

Progress-Reporting Requirements for Progress Reports and  
Other Documentation

**CHAPTER 35** **PROGRESS-REPORTING REQUIREMENTS FOR**  
**PROGRESS REPORTS AND OTHER DOCUMENTATION**

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EFFECTIVE DATE: July 1, 2013

PURPOSE

The purpose of this policy is to establish reporting requirements for  
Providers.

DEFINITIONS

1. "Day" means a calendar day, unless otherwise specified.

2. "Home Health Services" specific to this policy means:

a. Home Health Aide

b. Licensed Health Aide

c. Nursing

d. Respiratory Therapy

3. "Individual Independent Provider" or "IP" means an individual  
who has a service agreement with the Division to provide  
Attendant Care (ATC), Homemaker (HSK), Respite (RSP), or

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19 Habilitation (HAH/HAI) and who is a Direct Care Worker (DCW).

20 4. "Member" means the same as "client" as defined in A.R.S. §  
21 36-551.

22 5. "Planning Document" means a written plan developed through  
23 an assessment of functional needs that reflects the services  
24 and supports, paid and unpaid, that are important for and  
25 important to the Member in meeting the identified needs and  
26 preferences for the delivery of such services and supports.

27 6. "Provider" means an agency or individual operating under a  
28 contract or service agreement with the Department to provide  
29 services to Division Members.

30 7. "Qualified Vendor" or "QV" means any person or entity that has  
31 a Qualified Vendor Agreement with the Division of  
32 Developmental Disabilities.

33 8. "Responsible Person" means the parent or guardian of a minor  
34 with a developmental disability, the guardian of an adult with a  
35 developmental disability or an adult with a developmental

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36 disability who is a Member or an applicant for whom no guardian  
37 has been appointed.

38 9. "Therapy Services" means Occupational Therapy, Physical  
39 Therapy, Speech Therapy (OCT/PHT/SPT), and Feeding Therapy  
40 provided by OCT or SPT.

41 **POLICY**

42 A. Providers shall develop, maintain, and submit progress reports  
43 and other documentation based on the service being provided.

44 **B. PROGRESS REPORTS AND DOCUMENTATION SUBMISSION**

45 **INSTRUCTIONS FOR QV**

46 1. The Qualified Vendors shall submit progress reports and other  
47 documentation as outlined in sections (E) through (H) of this  
48 policy to the Division's File Transfer Protocol (FTP) site  
49 ftp.azdes.gov using the Reports/ProgressReports/In folder.

50 2. The Qualified Vendors shall refer to the following documents  
51 located on the Division's website where Provider and Information  
52 Resources are located:

53 a. Provider Report File Naming Convention Document

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- 54 b. Service Mapping Document
- 55 c. Connect to the FTP site using Internet Explorer
- 56 d. Connect to the FTP site using Filezilla
- 57 e. Connect to the FTP site using Windows Explorer
- 58 3. Qualified Vendors shall submit progress reports to the Member's
- 59 Responsible Person unless otherwise specified in the Member's
- 60 Planning Document.

61 **C. PROGRESS REPORT SUBMISSION INSTRUCTIONS FOR IP**

- 62 1. IPs shall submit the progress reports to the assigned Support
- 63 Coordinator as outlined in section (E) of this policy.
- 64 2. IPs shall submit progress reports to the Member's Responsible
- 65 Person unless otherwise specified in the Member's Planning
- 66 Document.

67 **D. ELEMENTS OF A PROGRESS REPORTS**

- 68 A1. The Division of Developmental Disabilities (Division) does not
- 69 require a specific format to be used for progress reports,
- 70 however Providers shall include the following minimum elements
- 71 must be included in a progress reports:

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- 72            ~~1a.~~    Member Name,
- 73            ~~2b.~~    Member date of birth (DOB)
- 74            ~~3c.~~    Member ID-Assist Identification Number (Assist ID),
- 75            ~~4d.~~    Qualified Vendor Name or IP Name,
- 76            ~~5.~~     Vendor ID
- 77            ~~6e.~~    Service provided,
- 78            ~~7f.~~    Overall progress specific to planning document
- 79            outcomes,
- 80            ~~8g.~~    Performance data that identifies the Member's progress
- 81            toward achievement of the established outcomes,
- 82            ~~9h.~~    Current and potential barriers to achieving outcomes, and
- 83            ~~10i.~~   A written summary describing specific service activities,
- 84            ~~11.~~   Additional service specific requirements as specified in
- 85            Section B and D.
- 86            ~~B.~~     The Division does not require progress reports for:
- 87            ~~1.~~     Attendant Care
- 88            ~~2.~~     Housekeeping
- 89            ~~3.~~     Respite

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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.~~

**E. PROGRESS REPORTS SUBMISSION INSTRUCTIONS SCHEDULE  
AND REPORTING REQUIREMENTS**

**1. Providers shall adhere to the following required due dates  
for progress reports listed by service:**

**a. Monthly Progress Reports**

**i. Submit progress reports within 10 business**

**Days following each month for:**

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- 107 **a) Habilitation, Behavioral-Supported Group**
- 108 **Home**
- 109 **b) Habilitation, Group Home**
- 110 **c) Habilitation, Nursing Supported Group**
- 111 **Home**
- 112 **b. Quarterly Progress Reports**
- 113 **i. Submit progress reports that are due July 15,**
- 114 **October 15, January 15, and April 15 for:**
- 115 **a) Center-Based Employment**
- 116 **b) Day Services, Adult**
- 117 **c) Day Services, Child**
- 118 **d) Employment Support Aide**
- 119 **e) Group Supported Employment**
- 120 **f) Habilitation, Hourly**
- 121 **g) Habilitation, Music**
- 122 **h) Habilitation, Supported Living**
- 123 **i) Habilitation, Vendor Supported**
- 124 **Developmental Home (Adult & Child)**

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125 **j) Individual Supported Employment**

126 **k) Pathways to Employment**

127 **ii. Submit Quarterly progress reports for Therapy**  
128 **Services as outlined in Section (G) of this**  
129 **policy.**

130 **c. Semiannual Reports**

131 **1. Submit semiannual reports (due January 31**  
132 **and July 31) for the following services using**  
133 **Division forms:**

134 **i. Center Based Employment**

135 **ii. Employment Support Aide**

136 **iii. Group Supported Employment**

137 **iv. Individual Supported Employment**

138 **v. Pathways to Employment**

139 **2. Submit the semiannual report (due October 1**  
140 **and April 1) for Licensed Health Aide service.**



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141 ~~Progress reports must be submitted to the Division's File Transfer~~  
 142 ~~Protocol (FTP) site using the PBS/Reports/ProgressReports/In folder~~  
 143 ~~unless otherwise specified in the reporting requirements.~~  
 144 ~~All reports must be submitted following this file naming convention:~~  
 145 ~~DDDProgressReport\_YYYY\_MM\_PBS\_ASSISTID\_SVC\_SQN.EXT (see~~  
 146 ~~table below).~~

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

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148 F. HOME HEALTH SERVICES REQUIRED DOCUMENTATION

149 1. The Qualified Vendors shall submit, using the same process as  
150 outlined in section (B) of this policy, the following  
151 documentation:

152 a. Every 60 Days and when there is a within one Day of a  
153 change to the Member's treatment or medication, a A copy  
154 of each PCP signed plan of care every 60 Days and within  
155 one Day of a change to the Member's treatment or  
156 medication;

157 b. Monthly, a cCopy of pressure injury reports for Members  
158 with a pressure injury, to include:

159 i. Date(s) of Assessment,

160 ii. Location of the pressure injury(ies),

161 iii. Staging of the pressure injury(ies),

162 iv. Measurements of the pressure injury(ies) to include  
163 size, depth, and drainage, and

164 v. Treatment Plan; and

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165 c. Monthly and seizure logs for Members with a seizure  
166 diagnosis, to include:

167 i. Number of Seizure(s),

168 ii. Date of Seizure(s),

169 iii. Time of Seizure(s),

170 iv. Type of Seizure(s),

171 v. Length of Seizure(s), and

172 vi. Treatment Plan ~~monthly~~.

173 2. Treatment Notes

174 a. The Qualified Vendor shall complete, for Home Health  
175 Services, a treatment note for every skilled service  
176 encounter by for clinical services, the treating provider or  
177 vendor, with appropriate supervision as if applicable.

178 b. ~~3.~~ Treatment notes shall have the:

179 i. Date and time of sService, and

180 ii. The signature of the treating provider or supervisor  
181 and the Responsible Person. ~~shall sign the treatment~~  
182 ~~note every visit.~~

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- 183 ii. Date treatment occurred
- 184 iii. Response to treatment
- 185 c. Treatment notes shall be filed in the Qualified Vendor's
- 186 Member record and available to the Division upon request.

187 G. THERAPY SERVICES REQUIRED DOCUMENTATION

- 188 1. The Qualified Vendor, as outlined in section (B) of this policy,
- 189 shall:
- 190 a. Submit the Initial Certified Plan of Care (CPOC) to the
- 191 Division within 21 Days from the date of the completed
- 192 initial evaluation to request a service authorization for
- 193 therapy treatment services.
- 194 b. Provide an updated CPOC 30 Days before the service
- 195 authorization end date to avoid gaps in service and request
- 196 reauthorization of therapy treatment services until the
- 197 Member is discharge-ready.
- 198 c. Complete and submit a progress report at least once every
- 199 90 Days from the initial CPOC signature date or by the end

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200 of the certification timeframe if the plan of care is less than  
201 90 Days.

202 d. Adhere to the specific requirements outlined in Division  
203 Provider Manual Chapter 37 and Division Medical Manual  
204 Policy 940.

205 H. EMPLOYMENT SERVICES REQUIRED DOCUMENTATION

206 1. In addition to the minimum requirements for the progress report  
207 outlined in section (D) of this policy, Qualified Vendors shall  
208 include:

209 a. Performance data that identifies the progress of the  
210 Member toward achievement of the established objectives,

211 b. A detailed record of each contact including hours of service  
212 with the Member,

213 c. Detailed information regarding specific employment  
214 support activities, and

215 d. Detailed information about specific job search activities.

216 SUPPLEMENTAL INFORMATION

217 A. Providers shall not be required to submit progress reports for:

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218 1. Attendant Care (ATC),

219 2. Housekeeping (HSK),

220 3. Respite (RSP), and

221 4. Transportation (TR1).

222 B. The Division shall require that Providers keep data that  
223 documents the provision of all services, regardless of whether a  
224 progress report is required, and make this data available to the  
225 Division upon request.

226 **Progress Reports Schedule and Reporting Requirements**

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

228 ~~A. Monthly Progress Reports~~

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

231 ~~1. Day Treatment and Training, Child (Summer)~~

232 ~~2. Habilitation, Group Home~~

233 ~~3. Habilitation, Nursing-Supported Group Home~~

234 ~~4. Home Health Aide~~

235 ~~5. Nursing~~

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

239 ~~B. Quarterly Progress Reports (Non-Habilitation Services)~~

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

242 ~~1. Center Based Employment~~

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

246 ~~2. Day Treatment and Training, Adult~~

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

248 ~~4. Employment Support Aide~~

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

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

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

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254 ~~c. Detailed information regarding specific employment support~~  
255 ~~activities.~~

256 ~~5. Group Supported Employment~~

257 ~~6. Individual Supported Employment~~

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

259 ~~a. A detailed record of each contact with the member~~

260 ~~b. Detailed information about specific job search activities.~~

261 ~~7. Nursing~~

262 ~~Provide quarterly written progress reports to the Division's Health Care~~  
263 ~~Services, including a copy of the current signed plan of treatment, the~~  
264 ~~nursing~~

265 ~~care plan, and copies of all current physician orders.~~

266 ~~8. Therapy Services (Occupational Therapy, Physical Therapy, Speech~~  
267 ~~Therapy)~~

268 Documentation Requirements

269 ~~• Initial Evaluation~~

270 ~~• Plan of Care~~

271 ~~• Reevaluation and Plan of Care Recertification~~



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272 • Progress Reporting

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

276 Initial Evaluation

277 ~~For new authorizations of therapies, if the submitted request documentation~~  
278 ~~is not signed and dated by the prescribing provider, the request must be~~  
279 ~~accompanied by a valid written order/prescription.~~

280 a. ~~Valid evaluation prescriptions must:~~

281 i. ~~Be prescribed by the member's Primary Care Provider (PCP) or~~  
282 ~~attending Physician including Medical Doctor (MD), Doctor~~  
283 ~~Osteopathy (DO), Physician Assistant (PA), or Nurse Practitioner~~  
284 ~~(NP).~~

285 ii. ~~Include the type of therapy (Speech, Occupational, or Physical).~~

286 iii. ~~Include the verbiage, "Evaluation and treatment as recommended~~  
287 ~~by therapy clinician."~~

288 iv. ~~Include a physician's signature dated less than one year ago.~~

289 v. ~~Be written on the prescribing physician's script pad or letterhead.~~

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- 290 ~~vi. — Include the prescribing health professional’s NPI number with~~  
291 ~~their signature, and a signature that is legible, or which can be~~  
292 ~~validated by comparing to a signature log or attestation~~  
293 ~~statement.~~
- 294 Plan of Care
- 295 ~~Requests for initial services must include a plan of care for the dates of~~  
296 ~~service requested, including all of the following:~~
- 297 ~~a. — Member’s medical history and background~~
- 298 ~~b. — Date of onset of the member’s condition requiring therapy or~~  
299 ~~exacerbation date as applicable~~
- 300 ~~c. — Date of evaluation~~
- 301 ~~d. — Session start and stop time~~
- 302 ~~e. — Baseline objective measurements based on standardized testing~~  
303 ~~performed or other standard assessment tools~~
- 304 ~~f. — Safety risks~~
- 305 ~~g. — Member specific, measurable short and long term functional goals~~  
306 ~~within the length of time the service is requested~~
- 307 ~~h. — Interpretation of the results of the evaluation, including~~

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308 ~~recommendations for therapy amount, frequency per week and duration~~

309 ~~of services~~

310 ~~i. Therapy treatment plan/POC to include specific modalities and~~

311 ~~treatments planned~~

312 ~~j. Documentation of member's primary language~~

313 ~~k. Documentation of member's age and date of birth~~

314 ~~l. Adaptive equipment or assistive devices, as applicable~~

315 ~~m. Prognosis for improvement~~

316 ~~n. Requested dates of service for planned treatments after the~~

317 ~~completion of the evaluation~~

318 ~~o. Responsible adult's expected involvement in member's treatment~~

319 ~~p. History of prior therapy and referrals as applicable~~

320 ~~q. Signature and date of treating therapist~~

321 ~~r. Signature and date of prescribing provider/ Primary Care Provider~~

322 Reevaluation and Plan of Care Recertification

323 ~~A complete recertification request and plan of care should be submitted 30~~

324 ~~days before the current authorization period expires, but no later than the~~

325 ~~expiration period for the current authorization period. Requests for~~

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- 326 ~~recertification services must include revised plan of care for the~~  
327 ~~recertification dates of service requested, including all the following:~~
- 328 a. ~~A progress summary (see progress summary documentation~~  
329 ~~requirements), and~~
  - 330 b. ~~An updated treatment plan or plan of care for the recertification dates~~  
331 ~~of service requested, including all of the following:~~
    - 332 i. ~~Date therapy services started~~
    - 333 ii. ~~Changes in the treatment plan, the rationale and the requested~~  
334 ~~change in frequency of visits for changing the plan~~
    - 335 iii. ~~Documentation of reasons continued therapy services are~~  
336 ~~medically needed~~
    - 337 iv. ~~Documentation of client's participation in treatment, as well as~~  
338 ~~client and responsible adult's participation or adherence with a~~  
339 ~~home treatment program~~
    - 340 v. ~~Updated or new functional and measurable short and long-term~~  
341 ~~treatment goals with new time frames, as applicable~~
    - 342 vi. ~~Adaptive equipment or assistive devices, as applicable~~
    - 343 vii. ~~Prognosis with clearly established discharge criteria~~

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344 ~~viii.—Documentation of consults with other professionals and services~~  
345 ~~or referrals made and coordination of service when applicable~~

346 ~~ix.—The updated treatment plan or plan of care must be signed and~~  
347 ~~dated by the therapist responsible for the therapy services.~~

348 ~~x.—The updated treatment plan or plan of care must be signed and~~  
349 ~~dated by the prescribing provider.~~

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

353 Progress Report

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

359 ~~a.—Date therapy started~~

360 ~~b.—Date the summary completed~~

361 ~~c.—Time period (dates of service) covered by the summary~~

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- 362 ~~d. Member's medical and treatment diagnoses~~
- 363 ~~e. A summary of member's response to therapy and current treatment~~
- 364 ~~plan, to include:~~
- 365 ~~f. Documentation of any issues limiting the member's progress~~
- 366 ~~g. Documentation of objective measures of functional progress related to~~
- 367 ~~each treatment goal established on the initial evaluation~~
- 368 ~~h. An assessment of the member's therapy prognosis and overall~~
- 369 ~~functional progress~~
- 370 ~~i. Documentation of member's participation in treatment as well as~~
- 371 ~~member or responsible adult's participation or adherence with a home~~
- 372 ~~treatment program~~
- 373 ~~j. Updated or new functional and measurable short and long term~~
- 374 ~~treatment goals with time frames, as applicable~~
- 375 ~~k. Documentation of member's continued need for therapy~~
- 376 ~~l. Clearly established discharge criteria~~
- 377 ~~m. Documentation of consults with other professionals and services or~~
- 378 ~~coordination of service when applicable.~~
- 379 ~~n. The progress summary must be signed and dated by the therapist~~

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380 ~~responsible for the therapy services.~~

381 ~~9. Transition to Employment.~~

382 ~~C. Quarterly Progress Reports (Habilitation Services)~~

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

385 ~~• Habilitation, Communication~~

386 ~~• Habilitation, Community Protection and Treatment Hourly~~

387 ~~• Habilitation, Individually Designed Living Arrangement~~

388 ~~• Habilitation, Music Therapy~~

389 ~~• Habilitation, Hourly Support~~

390 ~~• Habilitation, Vendor Supported Developmental Home (Child and Adult).~~

391 ~~D. Quarterly Progress Reports (Specialized Habilitation Services)~~

392 ~~Submit quarterly progress reports to the member's treatment team. At~~

393 ~~minimum, include:~~

394 ~~• DDD Support Coordinator~~

395 ~~• DDD Behavioral Health Administration (BHAdministration@azdes.gov)~~

396 ~~• Behavioral Health Case Manager~~

397 ~~• As necessary, other providers for care coordination~~

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

- 400 • ~~Habilitation, Early Childhood Autism Specialized~~
- 401 • ~~Habilitation, Consultation~~
- 402 • ~~Consultation, Positive Behavioral Support.~~

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

405 ~~1. Member Information~~

406 ~~a. Demographics outlined in A and;~~

407 ~~i. Developmental Disability diagnosis or diagnoses~~

408 ~~ii. Behavioral Health diagnosis or diagnoses~~

409 ~~iii. Physical Health diagnosis or diagnoses~~

410 ~~b. Family/Living/Housing~~

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

414 ~~ii. Who lives with the member? Provide a picture of the member's~~  
415 ~~living environment, potential relationships the member has with~~



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416 ~~people living in his/her home, or state if the member lives alone.~~

417 ~~iii. — Has the member experienced any recent changes in living~~

418 ~~environment/situation (e.g., removal from family, divorce,~~

419 ~~adoption, school suspension, family death, auto accident, loss~~

420 ~~of job/income)?~~

421 ~~c. — Home/School/Work Information~~

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

423 ~~ii. — Is the member employed, or does s/he want to be? If so,~~

424 ~~where, and for how many hours per week?~~

425 ~~iii. — Does the member volunteer or participate in community~~

426 ~~activities? If so, explain.~~

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

428 ~~d. — cultural considerations,~~

429 ~~e. — prenatal and/or developmental history,~~

430 ~~f. — medical history,~~

431 ~~g. — sensory, dietary and adaptive needs,~~

432 ~~h. — sleep patterns,~~

433 ~~i. — medications~~

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434 ~~2. Current Behavior Profile and History of Intervention~~

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

438 ~~3. Review of Recent Assessments and Reports~~

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

441 ~~i. Functional behavior assessment~~

442 ~~ii. Skills assessment(s)~~

443 ~~iii. Preference assessment (including identified reinforcers)~~

444 ~~iv. Cognitive testing.~~

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

447 ~~4. Intervention Settings and Activities~~

448 ~~a. State intervention settings and activities completed for the quarter.~~

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

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- 452 ~~b. Identify skill areas targeted, from among the following:~~
- 453 ~~i. Language/Communication~~
- 454 ~~ii. Social~~
- 455 ~~iii. Motor~~
- 456 ~~iv. Behavior~~
- 457 ~~v. Mental Health Concerns~~
- 458 ~~vi. Cognitive~~
- 459 ~~vii. Development~~
- 460 ~~viii. Feeding~~
- 461 ~~ix. Vocational~~
- 462 ~~x. Adaptive Skills~~
- 463 ~~xi. Health/Physical~~
- 464 ~~xii. Other (specify).~~
- 465 ~~c. Explain targeted goals and objectives, including an operational~~
- 466 ~~definition for each behavior and/or skill and how goals/objectives are~~
- 467 ~~measured, as follows:~~
- 468 ~~i. Identify member's baseline and current level of functioning.~~
- 469 ~~ii. Describe the behavior that the member is expected to~~

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- 470 ~~demonstrate, including condition(s) under which it must be~~  
471 ~~demonstrated.~~
- 472 ~~iii. State date of introduction of each goal/objective.~~
- 473 ~~iv. Estimated date of mastery for each goal/objective.~~
- 474 ~~v. Specify plan for generalization of the mastered skill/behavior.~~
- 475 ~~vi. Specify behavior management (behavior reduction and/or skill~~  
476 ~~acquisition) procedures, such as:~~
- 477 ~~• Antecedent based interventions (e.g., environmental~~  
478 ~~modifications, teaching interventions)~~
  - 479 ~~Consequence based interventions (e.g., extinction,~~  
480 ~~scheduling, reinforcement ratio).~~
- 481 ~~d. Describe data collection procedures and progress toward goals,~~  
482 ~~including the use of the behavior measurement (e.g., rate, frequency,~~  
483 ~~duration, latency) that will reflect the increase or decrease of skills or~~  
484 ~~behaviors, including data from both the consultant and any hourly~~  
485 ~~habilitation support service providers, as follows:~~
- 486 ~~i. Display data in graphic format with relevant environmental~~  
487 ~~variables that might affect the target behaviors indicated on the~~

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488 ~~graph, including any of the following:~~

489 ~~• Medication initiation and/or changes in medications~~

490 ~~• Baseline or pre-intervention levels of behavior~~

491 ~~• Strategy changes.~~

492 ~~ii. Explain how the analysis of the data is used to revise the~~

493 ~~member's behavior plan to ensure the best outcome for the~~

494 ~~member.~~

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

496 ~~Summarize parent(s)/caregiver(s) involvement and proposed~~

497 ~~goals/objectives, including a description of:~~

498 ~~a. Behavior that the parent(s)/caregiver(s) is expected to demonstrate,~~

499 ~~including conditions under which they will demonstrate mastery,~~

500 ~~b. Date of introduction of each goal/objective,~~

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

502 ~~d. Parent(s)/caregiver(s) training procedures,~~

503 ~~e. Data collection procedures and progress toward goals (i.e., report goal~~

504 ~~as met, not met, modified, and include explanation).~~

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

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- 506 a. ~~Identify number of hours for continued authorization based on~~  
507 ~~identified interventions specific to the member's needs.~~
- 508 b. ~~Provide a clinical summary that justifies the hours requested.~~
- 509 ~~7. Coordination of Care~~
- 510 ~~How has/will this service be coordinated with other services or therapies that~~  
511 ~~the member is receiving from the Division or other sources (e.g., Behavioral~~  
512 ~~Health, Health Plan, Education, Child Welfare)?~~
- 513 ~~8. Transition Plan~~
- 514 ~~Plan for transitioning the member from the service, including:~~
- 515 ~~Transition statement and Individualized discharge criteria developed with~~  
516 ~~specific, realistic, and timely follow-up care coordination recommendations.~~
- 517 a. ~~Plan for maintenance and generalization, including how and when this~~  
518 ~~service will be transitioned to other lesser intensive services~~
- 519 b. ~~Discharge must occur when:~~
- 520 i. ~~Intervention services are no longer recommended.~~
- 521 ii. ~~Measurable improvements are not expected, or progress has~~  
522 ~~plateaued.~~
- 523 iii. ~~Intervention services are primarily educational in nature.~~

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- 524 ~~iv. — Intervention is primarily vocational or recreationally based.~~
- 525 ~~v. — If proposed future intervention is experimental or unproven.~~
- 526 ~~vi. — The member has obtained age appropriate abilities in targeted~~
- 527 ~~goals.~~
- 528 ~~vii. — Similar outcomes can be achieved through a lesser~~
- 529 ~~restrictive/intensive service.~~
- 530 ~~viii. — There is a lack of parental/caregiver involvement or frequent~~
- 531 ~~cancellations.~~
- 532 ~~9. — Report is signed by the supervising licensed Psychologist or licensed~~
- 533 ~~Behavior Analyst.~~
- 534 ~~E. — Semiannual Progress Reports~~
- 535 ~~Submit semiannual progress reports (due January 31 and July 31) for these~~
- 536 ~~services, using Division forms:~~
- 537 ~~1. — Center Based Employment~~
- 538 ~~2. — Employment Support Aide~~
- 539 ~~3. — Group Supported Employment~~
- 540 ~~4. — Individual Supported Employment~~
- 541 ~~In addition to the minimum requirements for the progress report, include:~~

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- 542 a. ~~Performance data that identifies the progress of the member toward~~  
543 ~~achievement of the established objectives~~
- 544 b. ~~A detailed record of each contact including hours of service with the~~  
545 ~~member~~
- 546 c. ~~Detailed information regarding specific employment support activities.~~