



## **Home and Community Based Services-Adult Mental Health (HCBS-AMH) Guide to Completing the Individual Recovery Plan (IRP)**

### **General Information:**

The development of an IRP is a process in which the individual, their natural supports, and service providers work together as partners using Person-Centered Recovery Planning in the creation of this plan. Prior to the IRP development, appropriate review of the individual's information should be completed. Supporting documentation must accompany all IRP's. This is documentation that reflects a clinical description and justification of the circumstances, events, and/or decisions. Some of the elements required, but limited to, that would be needed in the documentation are: name, date, identifying number, location, frequency, duration, intensity, clinical strategies utilized, clinical impression, and resolution. This documentation is generally in the form of a clinical progress note.

The initial IRP must be completed and submitted to HHSC within 14 days of the individual's enrollment into the HCBS-AMH program. The meeting to develop the IRP must be scheduled at a time and place convenient for the individual. The IRP should be reviewed at a maximum of every 90 days, or more frequently if needed, to ensure it addresses the individual's changing needs.

All information contained in the IRP should be easy for the individual to read and understand. Avoid using technical jargon or medical terminology, as much as possible. Upon completion, the IRP should be submitted to HHSC for review and approval. HCBS-AMH services will not be provided without an active IRP or Uniform Assessment (UA).

Upon HHSC approval of the IRP, a copy must be provided to all parties involved in the IRP development process.

\* All IRP's are to be completed by the Recovery Manager.

<b>Population Served</b>	
<b>Section</b>	<b>Instructions/Important Information</b>
<b>Population</b>	<ul style="list-style-type: none"> <li>• Population of Participant: <ul style="list-style-type: none"> <li>❖ Long Term Hospitalization</li> <li>❖ Jail Diversion</li> <li>❖ Emergency Department Diversion</li> </ul> </li> </ul>
<b>IRP Type</b>	
<b>Section</b>	<b>Instruction/Important Information</b>
<b>Initial IRP Type</b>	<ul style="list-style-type: none"> <li>• The initial IRP must be completed with the individual within fourteen(14) days of enrollment into HCBS-AMH services in accordance with TAC Chapter 412G Rule §412.322.</li> <li>• This IRP type is selected at the first contact between the RM and individual.</li> <li>• Completed by the Recovery Manager(RM) and documents individual’s needs, strengths, and request for HCBS-AMH Services</li> <li>• If Service Providers are unable to attend the IRP in person, they may participate via electronic media (i.e. video or phone)</li> <li>• Signatures will reflect the date of the IRP for all Service Providers that were in attendance.</li> </ul>
<b>Update IRP Type</b>	<ul style="list-style-type: none"> <li>• Submitted at a maximum of every 90 days by the RM</li> <li>• If Service Providers are unable to attend the IRP in person, they may participate via electronic media (i.e. video or phone)</li> <li>• Signatures will reflect the date of the IRP for all Service Providers that were in attendance.</li> <li>• “Update” should be checked in the following cases: <ul style="list-style-type: none"> <li>❖ Routine 90 day review of IRP</li> <li>❖ Crisis Situation</li> <li>❖ Suspension</li> <li>❖ Extension of Services</li> <li>❖ Reduction of Services</li> <li>❖ End of transitional services</li> <li>❖ Reinstatement of Services</li> </ul> </li> </ul>

<b>Transfer IRP Type</b>	<ul style="list-style-type: none"> <li>• Submit within 3 business days of final request prior to individual's transfer to a different Provider Agency</li> <li>• RM updates the IRP approved by HHSC to reflect the new Provider Agency</li> <li>• If Service Providers are unable to attend the IRP in person, they may participate via electronic media (i.e. video or phone)</li> <li>• Signatures will reflect the date of the IRP for all Service Providers that were in attendance.</li> </ul>
<b>Discharge IRP Type</b>	<ul style="list-style-type: none"> <li>• Submit within 3 business days of final request for individual to be discharged from the HCBS-AMH program by the RM</li> <li>• If Service Providers are unable to attend the IRP in person, they may participate via electronic media (i.e. video or phone)</li> <li>• Signatures will reflect the date of the IRP for all Service Providers that were in attendance.</li> </ul>
<b>Completion Date:</b>	<ul style="list-style-type: none"> <li>• Updated during each IRP Review; and</li> <li>• The date the IRP signed by all parties involved in the development of the IRP</li> </ul>

<b>Demographics</b>		
<b>Section</b>	<b>Time Frame</b>	<b>Instructions/Important Information</b>
<b>Names</b>	<ul style="list-style-type: none"> <li>• Documented on the Initial IRP and all subsequent IRP's</li> </ul>	<ul style="list-style-type: none"> <li>• Include the names of The Direct Services Provider, Recovery Management Entity and Recovery Manager, Participant</li> </ul>
<b>DOB</b>	<ul style="list-style-type: none"> <li>• Documented on the Initial IRP and all subsequent IRP's</li> </ul>	<ul style="list-style-type: none"> <li>• Document the Participants date of birth</li> </ul>

<b>Preferred Language</b>	<ul style="list-style-type: none"> <li>• Documented on the Initial IRP and all subsequent IRP's</li> </ul>	<ul style="list-style-type: none"> <li>• Document the Participants Preferred method of communication(i.e. what language)</li> </ul>
<b>Does the Individual Need a Translator or Interpreter</b>	<ul style="list-style-type: none"> <li>• Documented on the Initial IRP and all subsequent IRP's</li> </ul>	<ul style="list-style-type: none"> <li>• Confirm the need for a translator/interpreter and what type of translation/interpreter</li> </ul>
<b>CARE ID #</b>	<ul style="list-style-type: none"> <li>• Documented on the Initial IRP</li> </ul>	<ul style="list-style-type: none"> <li>• If you are unable to locate an individual's CARE ID #, please contact HHSC HCBS-AMH staff at <b>HCBS-AMH@dshs.state.tx.us</b></li> </ul>
<b>Medicaid Number</b>	<ul style="list-style-type: none"> <li>• Documented on the Initial IRP</li> </ul>	<ul style="list-style-type: none"> <li>• If you are unable to locate an individual's MEDICAID ID #, please contact HHSC HCBS-AMH staff at <b>HCBS-AMH@dshs.state.tx.us</b></li> </ul>
<b>Current Address</b>	<ul style="list-style-type: none"> <li>• Documented during Initial IRP;</li> <li>• Reviewed during each 90 day IRP update; or</li> <li>• Update If an individual's current setting changes</li> </ul>	<ul style="list-style-type: none"> <li>• Should reflect the <b>current address</b> in which individual is residing at the time of the IRP <ul style="list-style-type: none"> <li>❖ Example: If individual becomes incarcerated, the address of jail or prison should be listed</li> </ul> </li> </ul>
<b>Current Setting</b>	<ul style="list-style-type: none"> <li>• Reviewed during each 90 day IRP Update ; or</li> <li>• Update if individual's current setting changes</li> </ul>	<ul style="list-style-type: none"> <li>• Reminder: This is not to be confused with Housing Services that are provided.</li> <li>• Select the setting in which the individual is currently residing at the time of the IRP.</li> <li>• Non-HCBS-AMH Settings include: <ul style="list-style-type: none"> <li>❖ Residences that do not meet HCBS-AMH setting requirements in accordance with <b>CFR HCBS 2249-F/2296-F Rule, CFR 441.710</b> settings requirements</li> <li>❖ If the individual is currently homeless</li> </ul> </li> </ul>

<p><b>Setting Verification</b></p>	<ul style="list-style-type: none"> <li>• Reviewed during each 90 day IRP Update;</li> <li>• Upon individual and/or LAR's request; or</li> <li>• Update if individual's current setting changes</li> </ul>	<ul style="list-style-type: none"> <li>• Recovery Manager must review individual's current residence to ensure it meets HCBS-AMH setting requirements and check box indicated;</li> <li>• If individual provides informed consent to the current setting in which they are residing, check box indicated; and</li> <li>• The "No" box should be checked if the individual currently resides in a non-HCBS approved setting.</li> <li>• The "NO" box should also be checked if individual is <b>temporarily</b> residing in a non-HCBS-AMH approved setting such as the following: <ul style="list-style-type: none"> <li>❖ State Hospital;</li> <li>❖ Jail/Prison;</li> <li>❖ Hospital;</li> <li>❖ Nursing Home; and</li> <li>❖ (See Section 11000 Setting Requirements of HCBS-AMH Program Manual) for additional information</li> </ul> </li> <li>• If individual's current setting does not meet HCBS-setting requirements, indicate the following: <ul style="list-style-type: none"> <li>❖ Reason setting does not meet HCBS-AMH-setting requirements;</li> <li>❖ Action steps to address setting requirements; and <ul style="list-style-type: none"> <li>▪ <b>Example:</b> Individual's current residence needs additional modification to meet setting requirements</li> </ul> </li> <li>❖ Time frame in which action steps will be taken <ul style="list-style-type: none"> <li>▪ <b>Example:</b> Individual will transition into an HCBS-AMH approved setting in the next thirty days.</li> </ul> </li> </ul> </li> </ul>
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<b>Diagnoses and Current Medications</b>		
<b>Section</b>	<b>Time Frame</b>	<b>Instructions/Important Information</b>
<b>Diagnoses</b>	<ul style="list-style-type: none"> <li>Reviewed during each 90 day IRP update</li> </ul>	<ul style="list-style-type: none"> <li>Include all applicable codes</li> <li>Ensure all information is current and reflects most recent evaluation</li> </ul>
<b>Current Medications</b>	<ul style="list-style-type: none"> <li>Reviewed during each 90 day IRP update</li> </ul>	<ul style="list-style-type: none"> <li>Ensure all information is current and reflects most recent prescriptive orders</li> </ul>
<b>Physical Examination</b>	<ul style="list-style-type: none"> <li>Reviewed during each 90 day IRP update</li> </ul>	<ul style="list-style-type: none"> <li>It is the RM's responsibility to ensure the individual receives an annual physical examination</li> <li>The date of the individual's most recent physical should be documented on the IRP</li> </ul>

Change in Services (If Applicable)		
Section	Time Frame	Instructions/Important Information
<b>Summary</b>	<ul style="list-style-type: none"> <li>Documented when an IRP reflects a change in services</li> </ul>	<ul style="list-style-type: none"> <li>Summary should be completed for the following: <ul style="list-style-type: none"> <li>❖ Discharge;</li> <li>❖ Transfer;</li> <li>❖ Suspension;</li> <li>❖ Extension of Services;</li> <li>❖ Reduction in Services;</li> <li>❖ End of Transitional Services</li> <li>❖ End of Conversion Services; or</li> <li>❖ Reinstatement of services</li> </ul> </li> </ul>
<b>Discharge Summary</b>	<ul style="list-style-type: none"> <li>Submit within 3 days of final request for individual to be discharged from the HCBS-AMH program</li> </ul>	<ul style="list-style-type: none"> <li><b>Discharge Summary</b> should include the following: <ul style="list-style-type: none"> <li>❖ Reason for discharge (See 10110 Reason for Discharge in HCBS-AMH Provider Manual);</li> <li>❖ Past interventions;</li> <li>❖ Individuals response to past interventions;</li> <li>❖ Further recommendations for services/include individual's preferences for services; and</li> <li>❖ Referral for alternate services (if applicable)</li> </ul> </li> </ul>
<b>Transfer Summary</b>	<ul style="list-style-type: none"> <li>Submit within 3 days of final request for individual to be transferred</li> </ul>	<ul style="list-style-type: none"> <li><b>Transfer Summary</b> should include the following: <ul style="list-style-type: none"> <li>❖ Reason for transfer (See 10310 Reason for Transfer in HCBS-AMH Provider Manual);</li> <li>❖ Past interventions (if applicable);</li> <li>❖ Individuals response to past interventions (if applicable);</li> <li>❖ Individual's preference for services; and</li> <li>❖ Contact information of newly selected RM or HCBS-AMH provider</li> </ul> </li> </ul>

<b>Suspension Summary</b>	<ul style="list-style-type: none"> <li>• Submit within 5 days of individual’s placement into a facility or relocation from service area</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Suspension summary</b> should include the following: <ul style="list-style-type: none"> <li>❖ Reason for suspension (See 10210 Reason for Suspension in the HCBS-AMH Provider Manual);</li> <li>❖ Effective date services will be suspended (if known); and</li> <li>❖ Length of suspension (if known)</li> </ul> </li> </ul>
<b>Extension of Services Summary</b>	<ul style="list-style-type: none"> <li>• Submit five days before expiration of individual’s suspended services</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Extension of Services’ summary</b> should include the following: <ul style="list-style-type: none"> <li>❖ Justification of need for extension of services (See 10221 Extension of Suspended Services in the HCBS-AMH Provider Manual)</li> </ul> </li> </ul>
<b>Reduction in Services Summary</b>	<ul style="list-style-type: none"> <li>• Completed during 90 day IRP update; or</li> <li>• At individual and/or LAR’s request</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Reduction in Services’ summary</b> should include the following: <ul style="list-style-type: none"> <li>❖ Reason for reduction of services;</li> <li>❖ What services are being reduced;</li> <li>❖ Progress made by the individual in service area(s); and</li> <li>❖ How a reduction of services will continue to meet the needs of the individual and protect their health and safety</li> </ul> </li> </ul>
<b>End of Transitional Services</b>	<ul style="list-style-type: none"> <li>• The individual’s transitional services are ready to be ended and that individual is going to be discharged from the State Hospital into the community. An Updated IRP will be completed on the date</li> </ul>	<ul style="list-style-type: none"> <li>• <b>End of Transitional Services summary</b> should include the following: <ul style="list-style-type: none"> <li>❖ Date of individual’s planned discharge from the state hospital; and</li> <li>❖ Progress made by the individual</li> <li>❖ Date HCBS-AMH provider’s services will begin in the community</li> </ul> </li> </ul>

	that Transitional Services End.	
<b>End of Conversion Services</b>	<ul style="list-style-type: none"> <li>The individuals Conversion Services will end after one calendar month.</li> </ul>	<ul style="list-style-type: none"> <li><b>End of Conversion Services summary should include the following:</b> <ul style="list-style-type: none"> <li>❖ Date of end of Conversion Services</li> <li>❖ Progress made by the individual</li> <li>❖ Date of Updated IRP</li> </ul> </li> </ul>
<b>Reinstatement of Services' Summary</b>	<ul style="list-style-type: none"> <li>Submit within 5 days of individual's release from facility or relocation back to service area</li> </ul>	<ul style="list-style-type: none"> <li><b>Review of Reinstatement of Services' summary</b> should include the following: <ul style="list-style-type: none"> <li>❖ Reason for reinstatement of services (See 10220 Suspension Procedure in HCBS-AMH Provider Manual); and</li> <li>❖ Effective date of reinstatement of services (if known)</li> </ul> </li> </ul>

Life Narrative		
Section	Time Frame	Instructions/Important Information
<b>Life Narrative</b>	<ul style="list-style-type: none"> <li>Documented on Initial IRP;</li> <li>Can be updated upon individual's request; or</li> <li>Individual experiencing a major life change which affects their overall mental and/or physical health</li> </ul>	<ul style="list-style-type: none"> <li>Life Narrative should include but is not limited to the following (past and present): <ul style="list-style-type: none"> <li>❖ Housing;</li> <li>❖ Trauma;</li> <li>❖ Abuse, neglect, and/or exploitation;</li> <li>❖ Mental health services;</li> <li>❖ Substance Use;</li> <li>❖ Family history and dynamics;</li> <li>❖ Education/Vocation;</li> <li>❖ Cultural and Spiritual beliefs; and</li> <li>❖ Accomplishments</li> </ul> </li> </ul>

<b>Strengths, Barriers, Immediate Needs, and Personal Interests</b>		
<b>Section</b>	<b>Time Frame</b>	<b>Instructions/Important Information</b>
<b>Strengths, Barriers, Immediate Needs, and Personal Interests</b>	<ul style="list-style-type: none"> <li>Reviewed during each 90 day IRP; or</li> <li>Upon individual and/or LAR's request</li> </ul>	<ul style="list-style-type: none"> <li>Strengths: for achieving identified goals and external/internal factors</li> <li>Barriers: obstacles that hinder goal achievement and specific and suggested steps in recovery</li> <li>Immediate Needs: Issues that are high priority to the participant for recovery</li> <li>Personal Interest: external factors that may help achieve goals</li> <li>Based on the individual's view;</li> <li>Collaborate with individual's Interdisciplinary team and natural supports to provide input;</li> <li>Assess in all life domains; and See 7222 Strengths and Abilities and 7223 Barriers and Needs in the HCBS-AMH Provider Manual) for additional information on Strengths, Barriers, and Needs</li> </ul>

<b>Goals/Objectives</b>		
<b>Section</b>	<b>Time Frame</b>	<b>Instructions/Important Information</b>
<b>Life Domain Area of Need</b>	<ul style="list-style-type: none"> <li>Reviewed during each 90 day IRP Update; or</li> <li>Upon individual and/or LAR's request</li> </ul>	<ul style="list-style-type: none"> <li>Indicates what area in the individual's life the goal statement will focus on as identified by the ANSA</li> </ul>
<b>Goal Statement</b>	<ul style="list-style-type: none"> <li>Reviewed during each 90 day IRP Update; or</li> <li>Upon individual and/or LAR's request</li> </ul>	<ul style="list-style-type: none"> <li>The goal should be a long term plan and designed to reflect what the individual wants to accomplish;</li> <li>The goal should incorporate quotes from the individual</li> <li>( See 7221 Goals in the HCBS-AMH Provider Manual) for additional information on goals statement</li> <li>Additional Goals can be added to the IRP as needed.</li> </ul>

<b>Next Review date</b>	<ul style="list-style-type: none"> <li>• Reviewed no greater than 90 days from current date</li> </ul>	<ul style="list-style-type: none"> <li>• Defines current Recovery Plan timeframe</li> <li>• RM and Provider Services cannot be billed if the IRP has expired. It is acceptable to begin and complete the IRP review process 14 days prior to the 90 day limit</li> </ul>
<b>Status of Goal</b>	<ul style="list-style-type: none"> <li>• Reviewed during each 90 day IRP Update; or</li> <li>• Upon individual and/or LAR's request</li> </ul>	<ul style="list-style-type: none"> <li>• Select one of the following for "Status of Goal" <ul style="list-style-type: none"> <li>❖ In Progress;</li> <li>❖ Achieved;</li> <li>❖ Reconsidered; or</li> <li>❖ Discontinued</li> </ul> </li> </ul>
<b>In Progress</b>	<ul style="list-style-type: none"> <li>• Reviewed during each 90 day IRP Update; or</li> <li>• Upon individual and/or LAR's request</li> </ul>	<ul style="list-style-type: none"> <li>• <b>"In Progress"</b> applies to the following: <ul style="list-style-type: none"> <li>❖ Goal is currently being worked on and the individual has taken action steps to work toward this goal;</li> <li>❖ The individual chooses to continue to work on this goal; and The goal is still relevant to the individual's needs</li> </ul> </li> </ul>
<b>Achieved</b>	<ul style="list-style-type: none"> <li>• Reviewed during each 90 day IRP Update ; or</li> <li>• Upon individual and/or LAR's request</li> </ul>	<ul style="list-style-type: none"> <li>• <b>"Achieved"</b> applies to the following: <ul style="list-style-type: none"> <li>❖ Individual has taken all necessary steps to complete this goal and the individual feels they have achieved their goal; and</li> <li>❖ Individual is satisfied with the current progress on the goal and feel they have taken all necessary steps to accomplish this goal</li> </ul> </li> </ul>
<b>Reconsidered</b>	<ul style="list-style-type: none"> <li>• Reviewed during each 90 day IRP Update; or</li> <li>• Upon individual and/or LAR's request</li> </ul>	<ul style="list-style-type: none"> <li>• <b>"Reconsidered"</b> applies to the following: <ul style="list-style-type: none"> <li>❖ Individual determines they want to change part of their goal but it still falls within the same life domain area of need; and</li> <li>❖ If <b>"reconsidered"</b> is selected, a new goal falling under the same life domain area of need must be added</li> </ul> </li> </ul>
<b>Discontinued</b>	<ul style="list-style-type: none"> <li>• Reviewed during each 90 day IRP Update; or</li> <li>• Upon individual and/or LAR's request</li> </ul>	<ul style="list-style-type: none"> <li>• <b>"Discontinued"</b> applies to the following: <ul style="list-style-type: none"> <li>❖ Individual determines the current goal no longer meets their needs; and</li> <li>❖ Individual chooses to no longer work on the goal at this time</li> </ul> </li> </ul>

<b>Progress of Goal</b>	<ul style="list-style-type: none"> <li>• Reviewed during each 90 day IRP Update; or</li> <li>• Upon individual and/or LAR's request</li> </ul>	<ul style="list-style-type: none"> <li>• Must include the following: <ul style="list-style-type: none"> <li>❖ Action steps the individual has taken; and</li> <li>Action steps taken by the IDT;</li> </ul> </li> </ul>
<b>Objectives</b>	<ul style="list-style-type: none"> <li>• Reviewed during each 90 day IRP Update ; or</li> <li>• Upon individual and/or LAR's request</li> </ul>	<ul style="list-style-type: none"> <li>• <b>No more than THREE</b> objectives should be listed for each goal</li> <li>• Identify the immediate focus of treatment;</li> <li>• Are incremental tasks that an individual will focus on as they move toward their goal; and <ul style="list-style-type: none"> <li>❖ (See Section 7224 in the HCBS-AMH Provider Manual) for additional information on objectives.)</li> </ul> </li> </ul>
<b>Intervention</b>	<ul style="list-style-type: none"> <li>• Reviewed during each 90 day IRP Update ; or</li> <li>• Upon individual and/or LAR's request</li> </ul>	<ul style="list-style-type: none"> <li>• Are specific to an objective; and</li> <li>• Action steps taken by an individual and IDT. <ul style="list-style-type: none"> <li>❖ (See Section 7225 in the HCBS-AMH Provider Manual) for additional information on objectives.)</li> </ul> </li> </ul>
<b>Type of Service:</b>	<ul style="list-style-type: none"> <li>• Reviewed during each 90 day IRP Update; or</li> <li>• Upon individual and/or LAR's request</li> </ul>	<ul style="list-style-type: none"> <li>• Outlines the area of service the intervention falls under; and</li> <li>• Only one box should be checked</li> </ul>
<b>Frequency</b>	<ul style="list-style-type: none"> <li>• Reviewed during each 90 day IRP Update; or</li> <li>• Upon individual and/or LAR's request</li> </ul>	<ul style="list-style-type: none"> <li>• How often intervention is addressed</li> <li>• <b>Example:</b> Employment Specialist will meet with individual two times per week to conduct a job search</li> </ul>
<b>Duration</b>	<ul style="list-style-type: none"> <li>• Reviewed during each 90 day IRP Update; or</li> <li>• Upon individual and/or LAR's request</li> </ul>	<ul style="list-style-type: none"> <li>• How long the intervention will last per occurrence <ul style="list-style-type: none"> <li>❖ <b>Example:</b> During each meeting, Employment Specialist will assist individual with his job search for one hour.</li> </ul> </li> </ul>

<b>Objective Intervention is Addressing</b>	<ul style="list-style-type: none"> <li>• Reviewed during each 90 day IRP Update; or</li> <li>• Upon individual and/or LAR's request</li> </ul>	<ul style="list-style-type: none"> <li>• Outlines which objective the intervention is addressing;</li> <li>• Intervention can address more than one objective; and <ul style="list-style-type: none"> <li>❖ Check all boxes that apply</li> </ul> </li> </ul>
<b>Number of Anticipated Units Utilized/30 days</b>	<ul style="list-style-type: none"> <li>• Reviewed during each 90 day IRP Update; or</li> <li>• Upon individual and/or LAR's request</li> </ul>	<ul style="list-style-type: none"> <li>• Outlines the number of units per service for each month that is anticipated over the course of the 90 day IRP timeframe. Accompanying documentation is required for clinical justification for both Standard and High Need authorization of units.</li> </ul>

<b>Signature of Provider, Credentials, and Date</b>	<ul style="list-style-type: none"> <li>• Documented during each 90 day IRP update</li> </ul>	<ul style="list-style-type: none"> <li>• Provider must sign to attest to ability to provide service; and</li> <li>• Date signed should reflect the date IRP is completed</li> <li>• In the case of multiple staff providing services, the lead staff will sign</li> </ul>
<b>Role of the Recovery Manager</b>		
<b>Section</b>	<b>Time Frame</b>	<b>Instructions/Important Information</b>

<p><b>Responsibility of the Recovery Manager</b></p>	<ul style="list-style-type: none"> <li>• Reviewed at a maximum of every 90 days; or</li> <li>• Upon individual and/or LAR's request</li> <li>• Change in need of individual which requires an adjustment of modification before scheduled IRP review</li> </ul>	<ul style="list-style-type: none"> <li>• Outlines the action steps the Recovery Manager will take in each intervention to assist the individual;</li> <li>• Check all "Responsibilities of the RM" that apply for each intervention</li> <li>• All interventions must include the role of the Recovery Manager. The following includes but not limited to these types of Roles: <ul style="list-style-type: none"> <li>• IRP Development <ul style="list-style-type: none"> <li>❖ Reviews all relevant data to ensure IRP meets the needs of the individual</li> </ul> </li> <li>• Assisting with Informed Choices <ul style="list-style-type: none"> <li>❖ Identifying natural supports</li> </ul> </li> <li>• Coordinating/monitoring of Service Provision <ul style="list-style-type: none"> <li>❖ Ensures Integration of all services</li> <li>❖ Provides safety, health, welfare checks</li> </ul> </li> <li>• Resource Development <ul style="list-style-type: none"> <li>❖ Identifies service providers</li> <li>❖ Educates Individuals on how to develop Community Relationships</li> </ul> </li> <li>• Advocating <ul style="list-style-type: none"> <li>❖ Assists with Fair Hearings, Rights, Entitlements</li> <li>❖ For continuity of services, service flexibility, beneficiary rights</li> <li>❖ For modifications in services</li> <li>❖ With Community Services(ie Justice System, Housing, Employment, Medical)</li> </ul> </li> </ul> </li> </ul>
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<b>Role Statement in Service Provision</b>	<ul style="list-style-type: none"> <li>• Reviewed at a maximum of every 90 days; or</li> <li>• Upon individual and/or LAR's request</li> <li>• Change in need of individual which requires an adjustment of modification before scheduled IRP review</li> </ul>	<ul style="list-style-type: none"> <li>• The Recovery Manager will give an in-depth description of the actions that the Recovery Manager will perform for the each individuals' specific interventions to assist in goal accomplishment.</li> </ul>
<b>Frequency</b>	<ul style="list-style-type: none"> <li>• Reviewed during each 90 day IRP Update; or</li> <li>• Upon individual and/or LAR's request</li> </ul>	<ul style="list-style-type: none"> <li>• How often will the Recovery Manager meet with the individual to address each intervention</li> </ul>
<b>Duration</b>	<ul style="list-style-type: none"> <li>• Reviewed during each 90 day IRP Update; or</li> <li>• Upon individual and/or LAR's request</li> </ul>	<ul style="list-style-type: none"> <li>• How long each anticipated meeting will last.</li> </ul>
<b>Number of Anticipated Units Utilized/30 days</b>	<ul style="list-style-type: none"> <li>• Reviewed during each 90 day IRP Update; or</li> <li>• Upon individual and/or LAR's request</li> </ul>	<ul style="list-style-type: none"> <li>• Outlines the number of units per service for each month that is anticipated over the course of the 90 day IRP timeframe. Accompanying documentation is required for clinical justification for both Standard and High Need authorization of units.</li> </ul>

Modifications of HCBS-AMH Requirements ( If Applicable)		
Section	Time Frame	Instructions/Important Information
<b>Modifications of HCBS-AMH Requirements</b>	<ul style="list-style-type: none"> <li>Reviewed at a maximum of every 90 days; or</li> <li>Upon individual and/or LAR's request</li> <li>Change in need of individual which requires an adjustment of modification before scheduled IRP review</li> </ul>	<ul style="list-style-type: none"> <li>This section is only completed if there have been Modifications to any of the HCBS-AMH requirements.</li> <li>If any modifications are made to the HCBS-AMH requirements, it must be documented on the IRP; and</li> <li>Indicate what area modification will affect</li> </ul>
<b>Type of Modification</b>	<ul style="list-style-type: none"> <li>Reviewed at a maximum of every 90 days; or</li> <li>Upon individual and/or LAR's request</li> <li>Change in need of individual which requires an adjustment of modification before scheduled IRP review</li> </ul>	<ul style="list-style-type: none"> <li>Indicates the category which the modification is classified. This includes the following: <ul style="list-style-type: none"> <li>❖ Setting Requirements: <ul style="list-style-type: none"> <li><input type="checkbox"/> Refers to any modification that will be made to the HCBS-AMH setting requirements</li> <li><input type="checkbox"/> Example: Staff having a key to the individual's room</li> </ul> </li> <li>❖ Medication Safety and Management <ul style="list-style-type: none"> <li><input type="checkbox"/> Refers to any modification that will be made to the administration of an individual's medication</li> <li><input type="checkbox"/> Example: Nurse managing the individual's medication</li> </ul> </li> <li>❖ Personal Restraint <ul style="list-style-type: none"> <li><input type="checkbox"/> Refers to any modification that refers to the use of personal restraint</li> <li><input type="checkbox"/> Should be listed as a modification if: <ul style="list-style-type: none"> <li>➤ Individual has a history of personal restraint being used</li> <li>➤ Personal restraint is used while the individual is a participant in the HCBS-AMH program</li> </ul> </li> </ul> </li> </ul> </li> </ul>

		<ul style="list-style-type: none"> <li>❖ Individual Autonomy <ul style="list-style-type: none"> <li><input type="checkbox"/> Refers to any modification that affects an individual’s autonomy</li> <li><input type="checkbox"/> Example: Limitations on an individual’s access to food</li> </ul> </li> </ul>
<b>Next Review Date of Modification</b>	<ul style="list-style-type: none"> <li>• Updated at a maximum of every 90 days</li> <li>• Updated at a maximum of every 90 days</li> <li>• Upon individual and/or LAR’s request</li> <li>• Change in need of individual which requires an adjustment of modification before scheduled IRP review</li> </ul>	<ul style="list-style-type: none"> <li>• The next date the Modifications will be reviewed. No greater than 90 days.</li> <li>• A review may take place in less than 30 days if individual and/or LAR, and IDT feel it is in the best interest of the individual</li> </ul>
<b>Interventions and Supports will Cause No Harm to the Individual</b>	<ul style="list-style-type: none"> <li>• Updated at a maximum of every 90 days</li> <li>• Upon individual and/or LAR’s request</li> <li>• Change in need of individual which requires an adjustment of modification before scheduled IRP review</li> </ul>	<ul style="list-style-type: none"> <li>• Box must be checked for modifications on IRP to be approved by HHSC</li> </ul>

<b>Assessed Need for Modification</b>	<ul style="list-style-type: none"> <li>• Reviewed at a maximum of every 90 days; or</li> <li>• Upon individual and/or LAR's request</li> <li>• Change in need of individual which requires an adjustment of modification before scheduled IRP review</li> </ul>	<ul style="list-style-type: none"> <li>• Outline what needs identified on the Uniform Assessment would require modification of HCBS-AMH requirements</li> </ul>
<b>Specific Modification</b>	<ul style="list-style-type: none"> <li>• Reviewed at a maximum of every 90 days; or</li> <li>• Upon individual and/or LAR's request</li> <li>• Change in need of individual which requires an adjustment of modification before scheduled IRP review</li> </ul>	<ul style="list-style-type: none"> <li>• Provide detailed information about each modification; and</li> <li>• Example: <ul style="list-style-type: none"> <li>❖ Direct Staff will be given a key to the individual's apartment</li> </ul> </li> </ul>
<b>Less Intrusive Methods Previously Utilized</b>	<ul style="list-style-type: none"> <li>• Reviewed at a maximum of every 90 days; or</li> <li>• Upon individual and/or LAR's request</li> <li>• Change in need of individual which</li> </ul>	<ul style="list-style-type: none"> <li>• Outline previous interventions that were utilized with the individual; and</li> <li>• Outline why these interventions failed to protect the individual's health and safety</li> </ul>

	requires an adjustment of modification before scheduled IRP review	
<b>Effectiveness of Modification</b>	<ul style="list-style-type: none"> <li>• Reviewed at a maximum of every 90 days; or</li> <li>• Upon individual and/or LAR's request</li> <li>• Change in need of individual which requires an adjustment of modification before scheduled IRP review</li> </ul>	<ul style="list-style-type: none"> <li>• Outline why the proposed modifications will benefit the individual's health and safety at the initial modification</li> <li>• Outline at each 90 day review the effectiveness of the modification</li> </ul>
<b>Person(s) Involved In Modifications</b>	<ul style="list-style-type: none"> <li>• Reviewed at a maximum of every 90 days; or</li> <li>• Upon individual and/or LAR's request</li> <li>• Change in need of individual which requires an adjustment of modification before scheduled IRP review</li> </ul>	<ul style="list-style-type: none"> <li>• Outline all person(s) involved in the modification and their relationship to the individual.</li> </ul>

<b>Signatures</b>		
<b>Section</b>	<b>Time Frame</b>	<b>Instructions/Important Information</b>
<b>Signatures</b>	<ul style="list-style-type: none"> <li>All IRPs must be signed during each IRP update</li> </ul>	<ul style="list-style-type: none"> <li>All parties must sign IRP and date before it is submitted to HHSC; and</li> <li>After the IRP is approved by HHSC, all parties must receive a copy of it.</li> <li>Ensure most up to date contact information for emergency and non-emergency providers is documented; Providers that are present via electronic mode will sign the IRP on the date that the IRP was formulated/reviewed</li> </ul>

<b>Contact Information for Alternate Recovery Manager</b>		
<b>Section</b>	<b>Time Frame</b>	<b>Instructions/Important Information</b>
<b>Contact Information for Alternate Recovery Manager</b>	<ul style="list-style-type: none"> <li>Reviewed during each 90 day IRP Update; or</li> <li>Update when any of the individual's HCBS-AMH providers or supports change</li> </ul>	<ul style="list-style-type: none"> <li>Section must ALWAYS include most up to date contact information for Alternate Recovery Manager.</li> </ul>

<b>Copy of IRP</b>		
<b>Section</b>	<b>Time Frame</b>	<b>Instructions/Important Information</b>
<b>Copy of IRP Given to Individual and/or LAR</b>	<ul style="list-style-type: none"> <li>A copy of the IRP should be given during each IRP update</li> </ul>	<ul style="list-style-type: none"> <li>Check which box applies when individual and/or LAR is offered a copy of the IRP; and</li> <li>If individual and/or LAR declines a copy, document in individual and/or LAR's own words why they have declined to receive a copy of the IRP.</li> </ul>

Crisis Plan		
Section	Time Frame	Instructions/Important Information
Crisis Plan	<ul style="list-style-type: none"> <li>Reviewed during each 90 day IRP Update; or</li> <li>Upon individual and/or LAR's request</li> </ul>	<ul style="list-style-type: none"> <li>Crisis plan is a separate document located at <a href="http://www.dshs.state.tx.us/mhsa/hcbs-amh/forms">http://www.dshs.state.tx.us/mhsa/hcbs-amh/forms</a>.</li> <li>Should be submitted with IRP</li> <li>In each section, make sure information is easily understandable to the individual;</li> <li>Rely on input from individual as well as their IDT;</li> <li>Ensure most up to date contact information for individual, providers, and supports is documented. (See Section 7226-Crisis Planning in the Provider Manual)</li> </ul>

Safety Plan		
Section	Time Frame	Instructions/Important Information
Safety Plan	<ul style="list-style-type: none"> <li>Complete if assessments, individuals, and/or IDT identify individual is at risk of being exploited or abused;</li> <li>Reviewed during each 90 day IRP Update; or</li> <li>Upon individual and/or LAR's request</li> </ul>	<ul style="list-style-type: none"> <li>Safety plan is a separate document located at <a href="http://www.dshs.state.tx.us/mhsa/hcbs-amh/forms">http://www.dshs.state.tx.us/mhsa/hcbs-amh/forms</a>.</li> <li>Identify if individual is susceptible to abuse in each of the areas listed;</li> <li>Ensure that measures to minimize risk are very detailed;</li> <li>Ensure most up to date contact information for emergency and non-emergency providers is documented;</li> <li>In each section, make sure information is easily understandable to the individual; and</li> <li>Rely on input from individual as well as their IDT and other supports. ( See Section 7227-Safety Plan in the Provider Manual)</li> </ul>

<b>HCBS-AMH Interdisciplinary Team Contact</b>		
<b>Section</b>	<b>Time Frame</b>	<b>Instructions/Important Information</b>
<b>HCBS-AMH Interdisciplinary Team Contacts</b>	<ul style="list-style-type: none"> <li>• Reviewed during each 90 day IRP Update; or</li> <li>• Update when any of the individual's HCBS-AMH providers or supports change</li> </ul>	<ul style="list-style-type: none"> <li>• Section must ALWAYS include most up to date contact information for providers and supports in the IDT;</li> <li>• If individual requires an interpreter or translator ensure most up to date contact information of entity providing interpretation or translation services is included; and</li> <li>• Should include all information for non-HCBS-AMH providers (i.e. individual's MCO coordinator)</li> </ul>