AB-CFC/PAS 917				
MONTANA SENIOR & LONG TERM CARE DIVISION COMMUNITY SERVICES BUREAU Healthy People. Healthy Communities. Department of Public Health & Human Services				
Section: FORMS				
Subject: Skills Acquisition Training Plan SLTC-216				

PURPOSE Community First Choice (CFC) seeks to increase the independence of those served through the provision of skill acquisition services. This service is available to assist the member in acquiring the skills necessary to independently accomplish a task that is either an activity of daily living or an instrumental activity of daily living.

A critical component in the delivery of skill acquisition service is the training plan. The Skill Acquisition Training Plan outlines the skills, goals, and steps that are necessary for the member to achieve independence in performing the task.

PARAMETERS

- 1. The provider agency must work with the member and a Skill Acquisition Advocate to determine whether the member can achieve independence in performing either the ADL or IADL task.
- 2. The provider agency must obtain a signed copy of the Skill Acquisition Endorsement form (SLTC-215) prior to completing the Skills Acquisition Training Plan.
- 3. Once the Skill Acquisition Endorsement form is signed and MPQH has approved the amendment request, the provider agency must set up an in-home visit with the member to complete the Skills Acquisition Training Plan to identify the skills, goals, and steps outlined on the form. The Plan Facilitator may be present at the visit, but is not required to be present at the visit. The Skill Acquisition Advocate should be consulted, as necessary, for the development of the training plan.

		AB-CFC/PAS 917
Section: Forms	Subject: Skills A SLTC-2	cquisition Training Plan 16

FORM INSTRUCTIONS

1. The provider agency is responsible for completing the following section of the form during the on-site meeting with the member/PR:

Member Name:

Medicaid ID:

Employee Name(s): Name of personal care attendant delivering skill acquisition service

Your identified skill is/ your identified goal is: This section should correspond to the information captured on the Skill Acquisition Endorsement form.

This is considered a (check one) ADL or IADL: Mark the box that represents the type of task that the member will achieve independence with, as documented on the member's MPQH Service Plan.

Steps you will work on with your PCA to gain this skill include the following: Describe the steps and techniques the personal care attendant should use to teach the skill (such as verbal instructions, cueing, hands on assistance, demonstration and equipment use, time, location, etc.).

- 2. Once the Training Plan Form is completed the provider agency must provide a copy for the member and for the agency record.
- 3. The worker and member/PR must complete the section of the form indicated by "Record of Activity". This section must be completed at least monthly upon implementation of skill acquisition service.
 - a. The provider must direct the member/PR to complete the date section, obtain PCA initials, record the details of the activity preformed (this should correspond to the "steps" section of the plan outlined on the form" and document the result.

	AB-CFC/PAS 917
Section: Forms	IIs Acquisition Training Plan TC-216

- i. If the member chooses to have their PCA document activity more frequently a bottom section of the form may be used.
- b. The provider agency must contact the member/PR by phone, at least monthly, to verify that the section of the form is being completed. The provider agency must document in chart notes member/PR reports as the record of activity and results.
- 4. The provider agency program oversight staff must make a second onsite visit between the 60th and 80th day of skill acquisition service delivery to assess and document the member's progress. During the visit the provider agency will review the following:
 - a. Member/PR documentation and PCA documentation provided on the training form.
 - b. Assess whether the goal of task independence has been achieved
 - c. Determine whether additional time to achieve independence is necessary, and whether it falls within the parameters reauthorization of the service.
 - i. Training form must indicate significant progress during the initial authorization period
 - d. Provider agency must obtain member/PR signature and date and provider agency oversight staff must sign and date the form during the on-site visit.
 - i. If a re-authorization of services commences the original form must be signed and dated as specified above and a second training plan must be completed.
- 5. The Skill Acquisition Advocate is responsible for completing the bottom half of the form including:

		AB-CFC/PAS 917
Section: Forms	Subject: Skills Acquisition Training Plan SLTC-216	
	56	10-210

- Mark boxes indicating the types of assistance that will support the individual in achieving independence with the task;
- Listing additional recommendations regarding the techniques a personal care attendant should perform to support the member in acquiring the skill;
- Signing and dating the form; and
- Faxing the form back to the provider agency.
- 6. Once the form is returned to the provider the provider agency must obtain the member/PR signature and date.
- 7. Once the form is filled out and signed by the Skill Acquisition Advocate and Member/PR the form must be faxed to MPQH along with the Service Plan.
- 8. MPQH has ten working days to process the amendment request. The amendment will be returned with either an "A" for authorized, indicating the task has been authorized and the provider agency is authorized to implement the skill acquisition service, or a denial of the amendment.
 - a. Once MPQH authorizes the service the provider agency must complete the Skills Acquisition/Training Plan (SLTC-216) prior to implementing the service.
- 9. Distribution: The provider agency must maintain a copy of the Skill Acquisition Endorsement form and provide a copy to the member.