



**SENIOR & LONG TERM CARE DIVISION  
COMMUNITY SERVICES BUREAU**

**COMMUNITY FIRST CHOICE  
Policy Manual**

**Section: SERVICE REQUIREMENTS**

**Subject: Skill Acquisition**

*Reference: ARM 37.40.1005, 37.40.1111*

**PURPOSE**

The Community First Choice (CFC) program provides skill acquisition services to enable members to acquire skills towards greater independence with Activities of Daily Living (ADL) and Instrumental Activities of Daily Living (IADL). This policy has been designed to provide the criteria and guidelines for the provider agency to implement this service. Skill acquisition service is only available to members who are in the CFC/PAS program.

**INTENT**

The intent of skill acquisition service is to provide the member with PCA support to acquire the skills necessary to perform a task in an independent manner. The service is meant to promote independence and eliminate the member's need to have a personal care attendant (PCA) assist them with the task.

**DEFINITIONS**

**Skill Acquisition Advocate:** Someone who has the capacity to assess the necessity and appropriateness of a member to acquire the skills necessary to achieve independence in performing a task. The skill acquisition advocate may be an occupation therapist, speech therapist, physical therapist, physician, nurse practitioner, physician assistant, registered nurse, habilitation specialist, or any other qualified professional approved by the department.

**Skill Acquisition Letter of Endorsement:** A letter signed by a skill acquisition health advocate that outlines the member's plan for receiving skill acquisition service and provides endorsement that the member is capable of achieving independence in performing the service within the specified timeframes.

**CRITERIA**

Skill acquisition service may be authorized when the following criteria are met:

1. Maximum number of hours a provider agency may authorize for a PCA to assist a member in order to achieve the skills necessary to become independent performing a task is 25 hours;

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2. Maximum length of time to authorize skill acquisition services is three months;
3. The task that the member wants to become independent with is an approved task in the CFC/PAS program (i.e., ADL or IADL). The ADL/IADL task must be authorized on the member's Mountain Pacific Quality Health (MQPH) Profile prior to using this service or in conjunction with the delivery of skill acquisition service;
4. The provider agency must develop a skill acquisition services schedule on the Service Plan (SLTC-170) that documents the skill acquisition hours utilization on a bi-weekly basis;
5. Provider documents that the member demonstrates the physical and mental capabilities necessary to learn the skills necessary to independently perform the task; and,
6. There is a reasonable expectation that the consumer will acquire said skill within the specified time frames.

Note: A one-time re-authorization is permitted for the same skill providing significant progress has been documented and the provider agency anticipates that additional time will allow the member to achieve independence in performing the task.

## **SERVICE AUTHORIZATION**

1. The provider agency Nurse Supervisor will work with the member to determine the member's ability and interest to learn the skill and identify a Skill Acquisition Advocate;
2. The member and provider agency Nurse Supervisor member will consult with the Skill Acquisition Advocate to determine the following:
  - a. Identify how skill acquisition service will assist member in becoming independent with the task;
  - b. Determine whether member can achieve independence in performing the task in the specified timeframes (based on professional judgement);
  - c. Steps/goals to develop the skill to achieve independence with the task;

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- d. Scope and duration of the skill (i.e., number of hours an attendant needs to assist the member in developing skills necessary to become independent performing task); and,
  - e. Identification of the assessment tool for evaluating the member's independence with the task.
3. The Nurse Supervisor completes the Skill Acquisition Endorsement (SLTC-215) with the information gathered in step 2 and sends it to the Skill Acquisition Advocate for completion (Refer to AB CFC/PAS 916). The Skill Acquisition Advocate must return the form to the provider agency.
  4. Upon receiving the signed Skill Acquisition Endorsement letter, the Nurse Supervisor completes an amendment to add the Skill Acquisition service. The amendment request should be added to the current Service Plan (SLTC-170). The standard amendment procedures should be followed (Refer to AB-CFC/PAS 719). In addition, a skill acquisition amendment must include the following:
    - a. A copy of the signed Skill Acquisition Endorsement letter; and,
    - b. Skill Acquisition service authorization, which includes the anticipated bi-weekly authorization on the current Service Plan.
  5. MPQH will complete the amendment within 10 working days. If the amendment is approved MPQH will provide an amended service profile with an "A" authorizing the service of skill acquisition.
  6. Upon receiving authorization for skill acquisition service the Nurse Supervisor contacts the member to schedule a visit to develop the Skill Acquisition Training Plan (SLTC-216) – (Refer to AB- CFC/PAS 917), and complete the Temporary Authorization section of the member's current Service Plan. The member's Plan Facilitator may also be involved at the visit. The Skill Acquisition Advocate should be consulted, as necessary, for the development of the training plan.
    - a. The plan must include techniques to be used to teach the skill (such as verbal instructions, queuing, hands on assistance, demonstration and equipment use, time, location), and any other pertinent information.
    - b. The temporary service plan must include the date span (no longer than three months) and bi-weekly service authorization (no more than 25 hours in three months) for service utilization.

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7. The provider agency is responsible for providing notification of the status of the skill acquisition service process to the CFC Plan Facilitator.
8. When all of the service authorization steps are complete the member may begin receiving skill acquisition service.

## **SERVICE IMPLEMENTATION**

1. Once the service authorization process for skill acquisition is completed, the provider agency must begin tracking the start date and hours of skill acquisition service that are provided by the member's attendants.
2. Progress must be documented in the member's chart notes on a monthly basis, or as indicated in the Skill Acquisition Training Plan.
3. The Nurse Supervisor must make an onsite visit at least 15 days prior to the end of the temporary authorization date span for the skill acquisition service to assess and document member progress. During the visit the following must occur:
  - a. The Nurse Supervisor and the member will determine if independence with the desired task has been, or will be, met by the end of the temporary authorization end date;
  - b. In the event that an additional length of time is necessary for the achievement of independence with the task, the provider agency has the option to issue a second amendment request to MPQH to receive a re-authorization for the same task. The provider agency must complete the following for a limited re-authorization of the skill acquisition service:
    - i. Document in case notes that there has been significant progress during the initial authorization and there is a reasonable expectation that the member will achieve independence performing the task if the service is re-authorized. Significant progress determination is based upon information in the Skill Acquisition Advocate, case notes, knowledge of the member, and input from the member, Plan Facilitator, etc.
    - ii. The Nurse Supervisor submits a new amendment to MPQH and documents the current progress towards independence and the expected length of time to

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achieve full independence of the task (expected length may not exceed a second three month period of time).

- iii. The provider agency must follow the same procedure for a re-authorization of skill acquisition as outlined in the original three month authorization period. At the end of the second authorization period the provider agency must cease the delivery of skill acquisition service or repayment will occur; and,
- c. Once the authorization (or re-authorization) period ends the provider agency must document the member's outcome in achieving independence in the task in the member's chart notes. At the end of the temporary authorization period, the provider agency must cease the delivery of skill acquisition service or repayment will occur. If the member has achieved independence in performing the task, the provider agency must submit an amendment request to MPQH to remove the task from the member's Service Profile.