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05/21



## Simple Training Objectives

Provide help for SCs to:

1. Define and understand the key components of a goal.
2. Write a good goal that meets the needs of the member and MDHHS' standards.

# Housekeeping



Please keep your microphone on mute.



Please use the chat for any questions.



There will be breakout sessions; please have your microphone open and prepare to participate.



As input is given, additional details may be added to the presentation. All materials used will be emailed to participants next week.



The first part of the meeting will go over goals, objectives, and interventions but the second part of the meeting will be regarding the individual budget process which is specific to individuals who self-direct their services.

# What are the components of a Goal?

- ▶ A. Interventions
- ▶ B. Goal Statement
- ▶ C. Objective(s)
- ▶ D. All of the above

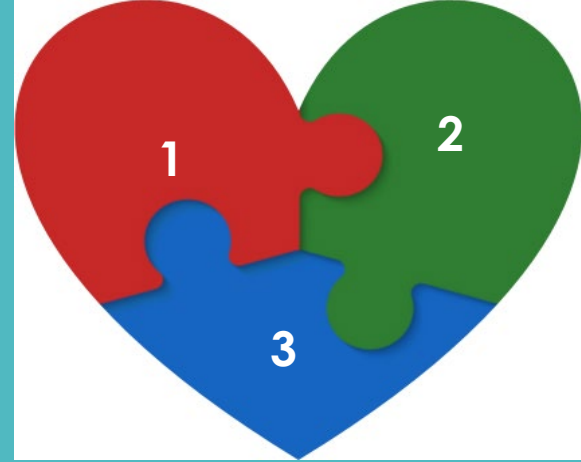
**Correct Answer: D. All of the Above**



YAY!

YOU ARE THE SMARTEST GROUP OF THE DAY

# Goals



1. **Goal Statement** = The goal is the intended outcome/what the person wants to achieve.

2. **Objective** = The observable part of the goal that defines the criteria for meeting the goal statement. Objectives must be S.M.A.R.T.

3. **Intervention** = The active steps needed to reach the goal and who will help with each step.



# Assessments can be a good starting place for Goals

## Assessments

Identifies the skillset of an individual and can support a clinical need

Intake Assessment ~ Biopsychosocial ~ Supports Intensity Scale (SIS)  
Residential Assessment ~ Major Life Activity Assessment



## Medical Necessity

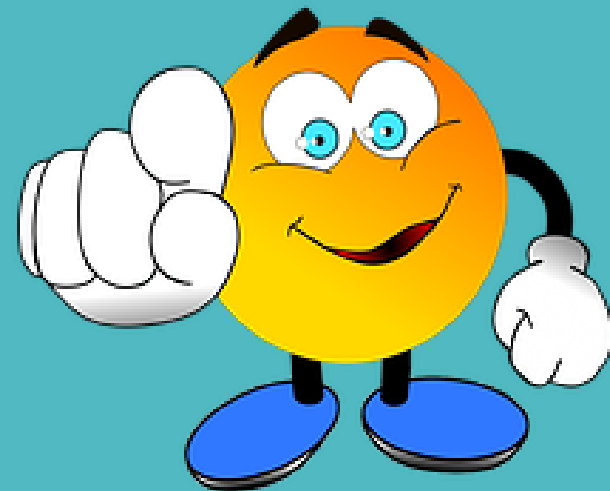
All services are based on medical necessity

**\*Medicaid is an insurance program and payor of last resort\***

# Medicaid Covered Services

The authorization of Medicaid covered services and the amount, scope, and duration are dependent upon:

- ❑ The individual's eligibility
- ❑ Services are medically necessary
- ❑ Medicaid is the payor of last resort
- ❑ The Individual Plan of Service must be written to support services being authorized
- ❑ Services must demonstrate progress in one or more areas of:
  - ❖ Community Inclusion
  - ❖ Independence
  - ❖ Productivity







# Community Living Supports (CLS)

## **Community Living Supports (CLS)**

Facilitate an individual's independence, productivity, and promote inclusion and participation. The supports can be provided in the beneficiary's residence (licensed facility, family home, own home or apartment) and in community settings (including, but not limited to, libraries, city pools, camps, etc.), and may not supplant other waiver or state plan covered services (e.g., out-of-home non-vocational habilitation, Home Help Program, personal care in specialized residential, respite).

**Respite care**  
Intended to assist in maintaining a goal of living in a natural community home and are provided on a short-term, intermittent basis to relieve the beneficiary's family or other primary caregiver(s) from daily stress and care demands during times when they are providing unpaid care.

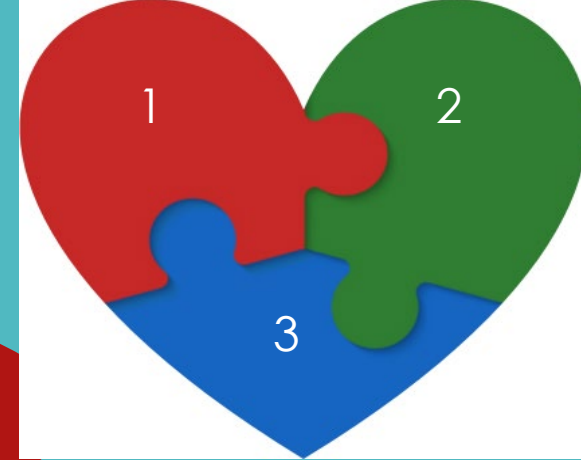


**Respite Service**  
Services provided during a limited period of time (e.g., a few hours, a few days, weekends, or for vacations).



**Intermittent**  
The respite service does not occur regularly or continuously. The service stops and starts repeatedly or with a time period in between.

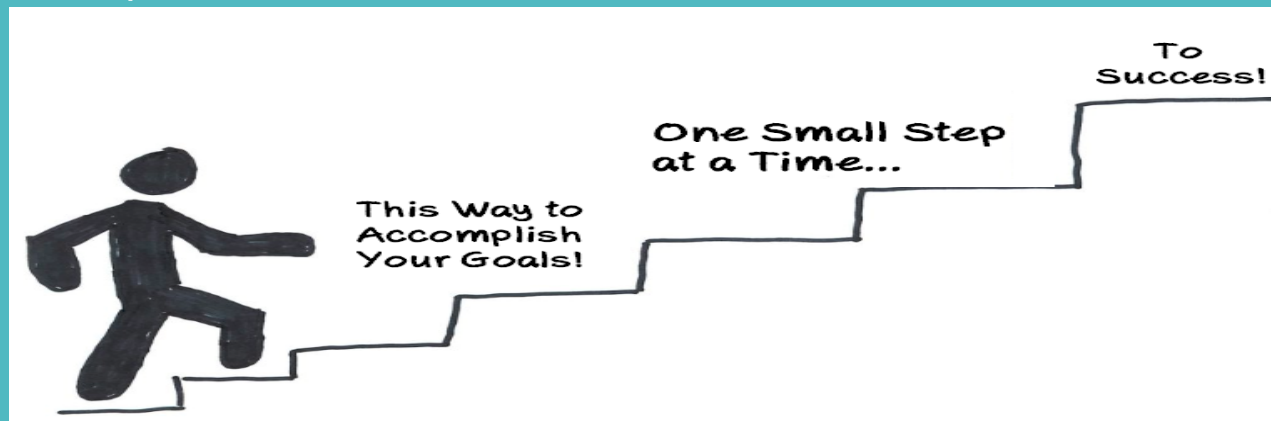
# Goals



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**3. Intervention** = The active steps needed to reach the goal and who will help with each step.



# Goals must be written in the individual's words

- ▶ **Do Not write** Goals that contain clinical jargon that is not written in the individual's own words.
- ▶ **Do write** Goals that reflect the individual's or the person who speaks on behalf of the individual's words (if the person does not use words to communicate).
- ▶ Goal statement must be written in "**First Person**" language.



# Things to Consider

- ▶ The Goal should not be the service that is being requested such as therapy or an OT Evaluation.
- ▶ The Goal should address the intended outcomes of the services being requested.
- ▶ A service may be an intervention for an individual to achieve a goal or outcome, but the service itself is not the goal.
- ▶ **The question to be answered is, what is the reason for requesting services.**



# Break out Room



- ▶ Let's read about John's Life
- ▶ You will be automatically assigned to one of the teams; **Goal Getters**, Obvious **Objectives**, or the Intelligent **Interventions**.
- ▶ Nominate a recorder who can type the team's response in the chat.
- ▶ Each room will have up to 10 minutes to discuss service needs you may recommend and then detail **two** good goal statements John could potentially identify based on the scenario.
- ▶ First complete group to return and type their recommendations and goal statements in the chat will get 5 bonus points.
- ▶ Each **good** answer for all teams will earn 2 points.

# John's Life

John lives at home with his parents. John can use some words to communicate his needs. He expressed that he feels very sad especially due to the pandemic. John stated that he would like to be able to get out of the house to spend time with friends. When asked the names of friends, John and his mother could not identify the name of any friends. John is interested in working but is not sure what type of work he can physically do. John likes to spend time with family, watch Anime, and garden. John said he was considering getting a Covid vaccination but is not sure. John asked his primary care about details regarding the vaccine but needs more information. His doctor did also tell him his blood pressure was slightly high, his weight was above the ideal weight range and suggested he change his diet and exercise before they consider medications. John agreed with his doctor's recommendations. John and his mother agree they are happy with him staying at home. However, John's mother admitted that she has always done things for her son, but he could physically do more around the house. John agreed it is time for him to help around the house more, but he needs help learning.

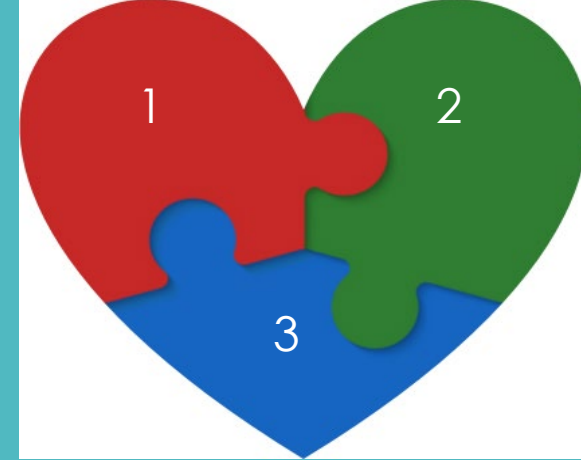
**Give examples of service recommendations and examples of two potential goal statements John may express.**

Welcome Back





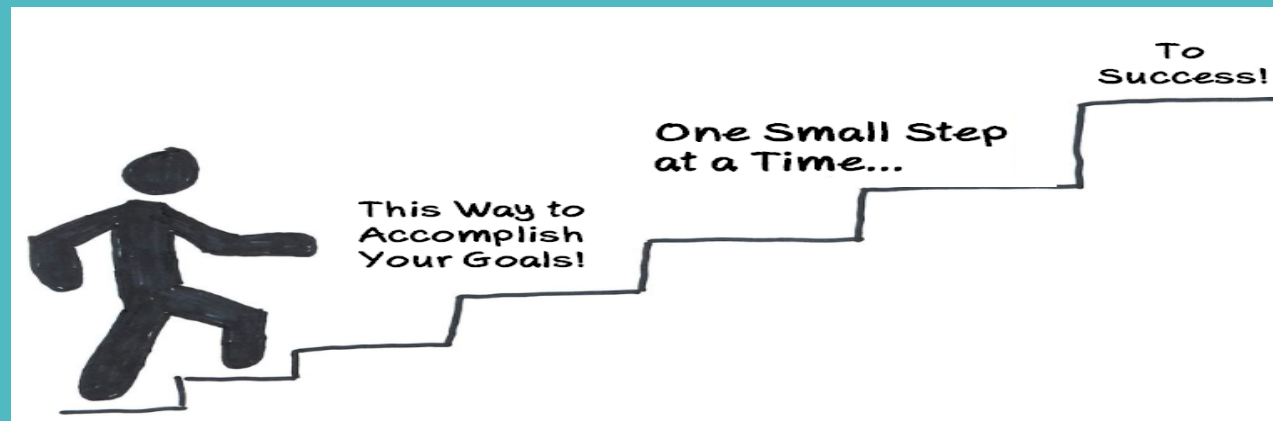
# Goals



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S

M

A

R

T



Specific



Measurable



Attainable



Relevant



Time Based

" S "

M

A

R

T



# Specific

Objectives must be specific stating what you expect the end result to be in observable terms.



Keep the objective simple. If you use too many words, you risk including interventions.



S

## Measurable

"M"

- ✓ Measurable objectives help us determine if something has or has not happened

A

- ✓ Measurable terms use *verbs* to demonstrate observable behavioral actions.

R

- ✓ How will you know when the goal has been achieved?

T

# Attainable

GOALS

- ▶ The Objective must be Attainable and the individual must have the tools and resources available to be able to achieve the goal.
- ▶ Make sure that the Objective can be accomplished within a certain timeframe.
- ▶ Is the Goal reasonable enough to be accomplished?

S

M

"A"

R

T



S

M

A

"R"

T

Make sure that the Goal reflects what is important to the individual.



Is this something that the individual wants to do?

**Relevant**

Is the individual motivated to work on the goal?



Is the goal compatible with the individual's lifestyle and interests?

S  
M  
A  
R  
"T"

## Time Based

- What is the **Due Date** of the Goal?
- Define the period in which the Goal is to be attained.
  - A good Goal will include a timeframe of when the Goal is completed such as a week, month, or a year and a specific date be included.





Which of the following words are NOT measurable action words?

Learn	Tell/Say	Know
Identify	Enjoy	Participate
Understand	Increase/Decrease	Benefit
Point	Realize	Explain
Demonstrate	Choose	Match





The following are verbs which are observable and measurable:

Advise  
Analyze  
Apply  
Appraise  
Arrange  
Assemble  
Assess  
Audit  
Calculate  
Categorize  
Change  
Choose  
Code  
Collect  
Combine  
Communicate  
Compare  
Compile  
Comply  
Compose  
Conclude  
Conduct  
Construct  
Contrast  
Convert  
Counsel  
Create  
Criticize  
Debate  
Deduct  
Defend  
Define  
Demonstrate  
Describe  
Design

Develop  
Devise  
Diagram  
Differentiate  
Discover  
Discriminate  
Discuss  
Distinguish  
Dramatize  
Edit  
Employ  
Enforce  
Estimate  
Evaluate  
Examine  
Experiment  
Explain  
Express  
Extend  
Formulate  
Gather  
Generalize  
Generate  
Identify  
Illustrate  
Incorporate  
Inspect  
Instruct  
Interpret  
Interview  
Inventory  
Investigate  
Judge  
Justify  
Label

List  
Locate  
Maintain  
Manage  
Manipulate  
Match  
Measure  
Modify  
Monitor  
Name  
Operate  
Organize  
Outline  
Paraphrase  
Perform  
Plan  
Point  
Practice  
Predict  
Prepare  
Produce  
Propose  
Question  
Rate  
Rearrange  
Recall  
Recommend  
Reconstruct  
Record  
Relate  
Repeat  
Report  
Reproduce  
Respond  
Restate

Retrieve  
Review  
Revise  
Rewrite  
Schedule  
Score  
Screen  
Select  
Separate  
Show  
Sketch  
Solve  
State  
Subdivide  
Summarize  
Support  
Tell  
Test  
Transcribe  
Translate  
Underline  
Use



# Objectives

## \*Make them SMART\*

### DEVELOPING S.M.A.R.T. OBJECTIVES

Goals are outcomes with deadlines that the member wants to achieve. When it is time to assist the member to define how to accomplish their goal, this template can walk you through the process of developing specific, measurable, achievable, relevant, and time-bound objective(s). You can use the following tables to help you develop SMART objectives:

**GOAL (what does the member want to achieve):** \_\_\_\_\_

<b>Starting point/current objective:</b> Click or tap here to enter text.		
<b>Key Components</b>		<b>Objective content</b>
<b>Specific</b>	What is the specific task/area for improvement?	Click or tap here to enter text.
<b>Measurable</b>	What are the standards or parameters for improvement?	Click or tap here to enter text.
<b>Attainable</b>	Is the task feasible for this member within the time identified? (yes or no)	Click or tap here to enter text.
<b>Relevant</b>	Is this what the member wants and written in their own words (or legal rep if they do not use words to communicate)?	Click or tap here to enter text.
<b>Time-Bound</b>	What is the timeframe for achievement (over the next year, within a quarter, by X date)?	Click or tap here to enter text.
Put the objective content together for a SMART objective 1a:		Click or tap here to enter text.



# Goal Exercise

## \* Objective Writing\*

### Break-out Rooms

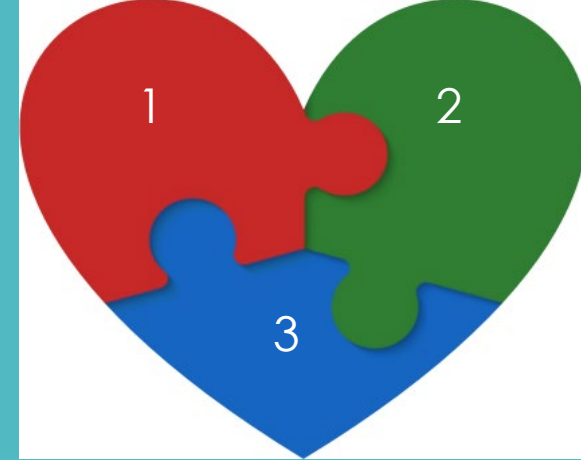
- ▶ Still using John's Life
- ▶ You will be automatically assigned to your same team: **Goal Getters**, **Obvious Objectives**, or the **Intelligent Interventions**.
- ▶ Nominate a new recorder or keep the same one.
- ▶ Each room will have up to 10 minutes to write two SMART objectives from John's previous goal.
- ▶ First complete group to return and type a good recommendation in the chat will get 5 bonus points.



Welcome Back



# Goals



1. **Goal Statement** = The goal is the intended outcome/what the person wants to achieve.

2. **Objective** = The observable part of the goal that defines the criteria for meeting the goal statement. Goals must be S.M.A.R.T.

3. **Intervention** = The active steps needed to reach the goal and who will help with each step.



# Interventions

- The Intervention includes step by step directions for staff to follow.
- The Intervention must be specific enough to allow an outside reviewer an understanding of how any service requested will be used.
- The Intervention must identify which services will be self-directed.
- The Interventions must be specific enough that all people responsible for any part of the goal to know what they should be doing.
  - *Consider active and specific tasks such as: role-play, coach, monitor, teach, hand-over-hand assistance, modeling, prompting.*
- Indicate how often the Goal will be worked on (2 hours per week, 4 hours monthly, etc.) to give the member the best opportunity to succeed. Amount, Scope, and Duration.
- Include how staff will document progress.
- Include the Supports Coordinator's role in the Intervention section of the Goal.



# Interventions

The total amount of services in each individual intervention should be consistent with the sum of the total authorization.

\*This should help SCs structure the Person-Centered Planning process to assist members/families to understand their “request” for services must be quantifiable to meet an outcome.

If a member has 3 goals;

Goal 1- Objective/Intervention #1 requires 3 hours of CLS 1x per week.

Goal 2 , Objective/Intervention #1 requires 2 hours of CLS 2x’s per week.

Goal 3- Objective/Intervention #1 requires 4 hours of CLS 1x per week.

Goal 3-Objective/Intervention #2 requires 2 hours of CLS 3x’s per week.

**How much CLS per week should be requested?**

# Authorizations Amount, Scope, & Duration

**Services**

Do not use outpatient contract for SD.

<b>2.</b>	<b>Service</b>	<b>Contract</b>	<b>Unit Type</b>	<b>Unit Rate</b>
	H2X15: Community Living Supports, Unlicensed, 15-minutes.- Authorizations ONLY	IDD Residential	15 Minutes	0.00
<b>3.</b>	<b>Effective Dates</b>	<b>1. Units per Period</b>	<b>Frequency</b>	<b>Total Units Requested</b>
	From To	From To		From To
	05/01/2021 04/30/2022	68	Per Week	3546
<b>2.</b>	<b>Where will the service be provided?</b>			
	<input type="checkbox"/> Consumer's Residence	<input checked="" type="checkbox"/> Community Setting	<input type="checkbox"/> Agency Office(s)	<input type="checkbox"/> Other:
	<b>Related Goals</b> ⓘ			
	1, 2, 3			
	<b>Notes</b>			

1. Amount  
DO NOT ADD "From"

2. Scope

3. Duration





<b>Goal Number</b> 5	<b>Stage of Change</b> ⓘ <input type="radio"/> Precontemplative <input checked="" type="radio"/> Action <input type="radio"/> Contemplative <input type="radio"/> Maintenance <input type="radio"/> Preparation <input type="radio"/> N/A	<b>Status</b> Pending Signature
<b>Goal</b> ⓘ I want to work again		
characters left: 7979		
<b>Implementation Date</b> 05/01/2021	<b>Target Date</b> 04/30/2022	
<b>Completion Date</b>	<b>Discontinued Date</b>	
<b>Objectives</b>		
	<b>Objective</b>	<b>Dates</b>
A	John will obtain paid employment at least 10 hours per week within the next six months.	<b>Implementation</b> 05/01/2021
		<b>Target</b> 11/30/2021
		<a href="#">Add Objective</a> <a href="#">Change</a> <a href="#">View</a> <a href="#">Delete</a>
<b>Interventions</b>		
<p>-John recently worked at Chipotle however he was laid off due to Covid 19. John's job at Chipotle was to make the cilantro rice and the pinto and black beans. John did not need any assistance at his job. He knew his job well and worked at Chipotle for 2 years before being laid off. John will need assistance to complete the written part of an application. John will be able to complete the interview process without any support.</p> <p>-John does not have natural supports to assist him with this goal. He lives with his parents and they work during the day.</p> <p>-John expressed that he wants to work in food preparation.</p> <p>-John requested to self-direct his supports and services.</p> <p>-John requested 6 hours per week of community living supports to assist him to search for a job.</p> <p>-Community Living Support Staff will work with John at least once per week to take him to potential restaurants near his home to complete applications for a job in food preparation.</p> <p>-Community Living Support Staff will assist John to complete at least 2 applications per week regarding the job that he identifies that he is interested in applying for.</p> <p>-Community Living Support Staff will work with John directly to assist him to complete the written portion of all applications that John completes ensuring that John's responses are documented on the application.</p> <p>-Community Living Support Staff will document progress on this Goal weekly.</p> <p>-The Supports Coordinator will meet with John and community living support staff regarding the progress on this goal and will document progress in progress notes.</p>		

# Break out Room



- ▶ Still using John's Life
- ▶ You will be automatically assigned to the same team; **Goal** Getters, Obvious **Objectives**, or the Intelligent **Interventions**.
- ▶ Nominate a new notetaker who can type fast.
- ▶ Each room will have up to 10 minutes to develop a written intervention from one of the objectives you selected earlier.
- ▶ First complete group to return and type their interventions in the chat will get 5 bonus points.
- ▶ Each **good** answer for all teams will earn 2 points.

**\*Don't forget to cover all areas.**

Welcome Back



## Checklist for the Goal Statement, Objective, and Intervention

Please read what you wrote and confidently be able to verify these areas are addressed.

- The **Goal Statement** is in the member's own words.
- The **Goal Statement** identifies what the member wants to achieve or what the intended outcome should be. The statement must be in first-person language (or with identifying legal rep speaking on behalf of the person).
- The **Objective** is S.M.A.R.T. Specific, Measurable, Attainable, Relevant, Time-Bound (See training for details).
- Every **Objective** has interventions/written steps to lead to achievement.
- The **Intervention** can detail what the member can currently do (baseline/their contribution)/why this is important.
- The **Intervention** identifies what community or natural supports have been exhausted before CMH services requested.
- The **Intervention** identifies what and why service is needed to help achieve the outcome/goal.
- The **Intervention** identifies what services the member will self-direct (include details if the service is shared with others).
- The **Intervention** identifies how often (hours, # of times per week/month) the member needs help/the service to have the best opportunity to achieve goals; the amount, scope, and duration of services (ie. authorization). This total should be reasonable to accomplish the intended outcome.
- The **Intervention** is detailed enough to be a "job description" or details the steps to give the member the best opportunity to learn/achieve their goal.
- The **Intervention** identifies how staff will document progress.
- The **Intervention** identifies the SC will review/document progress on goals.
- The **Intervention** identifies how the member's input about progress of the goal will be monitored and how changes will be made if needed.
- The sum of the **Interventions** should be consistent with the authorization.



- **The SC must in-service the IPOS (Goals, Objectives, and Interventions).**
- **Staff must document progress on the goal.**
- **SC should review progress on goals to demonstrate services are being used and meeting the needs of the member.**

**If an individual is not making progress,  
Re-Group, Re-Think and  
Re-Write the Goal.**

# Smart Goals

## Is this a good Goal Statement?



2	Caregiver will assist/perform/provide me with: transportation for community inclusion, attendance at medical appointments, shopping, leisure choice and recreation activities, protection in the community, self-care skills, mobility skills, safety, social skills, so I can continue to live with my family which is the least restrictive environment through 4/24/22 ←	Implementation 04/25/2021	Target 04/24/2022	Pending Signature	<a href="#">View</a> <a href="#">Print</a>
<b>Objective</b>		<b>Dates</b>			
A	My caregiver will perform/assist me with ADLs, such as feeding, bathing, dressing, and proper male grooming and meet my daily needs at least 2x per day.	Implementation 04/25/2021	Target 04/24/2022		<a href="#">View</a>
<b>Interventions</b> Support Coordinator will submit authorization in the following codes for the monitoring monthly visit or as needed: H2x15 up to 50 hours per month. [redacted] Caregiver and family will cooperate 100% of the time in the completion of all my health and safety. Support Coordinator will submit authorization for PAS in-order to give them the rights to seek services. Support Coordinator will complete SPG and up-loaded in MHWIND for approval.					
B	My caregiver and I will participate in some form of physical exercise at least 3x per week.	Implementation 04/25/2021	Target 04/24/2022		<a href="#">View</a>
<b>Interventions</b> The support Coordinator/case manager will meet with the [redacted] and his parents monthly or as needed to review the Person Centered Plan, assess satisfaction with services and supports, review progress made toward goals, discuss and address health and safety, and provide other functions as needed.					

# Which example gives enough information to members/families, staff and outside reviewers to understand why this service is being provided?

A

Goal	Dates	Status
3: I will increase my participation in community and socialization experiences by 10% .	Implementation 08/01/2020 Target 07/31/2021	Active
Objective	Dates	
A I will receive 1:1 staffing within arms reach during community inclusive and leisure activities for the protection of my health and safety.	Implementation 08/01/2020 Target 07/31/2021	<a href="#">View</a>
Interventions	Staff will monitor Tiffany closely while she is engaged in leisure activities for signs of exhaustion.	
B Tiffany will participate in community activities 2 times per month in order to have community and socialization experiences.	Implementation 08/01/2020 Target 07/31/2021	<a href="#">View</a>
Interventions	Tiffany's caregiver will give Tiffany at least 2 different choices of what activity she would like to participate. Tiffany will voice her choice to her caregiver 2 out of 3 trials.	

B

5	I want to work again	Implementation 05/01/2021	Target 04/30/2022	Pending Signature	<a href="#">Change</a> <a href="#">View</a> <a href="#">Delete</a> <a href="#">Print</a>
Objective	Dates	<a href="#">Add Objective</a>			
A John will obtain paid employment at least 10 hours per week within the next six months.	Implementation 05/01/2021	Target 04/30/2022	<a href="#">Change</a> <a href="#">View</a> <a href="#">Delete</a>		
Interventions	<p>-John recently worked at Chipotle however he was laid off due to Covid 19. John's job at Chipotle was to make the cilantro rice and the pinto and black beans. John did not need any assistance at his job. He knew his job well and worked at Chipotle for 2 years before being laid off. John will need assistance to complete the written part of an application. John will be able to complete the interview process without any support.</p> <p>-John does not have natural supports to assist him with this goal. He lives with his parents and they work during the day.</p> <p>-John expressed that he wants to work in food preparation.</p> <p>-John requested to self-direct his supports and services.</p> <p>-John requested 6 hours per week of community living supports to assist him to search for a job.</p> <p>-Community Living Support Staff will work with John at least once per week to take him to potential restaurants near his home to complete applications for a job in food preparation.</p> <p>-Community Living Support Staff will assist John to complete at least 2 applications per week regarding the job that he identifies that he is interested in applying for.</p> <p>-Community Living Support Staff will work with John directly to assist him to complete the written portion of all applications that John completes ensuring that John's responses are documented on the application.</p> <p>-Community Living Support Staff will document progress on this Goal weekly.</p> <p>-The Supports Coordinator will meet with John and community living support staff regarding the progress on this goal and will document progress in progress notes.</p>				

# What's next ?

- ▶ This training will be repeated to provide anyone, especially those who self-direct services, the opportunity to engage in a hands on process. Same time, same day of the week for the next few weeks (except 5/28 and 5/31). Please encourage staff to attend.
- ▶ Effective July 1, 2021, all goals (Goal Statements, Objectives, and Interventions) must follow this format to support authorization approvals.
- ▶ As we review current IPOS', if goals do not meet this standard after June 1, 2021, the SC writing the goal will be required to attend one of the trainings.
- ▶ Reference tools will be emailed; Checklist, SMART goal conversion tool, Behavioral word list, Written IPOS example available in MHWIN.



# Summary

Goals are necessary to help individuals to lead productive, inclusive lives. Good goals meet the needs of the individuals receiving services and the auditors requirements.

Goals must be developed for authorized services and all requested services must be based on medical necessity.

The amount, scope, and duration must be clearly identified in every goal.

Writing concise and detailed goals increases the likelihood that an individual will successfully achieve his or her goal.

Goals provide a good Job Description for staff to help the individuals to meet their desired outcomes.

Goals meets the requirements as listed in the Mental Health Code Section 330.1712: " A treatment plan shall establish meaningful and measurable goals with the recipient".

Goals are not about service, but they are about creating great lives.



*That's all Folks!*