

## 1240-E - HABILITATION SERVICES

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### I. PURPOSE

This Policy applies to ALTCS E/PD, DES ~~DDD~~ (DDD) Contractors; Fee-For-Service (FFS) programs including: Tribal ALTCS. Where this Policy references ALTCS or Contractor requirements the provisions apply to ALTCS E/PD, DES DDD and Tribal ALTCS unless otherwise specified.<sup>3</sup> Services are designed to assist individuals in acquiring, retaining, and improving the self-help, socialization, and adaptive skills necessary to reside successfully in their own home ~~or an Alternative Home and Community Based Services (HCBS) setting. These services include the provision of training independent living skills or special developmental skills, orientation, and mobility training, sensory-motor development, and supported employment. For supported employment services refer to AMPM Policy 1240-J. Physical therapy, occupational therapy, and speech therapy may be provided in conjunction with habilitation services as described in this Policy. Members may not receive habilitation services while in a behavioral health residential facility, and be a valued member of their community based on their own choices~~<sup>4</sup>

### II. DEFINITIONS

Refer to the AHCCCS Contract and Policy Dictionary for common terms found in this policy.

For purposes of this Policy, the following terms are defined as<sup>5</sup>:

#### **HABILITATION**

A service encompassing the provision of training in independent living skills or special developmental skills, sensory-motor development, orientation and mobility and behavior intervention. Physical, occupational or speech therapies may be provided as a part of or in conjunction with other habilitation services.

#### **PARENTS AS PAID CAREGIVER (PPCG) SERVICE MODEL OPTION**

Permits legally responsible parents, including legal guardians, with formal physical and/or legal custody to receive compensation for providing paid direct care and habilitation services to their minor child who is an ALTCS member.<sup>6</sup>

<sup>1</sup> Date Policy is effective.

<sup>2</sup> Date Policy is approved.

<sup>3</sup> Revising language to clarify that all references to ALTCS include DES DDD and Tribal ALTCS revising throughout policy.

<sup>4</sup> Clarified the scope of the policy is for habilitation services provided

<sup>5</sup> Aligned with Contract and Policy formatting standards

<sup>6</sup> Added definition of the Parents as Paid Caregiver Service Model Option.

Additional Definitions are located on the AHCCCS website at: [AHCCCS Contract and Policy Dictionary](#).<sup>7</sup>

### III. POLICY

~~Habilitation provider agencies shall be certified by (DDD) and registered as, an AHCCCS provider prior to rendering services to ALTCS and Tribal ALTCS members. The number and frequency of services is determined through the service assessment and planning process conducted by the case manager and specified in the member's service plan.~~ <sup>8</sup>Habilitation services include the provision of independent living skills, orientation and mobility training, sensorimotor development, and behavior management.<sup>9</sup> Services may be provided in the member's home or a community setting but shall be provided where the expected skills will be applied.<sup>10</sup>

An individual who assists an elderly individual or an individual determined to have a disability with activities necessary to allow them to reside in their own home (including habilitation services) shall be employed/contracted by a provider agency, or in the case of member-directed options (as specified in AMPM Policy 1320-A), by ALTCS and Tribal ALTCS members in order to provide such services to ALTCS Members.

#### A. BACKGROUND CHECK REQUIREMENTS

1. Provider agencies shall develop policies and procedures for, and begin conducting background checks of Direct Care Workers (DCWs) that comply with the following standards:
  - a. At the time of hire/initial contract and every three years thereafter, conduct a nationwide criminal background check that accounts for criminal convictions in Arizona,
  - b. At the time of hire/initial contract and every year thereafter, conduct a search of the ~~Arizona~~<sup>11</sup> Adult Protective Services (APS) and Department of Child Services (DCS) Registries<sup>12</sup>,
  - c. Prohibit a DCW from providing services to ALTCS ~~and Tribal ALTCS~~<sup>13</sup> members if the background check results contain:
    - i. Convictions for any of the offenses as specified in ~~A.R.S. § 41-1758.03(B) or (C)~~, or
    - ii. Any substantiated report of abuse, neglect or exploitation of vulnerable adults listed on the APS Registry pursuant to A.R.S. § 46-459, or
    - iii. Any substantiated report of child abuse or neglect pursuant to ARS 8-804.
  - d. Upon hire/initial contract and annually thereafter, obtain a notarized attestation from the DCW that they are not:
    - i. Subject to registration as a sex offender in Arizona or any other jurisdiction, or

<sup>7</sup> Removing terms; all common terms found throughout policy can be found in the AHCCCS Contract and Policy Dictionary.

<sup>8</sup> Deleted because not all providers contract with DDD and not all provider types allowed to bill the service are contracted with DDD.

<sup>9</sup> Added purpose and scope of service statement. Borrowed from DDD's policy.

<sup>10</sup> Added categories of skills training and expectation for where the services can be provided.

<sup>11</sup> Removed for consistency with other Policies, changes made throughout Policy.

<sup>12</sup> Revised to include Department of Child Services (DCS).

<sup>13</sup> Removed added to the Purpose statement that ALTCS reference will incorporate Tribal ALTCS.

- ii. Awaiting trial on or been convicted of committing or attempting, soliciting, facilitating, or conspiring to commit any criminal offense listed in A.R.S. § 41-1758.03(B) or (C), or any similar offense in another state or jurisdiction.
  - e. Require DCWs to report immediately to the agency if a law enforcement entity has charged the DCW with any crime listed in A.R.S. § 41-1758.03(B) or (C),
  - f. Require DCWs to report immediately to the agency if APS has alleged that the DCW abused, neglected, or exploited a vulnerable adult,
  - ~~f.g.~~ Require DCWs to report immediately to the agency if DCS has alleged that the DCW has abused or neglected a child,<sup>14</sup>
  - ~~g.h.~~ Agencies may choose to allow exceptions to the background requirements for DCWs providing services to family members only, excluding DCWs providing services under PPCG or any other scenario whereby the member is legally unable to provide consent<sup>15</sup>. If the agency allows a DCW to provide services under this exception, the agency shall:
    - i. Notify the ALTCS ~~or Tribal ALTCS~~ member in writing that the DCW does not meet the background check standards and therefore otherwise would not normally be allowed to provide services, and
    - ii. Obtain consent from the ALTCS ~~or Tribal ALTCS~~ member to allow the DCW to provide services despite the findings of the background check.
  - ~~h.i.~~ Agencies are prohibited from allowing exceptions to the APS or DCS<sup>16</sup> Registry screening requirements for DCWs providing services to family members only.
2. ~~Provider agencies are required to~~ comply<sup>17</sup> with fingerprint clearance card requirements outlined in A.R.S. Title 41, Chapter 12, Article 3.1. Providers may use a DCW's fingerprint clearance card as evidence of complying with the criminal background check required by this Policy in Section 1, however, the agency shall still comply with the obligation to check the ~~Arizona~~<sup>18</sup> APS and DCS<sup>19</sup> Registries. The DCWs are prohibited from providing services to ALTCS ~~and Tribal ALTCS~~ members if the DCW is precluded from receiving a fingerprint clearance card or has a substantiated report of abuse, neglect or exploitation of vulnerable adults listed on the APS Registry pursuant to A.R.S. § 46-459 or a substantiated report of abuse or neglect of a child listed on the DCS Registry pursuant to ARS XX.

## **B. PROVIDER AGENCY REQUIREMENTS**<sup>20</sup>

The provider agency shall, in collaboration with the member/Health Care Decision Maker (HCDM) and the Person-Centered Service Plan (PCSP) planning team, develop:

<sup>14</sup> Added reference for DCS that mirrors the previous APS paragraph

<sup>15</sup> Clarify exceptions cannot be made for parents serving as DCWs under the PPCG service model or other members whereby they are unable to legally provide consent.

<sup>16</sup> Incorporated DCS registry checks

<sup>17</sup> Revised to align with lead statement

<sup>18</sup> Technical correction

<sup>19</sup> Incorporated DCS registry checks

<sup>20</sup> Incorporated minimum provider agency requirements and expectations.

1. Individualized and time-limited outcomes that are based on assessment data and input from the member/HCDM which will allow the member to achieve their vision for the future.
2. A specific teaching strategy for each habilitation outcome within 20 business days after initiating service or whenever a new outcome is identified by and for the member.
3. Strategies for habilitative outcomes that can be carried out in the context of the member's daily routine and provide training and technical assistance to increase and/or maintain the targeted skill acquisition by the member.
4. Processes to evaluate the effectiveness of strategies used for skill development including evaluating progress on outcomes and identifying barriers to success (no less than twice per year).

**C. REQUIREMENTS FOR INDIVIDUALS PROVIDING THE SERVICE<sup>21</sup>**

The DCWs shall possess current Cardiopulmonary Resuscitation (CPR) and First Aid certifications, and meet the DCW training and competency standards as specified in Section E of the AMPM Policy 1240-A

DCW shall meet at least one of the following qualifications:

1. At least three months' experience implementing and documenting performance in individual programs.
2. At least three months' experience in providing either respite or attendant care (or similar services) and have received training in implementing and documenting performance.
3. At least three months of service under the direct supervision of an individual who is qualified to provide habilitation.

**D. COMPETENCIES FOR INDIVIDUALS PROVIDING SERVICES<sup>22</sup>**

Individuals providing the service shall have the ability to:

1. Help the member define their personal preferences.
2. Facilitate the member's understanding of their current skill strengths and support assets relative to their goals.
3. Outline the skills the member needs to acquire.

<sup>21</sup> Incorporated minimum staff training and qualification requirements.

<sup>22</sup> Incorporated minimum staff competency requirements

4. Help the member acquire new skills by using teaching strategies and fading support as an individual masters the skills and outcomes.
5. Assess the level of skill development and ongoing support needed by the member, apply skills with support, and work toward using the least amount of support needed.
6. Demonstrate observation skills to identify when a member exhibits the need for additional medical or psychosocial support, or a change (decline or improvement) in condition during service delivery. All instances shall be reported to the DCW Agency and/or the Case Manager.

The provider agency shall ensure and document the competency of the DCWs providing the services for a specific member(s) by assessing, supporting, and evaluating the DCWs competency to perform and teach the skills specific to the member goals.<sup>23</sup>

**B.E. DOCUMENTATION STANDARDS<sup>24</sup>**

1. All DCWs providing services are required to document progress on individualized, measurable goals for each member.
2. In each visit note, the individual providing services shall include documentation specific to the visit that includes:
  - a. Session start and end time,
  - b. An explanation of the service (e.g., explain what service was provided, disposition of the member, if they are interested in pursuing the activity again,
  - c. Data that identifies the member's progress to their goal(s) and outcome(s),
  - d. Cultural, medical, sensory, or other considerations specific to the member,
  - e. Changes needed to the member's plan and rationale for changing the plan,
  - f. Current and potential barriers to achieving outcomes,
  - g. Any transition planning or coordination of care needed, and
  - a.h. Note actionable next steps that will be used to help the member obtain their goals and outcomes.
- ~~2.~~3. The provider agency shall develop and provide a quarterly summary report that is distributed to the member's ALTCS Case Manager.
- ~~3.~~4. The provider agency and individual providing the service shall comply with Electronic Visit Verification (EVV) requirements as outlined in AMPM Policy 540. Within 30 days of hire, the provider agency shall use the EVV system to identify DCWs who are live-in caregivers and the specific relationship to the member.<sup>25</sup>

<sup>23</sup> Incorporated minimum requirement for the Direct Care Worker to know how to perform the skill they are teaching the member to do.

<sup>24</sup> Incorporated minimum documentation standard requirements.

<sup>25</sup> Revised in response to HB2945

5. The provider agency shall be maintain documentation for a minimum of 10 years.

**F. PARENTS AS PAID CAREGIVER SERVICE MODEL OPTION CONDITIONS AND LIMITATIONS<sup>26</sup>**

1. The member shall reside in their own home.
2. Habilitation services shall be described in the member's PCSP that is prepared by the member's Case Manager.
3. By electing to have the member's parent provide habilitation services as a paid caregiver, the member is not precluded from receiving any other medically necessary, cost effective Home and Community Based Services (HCBS).
4. Habilitation services provided by a parent shall meet the definition of extraordinary care. Extraordinary care means care that exceeds the range of activities that a legally responsible parent of a minor child would ordinarily perform in the household on behalf of the ALTCS member if the member did not have a disability or chronic illness, and which are necessary to assure the health and welfare of the member and to avoid institutionalization.
5. The parent shall be employed/contracted under the following circumstances:
  - a. Employed/contracted by a DCW Agency that subcontracts with the member's Contractor, or
  - ~~a.~~ b. If the member is an American Indian/Alaskan Native (AI/AN) enrolled in FFS, the parent shall be employed/contracted by an AHCCCS registered DCW agency.
- ~~5.~~ 6. The parent shall meet the standard training requirements and qualifications included in this Policy.
- ~~6.~~ 7. The parent shall be paid at a rate that does not exceed what would otherwise be paid to a non-parent caregiver providing a similar level of habilitation services.
- ~~7.~~ 8. The ALTCS Case Manager shall record in the member's PCSP, the election of the PPCG service model (refer to AMPM Policy 1620-D for information on Placement and Service Planning Standard, AMPM Exhibit 1620-21 - Minor Caregiver Options: Discussion Guide and Decision Roadmap and AMPM Exhibit 1620-22 - Parents as Paid Caregivers Acknowledgement of Understanding).
- ~~8.~~ 9. The ALTCS Case Manager shall ensure that an ALTCS member utilizing the PPCG service model has at least one member-directed and individualized goal in the PCSP focused on engagement with peers in community settings
10. The ALTCS member is limited to the parent(s) providing no more than 40 hours of paid services to a single member in a seven-day period and no more than 16 hours of paid care within a 24-

<sup>26</sup> Added section to outline the new authority for the PPCG service model option



hour period. The scope of the limitation includes any one service or a combination of attendant care, personal care, homemaker and in-home habilitation services (refer to AMPM Policy 1240-A). This requirement is separate and apart from the service assessment to determine medically necessary and authorized services and hours. Therefore, minor-aged members can receive less than, equal to, or greater than, 40 hours a week of medically necessary care. At a minimum, an alternate caregiver(s) must be utilized to provide for any hours in excess of 40 hours when authorized care exceeds 40 hours in a seven-day period. Alternatively, an alternate caregiver may be utilized to provide any portion of the authorized care in combination with the PPCG service model.

11. The parent must be employed/contracted by one agency. When the member is being served by more than one parent, the parents must be employed/contracted by the same agency to support compliance monitoring of the 40-hour weekly service model limitation.<sup>27</sup>

12. Parents are only permitted to provide paid services between the hours of 6:00am and 10:00 pm, unless member needs are otherwise documented in the HCBS Needs Assessment Tool (AMPM Exhibit 1620-17) that warrant paid care by the parent in the overnight hours.<sup>28</sup>

#### **~~G.G.~~ OTHER HOME AND COMMUNITY BASED SERVICES**

Other HCBS may be provided in conjunction with Habilitation, including, but not limited to, physical therapy, occupational therapy and speech therapy as specified in AMPM Policy 310-X. Habilitation providers may carry out activities designed by a therapist as part of the daily routine. AHCCCS encourages the therapist to train primary caregivers (paid and unpaid) to carry out the therapy activities within the normal routine of the member.

The service known as day treatment and training provided by DDD, is also considered a Habilitation service, but not addressed within the scope of this Policy.<sup>29</sup>

Supported employment services are considered a Habilitation services; refer to AMPM Policy 1240-J.<sup>30</sup>

#### **~~SPECIAL CIRCUMSTANCES~~ EXCLUSIONS**

Members may not receive habilitation services in a residential setting (i.e. Behavioral Health Residential Setting) unless the setting is covered in the AMPM Policy 1230-C, Community Residential Settings<sup>31</sup>.

<sup>27</sup> Revised in response to HB 2945

<sup>28</sup> Revised in response to HB 2945

<sup>29</sup> Noted day program habilitation services is outside the scope of this policy and move language from the special circumstances section which is now labeled “exclusions.”

<sup>30</sup> Moved from the purpose section.

<sup>31</sup> Added acronym per policy standards. Removed exclusion for BHRFs from the purpose to this section.

Members are prohibited from receiving attendant care/personal care while receiving the habilitation service (refer to AMPM Policy 1240-A). Habilitation providers are required to support the member with any personal care needs during the provision of the habilitation service.<sup>32</sup>

Members prohibited from receiving habilitation for the same tasks being support through attendant/personal care (refer to AMPM Policy 1240-A) on the same day.<sup>33</sup>

~~The service known as day treatment and training is included under Habilitation services.~~<sup>34</sup>

<sup>32</sup> Added clarification that habilitation workers are responsible for attendant care needs during service delivery.

<sup>33</sup> Clarify that it is a duplication of service for a member to have both attendant care and habilitation addressing the same activity of daily living or task

<sup>34</sup> Removed to provide more clarity to Habilitation Services.