# 1240-E HABILITATION SERVICES

THIS IS A POLICY DRAFT FOR THE PURPOSE OF PUBLIC COMMENT
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## Consultation

A. Service Description and Goals (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. Teaching alternative behavior/environmental strategies to a member and those persons involved with his/her care in responding to stressors and other sources of challenging behavior to provide an improved quality of life for the member

2. Developing and maintaining 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. Developing an intervention plan derived from the assessment for the family/caregivers, and/or direct care workers to implement with the member

5. Facilitating implementation of the intervention plan and strategies

6. 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)

7. 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

8. 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

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9. 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 what type of residential setting the member lives in. The Planning Team identifies all participants to receive the training and documents this in the member's record.

C. Referral Considerations (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 (e.g., 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

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h. Services (behavioral health, home and community based) in the home and/or other settings that 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 (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, Skilled Nursing Facility, or Institute for Mental Disease.

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 (Consultation)

1. This service may not be provided when a member is receiving:

a. Habilitation, Early Childhood Autism Specialized services

b. Positive Behavioral Support-Consultation service

c. Positive Behavioral Support service.

2. Training on and implementation of the specific activities developed in the intervention plan shall not be provided:

a. In the school setting

b. During school provided transportation

c. When the member is hospitalized.

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**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 and their families 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 community activities.
9. For early intervention, to partner with families to support the parent-child relationship as the primary relationship in the context of naturally occurring routines and activities the family identifies as priorities.
10. Produce outcomes of increased individual skill development toward Individual Support Plan/Individualized Family Services Plan/Person Centered Plan member and family goals.
11. 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.

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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 where the majority of the individuals have disabilities and are supervised by paid Qualified Vendor staff. 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 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:

6. The Planning Documents must identify needs and outcomes consistent with the service description and setting.

7. 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. Birth - 36 Months of Age

Day Treatment and Training is appropriate when the family's concerns, priorities, and resources identify that the developmental needs of their child would best be met by these supports.

2. Age 36 Months - 5 Years of Age

Generally children of this age range receive this service 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 would be 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.

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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.

3. Age five - 12 Years of Age

a. Generally, children with developmental disabilities have their need for this service 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 child care 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 non-disabled peers.

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 Individualized Family Services Plan/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 the 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.

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

a. Generally, members with developmental disabilities have their need for this service 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. The Support Coordinator must determine that community resources are unavailable to meet skills identified in the service description and goals section, 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.

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5. Adults

a. 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.

b. Members participating in Day Treatment and Training may also participate in Employment Supports and Services as part of a meaningful day.

E. 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.

F. 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).

G. 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 Division and registered with Arizona Health Care Cost Containment System (AHCCCS) prior to service initiation.

H. 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

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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.

I. 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.

**<u>Employment Supports and Services</u>**

A. 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.

1. Individual Supported Employment provides job coaching contacts, at an integrated community job site, with the employed member and/or employer. This service helps ensure that the member maintains employment. Individual Supported Employment may also include job search services, when these services are not available through Vocational Rehabilitation Services.

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2. Members receiving this service must not be a part of an enclave or work crew and must be paid by the employer. Individual Supported Employment is a time-limited service, shall be provided on a member basis, and can be used for members who are self-employed.

3. 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.

4. Center Based Employment is a service that provides members a healthy, safe, 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. The service goal is to provide members with gainful, productive, and remunerative work.

5. Employment Support Aide services provide members with one-to-one supports needed to enable them to remain in their employment. These supports can 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.

B. 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.

C. Target Populations (Employment Supports and Services)

1. Target populations are members who may benefit from Employment Supports and Services 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 Employment 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. The member, with his/her Planning Team (Individual Support Plan/Person Centered Plan team), identifies the member's desires, dreams, employment goal, and prior work history. The role of the Planning Teams includes a

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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.

D. Service Requirements and Referral Process (Employment Supports and Services)

1. When the Planning Team determines that a member may benefit from an employment-related service, the Support Coordinator completes a Request for Employment Supports and Services packet and submits this packet to the Employment Program Specialist. The service code "VRI" is entered into the Focus system as part of the service plan and waiting list data as a current need. The outcome/objective is also added to the Individual Support Plan.

2. The Employment Program Specialist reviews the referral packet and determines whether the member will go directly to Center-Based Employment or the packet will be sent to Rehabilitation Services Administration/Vocational Rehabilitation Program.

3. Members/families who are referred to the Vocational Rehabilitation Program receive an orientation from the Vocational Rehabilitation Program and complete an application.

4. The Vocational Rehabilitation Program determines eligibility for services.

5. If eligible for Vocational Rehabilitation Program services:

a. The Vocational Rehabilitation Program provides services.

b. The Support Coordinator takes the VRI service off the wait list and opens it as an indirect service.

6. If ineligible for Vocational Rehabilitation Program Services:

a. The Vocational Rehabilitation Program closes the case, and the member is referred back to the Division.

b. The member and his/her Individual Support Plan team, including the District Employment Program Specialist, reconvene to determine how best to meet the member's need for an employment related service. The VRI code should be removed from the wait list.

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E. Transition from the Vocational Rehabilitation Program to the Division of Developmental Disabilities (Employment Supports and Services)

1. The Vocational Rehabilitation Program counselor notifies the Support Coordinator of upcoming transitions.

2. The Support Coordinator notifies:

a. Employment Program Specialist of anticipated transitions

b. Member/family, and offers a list of Qualified Vendors.

3. The member/family selects a Qualified Vendor. The Qualified Vendor is then notified and given an opportunity to accept or decline service provision.

4. When a Qualified Vendor is identified, the member/family, the Vocational Rehabilitation counselor, the Support Coordinator, and Qualified Vendor hold a transition meeting to:

a. Review the employment placement.

b. Review progress and services still needed by the member/family.

c. Determine the needed supports for the member's success and the date of transfer.

F. Authorization (Employment Supports and Services)

1. The Support Coordinator adds the appropriate code to the Service Plan and submits the authorization request to the District designee.

2. The District designee generates 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.

G. 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 and notification of the District Employment Program Specialist. Progressive moves within Employment Supports and Services require a Request for Employment Supports and Services Packet to be completed.

H. Tracking and Reporting (Employment Supports and Services)

1. The Qualified Vendor must submit individualized monthly progress reports to the Support Coordinator. The Support Coordinator ensures that Qualified Vendors submit required reports and address reported concerns.

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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.

I. 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.

**Habilitation**

A. Description (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 in conjunction with a Habilitation Behavioral Masters/Bachelors program, the Habilitation Hourly provider follows the plan developed by the Habilitation Behavioral Masters/Bachelors provider.

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3. When this service is authorized for a member with nursing needs, all assessed medically necessary services and supports are provided.

B. Considerations (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 (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 (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 schools during school hours or during transit to schools

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b. Provider's residence unless the residence is also the home of the member receiving the service; and,

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. Monthly 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 with autism or who are at risk for autism, such as special developmental skills, behavior intervention, and sensorimotor development. This service is designed to teach and strengthen the skills of the parent/caregiver 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 to occur concurrently with Habilitation Hourly (Early Childhood Hourly, ECH) and must be provided to one child at a time. The ECM, ECB, and ECH are authorized to the same Qualified Vendor.

Service hours provided by the Masters-level consultant and the Bachelors-level consultant combined may not exceed 150 hours per child for a two-year period. Prior to the end of the two-year period, all progress reports are reviewed to determine progress and the continued need for the service. If the service is deemed 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 are authorized in the extension period until the initial 150 hours have been used.

Barring exclusions noted in this section, Habilitation Behavioral Master (HBM) and Habilitation Behavioral Bachelor (HBB) may include:

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

An HBM consultant provides the following:

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1. Up to 20 hours for the initial intake and assessment, including development of:

   a. The plan for Habilitation Doctoral/Masters/Bachelors intervention

   b. Treatment goals including hourly Habilitation (ECH) hours needed to implement

   c. A home program. The home program provides for specific activities for families/caregivers to engage with their child during the course of their daily activities to enhance progress towards the chosen treatment goals.

2. Completion of the baseline Vineland Scales of Adaptive Functioning or other tools to measure adaptive functioning as approved by the Division

3. Written report

4. Reassessment using the Vineland Scales of Adaptive Functioning or other industry accepted tool to be administered after one year of treatment and again after one year, nine months of treatment.

B. Habilitation Doctoral or Masters (ECM)/Habilitation Bachelors (ECB)

An ECM or ECB consultant provides:

1. Within the first 90 days of service, training for the parent/caregivers and habilitation provider(s) that includes:

   a. Modeling implementation of the specific activities with the child while the Habilitation provider and or parents/caregivers are observing

   b. Observing the Habilitation provider or parent/caregiver implement the plan.

2. After the first 90 days of service, with hours remaining in the initial 150 hour authorization, consultative oversight to parent/caregivers and ECH providers.

C. Habilitation (ECH) Hours-Habilitation, Early Childhood Autism Specialized Habilitation

1. The ECM consultant's assessment determines the number of ECH hours.

2. The approval of ECH hours as recommended in the ECM consultant's assessment and authorized by the Division must be coordinated with the authorization of the ECM/ECB hours (the approval of ECH and ECM/ECB are for the same service period and terminate at the same time).

3. The ECH provider follows the plan/treatment goals developed by the ECM/ECB provider when authorization of habilitation hourly is in conjunction with the ECM/ECB program.

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D. Responsible Person's Participation - Early Childhood Autism Specialized Habilitation

This service requires participation from parent/caregivers to maximize the benefit of the service and improve outcomes for the child. As part of this service, parents and caregivers:

1. Must participate in training provided by a qualified ECM/ECB consultant/provider on the specific activities developed for their child

2. Must implement the home program (specific strategies) developed by the ECM/ECB consultant as described in this section

3. Are expected to attend and participate in the ECH sessions, which include the ECM or ECB consultant, and in any modification of the program during the course of treatment. This is to ensure that the goals important to the family are included and to provide additional guidance on the specific strategies.

E. Considerations - Early Childhood Autism Specialized Habilitation

Using the assessment and plan development processes described in this policy manual, the Support Coordinator considers the following factors when assessing the need for this service:

1. Eligibility must be determined prior to the age of four.

2. The child must be eligible for ALTCS.

3. Parents'/caregivers' 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/caregiver interferes with the teaching of a specific skill/task).

   b. When the parent/caregiver is unable to participate, the team must identify other natural, paid supports, or services that allow the parents to participate.

4. An assessment/evaluation by a psychiatrist, developmental pediatrician, or a licensed psychologist that identifies the child as having or at risk for having autism and learning and/or behavior challenges that are likely to continue without intensive behavioral instruction

5. Identification of the need in the child's Planning Document.

F. Settings - Early Childhood Autism Specialized Habilitation

HBM and HBB may be provided:

1. Hourly, in the member's home

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552 2. Hourly, in other community settings or activities (e.g., participation in
553 religious activities, shopping with the family).

554 G. Exclusions

555 Early Childhood Autism Specialized Habilitation is not provided in school or in transit
556 to and from school.

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