

Writing Goals Through the Person Centered Planning Process

Charlyss Ray, OTR-L, QIDP
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Individual Plan of Service

- The document that identifies the needs and goals of the individual beneficiary and
 - the medical necessity,
 - amount, scope, and duration of the services and supports to be provided.
- For beneficiaries receiving mental health or developmental disabilities services, the individual plan of services must be developed through a person-centered planning process.
- In the case of minors with developmental disabilities, serious emotional disturbance or mental illness, the child and his family are the focus of service planning, and family members are an integral part of the planning process.

IPOS Requirements

IPOS must:

- Follow Medicaid Provider Manual requirements
- Address health and safety assurances
- Include Medical Necessity
- Describe amount, scope and duration
- Contain a signature of agreement by either the individual, if they are their own guardian, or their appointed guardian

IPOS Reminders

- Without a signature of agreement, the IPOS is not valid and will be returned
- Must be less than 365 days old
- Can be amended throughout the year to reflect changes but end date remains the same as the initial IPOS
- Only current IPOS should be submitted with HSW packets

Goal Requirements

- Clearly stated goals and measurable objectives.
- Identification of the activities designed to assist the individual to attain his/her goals and objectives.
- Delineate what role support staff, family and/or natural supports will take in goal.

Habilitation

(required for Habilitation Supports Waiver)

The process of supplying a person with the means to develop maximum independence in activities of daily living through training or treatment.

For some individuals, habilitation may mean maintaining a skill such as in the instance of a progressive illness of dementia.

There is no place for.....

- Assuming to know what is best for the individual
- Not communicating
- Unilateral decisions
- Dismissing the individual's preferences and goals
- Fostering dependency rather than self-reliance and independence

Goals

Setting Goals in an IPOS:

- Articulate a long-term vision.
- Provide short-term motivation in the form of achievable objectives.
- Focus on acquisition of skills, support or knowledge.
- Help to organize resources.
- Help set priorities.

Writing Goals

- Goals should reflect the individual's clearest articulation of the **destination** – the primary reason for seeking support.
- Goals are developed from information gained during pre-planning meetings and the person-centered planning process.

Writing Goals

- Goals should be written using plain language, not clinical or technical terms.
- How will the goal make an individual's life better?
- How can this be measured? When will we know that the goal has been reached?

Good Goals...

- Are meaningful and relevant.
- Are not general quality of life statements, such as “meaningful participation in community activities or social relationships.”
- It is very difficult to develop measureable objectives, activities and supports unless the goal is specific.

Good Goals...

- Are measurable
 - think about how you will evaluate “success” in terms of the following criteria:
 - » Community Inclusion and Participation
 - » Independence
 - » Productivity

Support Coordinator Role

- Help articulate the person's life desires and goals.
- Help the individual identify and express issues and needs.
- Help frame an action plan for accomplishing the goal(s) that includes measurable objectives, activities and supports.

Objectives

- Form the steps the individual is going to take to accomplish the goal.
- Involve action, rather than process.
- Are measurable.
- Use a strength-based approach.
- Are achievable/reasonable.
- Include a timeframe for attainment.

Action-Oriented Terms

Historically we have focused on process over outcomes, so we often see objectives written as the individual will “gain insight,” “have understanding,” “be able to accept....”

BUT

Goals are all about action: individualized outcomes achieved through learning, doing, and enjoying.

Measurability

- The action step should be clearly written
- The way the action is measured should be set forth in the IPOS
- The action is on the part of the individual NOT the support staff
- The action is done by the individual NOT the family or natural supports

Strength-Based Approach

- Objectives should describe positive changes that build on past accomplishments and existing resources.
- Objectives should reflect an increase in abilities and the attainment of new skills.
- Focus on the actual demonstration of new skills and abilities.

Achievable

- Objectives must:
 - Be realistic/reasonable.
(Meet the person where he or she is)
 - Consist of developmental steps.
 - Reflect cultural competencies.
 - Build on the individual's strengths/needs.

Some common mistakes when Writing Objectives:

- Describing what actions a supports coordinator or support staff are going to take instead of what actions the individual is expected to take.
- Including more than one action step in a single objective.
- Using terms for measurement that are subject to many interpretations, are not action oriented, and are difficult to measure.
- Are part of a goal that is unattainable.

Some common mistakes when Writing Objectives:

- Writing objectives that do not relate to the goal.
- Cluttering an objective by including unnecessary information.
- Being too general and not clearly specifying the expected outcome.
- Using process, rather than action, verbs.

Supports

- Supports should be identified by the service/support name.
- Be medically necessary.
- Identified in terms of amount, scope, and duration.
- Directly involve the attainment of the goals and objectives.

Medical Necessity

- Determination that a specific service is medically (clinically) appropriate, necessary to meet needs, consistent with the person's diagnosis, symptomatology and functional impairments, is the most cost-effective option in the least restrictive environment, and is consistent with clinical standards of care. Medical necessity of a service shall be documented in the individual plan of services.

2.5.A. Medical Necessity Criteria

Mental health, developmental disabilities, and substance use disorder services are supports, services and treatment:

- Necessary for screening and assessing the presence of a mental illness, developmental disability or substance use disorder; and/or
- Required to identify and evaluate a mental illness, developmental disability or substance use disorder; and/or
- Intended to treat, ameliorate, diminish or stabilize the symptoms of mental illness, developmental disability or substance use disorder; and/or
- Expected to arrest or delay the progression of a mental illness, developmental disability, or substance use disorder; and/or
- Designed to assist the beneficiary to attain or maintain a sufficient level of functioning in order to achieve his goals of community inclusion and participation, independence, recovery, or productivity.

Scope of Service/Support

- The parameters within which the service will be provided, including:
 - Who (e.g., professional, paraprofessional, aide supervised by a professional);
 - How (e.g., face-to-face, taxi or bus, group or individual); and
 - Where (e.g., community setting, office, beneficiary's home).

Amount of Service/Support

- The number of units of a service to be provided as identified in the individual plan of service or treatment plan. For example, thirty minutes daily of community living supports.
- Level of assistance needed for the person to be able to perform the skill. This may involve verbal prompts, modeling, giving step by step instructions or other ways.

Duration of Service/Support

- The predicted length of time each objective may take to be completed under the overall goal.
- For example: Obj. #1 By 11-17-14, Nancy will brush her teeth with three or less verbal prompts, 5 of 7 days per week.

Questions, Comments, Examples

- Charlyss Ray, OTR-L, QIDP
- Specialist for Services and Supports for Persons with Developmental Disabilities
- Habilitation Supports Waiver Reviewer
rayc7@michigan.gov 517-373-3678