

CHAPTER 35 PROGRESS REPORTING REQUIREMENT

REVISION DATE: 3/4/2020, 6/26/2019, 9/15/2017, 9/1/2014

EFFECTIVE DATE: July 1, 2013

Progress reports and other documentation must be developed and maintained by the vendor based on the service being provided.

Elements of Progress Reports

A. The Division of Developmental Disabilities (Division) does not require a specific format to be used for progress reports, however the following minimum elements must be included in progress reports:

1. Member Name
2. Member DOB
3. Member ID
4. Vendor Name
5. Vendor ID
6. Service provided
7. Overall progress specific to planning document outcomes,
8. Performance data that identifies the member's progress toward achievement of the established outcomes,
9. Current and potential barriers to achieving outcomes,
10. A written summary describing specific service activities,
11. Additional service specific requirements as specified in Section B and D.

B. The Division does not require progress reports for:

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

C. The Division does require that vendors 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.

For clinical services, the treating provider/vendor, with appropriate supervision if applicable, is required to complete a treatment note for every skilled service encounter. The treating provider(s)/supervisor's and the member's responsible person's signature is required every visit.

Progress Reports Submission Instructions

Progress reports must be submitted to the Division’s File Transfer Protocol (FTP) site using the PBS/Reports/ProgressReports/In folder unless otherwise specified in the reporting requirements.

All reports must be submitted following this file naming convention:
DDDProgressReport_YYYY_MM_PBS_ASSISTID_SVC_SQN.EXT (see table below).

Position	Parameter	Description	Size	Example
1	YYYY	4-digit Year	4	2019
2	MM	2-digit Month	2	02
3	PBS	4 Character PBS Vendor Code	4	ABCD
4	ASSISTID	10 Digit Client ASSIST ID	10	1234567890
5	SVC	Service Code: <ul style="list-style-type: none"> • 3 Character DDD Code • 4 Character REV Code • 5 Character HCPCS Code 	3, 4, or 5	OTA 0111 A9901
6	SQN	3-digit Sequence Number	3	000-999
7	EXT	File Extension	(Varies)	.pdf, .xlsx, .docx

Progress Reports Schedule and Reporting Requirements

The required due dates for progress reports are listed below by service:

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
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, document

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 about 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. Therapy Services— (Occupational Therapy, Physical Therapy, Speech Therapy)

Documentation Requirements

- Initial Evaluation
- Plan of Care
- Reevaluation and Plan of Care Recertification
- Progress Reporting

The Qualified Vendor must obtain and develop all of the following documentation to establish authorization for an initial request for therapy services:

Initial Evaluation

For new authorizations of therapies, if the submitted request documentation is

not signed and dated by the prescribing provider, the request must be accompanied by a valid written order/prescription.

- a. Valid evaluation prescriptions must:
 - i. Be prescribed by the member's Primary Care Provider (PCP) or attending Physician including Medical Doctor (MD), Doctor Osteopathy (DO), Physician Assistant (PA), or Nurse Practitioner (NP).
 - ii. Include the type of therapy (Speech, Occupational, or Physical).
 - iii. Include the verbiage, "Evaluation and treatment as recommended by therapy clinician."
 - iv. Include a physician's signature dated less than one year ago.
 - v. Be written on the prescribing physician's script pad or letterhead.
 - vi. Include the prescribing health professional's NPI number with their signature, and a signature that is legible, or which can be validated by comparing to a signature log or attestation statement.

Plan of Care

Requests for initial services must include a plan of care for the dates of service requested, including all of the following:

- a. Member's medical history and background
- b. Date of onset of the member's condition requiring therapy or exacerbation date as applicable
- c. Date of evaluation
- d. Session start and stop time
- e. Baseline objective measurements based on standardized testing performed or other standard assessment tools
- f. Safety risks
- g. Member-specific, measurable short and long-term functional goals within the length of time the service is requested
- h. Interpretation of the results of the evaluation, including recommendations for therapy amount, frequency per week and duration of services
- i. Therapy treatment plan/POC to include specific modalities and treatments planned
- j. Documentation of member's primary language

- k. Documentation of member's age and date of birth
- l. Adaptive equipment or assistive devices, as applicable
- m. Prognosis for improvement
- n. Requested dates of service for planned treatments after the completion of the evaluation
- o. Responsible adult's expected involvement in member's treatment
- p. History of prior therapy and referrals as applicable
- q. Signature and date of treating therapist
- r. Signature and date of prescribing provider/ Primary Care Provider

Reevaluation and Plan of Care Recertification

A complete recertification request and plan of care should be submitted 30 days before the current authorization period expires, but no later than the expiration period for the current authorization period. Requests for recertification services must include revised plan of care for the recertification dates of service requested, including all the following:

- a. A progress summary (see progress summary documentation requirements), and
- b. An updated treatment plan or plan of care for the recertification dates of service requested, including all of the following:
 - i. Date therapy services started
 - ii. Changes in the treatment plan, the rationale and the requested change in frequency of visits for changing the plan
 - iii. Documentation of reasons continued therapy services are medically needed
 - iv. Documentation of client's participation in treatment, as well as client and responsible adult's participation or adherence with a home treatment program
 - v. Updated or new functional and measurable short and long-term treatment goals with new time frames, as applicable
 - vi. Adaptive equipment or assistive devices, as applicable
 - vii. Prognosis with clearly established discharge criteria
 - viii. Documentation of consults with other professionals and services or referrals made and coordination of service when applicable
 - ix. The updated treatment plan or plan of care must be signed and dated by the therapist responsible for the therapy services.

- x. The updated treatment plan or plan of care must be signed and dated by the prescribing provider.

For recertifications of therapies, if the submitted request form is not signed and dated by the prescribing provider, the request must be accompanied by a valid written order/prescription.

Progress Report

The Qualified Vendor shall complete and submit a progress report at least once every 90 days (quarterly) or by the end of the certification timeframe if the plan of care is less than 90 days. A progress report summary, which may be contained in the last treatment note, must be included with the recertification request and contains all of the following:

- a. Date therapy started
 - b. Date the summary completed
 - c. Time period (dates of service) covered by the summary
 - d. Member's medical and treatment diagnoses
 - e. A summary of member's response to therapy and current treatment plan, to include:
 - f. Documentation of any issues limiting the member's progress
 - g. Documentation of objective measures of functional progress related to each treatment goal established on the initial evaluation
 - h. An assessment of the member's therapy prognosis and overall functional progress
 - i. Documentation of member's participation in treatment as well as member or responsible adult's participation or adherence with a home treatment program
 - j. Updated or new functional and measurable short and long-term treatment goals with time frames, as applicable
 - k. Documentation of member's continued need for therapy
 - l. Clearly established discharge criteria
 - m. Documentation of consults with other professionals and services or coordination of service when applicable.
 - n. The progress summary must be signed and dated by the therapist responsible for the therapy services.
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 to the member's treatment team. At minimum, include:

- DDD Support Coordinator
- DDD Behavioral Health Administration (BHAdministration@azdes.gov)
- Behavioral Health Case Manager
- As necessary, other providers for care coordination

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 outlined in A and;
 - i. Developmental Disability diagnosis or diagnoses
 - ii. Behavioral Health diagnosis or diagnoses
 - iii. 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)?

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:

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

- a. Plan for maintenance and generalization, including how and when this service will be transitioned to other lesser intensive services
- b. 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
3. Group Supported Employment
4. Individual Supported Employment

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.