

Chapter Four

Crafting the Individualized Recovery Plan: Objectives, Services, Supports and Interventions

The Individualized Recovery Plan (IRP) is an evolving, dynamic document that is often described as the roadmap that the individual follows in his or her recovery journey. The IRP identifies the adult life role goals that the person has identified as the anticipated outcomes of this journey, as well as the resources the person will use to overcome the barriers created by his or her mental illness. Within the context of the roadmap metaphor, objectives can be considered as the mile markers on the roadmap: they describe the small, incremental steps that the person must take to achieve a larger goal.

Objectives are the most active and dynamic part of the recovery planning process. They divide a larger goal into small changes so that achievement of the larger goal feels manageable. Services, supports and interventions are the tools that the person and the practitioner use to achieve the objectives and attain the overall goals.

Writing Meaningful Objectives

Successful, well-written objectives must be meaningful to the individual, effective in tracking progress, and aligned with regulatory expectations and criteria. The achievement of smaller, incremental objectives offers the person an immediate sense of success and hope by demonstrating that he or she is able to overcome identified barriers one step at a time.

Objectives may be written in a sequential manner, i.e., the achievement of one objective may trigger the activation of another, or multiple objectives can be pursued simultaneously. It is recommended that the individual and his/her team work on no more than two or three objectives per goal during a particular period of time.

The following guidelines offer some useful tools for creating effective objectives that may be attainable in a specific time period.

- **Measurable:** The changes that occur as a result of working on the objective must be *obvious* to both the individual and the practitioner. The language used in writing the objective must include a concrete description of the targeted outcome, i.e., the barrier that will be overcome, and must identify the criteria to be used in observing and measuring the progress made toward achieving the targeted outcome.
- **Achievable:** The targeted outcome must be a skill attained or concrete change in behavior that the person has the ability to accomplish.
- **Understandable:** The objective must use words and language that the individual can understand. As much as possible, objectives should be in the person's own words and reflect outcomes that the person has defined as important and meaningful in his or her recovery process.
- **Time Specific:** The objective must include a realistic target date for completion/attainment of the objective. The target date reflects the amount of time that the person and the practitioner anticipate that the person will need in order to accomplish the targeted outcome. In general, a timeframe of 90 days or less is considered reasonable for an objective to be accomplished. A target date is an *anticipated timeframe* which may be modified based on an evaluation of the person's progress. Because individuals and practitioners will be regularly discussing the person's progress in each objective as part of IRP Planning and Monthly Progress Notes, there are frequent opportunities to evaluate the objective and the person's progress toward mastering the targeted skill or behavior change. It may take a person a longer period of time than initially anticipated to attain the objective, or the person may attain the objective in a shorter period of time than expected. Based on the individual's and the practitioner's discussions about achieving the objective, the target date may be modified to reflect the person's progress accurately.
- **Written in action-oriented and behavioral language:** Each objective must target the person's mastery of skills and abilities that he or she can use to overcome the mental health barriers that were identified in the Assessments. Each objective must indicate *what* the person will be able to do differently (in other words, the skill acquired or behavior altered) as a result of achieving the changes described in the objective.

An objective should contain only *one* targeted outcome. If an objective is written in such a way that more than one target outcome is identified, it becomes impossible to measure the person's progress. If one outcome is achieved and not the other, has the person achieved the objective? An example of this error would be: *In the next 90 days, Kathy will keep her behavior in control and interact positively with customers once a week as tracked in her journal and reports to staff.*

The grid below offers some examples based on objectives that Kathy and her practitioners have written to help Kathy overcome mental health barriers to recovery.

<i>Type of barrier</i>	<i>Example of an individual's barrier</i>	<i>Example of a well written objective developed from a barrier</i>
Need for skills development	I get impatient at work and yell at the customers instead of listening patiently and helping them with their questions.	Over the next three months, I will be pleasant to the customers at work for my whole shift, every day for three weeks in a row. I will write down how I think I am doing in my journal, and my boss will also keep track of how I am doing and let me know.
Intrusive or burdensome symptoms	My feelings get so strong that I say rude things to customers even though I don't mean them.	During the next 3 months, I will think before I speak and not speak rudely with customers, every shift that I work, for two weeks in a row. My boss will keep track of how I am doing by writing down whether or not I am rude and sharing this with me. I will also keep track of how I am doing in my journal.
Lack of resources	I often spend my bus fare money on cigarettes because I am nervous, and then I can't go to my Dual Recovery Anonymous meetings because I can't pay for the bus.	Within the next 30 days, I will talk about being nervous in my Coping Skills group and figure out ways to smoke less so that I can budget enough money to pay for bus fare to my weekly meeting three weeks in a row. I will keep track of the days I use the bus in my journal and by reporting to my therapist.
Need for assistance and supports, problems in behavior	I need to drink alcohol and use cocaine every week because it helps me feel better.	During the next month, I will talk with my therapist two times a week for 30 minutes about other things I can do when I feel bad, instead of drinking or using cocaine. My therapist and I will keep track of these conversations and my ideas in my progress notes.

At least monthly, the person and the practitioner should review all of the objectives on which the person is working. The Personalized Recovery Oriented Services (PROS) Service, IRP Planning, provides an excellent mechanism for discussing and evaluating the progress the person is making on each objective, and is eligible for Medicaid reimbursement. The review

process and any changes or updates made are then documented in the Progress Notes and as part of the IRP Review.

Assuring that Objectives are Person-Centered

A person is more likely to dedicate him or herself to the achievement of a goal that he or she has identified as personally meaningful rather than to a goal developed by someone else. Objectives should be developed through a partnership between the individual and the practitioner and reflect the steps the person believes are necessary to achieve his or her identified goals. Objectives should be expressed in a manner that encourages the person to consider new behaviors and skills and to visualize positive alternative outcomes to the barriers he or she has confronted in the past.

By working collaboratively, the person and the practitioner are able to develop objectives that are individualized and specific to the mental health barriers that the person wants to overcome so that he or she can achieve his or her life role goals. Using the discussions of the mental health barriers that the person identified during the Assessment Service as a foundation, the practitioner and the person examine the person's overall recovery goal in detail and develop objectives that address the specific challenges the individual would like to overcome. These conversations should include identification of those PROS Services that the person would like to use to accomplish his or her goals as well as the criteria the person and the practitioner will use to determine when the goal has been achieved. Providing concrete criteria that measures the progress made in overcoming mental health barriers supports Medicaid billing because it provides evidence that the goal is medically necessary.

In developing objectives, the practitioner should encourage the person to consider his or her preferences and priorities about the objectives and barriers he or she would like to work on first. As well, the person and the practitioner should discuss the person's diagnosis, stage of recovery, age, development, and cultural background.

Defining the Plan with Services, Supports and Interventions

Interventions are services, treatments, or supports that help a person to achieve goals and objectives. They may include actions taken by the person, practitioners, family members, peers,

and other members of the person's support network. Not all interventions are eligible for reimbursement by Medicaid. **PROS Services** are clearly defined, specific interventions that the PROS program is licensed to deliver. Interventions that are provided as part of a PROS Service are eligible for reimbursement through Medicaid.

In addition to PROS Services, the PROS program may also offer enhanced opportunities for individuals to engage in social interaction, develop natural networks of support, learn and practice skills, and explore talents and special areas of interest that enhance recovery. During hours when they are not participating in specific PROS Services, individuals may, for example, make use of a computer, an art room, or a common area for informal interactions with others. Although these activities are an essential feature of PROS and a significant resource in the recovery process, it is important to distinguish them clearly from the medically necessary PROS Services which are billed to Medicaid. Interventions that are considered activities are *not* eligible for reimbursement through Medicaid.

Additional interventions that help a person attain recovery may also be provided by family or by members of the person's community support network. Because such interventions are often valuable resources that support the individual in achieving recovery, they should be acknowledged and documented in the IRP; however, like the activities provided as part of the PROS program, they are not reimbursable by Medicaid.

In order to be person-centered, the Individualized Recovery Plan must reflect the choices and preferences of the person, rather than focusing primarily on only those resources that are commonly available. In crafting his or her recovery journey, the person and the practitioner must think broadly and creatively. Working together, the person and the practitioner should consider any and all resources that might be helpful – within the program, from personal friends and family, through a community network of supports, and through larger support systems, including faith-based communities, volunteer groups, and learning institutions. Individuals who are accustomed to defining their options within a narrow context of what is immediately available will need encouragement and support to expand their scope of vision and tap into their innate skills, talents and abilities. Even general questions such as “How can I (and others) best be of help to you?” can function as a catalyst for considering larger issues from a person-centered perspective.

Objectives must document medical necessity in order to be reimbursable through Medicaid or other third party funds. To assure medical necessity is documented, effective objectives must be written so that they relate to specific interventions and address the mental health barriers that prevent the person from accomplishing identified goals. A test for assuring that this link is demonstrated is provided by “The 5 W’s.” If each of these five critical elements is addressed in the description of an objective, the link between overcoming a mental health barrier and demonstrating the medical necessity of the intervention is established.

The 5 W’s: Who, What, Where, When and Why

- **Who:** Identify the person who will be providing the PROS Service and include the person’s name and relationship to the PROS participant;
- **What:** Explain the type of medically necessary intervention to be provided, including the name of the PROS Service and the modality to be used;
- **Where:** Identify the location where the intervention will be provided (Is the intervention provided at clinic, at home, or at work?);
- **When:** Identify how often the intervention will be provided and what the duration of each intervention will be (frequency/duration);
- **Why:** Describe the purpose/intent (mental health barrier) for the intervention and connect it to the accomplishment of an objective.

REMINDERS:

- **Objectives** are what people, themselves, *will do, change, or accomplish* in order to achieve their recovery goals. In other words, they are the indicators/milestones toward a larger recovery goal.
- **Services, interventions, and supports** are not objectives -- they are interventions. Attending a group is usually *not* the objective – what needs to be captured and described in the objective statement are the measurable changes the person will make and the skills he or she will gain as a result of participating in a group.

- At the end of the time period indicated, people need be able to answer whether or not the objective has been accomplished based on **measurable criteria**.

Interventions Provided Using PROS Services

In PROS, Medicaid-eligible interventions are provided using PROS Services. PROS Services are specific therapeutic interventions that are offered within the parameters described in the PROS Regulations and which meet the standards for medical necessity. PROS Services are unique to PROS and are not a reformulation of other services.

There are 21 PROS Services which are organized under four PROS Components. Interventions provided through PROS Services are delivered within the context of a curriculum-based structure. Each PROS Service has a beginning and an end, and a pre-defined duration. Practitioners should map out the objectives for each PROS Service so that individuals as well as the practitioner are aware of the anticipated outcomes of the service.

PROS Services can be delivered in various modalities, including:

- As an individual service
- As part of a group process
- As a site-based service; or
- As a service in a community setting

PROS services are most often provided using a group modality. Services provided through the group modality must maintain an individualized focus and address the barriers that impede each group member's achievement of his or her life role goal/s. In order for interventions within PROS Services to be most effective, group facilitators should:

- Understand the material being provided and the expected outcome of the service
- Be aware of each person's goals/objectives and the barriers he or she is addressing through the PROS service;
- Ensure that each person understands why he or she is participating in the service, in other words, how the PROS Service will help the person to overcome a barrier;

- Ensure that each person understands how participation in the service will help him or her to attain his or her objectives and life role goals;
- Ensure that each person is engaged in the group process.

The PROS Program incorporates four components: Community Rehabilitation and Support (CRS), Intensive Rehabilitation (IR), Ongoing Rehabilitation and Supports (ORS), and Clinical Treatment (CT). Each component, with the exception of ORS, encompasses PROS Services that are each designed to assist the person in his or her recovery. (ORS, which is designed to support individuals to sustain employment in a competitive, integrated setting offers only the service ORS.)

CRS, CT, and IR are comprised of specific PROS services which the individual may use to overcome mental health barriers and attain life role goals. A description of each of the PROS Services is provided in the PROS Regulations 14NYCRR. §512.5.

1. **Community Rehabilitation and Support (CRS):** CRS services form the foundation of PROS. Frequently, an individual's day in PROS will include primarily services from the CRS Component. CRS Services include:

- Assessment,
- Basic Living Skills Training,
- Benefits and Financial Management,
- Community Living Exploration,
- Crisis Intervention,
- Engagement,
- Individualized Recovery Planning,
- Information and Education Regarding Self-Help,
- Pre-admission Screening,
- Structured Skill Development and Support, and
- Wellness Self Management

2. **Intensive Rehabilitation (IR):** Intensive Rehabilitation Services are distinguished by their intensity, frequency, and/or level of staff expertise. These services may be time-sensitive and are usually associated with goals that require a concentration of specialized interventions. The IR Service Intensive Rehabilitation Goal Acquisition (IRGA) is designed to assist an individual in rapidly attaining specific life roles such as those related to competitive employment, independent housing, and school. Intensive Relapse Prevention, another IR

service, provides intensive and targeted interventions to reduce the risk of an individual's imminent hospitalization, loss of housing, involvement with the criminal justice system, or other immediate, undesirable situation or experience. The other two IR Services, Family Psychoeducation and Integrated Treatment for Co-occurring Mental Health and Substance Abuse, are evidence-based practices that can only be delivered by practitioners who are specific credentialing. IR Services include:

- Intensive Rehabilitation Goal Acquisition,
- Intensive Relapse Prevention,
- Family Psycho-Education, and
- Integrated Treatment for Co-occurring Mental Health and Substance Abuse Disorders (IDDT)

3. **Ongoing Rehabilitation and Support (ORS):** ORS is the only PROS component that is comprised of a single service. The ORS service is designed to support an individual who is employed in a competitive, integrated setting at least 10 hours per week, by helping the individual to manage mental health barriers that have the potential to impact his or her employment. In order to be eligible for Medicaid reimbursement, ORS must be provided to the individual through a minimum of two 30-minute sessions per month in an off-site (i.e., not at the PROS) location. ORS can be provided at the work-site or another community location and may include the individual and/or collateral, such as the person's employer or supervisor.
4. **Clinical Treatment:** Clinical Treatment services are available only in those PROS programs that are licensed as Comprehensive PROS with Clinical Treatment. These services are designed to enhance the comprehensive and person-centered focus of PROS by integrating clinic services, including health assessment and psychiatric assessment, with the PROS Services provided through CRS, ORS, and IR. Clinical Treatment Services include:
 - Psychiatric Assessment,
 - Health Assessment,
 - Clinical Counseling and Therapy,
 - Medication Management, and
 - Symptom Monitoring.

Further information about PROS Services can be found in the [PROS Clarification document](#).

In crafting the Individualized Recovery Plan, practitioners should assure that the following information is clearly indicated:

- the specific PROS Services, identified by name
- the medically necessary purpose of each service (the mental health barrier that the service is addressing)
- the anticipated outcomes of each service
- the frequency of service delivery and the anticipated duration of each service.

Because the Individualized Recovery Plan is a dynamic and interactive document, it must be reviewed by the person and the practitioner on a regular basis to assure that it continues to reflect the person's progress and to be relevant to the person's recovery journey. The next chapter will examine considerations for evaluating progress and outcomes.

Chapter Highlights: Crafting the IRP

- Objectives are the smaller steps that are taken to achieve a larger goal.
- Objectives are what people, themselves, *will do, change, or accomplish* in order to achieve their recovery goal.
- Services and supports are not objectives - they are interventions. Attending a group is *not* the objective. The objective should capture the skills/benefits the person will achieve by attending the service.
- Objectives should be developed in partnership with the individual to assure that they are meaningful to the person in his or her recovery journey.