeeping
3. Respite
4. Transportation.

C. Keep data that documents the provision of all services, regardless of whether a progress report is required, and make this data available to the Division upon request.

Progress Reports Schedule and Reporting Requirements

The required due dates for the progress reports by service are listed below. Submit reports to the member's assigned Support Coordinator (can be submitted electronically) unless otherwise specified below.

A. Monthly Progress Reports

Submit progress reports (due within 10 business days following each month) for:

1. Day Treatment and Training, Child (Summer)
2. Habilitation, Group Home

3. Habilitation, Nursing Supported Group Home

4. Home Health Aide

   Submit reports to Health Care Services with a copy to the Support Coordinator.

5. Nursing

   Submit written monthly progress reports to the member's PCP or physician of record, and the Division upon request, regarding the care provided to each assigned member.

B. Quarterly Progress Reports (Non-Habilitation Services)

Submit progress reports (due July 15, October 15, January 15, and April 15) for:

1. Center Based Employment

   In addition to the minimum requirements of the progress report, disclose any calendar month when the member is not engaged in paid work for at least 75% of the scheduled work hours for that member.

2. Day Treatment and Training, Adult

3. Day Treatment and Training, Child (After School)

4. Employment Support Aide

   In addition to the minimum requirements for the progress report, include:

   a. Performance data that identifies the progress of the member toward achievement of the established objectives

   b. A detailed record of each contact including hours of service with the member

   c. Detailed information regarding specific employment support activities.

5. Group Supported Employment

6. Individual Supported Employment

   In addition to the minimum requirements of the progress report, include:

   a. A detailed record of each contact with the member

   b. Detailed information in regard to specific job search activities.

7. Nursing

   Provide quarterly written progress reports to the Division's Health Care Services, including a copy of the current signed plan of treatment, the nursing care plan, and copies of all current physician orders.

8. Therapies (Occupational Therapy, Physical Therapy, Speech Therapy)

   In addition to the minimum requirements of the progress report, the reports must also include: the Division's therapy reporting requirements as identified on the Division's Quarterly Therapy Progress/Discharge Report form.

9. Transition to Employment.

C. Quarterly Progress Reports (Habilitation Services)

Submit quarterly progress reports (due July 15, October 15, January 15, and April 15) for:

- Habilitation, Communication
- Habilitation, Community Protection and Treatment Hourly
- Habilitation, Individually Designed Living Arrangement
- Habilitation, Music Therapy
- Habilitation, Hourly Support
- Habilitation, Vendor Supported Developmental Home (Child and Adult).

D. Quarterly Progress Reports (Specialized Habilitation Services)

Submit quarterly progress reports (due July 15, October 15, January 15, and April 15) for:

- Habilitation, Early Childhood Autism Specialized
- Habilitation, Consultation
- Consultation, Positive Behavioral Support.

In each quarterly progress report, provide the following information at a minimum:

1. Member Information

   a. Demographics

      i. Name
      ii. AHCCCS ID
      iii. DOB
      iv. Developmental Disability diagnosis or diagnoses
      v. Behavioral Health diagnosis or diagnoses
      vi. Physical Health diagnosis or diagnoses

b. Family/Living/Housing

i. Who is a part of the member's team/family (e.g., parents, siblings, grandparents, foster parents, group home staff, therapists)?

ii. Who lives with the member? Provide a picture of the member's living environment, potential relationships the member has with people living in his/her home, or state if the member lives alone.

iii. Has the member experienced any recent changes in living environment/situation (e.g., removal from family, divorce, adoption, school suspension, family death, auto accident, loss of job/income)?

c. Home/School/Work Information

i. What school does the member attend, if enrolled?

ii. Is the member employed, or does s/he want to be? If so, where, and for how many hours per week?

iii. Does the member volunteer or participate in community activities? If so, explain.

iv. Is the member experiencing any difficulties in these settings?

2. Current Behavior Profile and History of Intervention

Include a brief summary supporting the need for the service. Describe what lesser-intensive supports and services have been attempted or used, and whether they were or were not effective; include why or why not.

3. Review of Recent Assessments and Reports

a. Include any recent assessments that have been completed, including, but not limited to:

i. Functional behavior assessment

ii. Skills assessment(s)

iii. Preference assessment (including identified reinforcers)

iv. Cognitive testing.

b. Provide a summary of findings for each assessment (including any relevant graphs, tables, or grids).

4. Intervention Settings and Activities

   a. State intervention settings and activities completed for the quarter. Include a specific narrative description of the intervention activities and the setting(s) completed for each service date (i.e., the narrative would provide a clear picture of what was done).

   b. Identify skill areas targeted, from among the following:

      i. Language/Communication

      ii. Social

      iii. Motor

      iv. Behavior

      v. Mental Health Concerns

      vi. Cognitive

      vii. Development

      viii. Feeding

      ix. Vocational

      x. Adaptive Skills

      xi. Health/Physical

      xii. Other (specify).

   c. Explain targeted goals and objectives, including an operational definition for each behavior and/or skill and how goals/objectives are measured, as follows:

      i. Identify member's baseline and current level of functioning.

      ii. Describe the behavior that the member is expected to demonstrate, including condition(s) under which it must be demonstrated.

      iii. State date of introduction of each goal/objective.

      iv. Estimated date of mastery for each goal/objective.

      v. Specify plan for generalization of the mastered skill/behavior.

vi. Specify behavior management (behavior reduction and/or skill acquisition) procedures, such as:

- Antecedent-based interventions (e.g., environmental modifications, teaching interventions)
- Consequence-based interventions (e.g., extinction, scheduling, reinforcement ratio).

d. Describe data collection procedures and progress toward goals, including the use of the behavior measurement (e.g., rate, frequency, duration, latency) that will reflect the increase or decrease of skills or behaviors, including data from both the consultant and any hourly habilitation support service providers, as follows:

i. Display data in graphic format with relevant environmental variables that might affect the target behaviors indicated on the graph, including any of the following:

- Medication initiation and/or changes in medications
- Baseline or pre-intervention levels of behavior
- Strategy changes.

ii. Explain how the analysis of the data is used to revise the member's behavior plan to ensure the best outcome for the member.

5. Parent(s)/Caregiver(s) Training

Summarize parent(s)/caregiver(s) involvement and proposed goals/objectives, including a description of:

a. Behavior that the parent(s)/caregiver(s) is expected to demonstrate, including conditions under which they will demonstrate mastery

b. Date of introduction of each goal/objective

c. Estimate date of parent's/caregiver's mastery of each goal/objective

d. Parent(s)/caregiver(s) training procedures

e. Data collection procedures and progress toward goals (i.e., report goal as met, not met, modified, and include explanation).

6. Service Level Recommendation (if requesting a service extension)

   a. Identify number of hours for continued authorization based on identified interventions specific to the member's needs.

   b. Provide a clinical summary that justifies the hours requested.

7. Coordination of Care

   How has/will this service be coordinated with other services or therapies that the member is receiving from the Division or other sources (e.g., Behavioral Health, Health Plan, Education, Child Welfare)?

8. Transition Plan

   Plan for transitioning the member from the service, including:

   a. Individualized discharge criteria developed with specific, realistic, and timely follow-up care coordination recommendations

   b. Plan for maintenance and generalization, including how and when this service will be transitioned to other lesser intensive services

   c. Discharge must occur when:

      i. Intervention services are no longer recommended.

      ii. Measurable improvements are not expected, or progress has plateaued.

      iii. Intervention services are primarily educational in nature.

      iv. Intervention is primarily vocational or recreationally based.

      v. If proposed future intervention is experimental or unproven.

      vi. The member has obtained age appropriate abilities in targeted goals.

      vii. Similar outcomes can be achieved through a lesser restrictive/intensive service.

      viii. There is a lack of parental/caregiver involvement or frequent cancellations.

9. Report is signed by the supervising licensed Psychologist or licensed Behavior Analyst.

E. Semiannual Progress Reports

Submit semiannual progress reports (due January 31 and July 31) for these services, using Division forms:

1. Center Based Employment

2. Employment Support Aide

   In addition to the minimum requirements for the progress report, include:

   a. Performance data that identifies the progress of the member toward achievement of the established objectives

   b. A detailed record of each contact including hours of service with the member

   c. Detailed information regarding specific employment support activities.

3. Group Supported Employment

4. Individual Supported Employment.