

1240-E HABILITATION SERVICES

REVISION DATE: 9/11/2019, 9/15/2017, 7/15/2016, 7/3/2015, 3/2/2015, 9/15/2014

EFFECTIVE DATE: June 30, 1994

REFERENCES: A.A.C. R6-6-903

Habilitation Consultation

A. Service Description and Goals (Habilitation Consultation)

This service assists a member to remain in his/her home or the family/caregiver's home and to participate in community activities, by providing a variety of behavioral interventions. Habilitation Consultation is a consultative service that is intended to complete an assessment and develop an intervention plan. The plan identifies strategies to strengthen the skills of the member and his/her family/caregivers. The member must be eligible for ALTCS and the family/caregivers must have the ability and interest to participate in this service.

Habilitation Consultation may include:

1. Conducting an assessment of the member's challenging behavior and/or area of skill deficit
2. Developing an intervention plan derived from the assessment for the family/caregivers, and/or direct care workers to implement with the member to improve the member's self-help, socialization, and adaptive skills
3. Assisting Planning Teams and family/caregivers, and/or direct care workers in managing the member's challenging behaviors through a thorough understanding of the purpose and function of a behavior and how that behavior has been reinforced in the past
4. Facilitating implementation of the intervention plan and strategies
5. Modeling the implementation of the intervention plan for the member, family/caregivers, and/or direct care workers, including the teaching of functional alternative or replacement behavior (behavior that serves the same function for that member)
6. Training the family/caregivers, and/or direct care workers in the implementation of the intervention plan and monitoring their fidelity in the use of the treatment interventions as outlined in the intervention plan
7. Assisting the Planning Team in acquiring any needed approvals of the intervention plan by oversight committees, as required per A.A.C. R6-6-903
8. Providing follow-up consultation to revise the intervention plan as needed.

B. Family/Caregivers and Direct Care Workers (Consultation)

This service requires participation in training, provided by the habilitation consultation provider, on the specific activities and techniques developed in the

intervention plan. Training participants may include family/caregivers and direct care workers, based on where the member lives. The Planning Team identifies all participants to receive the training and documents this in the member's record.

C. Referral Considerations (Habilitation Consultation)

The Planning Team determines the need for a referral for Habilitation Consultation when:

1. There is a deficit in functional living or adaptive skills including, but not limited to social communication skills, daily living skills, and independent living skills, AND
2. One or more of the following considerations apply:
 - a. Frequent visits (two or more in the last 6 months) to an emergency department for non-health emergency conditions
 - b. Multiple admissions (two or more in the last 6 months) to psychiatric acute care and/or psychiatric facilities
 - c. Multiple contacts (two or more in the last 30 days, or an escalation in frequency) with crisis services
 - d. Contact with law enforcement related to behavior (one or more in the last 30 days)
 - e. Multiple incident reports related to behavior (i.e., physical aggression, self-harm) showing a trend or escalation in the last 30 days
 - f. Multiple physical restraints (two or more in the last 30 days)
 - g. Behavior outbursts placing any of the following settings at risk:
 - i. Family/own home
 - ii. Out of home placement
 - iii. Day program
 - iv. School
 - v. Employment
 - vi. Any community setting
 - h. Behavioral health, home and community based services have been unsuccessful in addressing the needs of the member and/or family to date and behavior intervention planning and assistance is needed to stabilize the behavior and the environment
 - i. A consistently and correctly used Behavior Plan has not been successful in addressing the needs of the member.

D. Settings (Habilitation Consultation)

1. This service may be provided in any of the following settings:
 - a. The member's own home or family home
 - b. A Group Home
 - c. A state-supported or a vendor-supported Developmental Home (child or adult)
 - d. A community setting chosen by the member and his/her Planning Team
 - e. An Intermediate Care Facility
 - f. A Skilled Nursing Facility.
2. This service may be provided for observation and assessment purposes only in the member's school, during school provided transportation to and from school, and the hospital.

E. Exclusions (Habilitation Consultation)

1. This service cannot be provided when a member is receiving:
 - a. Habilitation, Early Childhood Autism Specialized service
 - b. Positive Behavioral Support-Consultation service
 - c. Positive Behavioral Support service
 - d. Comprehensive or focused behavior intervention services from any other funding source
 - e. Or residing in a facility identified as an Institute for Mental Disease (IMD).
2. Training on, and implementation of, the specific activities developed in the intervention plan are not to be provided:
 - a. In the school setting
 - b. During school provided transportation
 - c. When the member is hospitalized.

F. Service Authorizations (Habilitation Consultation)

Initial service authorizations cover a six month timeframe and include the following:

1. A maximum of 10 units of Habilitation Consultation Evaluation (billing code HCA) to complete the initial assessment and intervention plan.

2. A maximum of 110 units of Habilitation Consultation, Licensed Psychologist /Behavioral Analyst/BCBA (billing code HCM)/ Habilitation Consultation, Assistant (billing code HCB) for training, modeling implementation, and consultation. Leftover units of HCA may be authorized as HCM/HCB at the request of the Habilitation Consultation provider.

Prior to the end of the six-month authorization period, all progress reports will be reviewed to determine the member's progress and the continued need for the service. If the service is determined to be medically necessary, based on the review of the data and documentation, a service extension will be authorized for an additional six month period.

No additional hours of HCM/HCB will be authorized in the extension period until the initial authorized units have been exhausted.

Day Treatment and Training

A. Service Description and Goals (Day Treatment and Training)

This service provides specialized sensory-motor, cognitive, communicative, behavioral training, supervision, and as appropriate, counseling, to promote skill development in independent living, self-care, communication and social relationships.

The goals of this service are to:

1. Increase or maintain the self-sufficiency of eligible members.
2. Improve emotional and mental well-being.
3. Enable eligible members to acquire knowledge and skills.
4. Ensure the availability to eligible members of information about, and access to, human services and community resources.
5. Develop positive relationships with, and support for, families.
6. Encourage family and member participation in areas of the program.
7. Ensure that programs optimize the health and physical well-being of the members served.
8. Provide opportunities for members to participate in meaningful integrated community activities.
9. Produce outcomes of increased individual skill development toward outcomes identified in the member's plan.
10. Assist members in achieving and maintaining a quality of life that promotes the member's vision of the future.

B. Service Settings (Day Treatment and Training)

1. Children ages birth to 48 months may not be appropriate for this service. Any considerations to provide this service to this age group requires approval from the District Program Manager or designee.
2. This service is not provided in a group home, developmental home (child or adult), hospital, skilled nursing facility, non-state operated Intermediate Care Facility (ICF), or Level I or Level II behavioral health facility.
3. For members under age 18, services are provided in a Qualified Vendor owned/leased setting or a publicly available setting where members participate in a supervised program.
4. For adult members age 18 or above, services are provided in a Qualified Vendor owned or leased setting or a publicly available setting where members participate in a supervised program. The primary use of this setting is the operation of a day program, not as a permanent residence, unless approved by the Division's District Program Manager or designee.
5. All Day Program settings in a provider's owned/leased setting require a Life Safety Inspection by the Division's Office of Licensing Certification and Regulation (OLCR).

C. Service Requirements (Day Treatment and Training)

Before Day Treatment and Training can be authorized, the following requirements must be met:

1. Members between the ages of 16-65 years must be assessed and considered for employment supports and services.
2. The Planning Documents must identify needs and outcomes consistent with the service description and setting.
3. Training and instruction must be pertinent to the present developmental, physical, mental, and/or sensory abilities of the member.

D. Target Population (Day Treatment and Training)

Using the assessment and plan development processes described in in this policy manual, the Planning Documents must determine the need for this service according to the following age categories:

1. Age 36 Months - 5 Years of Age

Generally, children of this age range receive instruction from public schools in accordance with Part B of Public Law 105-17. However, the provision of Day Treatment and Training by the Division may be appropriate, if **all** of the following conditions are met:

- a. The Planning Document identifies needs above and beyond those

identified in the Individualized Educational Plan (IEP).

- b. The additional hours of Day Treatment and Training are reasonable and normal for the child's age, considering the number of hours the child is participating in pre-school programs and other out-of-home activities.
- c. The child's developmental needs can best be met in a group setting.
- d. Family and other community resources are not available to meet the need.
- e. No other service is more appropriate.

2. Age five - 12 Years of Age

- a. Generally, children with developmental disabilities have their instructional needs met by the public school system. Therefore, most children do not need or receive Day Treatment and Training when they are eligible for public education services.
- b. For children five to 12 years old, Arizona Health Care Cost Containment System (AHCCCS) does not pay for childcare or Respite as an alternative to Day Treatment and Training services. The Division may consider providing Day Treatment and Training for this age group if all the requirements for the three to five years age group are met and if the child needs to develop appropriate social and behavioral interaction skills and opportunities to integrate with peers who do not have disabilities.
- c. If the Division considers Day Treatment and Training services for children five to 12 years of age, habilitation goals and objectives must be established and documented in the Person Centered Plan/Child and Family Team Plan. The Division may also consider providing Day Treatment and Training services, when the member is eligible for an Extended School Year Program. This may indicate a need for Day Treatment and Training to be provided in the summer. Habilitation goals and objectives must also be documented in the respective plans (referenced in "c" of this section) for Day Treatment and Training services for the summer.

3. Age 13 - Graduation from High School (18 - 22 Years of Age)

- a. Generally, members with developmental disabilities have their instructional needs met by the public-school system. Therefore, most members do not need or receive Day Treatment and Training when they are eligible for public education services.
- b. The Division may consider providing Day Treatment and Training for this age group, if all the requirements for the three to five years' age group are met.

- c. For members of working age, Day Treatment and Training may only be authorized after the individual has been assessed and considered for employment supports and services.
 - d. The Support Coordinator must determine that community resources are unavailable to meet member needs, especially as related to independent living, communication, and social relationships. If the Division considers Day Treatment and Training for this age group, habilitation goals and objectives must be established and documented in the Individual Support Plan/Person Centered Plan only after consideration of employment supports and services.
 4. Adults
 - a. For members of working age, Day Treatment and Training may only be authorized after the individual has been assessed and considered for employment supports and services.
 - b. Day Treatment and Training should enable members to increase their range of independent functioning and to refine their personal living skills. The service must be age appropriate.
 - c. Members participating in Day Treatment and Training may also participate in Employment Supports and Services as part of a meaningful day.
- B. Exclusions (Day Treatment and Training)

The provision of Day Treatment and Training cannot:

 1. Substitute for Respite or day care
 2. Be used in place of regular educational programs as provided under Public Law 105-17 (www.gpoaccess.gov/plaws/)
 3. Be used to provide other related services that have been determined in the IEP to be educationally necessary
 4. Be used when another service, such as an employment service, is more appropriate
 5. Include wage-related activities that would entitle the member to wages.
- C. Service Provision Guidelines (Day Treatment and Training)

Use of Day Treatment and Training is in accordance with the Individual Support Plan/Person Centered Plan (Planning Documents).
- D. Provider Types and Requirements (Day Treatment and Training)
 1. Designated District staff ensure that all contractual requirements related to Day Treatment and Training providers are met before services can be

provided.

2. All providers of Arizona Long Term Care Services (ALTCS) must be certified by the Department and registered with Arizona Health Care Cost Containment System (AHCCCS) prior to service initiation.

E. Service Evaluation (Day Treatment and Training)

1. The Support Coordinator must continually assess the quality of services provided to members with developmental disabilities.
2. Written Progress Reports
 - a. The provider must submit a written progress report on Individual Support Plan/Individualized Family Support Plan/Person Centered Plan (Planning Documents) outcomes, as required by the Division's Provider Manual Progress Reporting Requirement, to the Support Coordinator. The report must address the presence or absence of measurable progress toward the member's goals and outcomes.
 - b. Each month, the Support Coordinator must review these reports for progress toward outcomes. If there is no progress in the time period specified, the member with his/her Individual Support Plan/Individualized Family Services Plan/Person-Centered Plan (Planning Team) must reassess the outcomes and determine the on-going appropriateness of the service or outcome.
3. The Support Coordinator must review the Planning Documents as noted in the Division Operations Manual Policy 2003, Planning Documents.
4. The provider must maintain a monthly activity schedule based on the goals and preferences of the persons supported.
5. The program must furnish materials, supplies, and equipment used to deliver Day Treatment and Training that meet the needs of the member and are age appropriate.

F. Service Closure (Day Treatment and Training)

Service closure occurs in any of the following situations:

1. Based on the member's progress, the Planning Documents determine that goals have been met.
2. The member/responsible person declines the service.
3. The member moves out of state.
4. The member transitions to another age/skill appropriate service or program, or the member/responsible person/family can now meet the needs the service addressed, as identified in the Planning Documents.

Employment Supports and Services

A. Employment First Principles

1. The Division supports Employment First Principles, Policy and Practice which include the following:
2. Competitive integrated employment is the preferred daily service and outcome for all working age Arizonans who have disabilities.
3. Employment First encompasses the belief that competitive integrated employment should be the primary day service and outcome for working age youth and adults with disabilities.
4. Employment First encompasses the belief that competitive integrated employment should be the primary day service and outcome for working age youth and adults with disabilities.
5. It supports an overarching goal that eligible persons with disabilities will have access to integrated work settings most appropriate for them, including the supports necessary to help them succeed in the workplace.
6. Employment First does not mean employment only and does not deny individual choice.
7. Employment First does not eliminate service options currently available but is intended to increase employment opportunities.
8. Employment Services are provided according to this policy and Arizona's Employment First Strategic Plan and MOU, which can be found at the Employment First website.

B. Service Description and Settings (Employment Supports and Services)

These services provide opportunities for employment, using several models to support members in a variety of job related settings. The Division supports Employment First policy and practice, which means that employment should be the preferred daytime activity for members of working age.

1. Individual Supported Employment provides job coaching support, at a competitive job site, with the employed member and/or employer. Individuals receiving Individual Supported Employment work with people without disabilities and earn wages at the same rate as others in the community doing the same work. This service helps ensure that the member maintains employment and may also include job search services, if these services are not available through Vocational Rehabilitation Services. Individual Supported Employment cannot be provided in a group supported employment setting.

Members receiving this service must be paid by the employer. Individual Supported Employment is a time-limited service, which must be provided on a member basis, and can be used for members who are self-employed.

2. Group Supported Employment is a service that provides members with an on-site, supervised, paid work environment in an integrated community setting. Settings may include enclaves, work crews, and other integrated work sites.
 3. Center Based Employment is a service that provides a controlled, protected and supervised work environment. This service is provided in a Qualified Vendor-owned or leased setting where the majority of the members have disabilities and are supervised by paid staff. If certain criteria are met, the member may be paid a sub-minimum wage. The service goal is to provide members with gainful, productive, and remunerative work.
 4. Career Preparation and Readiness is a service that provides assistance to eligible individuals to obtain competitive and/or integrated employment. This service provides Division members currently participating in Center-Based Employment with the services and supports to assist them in making a progressive move into competitive and /or integrated employment.
 5. Employment Support Aide services provide members with one-to-one supports needed to enable them to remain in their employment. These supports may include personal care services, behavioral intervention, and/or "job follow along" supports, and they may be provided in any of the above service settings, as well as a stand-alone service.
 6. Split programming may be appropriate for members who desire to participate in multiple employment supports and services. Providers bill these services hourly and base them on team agreement and assessed need. Split programming is designed to fulfill the needs and desires of the members. Members participating in Day Treatment and Training may also participate in Employment Supports and Services as part of a meaningful day.
- C. Transition to Employment (Employment Supports and Services)
Transition to Employment is a service that provides:
1. Training in the meaning, value and demands of work and in the development of positive attitudes toward work
 2. Individualized instruction, training, and supports to promote skill development for integrated and competitive employment.
 3. Opportunities for members to engage in job shadowing and job exploration. This service provides no pay to the member.
- D. Transportation Services (Employment Supports and Services)
Transportation, to and from work, may be available to members receiving Employment Supports and Services, when such transportation is not available from community resources or natural supports.

E. Target Populations (Employment Supports and Services)

1. Target populations are members who may benefit from Employment Supports and Services. All members of working age should be involved in employment or employment-related activities unless otherwise determined unable to work as determined by the Planning Team (Individual Support Plan/Person Centered Plan team).
2. The Individual Support Plan/Person Centered Plan meetings and monthly progress reports from providers may be used to identify the need for Employment Supports and Services. Participation in Individual Education Plan meetings/School-to-Work Transition Planning meetings, and the member's verbalized interest in employment may also identify the member's need for employment services.
3. Beginning no later than age 14, the member, with his/her Planning Team (Individual Support Plan/Person Centered Plan team), should identify the member's desired future, employment goals, and skills and abilities. The Planning Team must include a description regarding the level of support needed and documentation of these needs (including transportation) on the Individual Support Plan/Person Centered Plan.
4. Employment Supports and Services are available to:
 - a. Members who are eligible for ALTCS, based on assessed need
 - b. State-funded-only members based on assessed need and availability of funding.

F. Rehabilitation Services Administration/Vocational Rehabilitation Referral Process (Employment Supports and Services)

The Division works in collaboration with the Rehabilitation Services Administration/Vocational Rehabilitation to coordinate the provision of employment services.

1. When the Planning Team determines that a member may be interested in competitive employment or can benefit from employment-related service, the Support Coordinator will document this in the ISP and will complete a Referral to Vocational Rehabilitation (DDD 1328-A FORFF) to Employment Services Specialist.
2. The Employment Program Specialist reviews the referral packet for completeness and appropriateness and determines whether the completed packet will be sent to Rehabilitation Services Administration/Vocational Rehabilitation Program.

G. Authorization (Employment Supports and Services)

1. The Support Coordinator adds the appropriate code to the Service Plan and submits the authorization request to the Employment Services Specialist.

2. The Employment Services Specialist reviews and approves the authorization for services.
3. The Qualified Vendor is informed in writing of service authorization and may only provide the services that have been authorized by the Division. Any change in services requires a new written authorization.

H. Service Changes (Employment Supports and Services)

Any change in Employment Supports and Service, including changes from one employment service to another or from an employment service to a different day service, requires Planning Team agreement, an updated ISP and new authorization for services.

I. Tracking and Reporting (Employment Supports and Services)

1. The Qualified Vendor must submit individualized quarterly progress reports to the Support Coordinator. The Support Coordinator ensures that Qualified Vendors submit required reports and address reported concerns.
2. If concerns cannot be resolved, the Support Coordinator contacts the District Employment Program Specialists.
3. The Qualified Vendor submits a report on Division forms every six months to the Employment Program Specialist.

J. Monitoring and Technical Support (Employment Supports and Services)

At a minimum, the District Employment Program Specialist performs:

1. An annual on-site Quality Assurance Review of all Qualified Vendors who provide Employment Supports and Services
2. A review of the Qualified Vendors' "six month" reports, on-site visits, and technical support as needed.

Hourly and Daily Habilitation

A. Description (Hourly and Daily Habilitation)

This service provides learning opportunities designed to help a member develop skills and independence.

1. Barring exclusions noted in this section, based on member and family priorities, Habilitation may be provided to:
 - a. Increase or maintain:
 - i. Independence and socialization skills
 - ii. Safety and community skills
 - iii. Member's health and safety.

- b. Provide training in:
 - i. Essential activities required to meet personal and physical needs
 - ii. Alternative and/or adaptive communication skills
 - iii. Self-help/living skills.
 - c. Develop the member's support system to reduce the need for paid services.
 - d. Help family members learn how to teach the member a new skill.
2. When this service is authorized for a member with nursing needs, all assessed medically necessary services and supports are provided.

B. Considerations (Hourly and Daily Habilitation)

The following are considered, when assessing the need for this service:

1. Existing community support systems have been exhausted and no other service is available
2. The member's documented needs cannot be met by the member's support system, employment program, or day program
3. Habilitation can support therapy home program strategies.

C. Settings (Hourly and Daily Habilitation)

Habilitation Services may be provided:

1. Hourly or daily in the member's own home
2. Hourly in the home the member shares with the family
3. Hourly in a Department of Child Safety licensed foster home
4. Hourly in other community settings (e.g., a Habilitation provider can assist a child in participating in a private pay day care/after school program)
5. Daily in a Group Home
6. Daily in a Developmental Home.

D. Exclusions (Hourly and Daily Habilitation)

Exclusions to the authorization of Habilitation services include, but are not limited to, the following scenarios. Habilitation cannot:

1. Substitute for Respite or day care

2. Be used in place of regular educational programs as provided under Public Law 108-446 IDEA Part B
3. Substitute for funded or private pay day programs
4. Be used when another service is more appropriate
5. Be authorized when Daily Habilitation is authorized
6. Be provided in a:
 - a. Private or public school during school hours or during transit to schools
 - b. Provider's residence unless the residence is also the home of the member receiving the service
 - c. Qualified Vendor owned or leased service site.
 - d. Vendor-supported Child Development Homes or Adult Developmental Homes, unless the following are met:
 - i. There is a specific issue, problem, or concern that is believed to be temporary or short term.
 - ii. The Planning Document outlines specific, time limited goals/outcomes regarding the service to be provided.
 - iii. Progress reports validate continuing the service.

Habilitation Early Childhood Autism Specialized

Description (Habilitation Early Childhood Autism Specialized)

This service provides various interventions, to maximize the independence and functioning of young children diagnosed with, or at risk of, Autism/Autism Spectrum Disorder per Division eligibility requirements. Service interventions address special developmental skills, behavior intervention, and sensorimotor development in order to prepare the child for entry into a full-time academic program. This service is designed to teach and strengthen the skills of the parent(s)/caregiver(s) through participation when this service is provided.

This service may be a combination of Habilitation Doctoral or Masters (Early Childhood-Master-ECM) and Habilitation Bachelors (Early Childhood-Bachelor, ECB). It is authorized concurrently with Habilitation Hourly (Early Childhood Hourly, ECH) and must be provided to one child at a time, with the participation of the child's parent(s)/caregiver(s). The ECM, ECB, and ECH service codes are authorized to the same Qualified Vendor.

Service hours provided by the Masters-Level Consultant and the Bachelors-Level Consultant combined may not exceed 250 hours per child for a two-year period. Prior to the end of the two-year authorization period, all progress reports will be reviewed to determine the child's progress and the continued need for the service. If the service is determined to be medically necessary, based on the review of the data and documentation, authorization is issued in six-month increments (six units per month) as long as medically necessary, but only until

the child is eligible for a first grade school program.

No additional hours of ECM/ECB will be authorized in the extension period until the initial 250 hours have been exhausted.

Barring exclusions noted in this section, ECM and ECB may include:

A. Habilitation Doctoral or Masters (ECM) (Habilitation Early Childhood Autism Specialized)

An ECM consultant provides the functions below:

1. Up to 20 hours for the initial intake and assessment, including :
 - a. Completion of the Vineland Scales of Adaptive Functioning, Verbal Behavior Milestones Assessment and Placement Program (VB-MAPP), Assessment of Basic Learning and Language Skills (ABLLS), and/or other standardized tool(s) to measure baseline adaptive functioning as approved by the Division
 - b. Development of the intervention plan that explains targeted goals and objectives, including an operational definition for each behavior and/or skill and how goals/objectives will be 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. Estimate 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:
 - Antecedent-based interventions (e.g., environmental modifications, teaching interventions)
 - Consequence-based interventions (e.g., extinction, scheduling, reinforcement ratio).
 - vii. Describe data collection procedures and how progress toward goals will be measured to reflect the increase or decrease of skills or behaviors.
 - c. Summary of the parent(s)/caregiver(s) involvement and proposed goals/objectives, including a description of:

- i. Behavior that the parent(s)/caregiver(s) is expected to demonstrate, including conditions under which they will demonstrate mastery
 - ii. Date of introduction of each goal/objective
 - iii. Estimated date of parent's/caregiver's mastery of each goal/objective
 - iv. Parent(s)/caregiver(s) training procedures
 - v. Data collection procedures.
 - d. Number of Habilitation (ECH) hours necessary to implement the plan based on identified interventions specific to the child's needs.
 - e. A description for how this service will be coordinated with other services or therapies that the child is receiving from the Division or other sources (e.g., Behavioral Health, Health Plan, Education, Child Welfare).
 - f. A plan for transitioning the child from the service:
 - i. Include individualized discharge criteria developed with specific, realistic, and timely follow-up care coordination recommendations.
 - ii. Include plan for maintenance and generalization, including how and when this service will be transitioned to other lesser intensive services.
 2. Regular consultative oversight to parent(s)/caregiver(s) and ECH providers, using the remaining hours within the initial 250 hour authorization.
 3. Quarterly reports, provided in writing, to include the areas identified in the Division's Provider Policy Manual Chapter 35 Progress Reporting Requirement.
 4. Reassessment using the Vineland Scales of Adaptive Functioning or other industry accepted tool to be administered annually, at a minimum.
- B. Habilitation Doctoral or Masters (ECM)/Habilitation Bachelors (ECB) (Habilitation Early Childhood Autism Specialized)

An ECM or ECB consultant provides the functions below:

1. Training, for the parent(s)/caregivers(s) and habilitation provider(s) within the first 90 days of service, that includes:
 - a. Modeling implementation of the specific activities with the child while the Habilitation provider(s) and or parent(s)/caregiver(s) are observing

3. Parent(s)/caregiver(s)' ability and interest in participation in service delivery:
 - a. The ECM Consultant must identify a clinical reason for lack of participation and document this reason in the Planning Document (e.g., the presence of the parent(s)/caregiver(s) interferes with the teaching of a specific skill/task).
 - b. When the parent(s)/caregiver(s) is unable to participate, the team must identify other natural or paid supports, including services that allow the parents to participate.
 4. Identification of the need in the child's Planning Document.
- F. Settings (Habilitation Early Childhood Autism Specialized)
- This service may be provided:
1. Hourly, in the child's home
 2. Hourly, in other community settings or activities (unless specifically excluded below).
- G. Exclusions (Habilitation Early Childhood Autism Specialized)
1. This service must not be provided in school or in transit to and from school.
 2. The ECH portion of this service must not be provided in conjunction with the hourly habilitation (HAH) service.