CHAPTER 35 - PROGRESS REPORTING REQUIREMENT

EFFECTIVE DATE: July 1, 2013

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

Elements of Progress Notes Reports

A. The Division of Developmental Disabilities (Division) does not have a required requirement to use a specific format for progress reports (except as set forth below in Section D of Progress Reports and Reporting Requirements), but 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 below 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 and the member’s responsible person’s signature is required every visit.

**Progress Reports Submission Instructions**

Progress reports will 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).

<table>
<thead>
<tr>
<th>Position</th>
<th>Parameter</th>
<th>Description</th>
<th>Size</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>YYYY</td>
<td>4-digit Year</td>
<td>4</td>
<td>2019</td>
</tr>
<tr>
<td>2</td>
<td>MM</td>
<td>2-digit Month</td>
<td>2</td>
<td>02</td>
</tr>
<tr>
<td>3</td>
<td>PBS</td>
<td>4 Character PBS Vendor Code</td>
<td>4</td>
<td>ABCD</td>
</tr>
<tr>
<td>4</td>
<td>ASSISTID</td>
<td>10 Digit Client ASSIST ID</td>
<td>10</td>
<td>1234567890</td>
</tr>
<tr>
<td>5</td>
<td>SVC</td>
<td>Service Code:</td>
<td>3,4,5</td>
<td>OTA 0111 A9901</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- 3 Character DDD Code</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>- 4 Character REV Code</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>- 5 Character HCPCS Code</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>SQN</td>
<td>3-digit Sequence Number</td>
<td>3</td>
<td>000-999</td>
</tr>
<tr>
<td>7</td>
<td>EXT</td>
<td>File Extension</td>
<td>(Varies)</td>
<td>.pdf, .xlsx, .docx</td>
</tr>
</tbody>
</table>

**Progress Reports Schedule and Reporting Requirements**

The required due dates for the progress reports by service 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

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)

   Disclaimer: A qualified provider must complete a progress report at least once every 90 days (quarterly) or at a minimum by the end of the certification interval. The beginning of the first reporting period is the first day of the episode of treatment regardless of whether the service provided on that day is an evaluation, re-evaluation, or treatment. A certified Plan of Care (POC) may
be developed in the quarterly progress report at the end of the service authorization period/certification period.

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.

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 signature is required every visit.

A qualified provider must complete a progress note at least once every 90 treatment days (quarterly) or at a minimum by the end of the certification interval. The beginning of the first reporting period is the first day of the episode of treatment regardless of whether the service provided on that day is an evaluation, re-evaluation, or treatment.


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

1. Member Information
   a. Demographics outlined in A and;
      i. Name
      ii. AHCCCS ID
      iii. Date of Birth
      iv. Developmental Disability diagnosis or diagnoses
      v. Behavioral Health diagnosis or diagnoses
      vi. Physical Health diagnosis or diagnoses

2. 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)?

3. 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?

4. Cultural and Prenatal Considerations
   a. Cultural considerations,
   b. Prenatal and/or developmental history,
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).

192 c. Explain targeted goals and objectives, including an operational
definition for each behavior and/or skill and how goals/objectives are
measured, as follows:
195 i. Identify member’s baseline and current level of functioning.
196 ii. Describe the behavior that the member is expected to
demonstrate, including condition(s) under which it must be
demonstrated.
199 iii. State date of introduction of each goal/objective.
200 iv. Estimated date of mastery for each goal/objective.
201 v. Specify plan for generalization of the mastered skill/behavior.
202 vi. Specify behavior management (behavior reduction and/or skill
acquisition) procedures, such as:
205 • Antecedent-based interventions (e.g., environmental
modifications, teaching interventions)
206 • Consequence-based interventions (e.g., extinction,
scheduling, reinforcement ratio).
208 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:
213 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:
216 • Medication initiation and/or changes in medications
217 • Baseline or pre-intervention levels of behavior
218 • Strategy changes.
219 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.

5. Group Supported Employment