



Department
of Health

Office of
Health Insurance
Programs

Community First Choice Option (CFCO)

Implementation Updates

December 20, 2018

Agenda

- Current CFCO Services
- Implementation of Additional CFCO Services
- Pathways to Accessing CFCO Services
 - CFCO Eligibility Criteria
 - Service Definitions and Service Authorization
 - Development of Care Plan
 - Billing and Rate Codes
- Upcoming CFCO Readiness Activities
- CFCO Training Schedule

Current CFCO Services

- **Current CFCO Services:**

- Consumer Directed Personal Assistance Services (CDPAS)
- Home Health Aide
- Homemaker/Housekeeper (Personal Care Level 1)
- Personal Care Level 2
- Personal Emergency Response System (PERS)
- Non-Emergency Medical Transportation (NEMT)

- A Draft ADM containing information related to service authorization, person-centered planning and RR/E code placement was redistributed to the Local Department of Social Services (LDSS) for comment on December 2, 2018
 - Comments are due to the Department on January 2, 2019
 - The Draft ADM has been posted to the Department's CFCO website

Implementation of Additional CFCO Services

• Implementation for July 1, 2019:

- Assistive Technology (AT)
 - Environmental Modification (E-Mod)
 - Vehicle Modification (V-Mod)
 - Moving Assistance
 - Community Transitional Services (CTS)
 - Skill Acquisition Maintenance and Enhancement (SAME)
 - Home-Delivered/Congregate Meals
- Readiness activities to implement these CFCO services (i.e., expand services beyond just certain 1915(c) Waivers to State Plan services) and to include them in the Managed Care benefit packages, has proven to be a complex undertaking for the State, providers, consumers, Managed Care Organizations (MCOs) and LDSS
 - MCOs and LDSS have requested that the Department ensure sufficient lead time for readiness activities following the release of State implementation information and guidance (including the scope of benefits, authorization requirements, rate and billing codes, and Person-Centered Service Planning requirements)
 - The State has made significant progress towards finalizing necessary guidance and can continue to move forward with implementing CFCO services on July 1, 2019

CFCO Services and 1915(c) Waivers

- Many of the CFCO services are Home and Community-Based Services (HCBS) that are available today under several of the State's current 1915(c) Waivers
- To preserve continuity of care for 1915(c) individuals, methods for authorizing services, care planning and billing processes under the existing 1915(c) Waivers were maintained wherever possible in the implementation of these services on a statewide basis under CFCO
- **NOTE:** Individuals enrolled in current 1915(c) Waivers that may not meet CFCO eligibility criteria, but do meet the criteria of Waivers, will continue to access these services under the authority of the 1915(c) Waiver

CFCO Services Available in 1915(c) Waiver Services Today

CFCO Services	Current Services that will Remain in Effect Under 1915(c) with Implementation of CFCO Services				Current Children's 1915(c) Waivers Effective Now Thru 3/31/19*			*Effective 4/1/19 with CMS Approval
	MLTC	TBI Waiver	NHTD Waiver	OPWDD Comprehensive Waiver	OPWDD CAH	DOH Care at Home (CAH) I/II	OCFS B2H (MF, DD, SED)	Consolidated Children's Waiver
Assistive Technology (AT)		X	X	X	X		X	X
Vehicle Modifications		X	X	X	(Part of AT)	X	X	X
Environmental Modifications	X	X	X	X	X	X	X	X
Moving Assistance			X					
Community Transitional Services		X	X	X				
Home-Delivered/ Congregate Meals	X		X					
Skill Acquisition Maintenance and Enhancement (SAME)/ Community Habilitation(CH)							X	X

Pathways to Accessing CFCO Services

- Pathways for accessing CFCO services utilizes existing pathways where applicable
- Next several slides will review:
 - CFCO eligibility criteria
 - Service definitions and service authorization
 - Development of Person-Centered Service Plan (PCSP)
 - Billing and rate codes
- Pathway depends on the person, including whether a person is enrolled in 1915(c) Waiver, in Managed Care or in Fee-For-Service (FFS)
- Recipient Restriction Exemption (RR/E) Codes will be used to identify the circumstance of the person, and whether they are eligible for CFCO services

CFCO Eligibility Criteria

- An individual eligible to receive CFCO services must:
 - Be Medicaid eligible for community coverage with community-based long term care (with or without a spend down) or be Medicaid eligible for coverage of all care and services;
 - Have an assessed institutional level of care; and
 - Reside in his/her own home, or the home of a family member.
- Individual's Medicaid eligibility may not be dependent on:
 - Spousal impoverishment post-eligibility rules;
 - The Special Income Standard for Housing Expenses; or
 - Family of one budgeting for a child participating in a HCBS Waiver (State is seeking CMS approval to allow family of one children under the proposed consolidated Children's 1915(c) Waiver to be eligible for CFCO services)

CFCO Eligibility Criteria, *continued*

- All services must be offered to all eligible individuals across the disability spectrum
 - Recipients may participate in Waiver Programs and receive other State plan services and supports as long as they are not duplicative
 - The CFCO services will be available in FFS and in the Managed Care Benefit packages (Mainstream, MLTC, MAP, PACE) on July 1, 2019

All CFCO Services Must be Provided in a Home- or Community-Based Setting

- All CFCO services must be provided in a home- or community-based setting
 - All CFCO services must be provided in settings that will comply with 42 CFR §441.530
 - Settings include the individual's own home or a family member's home that meets the settings criteria outlined in 42 § CFR 441.530
 - Does not include a nursing facility, hospital providing long-term care services, institution for mental disease, intermediate care facility for individuals with an intellectual disability or related condition, or setting with the characteristics of an institution
 - Does not include provider-owned or controlled residential settings
- HCBS recipients must live in compliant settings, regardless of where services are provided
- Must follow New York's Statewide Transition Plan for HCBS Settings (approved by CMS on November 18, 2018)

CFCO RR/E Placement Overview

- Two new unique identifiers, Recipient Restriction Exception (RR/E) codes for individuals eligible for CFCO have been added to the eMedNY system
 - CF: Community First Choice Option (Non-OPWDD)
 - CO: Community First Choice Option (OPWDD)
- CFCO RR/E code trainings and information were distributed to MCOs and LDSS in March of 2018
- ***Comprehensive refresher trainings will be held for MCOs and LDSS on January 17 and 18, 2019***

CFCO RR/E Placement Overview

- Responsibility for the placement and maintenance of the CF and CO RR/E codes varies based on population:
 - LDSS is responsible for the identification of CFCO eligible enrollees that are not enrolled in a Plan and that are not an OPWDD individual (RR/E 95) and for the placement and maintenance of the CF RR/E in eMedNY for such enrollees
 - LDSS will not be responsible to load or maintain any CO RR/E codes
 - MCOs are responsible for the identification of CFCO-eligible enrollees
 - MCOs will send a batch file transmittal to MAXIMUS/NYMC on a weekly basis indicating CFCO-eligible enrollees
 - MAXIMUS/NYMC is responsible for the placement of the CF/CO RR/E Code on the enrollee's eligibility file
 - OPWDD is responsible for the placement and maintenance of the CO RR/E code for OPWDD individuals (that are not enrolled in an MCO)
 - The placement of the CO is completed by the OPWDD when an individual is determined to meet ICF/IID level of care criteria, and meets all other CFCO eligibility criteria, and are approved to receive some CFCO services from providers overseen by OPWDD

CFCO Service Definitions/Guidelines

- The Department has developed service definitions and processes for authorizing services (i.e., role of LDSS, care managers, MCOs) for each CFCO service
- The Department has distributed for review, received comments, finalized and posted to the Department's CFCO website the Service Definitions and Guidelines for the following CFCO services:
 - Assistive Technology (AT)
 - Environmental Modification (E-Mod)
 - Vehicle Modification (V-Mod)

CFCO Service Definitions/Guidelines, *continued*

- **Draft** Service Definitions and Guidelines for the following services have been posted to the CFCO website:
 - Moving Assistance/Community Transitional Services (CTS)
 - Skill Acquisition Maintenance and Enhancement (SAME)
- Comments are due no later than **January 11, 2019**
 - Final release will be no later than January 31, 2019
- Abbreviated versions of service descriptions are in the Appendix of this presentation
- The Department will release guidance on Home-Delivered/Congregate Meals in January
 - Guidance will follow current practice for these services in MLTC and Waivers

Consolidated Children's Waiver and CFCO

- The Consolidated Children's Waiver is now before CMS
 - Anticipated approval is April 1, 2019
- The Children's Waiver authorizes an array of HCBS that include AT, V-Mods, E-Mods and SAME (Community Habilitation)
- The service definitions for these services in the Consolidated Children's Waiver are aligned with the CFCO services
- The process for accessing these services April 1, 2019 under the Children's Waiver will be the same as processes outlined here for CFCO
 - Additional guidance will be distributed under the Children's Waiver

Skill Acquisition, Maintenance and Enhancement (SAME)

- Skill Acquisition, Maintenance and Enhancement (SAME) are services and supports related to an individual's acquisition, maintenance and enhancement of skills necessary to perform Activities of Daily Living (ADLs), Instrumental Activities of Daily Living (IADLs) and/or Health-Related Tasks
 - For OPWDD, SAME is known as Community Habilitation (CH)
- Currently SAME/CH is provided by OPWDD providers that serve individuals who are predominantly not enrolled in an MCO
 - However, there are over 4,000 MCO members receiving SAME/CH services
- This will require MCOs to contract with SAME/CH providers who are not familiar with the managed care contracting and billing processes

Skill Acquisition, Maintenance and Enhancement (SAME),

continued

- The Department and OPWDD are working to ensure MCOs and CH providers can work together to smoothly transition from FFS billing to being MCO network providers. To assist with this effort:
 - DOH has posted the OPWDD CH provider list to the Department's CFCO website
 - MCOs will receive a list of their members who are currently receiving a SAME/CH service, the individual's current provider and the number of units provided (Jan 1, 2018-Nov 30, 2018)
 - The list will be accompanied by a data element definition table
 - SAME/CH providers will receive a similar list from OPWDD that details the SAME/CH recipients who are enrolled in MCOs
 - DOH will provide a Managed Care contact list for SAME providers for outreach and contracting

Guidance for OPWDD Providers

- Training, education and technical support by the Department and OPWDD will be ongoing
 - Webinar schedules and technical guidance will be shared shortly
- Managed Care Community of Practice is a project of the New York Alliance for Inclusion & Innovation that provides technical assistance and resources to the field of I/DD providers to prepare for the transition to managed care
 - Training, technical assistance, and education on managed care readiness, quality improvement and new reimbursement approaches associated with managed care
 - Developed in collaboration with OPWDD and DOH
 - Information available at <https://www.mc-cop.com/>

Skill Acquisition, Maintenance and Enhancement (SAME)

- Who can provide SAME/CH services?
 - OPWDD-approved SAME/CH providers can only provide the SAME service to OPWDD individuals with an RR/E code of 95
 - Personal Care Service providers, which includes personal attendants, personal assistants, personal care aides and home health aides can provide SAME to all individuals
 - For the Consolidated Children's Waiver, children who are approved on the designated provider approval process for the Consolidated 1915(c) Children's Waiver may serve any child enrolled in the Children's Waiver

SAME and Community Transportation

- The authorization for CFCO services includes community transportation only when it is part of the SAME service and will cover functional skills training or direct provision of transportation related to an individual's assessed need for assistance with community transportation as detailed in the PCSP (i.e., teach a person to ride the bus so they can independently navigate the community or accompany the person to a community location when the person is not anticipated to acquire this skill)
- OPWDD SAME rates include a component for transportation
- The Department is developing a rate add-on for personal care rates when transportation is included as part of the SAME service
- This will be implemented under a State Plan Amendment to CFCO that will be effective July 1, 2019. Public notice will be issued shortly.

CFCO Service Authorization for Fee-for-Service individuals – July 1, 2019
(individuals NOT Enrolled in Managed Care Plan)

<i>FFS Population</i>	<i>AT</i>	<i>E-MOD</i>	<i>V-MOD</i>	<i>SAME/CH</i>	<i>Home/ Congregate Meals</i>	<i>CTS</i>	<i>Moving Assistance</i>
OPWDD Comprehensive Waiver	DDRO	DDRO	DDRO	DDRO	LDSS	DDRO	DDRO
OPWDD Individuals with RE 95 not in the OPWWD Waiver, (applies to adults and children)	DDRO**	DDRO	DDRO	DDRO	LDSS	DDRO	DDRO
1915(c) Consolidated Children's Waiver *	LDSS	LDSS	LDSS	LDSS	LDSS	LDSS	LDSS
Nursing Home Transition and Diversion Waiver	RRDC***	RRDC	RRDC	LDSS	RRDC	RRDC	RRDC
Traumatic Brain Injury Waiver	RRDC	RRDC	RRDC	LDSS	LDSS	RRDC	LDSS
All other FFS individuals	LDSS	LDSS	LDSS	LDSS	LDSS	LDSS	LDSS

*Upon CMS approval will take effective April 1, 2019 – Service authorization will be the same as CFCO service authorization

** Developmental Disabilities Regional Office

***Regional Resource Development Center

Prior Approvals for CFCO AT, V-Mods, E-Mods, and CTS/MA

- Prior Approvals for CFCO AT, V-Mods, E-Mods, and CTS/MA
 - Assistive Technology (AT), Vehicle Modifications (V-Mods) and Environmental Modifications (E-Mods) under CFCO are limited to \$15,000 per year
 - CTS/MA under CFCO is limited to a one-time expense of \$5,000
 - These limits may be exceeded due to medical necessity and with prior approval
 - Prior approval will be provided by MCOs for enrolled MCO members
 - Prior approval for OPWDD individuals with an RR/E Code 95 that are not enrolled in MCO will be provided by the DDRO
 - Prior approval for FFS enrollees will be provided by the Department

Person-Centered Care Planning Requirements

- Required by federal regulations (42 CFR Part 441)
 - Applies to all populations within HCBS Waivers, State plan HCBS services, self-directed personal assistance services, and CFCO
 - Designed to ensure that everyone receiving services benefits from the most individualized supports and services possible
- **Note:** OPWDD regulations on person-centered planning apply for OPWDD services
- Draft Guidance has been circulated to industry for comment
 - Final guidance now being released

Person-Centered Care Planning Requirements, *continued*

- The person-centered planning process is driven by the individual, and:
 - Includes people chosen by the individual
 - Provides necessary information and support to ensure that the individual directs the process to the maximum extent possible, and is enabled to make informed choices and decisions
 - Is timely and occurs at times and locations of convenience to the individual.
 - Includes strategies for solving conflict or disagreement within the process, including clear conflict-of-interest guidelines for all planning participants
 - Offers choices to the individual regarding the services and supports they receive and from whom
 - Includes a method for the individual to request updates to the plan
 - Records the alternative home and community-based settings considered by the individual
 - Reflects cultural considerations of the individual

Person-Centered Service Planning Requirements Apply to CFCO

- The PCSP must reflect the services and supports that are important for the individual to meet the needs identified through an assessment of functional need, as well as what is important to the individual with regard to preferences for the delivery of such services and supports
- Commensurate with the level of need of the individual, and the scope of services and supports available under CFCO, the PCSP must:
 - Reflect that the setting in which the individual resides is chosen by the individual
 - Reflect the individual's strengths and preferences
 - Reflect clinical and support needs as identified through an assessment of functional need

Person-Centered Service Planning Requirements Apply to CFCO, *continued*

- Reflect the services and supports (paid and unpaid) that will assist the individual to achieve identified goals, and the providers of those services and supports, including natural supports
 - Natural supports cannot supplant needed paid services unless the natural supports are unpaid supports that are provided voluntarily to the individual in lieu of an attendant
- Reflect risk factors and measures in place to minimize them, including individualized backup plans
- Include individually identified goals and desired outcomes
- Be understandable to the individual receiving services and supports, and the individuals important in supporting him or her

Person-Centered Service Planning Requirements Apply to CFCO, *continued*

- Identify the individual and/or entity responsible for monitoring the plan
- Be finalized and agreed to in writing by the individual and signed by all individuals and providers responsible for its implementation
- Be distributed to the individual and other people involved in the plan
- Prevent the provision of unnecessary or inappropriate care
- Other requirements as determined by the Secretary
- Person-Centered Planning Statewide Training Initiative:
 - This initiative seeks to enhance person-centered practice, an individualized approach to supporting the elderly and individuals with disabilities, by providing education and training designed to proliferate best-practices in HCBS rule-compliant person-centered planning
 - It will be conducted throughout 2019 at various locations across New York State



Care Plans for CFCO

- Individuals in CFCO have to have a Person-Centered Service Plan meeting the PCSP Guidelines
- The Department has developed a Person-Centered Plan of Care (POC) template and posted it to the Department's CFCO website
- The template meets all of the Federal requirements for Person-Centered planning
- The use of this template is optional but highly recommended
- There should be one consolidated POC
 - For individuals with IDD or eligible for OPWDD services, the POC is the Life Plan

Care Plans for CFCO, *continued*

- Entities responsible for ensuring care plans meet the PCSP guidelines:
 - MCOs with members in a Health Home contract and Administrative Services Agreements with Health Homes provide care management
 - LDSS will be responsible for care plans for FFS individuals who are not in a Health Home (includes CCO/HH) and do not have a service coordinator
 - Service coordinators for individuals in 1915(c) Waivers [e.g., under NHTD/TBI Waiver, or Health Home serving children under the Consolidated 1915(c) Children's Waiver]

CFCO Rate Codes, CPT Codes and Modifiers

- CFCO services will utilize a combination of new and existing rate codes
- The rate codes will be specific to the CFCO RR/E codes designation on the client's eligibility file
- The CFCO rate codes, CPT codes, modifiers and applicable RR/E codes have been posted to the Department's CFCO website

Sample

OPWDD - New Rate Codes for V - Mods

Rate Code	Description	COS	RR/E CODE	HCPCS Code
3167	VEHICLE ADAPT; \$1 PER UNIT FEE;OPWDD CFCO;STATE	0269	CO	T2039
3168	VEHICLE ADAPT; \$10 PER UNIT FEE;OPWDD CFCO;STATE	0269	CO	T2039
3169	VEHICLE ADAPT; \$100 PER UNIT FEE;OPWDD CFCO;STATE	0269	CO	T2039
3170	VEHICLE ADAPT; \$1000 PER UNIT FEE;OPWDD CFCO;STATE	0269	CO	T2039

LDSS Billing for CFCO

- For new CFCO services, the Department is offering two pathways to reimburse LDSS for CFCO services (e.g., arranging for V-Mod):
 1. Traditional path – Continued use of Schedule E
 2. MMIS provider number for all LDSS
 - Provides a pathway to accelerate the time period for reimbursement
 - Upcoming training will be provided on the MMIS application process in January – most counties need updated category of service
 - MMIS application fee will be waived for LDSS
- As an alternative to options 1 and 2, LDSS may contract with other Medicaid-enrolled providers that have the capacity to arrange and pay for the new CFCO services

Upcoming CFCO Readiness Activities

CFCO Readiness Activity	Date
CFCO Webinar for MCOs and LDSS	December 20, 2018
Feedback for April 1, 2018 ADM for CFCO Services	January 2, 2019
Plans begin to contract with SAME and other CFCO providers	January 2, 2019
Plans and LDSS begin to contract with providers	Ongoing
Feedback for SAME and CTS/MA Service Authorization Guidelines	January 11, 2019
Open Q&A Webinar – <i>please submit questions to cfc0@health.ny.gov on or before January 16, 2019</i>	January 29, 2019 Additional sessions pre- and post-implementation scheduled as needed
Development and Implementation Council Meetings	Quarterly, ongoing dialogue
July 1, 2019 ADM for CFCO Services	February 2019
Additional guidance on Congregate and Home-Delivered Meals	February 2019
Training Sessions	Various Dates in January (See CFCO Training Schedule)

CFCO Training Schedule

ACTIVITY	DATE
Rate Code Overview training for MCOs	January 3, 2019
Rate Code Overview training for LDSS	January 4, 2019
CFCO RR/E Placement and Maintenance refresher training for LDSS	January 17, 2019
CFCO RR/E Placement and Maintenance refresher training for MCOs	January 18, 2019
MMIS Utilization for LDSS	January 25, 2019
Person-Centered Service Planning Statewide Initiative Training	Throughout 2019
Additional Q&A and “Troubleshoot” Sessions	February, as needed or requested

Summary of Items Available on CFCO Website

https://www.health.ny.gov/health_care/medicaid/redesign/community_first_choice_option.htm

- Today's Slides
- Draft April 1, 2018 ADM for CFCO Services
- List of OPWDD Community Habilitation SAME providers
- Person-Centered Service Plan Guidelines
- Person-Centered Service Plan Template
- Aide Training Program Manual
- CFCO Rate Codes, CPT Codes, Modifiers and Applicable RR/E Codes
- AT Service Authorization Guidelines

Summary of Items Available on CFCO Website, *continued*

https://www.health.ny.gov/health_care/medicaid/redesign/community_first_choice_option.htm

- E-Mod Service Authorization Guidelines
- V-Mod Service Authorization Guidelines
- CTS/MA Service Authorization Guidelines – Draft
- SAME Service Authorization Guidelines – Draft
- CFCO AT Description and Cost Projection Form
- CFCO CTS and MA Description and Cost Projection Form
- CFCO E-Mod and V-Mod Description and Cost Projection Form
- Uniform CFCO (AT, E-Mod, V-Mod, CTSM) Final Cost Form

Contact Information

Questions Comments - CFCO@health.ny.gov

https://www.health.ny.gov/health_care/medicaid/redesign/community_first_choice_option.htm

Appendix

- Abbreviated CFCO Service Descriptions

Assistive Technology: July 1, 2019 Implementation

- **Definition:** Assistive Technology (AT) is defined as an item, piece of equipment, or product system, whether acquired commercially, modified, or customized, that is used to increase, maintain, or to improve the functional capabilities of the individual, and/or enhance an individual's independence in performing activities of daily living (ADLs), instrumental activities of daily living (IADLs) and health-related tasks. The use of the AT must increase a consumer's independence or substitute for human assistance that would otherwise be authorized (e.g., personal care services). AT does not include items that are covered within the scope of durable medical equipment.
- **Service Limit:** AT costs cannot exceed \$15,000 per year without prior approval from the New York State Department of Health

Environmental Modification (E-Mod):

July 1, 2019 Implementation

- **Definition:** Expenditures relating to a need identified in an individual's Person-Centered Service Plan that increases an individual's independence or substitutes for human assistance, to the extent that expenditures would otherwise be made for the human assistance.
- **Service Limit:** Contracts for environmental modifications may not exceed \$15,000 without prior approval of DOH

Home-Delivered/Congregate Meals

July 1, 2019 Implementation

- **Definition:** Meals provided to an individual who cannot prepare or obtain nutritionally adequate meals for themselves, or when the provision of such meals will decrease the need for more costly supports to provide in-home meal preparation. This benefit may include up to two meals a day.
- **Authorization Guidelines:** This service is reimbursed on a per meal basis

Community Transitional Services (CTS)

July 1, 2019 Implementation

- **Definition:** Individually designed services intended to assist a member/recipient to transition from an institutional setting to an appropriate home and community-based setting.
- **Service Limit:** Costs are limited to a one-time expense of up to \$5,000

Moving Assistance

July 1, 2019 Implementation

- **Definition:** Individually designed service intended to transport the possessions and furnishings of a CFCO-eligible member/recipient who is moving from an institutional environment into a community-based setting. Moving assistance must be based on the assessed needs of the member/recipient and support his/her desires and goals as outlined in the Person-Centered Service Plan (PCSP). This service includes the cost of moving furniture and other belongings.
- **Service Limit:** Moving Assistance is limited to a one-time expenditure of \$5,000

Vehicle Modification (V-Mod)

July 1, 2019 Implementation

- **Definition:** This service covers the cost of modifications to a vehicle if it is the primary means of transportation for the consumer. The vehicle may be owned by the consumer or by a family member or non-relative who provides primary, consistent and ongoing transportation for the consumer. Modifications are approved only when they are necessary to increase the consumer's independence and inclusion in the community
- **Service Limit:** Contracts for vehicle modifications may not exceed \$15,000 without prior approval of DOH

Skill Acquisition, Maintenance and Enhancement (SAME): July 1, 2019 Implementation

- **Definition:** Services that include adaptive skill development, hands-on assistance with ADLs; community inclusion and relationship building; training and support for independence in travel; transportation; adult educational supports; social and leisure development; self-advocacy and informed choice skill development; and appropriate behavior development to help the individual live independently in their community. These services, necessary to promote independence and community integration, can be delivered at any non-certified location in the community, including the individual's home. Acquisition is described as the service available to a physical and mentally capable individual who is thought to be capable of achieving greater independence by potentially learning to perform the task for him or herself. There should be a reasonable expectation that the individual will acquire the skills necessary to perform that task within the authorization period.

Skill Acquisition, Maintenance and Enhancement (SAME), *continued*: July 1, 2019 Implementation

- **Definition, *continued*:** Maintenance is described as the service available to prevent regression in the individual's skill level and to also prevent loss of skills necessary to accomplish the identified task. Enhancement activities are provided to the individual through training and demonstration to promote growth and independence with an already acquired skill level and to support the participant's goal.
- **Authorization Guidelines:** Skill acquisition, maintenance and enhancement are face-to-face services that are determined by a functional needs assessment and must be identified in the member/recipient's PCSP