

HABILITATION, HOURLY SUPPORT

Service Description

HP16-00

Services provide a variety of interventions designed to maximize the functioning of persons with developmental disabilities. Services may include, but are not limited to: habilitative therapies, special developmental skills, behavior intervention and sensorimotor development.

Services are designed to assist Division members in acquiring, retaining and improving the self-help, socialization and adaptive skills necessary to reside successfully in home and community-based settings. The services include the provision of training in independent living skills or special developmental skills, orientation and mobility training, sensorimotor development, and behavioral management.

Service Requirements and Limitations

1. This service may be provided in the following settings:
 - 1.1 The member's home, or
 - 1.2 A community setting chosen by the member or member's representative.
2. This service shall be provided where the expected skills will be applied.
3. This service shall not be provided while the member is attending day treatment and training.
4. This service shall not be delivered in a service provider's residence unless the residence is also the home of the member receiving the service.
5. This service shall not be provided in a Qualified Vendor owned or leased service site.
6. This service shall not be provided when the member is hospitalized.
7. This service shall not be provided to members living in group homes, vendor supported developmental homes (child or adult), skilled nursing facilities, non-state operated Intermediate Care Facilities ("ICFs"), or Level I or Level II behavioral health facilities.
8. This service shall not supplant services that are available to the member through an educational or vocational mandate.
9. This service is not intended to meet a need for day care.
10. This service is not intended to replace any natural supports available to the member in their home or community. If natural supports become available, the need for this service may be reassessed.

11. This service shall not be provided in conjunction with a daily residential habilitation service.
12. This service shall not be provided in schools or while being transported by the school.
13. This service shall be used to transfer a skill from the trainer to the member and shall not be used for the purpose of supervision.
14. The Arizona Health Care Cost Containment System (“AHCCCS”) Agency with Choice Member-Directed Service Delivery Model/Option.
 - 14.1 The Qualified Vendor shall identify in the Division’s Qualified Vendor Application and Directory System (“QVADS”) whether it is participating in the AHCCCS Agency with Choice member-directed service delivery model (see the AHCCCS website located at www.azahcccs.gov for additional information regarding the AHCCCS Agency with Choice member-directed service delivery model/option).
 - 14.2 The Qualified Vendor accepting a service authorization for Hourly Habilitation Support for a member who has chosen to participate in the AHCCCS Agency with Choice member-directed service delivery option shall participate in the AHCCCS Agency with Choice member-directed service delivery model, shall agree to comply with all AHCCCS rules and policies regarding the Agency with Choice member-directed service delivery model, and shall implement the member’s planning document.
 - 14.3 The Qualified Vendor shall comply with the AHCCCS Agency with Choice member-directed service delivery model requirements and ensure that the direct service staff providing Hourly Habilitation Support is not the member’s individual representative as defined by the AHCCCS Agency with Choice member-directed service delivery model.
 - 14.4 A member participating in the AHCCCS Agency with Choice member-directed service delivery option may request a change in vendors at any time without having to express any reason for the change, notwithstanding Arizona Administrative Code (“A.A.C.”) R6-6-2109(B), (C), and (D).
 - 14.5 The Qualified Vendor that has chosen to participate in the AHCCCS Agency with Choice member-directed service delivery model may be required to provide additional training for the member and/or member’s representative regarding the co-employment relationship as assessed and authorized by the Division. If this is required, the Qualified Vendor shall bill a unique service code as identified by the Division.
 - 14.6 The Qualified Vendor that has chosen to participate in the AHCCCS Agency with Choice member-directed service delivery model may be required to provide additional training for the direct service staff outside of the scope of the required/standard training [i.e., Cardiopulmonary Resuscitation, First Aid, Article 9 (Managing Inappropriate Behaviors), Direct Care Worker, etc.] and in order to meet the unique needs of the

member as assessed and authorized by the Division. If this is required, the Qualified Vendor shall bill a unique service code as identified by the Division.

Service Goals and Objectives

Service Goals

1. To enable the member to acquire knowledge and skills and be a valued member of his/her community based on his/her own choices.
2. To provide training to increase or maintain the member's self-help, socialization, and adaptive skills to live and participate with his/her family in the community.
3. To assist the member in achieving and maintaining a quality of life that promotes the member's vision for the future and priorities.
4. To adjust the dependence on this service as natural supports become available in the member's home and/or community.
5. To encourage and develop the identification and use of natural supports and reduce the need for this paid support.

Service Objectives

The Qualified Vendor shall ensure that the following objectives are met:

1. In accordance with the member's planning document [e.g., Individual Support Plan ("ISP")], develop:
 - 1.1 Individualized and time-limited outcomes that are based on assessment data and input from the member and the member's representative which will allow the member to achieve his/her vision for the future and priorities.
 - 1.2 A specific teaching strategy for each habilitative outcome within twenty (20) business days after initiating service for a new or a continuing placement and whenever a new outcome is identified for the member. The specific teaching strategy for each outcome shall identify the schedule for implementation, the frequency and duration of services, data collection methods, and the steps to be followed to teach the new skill.
 - 1.3 A "home program" which can be routinely implemented by the member/ caregivers in the course of daily living to reinforce the acquisition of skills to achieve outcomes.
 - 1.4 Changes to specific outcome(s) and/or strategies, as agreed upon by the member's planning team, based upon the presence or absence of measurable progress by the member.

2. As identified in the member's planning document, provide training and/or assistance such as:
 - 2.1 Assistance and training related to personal and physical needs and routine daily living skills;
 - 2.2 Implementing strategies to address behavioral concerns, developing behavior support programs, and coordinating with behavioral health programs to ensure proper review of medication treatment plans;
 - 2.3 Ensuring that the health needs of the member are being met, including providing follow-up as requested by the member's Primary Care Provider ("PCP") or medical specialist;
 - 2.4 Implementing all therapeutic recommendations including speech, occupational, and physical therapy and assisting members in following special diets, exercise routines, or other therapeutic program;
 - 2.5 Mobility training, alternative, or adaptive communication training;
 - 2.6 Opportunities for training and/or practice in basic life skills such as shopping, banking, money management, access and use of community resources, and community survival skills, etc.; and
 - 2.7 Assisting members in utilizing community transportation resources to support the member in all daily living activities (e.g., day treatment and training, employment situation, medical appointments, visits with family and friends, and other community activities) as identified within the member's planning document.
3. Play an active role in ensuring that services with other involved entities, including day treatment and training providers, health care providers, and schools, are coordinated to meet the needs of the members served.
4. As identified in the member's planning document, provide training and/or assistance to the member/member's representative to increase and/or maintain targeted skill acquisition of the member.
 - 4.1 With input from the member, the member's representative and other people important to the member develop strategies for habilitative outcomes that can be carried out in context of the member's daily routine.
 - 4.2 Communicate with the member/member's representative regarding how the plan is working when direct service staff is not present.

Service Utilization Information

1. Typical utilization of this form of habilitation is one (1) to two (2) hours per day. Careful assessment for the amount of habilitative training is critical. Holistic evaluation of all other activities in the member's day, including school, attendant care, and respite is necessary. A day program may be a better alternative for increasing socialization and community participation.
2. The member's planning team shall decide, prior to the delivery of services, who and how service delivery will be monitored.
3. This service is not intended to be used for the sole purpose of transportation but may be used to provide incidental transportation necessary to support the member's program activities.

Rate Basis

1. Published. The published rate is based on one (1) hour of direct service.
2. Throughout the term of the contract, the appropriate billing codes, billing units, and associated billing rules are subject to change. All billing codes and billing units, and associated billing rules will be included in the Division's Policies and Procedures Manual, Billing Manual, *RateBook*, and/or other provider resources made available by the Division.

Direct Service Staff Qualifications

1. Direct service staff shall:
 - 1.1 Have at least three (3) months experience implementing and documenting performance in individual programs (e.g., specific training strategies);
 - 1.2 Have both three (3) months experience in providing either respite or personal care and have received training, approved by the Division, in implementing and documenting performance; or
 - 1.3 Perform three (3) months of habilitation services under the direct supervision of an individual who is qualified to provide habilitation as described above.
2. Direct service staff shall not be the member's individual representative (as defined by the AHCCCS Agency with Choice member-directed service delivery model) when the member chooses the AHCCCS Agency with Choice member-directed service delivery option.

Recordkeeping and Reporting Requirements

1. The Qualified Vendor shall submit the teaching strategies developed for the member's habilitative outcomes to the member's Support Coordinator for planning team review no later

than twenty (20) business days following the initiation of service and whenever a new outcome has been identified for the member.

2. The Qualified Vendor shall submit quarterly individualized progress reports on the member to the Division and the member/member's representative unless the member/member's representative has requested not to receive them. The quarter is based on the calendar year and the reports are due no later than the fifteenth (15) day following the end of the quarter. The Qualified Vendor shall refer to the Division's Provider Manual for guidance on report due dates and minimum content of the reports.
3. The Qualified Vendor shall maintain daily records on file as proof of the number of hours worked by each direct service staff providing direct service to members.
 - 3.1 Each time sheet, equivalent document, or data system must contain the original signature or other independent verification (that complies with A.R.S. § 41-132) of the member/member's representative after service delivery confirming the hours worked. Proof of hours worked must be signed or verified by the member/member's representative before the Qualified Vendor submits the claim for payment.
4. The Qualified Vendor shall maintain data that demonstrates full compliance with all programmatic and contractual requirements of the Department and the Division.