



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, an 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 and can be provided by persons having contact with the individual.

The following standard guidelines apply: The RM will contact the Provider Agency, Referring Agency and the Individual within 72 hours of being notified by HHSC of enrollment to schedule the IRP meeting. This meeting to develop the IRP must be scheduled at a time and place convenient for the individual, generally within 6 days of the RM contacting all parties. Within 48 hours after the IRP meeting has concluded, the RM completes the IRP packet and sends to the Provider Agency for signatures. Within 24 hours of receipt, the Provider Agency will sign and return the IRP packet to the RM. Within 72 hours of receipt of the signed IRP packet, the RM will obtain the Individual's signature. The initial IRP Summary Sheet must be completed and submitted to HHSC within 14 days of the individual's enrollment into the HCBS-AMH program. 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. Upon completion of each *update*, the IRP Summary Sheet shall be submitted to HHSC for review and approval. All IRP's submitted to HHSC will also contain the email address of the Provider Agency representative. HHSC will review all IRP's within 5 business days and return to the RM. It is the responsibility of the RM to ensure that the Provider Agency and the LMHA/LBHA have the most current IRP. The original IRP and all related documents will reside within the individual's clinical record.

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

*Only the Recovery Manager may submit the IRP Summary Sheet to HHSC.

HCBS-AMH Individual Recovery Plan (IRP) Template

Adult Need Strength Assessment (ANSA)

Tab # 1

Section	Instructions/Important Information
ANSA scores	<ul style="list-style-type: none"> ❖ Transpose the most recent ANSA scores to the IRP for each of the categories. The ANSA scores will be reviewed at the time of each IRP update to ensure accuracy and that the most recent ANSA scores are being utilized. The most recent ANSA scores will be retrieved from either the LMHA, state hospital, or an independent assessor deemed by HHSC.
• Population Served	
Section	Instructions/Important Information
Population	<ul style="list-style-type: none"> • Population of Individual: <ul style="list-style-type: none"> ❖ Long Term Psychiatric Hospitalization ❖ Jail Diversion ❖ Emergency Department Diversion
IRP Type	
Section	Instruction/Important Information
Initial IRP Type	<ul style="list-style-type: none"> • The initial IRP must be completed face to face with the individual within fourteen (14) days of enrollment into HCBS-AMH services in accordance with TAC Chapter 412G Rule §412.322. • This IRP type is selected at the first contact between the RM and individual. • Completed by the Recovery Manager(RM) and documents individual’s needs, strengths, and request for HCBS-AMH Services • If the individual is in the state hospital, the representative of the Provider Agency is may to attend the IRP in person or they may participate via electronic media (i.e. video or phone). If the individual resides in the community, the representative of the Provider Agency must be physically present.

<p>Update IRP Type</p>	<ul style="list-style-type: none"> • Submitted at a maximum of every 90 days by the RM • If the individual is in the state hospital, the representative of the Provider Agency is may to attend the IRP in person or they may participate via electronic media (i.e. video or phone). If the individual resides in the community, the representative of the Provider Agency must be physically present. • “Update” should be checked in the following cases: <ul style="list-style-type: none"> ❖ Routine 90-day review of IRP ❖ Crisis Situation ❖ Suspension ❖ Extension of Services ❖ Reduction of Services ❖ End of Facility Discharge Services ❖ Reinstatement of Services
<p>Transfer IRP Type</p>	<ul style="list-style-type: none"> • Submit within 3 business days of final request prior to individual’s transfer to a different Provider Agency • RM updates the IRP approved by HHSC to reflect the new Provider Agency • If Service Providers are unable to attend the IRP in person, they may participate via electronic media (i.e. video or phone)
<p>Discharge IRP Type</p>	<ul style="list-style-type: none"> • Submit within 3 business days of final request for individual to be discharged from the HCBS-AMH program by the RM • If Service Providers are unable to attend the IRP in person, they may participate via electronic media (i.e. video or phone)
<p>Completion Date:</p>	<ul style="list-style-type: none"> • The date the IRP IDT is conducted
<p>Date of Next IRP update</p>	<ul style="list-style-type: none"> • This date is calculated to be 90 days from the date entered in the Completion Date section. This date is the maximum amount of time between IRP updates. IRP updates can occur whenever it is clinically appropriate.

Demographics		
Section	Time Frame	Instructions/Important Information
Individual Name	<ul style="list-style-type: none"> Documented on the Initial IRP and all subsequent IRP's 	<ul style="list-style-type: none"> Document the name of the individual. Including any nicknames, they wish to be called.
Local Mental Health Authority	<ul style="list-style-type: none"> Documented on the Initial IRP and all subsequent IRP's 	<ul style="list-style-type: none"> Document the LMHA Service Region that the individual will or currently resides
Recovery Management Entity Name and RM Name	<ul style="list-style-type: none"> Documented on the Initial IRP and all subsequent IRP's 	<ul style="list-style-type: none"> Document the name of both the RM Entity and RM Manager
Provider Agency Name	<ul style="list-style-type: none"> Documented on the Initial IRP and all subsequent IRP's 	<ul style="list-style-type: none"> Document the name of the Provider Agency
Preferred Language	<ul style="list-style-type: none"> Documented on the Initial IRP and all subsequent IRP's 	<ul style="list-style-type: none"> Document the Individuals Preferred method of communication (i.e. what language).
Does the Individual Need a Translator or Interpreter Preferred	<ul style="list-style-type: none"> Documented on the Initial IRP and all subsequent IRP's 	<ul style="list-style-type: none"> Confirm the need for a translator/interpreter and what type of translation/interpreter.
CARE ID #	<ul style="list-style-type: none"> Documented on the Initial IRP and all subsequent IRP's 	<ul style="list-style-type: none"> Document the Individuals CARE ID number. This number will be found on the Referral and Enrollment documentation. If you are unable to locate an individual's CARE ID #, please contact HHSC HCBS-AMH staff at HCBS-AMH@hhsc.state.tx.us

DOB	<ul style="list-style-type: none"> • Documented on the Initial IRP and all subsequent IRP's 	<ul style="list-style-type: none"> • Document the Individuals date of birth.
Active Medicaid Number ID #	<ul style="list-style-type: none"> • Documented on the Initial IRP and all subsequent IRP's 	<ul style="list-style-type: none"> • Document the Active Medicaid number. This number may be found on the Referral and Enrollment(R&E) documentation if in the community when enrolled. If enrolled from the state hospital, there may not be an Active Medicaid number on the R&E. When the individuals Medicaid Benefits are re-activated, at the next IRP update, the Medicaid number should be included. If you are unable to locate the individual's MEDICAID ID #, please contact HHSC HCBS-AMH staff at HCBS-AMH@hsc.state.tx.us
Current Address	<ul style="list-style-type: none"> • Documented during Initial IRP; • Reviewed during each 90 day IRP update; or • Update If the individual's current setting changes 	<ul style="list-style-type: none"> • Should reflect the current address in which the individual is residing at the time of the IRP • Example: If the individual becomes incarcerated, the address of jail or prison should be listed.
Current Setting	<ul style="list-style-type: none"> • Documented during Initial IRP; • Reviewed during each 90 day IRP update; or • Update If the individual's current setting changes 	<ul style="list-style-type: none"> • Reminder: This is not to be confused with Housing Services that are provided. • Select the setting in which the individual is currently residing at the time of the IRP. Such as: 1) Assisted Living Facility, 2) Group Home, 3) family Home, 4) Apartment, 5) State Hospital, 6) Jail/Prison, 7) Hospital, 8) Nursing Home, 9) Unknown, 10) Non-HCBS-AMH Settings. • Non-HCBS-AMH Settings include: <ul style="list-style-type: none"> ❖ Residences that do not meet HCBS-AMH setting requirements in accordance with CFR HCBS 2249-F/2296-F Rule, CFR 441.710 settings requirements ❖ If the individual is currently homeless.

Settings Verification		
Setting Verification	<ul style="list-style-type: none"> • Reviewed during each 90 day IRP Update; • Upon individual and/or LAR's request; or • Update if individual's current setting changes 	<ul style="list-style-type: none"> • Recovery Manager must review individual's current residence to ensure it meets HCBS-AMH setting requirements and check box indicated; • If individual provides informed consent to the current setting in which they are residing, check box indicated; and • The "No" box should be checked if the individual currently resides in a non-HCBS approved setting. • The "NO" box should also be checked if individual is temporarily residing in a non-HCBS-AMH approved setting such as the following: <ul style="list-style-type: none"> ❖ State Hospital; ❖ Jail/Prison; ❖ Hospital; ❖ Nursing Home; and ❖ (See Section 11000 Setting Requirements of HCBS-AMH Program Manual) for additional information • If individual's current setting does not meet HCBS-setting requirements, indicate the following: <ul style="list-style-type: none"> ❖ Reason setting does not meet HCBS-AMH-setting requirements; ❖ Action steps to address setting requirements; and <ul style="list-style-type: none"> ▪ Example: Individual's current residence needs additional modification to meet setting requirements ❖ Time frame in which action steps will be taken <ul style="list-style-type: none"> ▪ Example: Individual will transition into an HCBS-AMH approved setting in the next thirty days.

Diagnoses and Current Medications		
Section	Time Frame	Instructions/Important Information
Diagnoses	<ul style="list-style-type: none"> Reviewed during each 90 day IRP update 	<ul style="list-style-type: none"> Include all applicable ICD-10 codes Ensure all information is current and reflects most recent evaluation
Current Medications	<ul style="list-style-type: none"> Reviewed during each 90 day IRP update 	<ul style="list-style-type: none"> Ensure all information is current and reflects most recent prescriptive orders
Physical Examination	<ul style="list-style-type: none"> Reviewed during each 90 day IRP update 	<ul style="list-style-type: none"> It is the RM's responsibility to ensure the individual receives an annual physical examination The date of the individual's most recent physical should be documented on the IRP If a current date is not available, a date must be included within 30 days of the IRP development, which would be an "Update" to the IRP

Change in Services (If Applicable)

Tab #2

Section	Time Frame	Instructions/Important Information
Summary	<ul style="list-style-type: none"> Documented when an IRP reflects a change in services 	<ul style="list-style-type: none"> Summary should be completed for the following: <ul style="list-style-type: none"> ❖ Discharge; ❖ Transfer; ❖ Suspension; ❖ Extension of Services; ❖ Reduction in Services; ❖ End of Facility Discharge Services ❖ End of Conversion Services; or ❖ Reinstatement of services
Discharge Summary	<ul style="list-style-type: none"> Submit within 3 days of final request for individual to be discharged from the HCBS-AMH program 	<ul style="list-style-type: none"> Discharge Summary should include the following: <ul style="list-style-type: none"> ❖ Reason for discharge (See 10110 Reason for Discharge in HCBS-AMH Provider Manual); ❖ Past interventions; ❖ Individuals response to past interventions; ❖ Further recommendations for services/include individual’s preferences for services; and ❖ Referral for alternate services (if applicable)
Transfer Summary	<ul style="list-style-type: none"> Submit within 3 days of final request for individual to be transferred 	<ul style="list-style-type: none"> Transfer Summary should include the following: <ul style="list-style-type: none"> ❖ Reason for transfer (See 10310 Reason for Transfer in HCBS-AMH Provider Manual); ❖ Past interventions (if applicable); ❖ Individuals response to past interventions (if applicable); ❖ Individual’s preference for services; and ❖ Contact information of newly selected RM or HCBS-AMH provider
Suspension Summary	<ul style="list-style-type: none"> Submit within 5 days of individual’s placement into a facility or relocation from service area 	<ul style="list-style-type: none"> Suspension summary should include the following: <ul style="list-style-type: none"> ❖ Reason for suspension (See 10210 Reason for Suspension in the HCBS-AMH Provider Manual); ❖ Effective date services will be suspended (if known); and ❖ Length of suspension (if known). No more than 180 days

Extension of Services Summary	<ul style="list-style-type: none"> • Submit five days before expiration of individual's suspended services 	<ul style="list-style-type: none"> • Extension of Services' summary should include the following: <ul style="list-style-type: none"> ❖ Justification of need for extension of services for individuals residing in a state hospital, jail, or hospital
Reduction in Services Summary	<ul style="list-style-type: none"> • Completed during 90 day IRP update; or • At individual and/or LAR's request 	<ul style="list-style-type: none"> • Reduction in Services' summary should include the following: <ul style="list-style-type: none"> ❖ Reason for reduction of services; ❖ What services are being reduced; ❖ Progress made by the individual in service area(s); and ❖ How a reduction of services will continue to meet the needs of the individual and protect their health and safety.
End of Facility Discharge Services	<ul style="list-style-type: none"> • The individual's 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 that Facility Discharge Services ended. 	<ul style="list-style-type: none"> • End of Facility Discharge Services summary should include the following: <ul style="list-style-type: none"> ❖ Date of individual's planned discharge from the state hospital; and ❖ Progress made by the individual while at the state hospital ❖ Anticipated date HCBS-AMH provider's services will begin in the community
End of Conversion Services	<ul style="list-style-type: none"> • The individuals Conversion Services will end after one calendar month. 	<ul style="list-style-type: none"> • End of Conversion Services summary should include the following: <ul style="list-style-type: none"> ❖ Date of end of Conversion Services, which is 30 days from initiation date. Initiation date will always begin on the 1st day of the month ❖ Progress made by the individual ❖ Date that HCBS-AMH Provider Agency services will begin
Reinstatement of Services' Summary	<ul style="list-style-type: none"> • Submit within 5 days of individual's release from facility or relocation back to service area 	<ul style="list-style-type: none"> • Review of Reinstatement of Services' summary should include the following: <ul style="list-style-type: none"> ❖ Reason for reinstatement of services (See 10220 Suspension Procedure in HCBS-AMH Provider Manual); and ❖ Effective date of reinstatement of services (if known)

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

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

Goals/Objectives		
Tab # 3, Tab # 4, Tab # 5		
Section	Time Frame	Instructions/Important Information
Life Domain Area of Need	<ul style="list-style-type: none"> Reviewed during each 90 day IRP Update; or Upon individual and/or LAR's request 	<ul style="list-style-type: none"> Indicates what Life Domain identified on the ANSA that the individual wishes to address. The individual can choose which of the Life Domains they wish to address. They do not have to address the most prominent scores
Goal Statement	<ul style="list-style-type: none"> Reviewed during each 90 day IRP Update; or Upon individual and/or LAR's request 	<ul style="list-style-type: none"> The goal is to be a long term plan of what the individual wants to have happen; The goal may incorporate quotes from the individual wherever possible (See 7221 Goals in the HCBS-AMH Provider Manual) for additional information on goals statement Additional Goals can be added to the IRP as needed.

Status of Goal		
In Progress	<ul style="list-style-type: none"> • Reviewed during each 90 day IRP Update; or • Upon individual and/or LAR's request 	<ul style="list-style-type: none"> • "In Progress" applies to the following: <ul style="list-style-type: none"> ❖ Goal is currently being worked on and the individual has taken action steps to work toward this goal
Achieved	<ul style="list-style-type: none"> • Reviewed during each 90 day IRP Update; or • Upon individual and/or LAR's request 	<ul style="list-style-type: none"> • "Achieved" applies to the following: <ul style="list-style-type: none"> ❖ Individual has taken all necessary steps to complete this goal and the individual feels they have achieved their goal
Reconsidered	<ul style="list-style-type: none"> • Reviewed during each 90 day IRP Update; or • Upon individual and/or LAR's request 	<ul style="list-style-type: none"> • "Reconsidered" applies to the following: <ul style="list-style-type: none"> ❖ Individual determines they want to change part of their goal but it still falls within the same life domain area of need; and ❖ If "reconsidered" is selected, a new goal falling under the life domain area of need must be added
Discontinued	<ul style="list-style-type: none"> • Reviewed during each 90 day IRP Update; or • Upon individual and/or LAR's request 	<ul style="list-style-type: none"> • "Discontinued" applies to the following: <ul style="list-style-type: none"> ❖ Individual determines the current goal no longer meets their needs; and ❖ Individual chooses to no longer work on the goal at this time

• Progress on Goal		
Progress of Goal	<ul style="list-style-type: none"> Reviewed during each 90 day IRP Update; or Upon individual and/or LAR's request 	<ul style="list-style-type: none"> Must include the following: <ul style="list-style-type: none"> ❖ Action steps the individual has taken; and Action steps taken by the IDT; evidenced progress on goals
• Objectives		
Objectives	<ul style="list-style-type: none"> Reviewed during each 90 day IRP Update; or Upon individual and/or LAR's request 	<ul style="list-style-type: none"> No more than THREE objectives should be listed for each goal. This is what the participant is willing to do to achieve the goal; And are incremental tasks that an individual will focus on as they move toward their goal; <p>(See Section 7224 in the HCBS-AMH Provider Manual) for additional information on objectives.)</p>
• Interventions		
• Repeated for each Intervention #1, #2, #3		
Type of Service:	<ul style="list-style-type: none"> Reviewed during each 90 day IRP Update; or Upon individual and/or LAR's request 	<ul style="list-style-type: none"> Outlines the area of service the intervention falls under; and Only <i>one</i> box should be checked for each intervention Only <i>one</i> of the Living types (Assisted, Host Home, Supported, or Supervised) may be checked per IRP
Intervention Explanation	<ul style="list-style-type: none"> Reviewed during each 90 day IRP Update; or Upon individual and/or LAR's request 	<ul style="list-style-type: none"> Are specific to an objective; and Action steps taken by an individual and IDT. <ul style="list-style-type: none"> ❖ (See Section 7225 in the HCBS-AMH Provider Manual) for additional information on objectives.) This documents what services the Provider Agency will actually perform
Anticipated Frequency of Contact	<ul style="list-style-type: none"> Reviewed during each 90 day IRP Update; or Upon individual and/or LAR's request 	<ul style="list-style-type: none"> How often the intervention is addressed Example: Employment Specialist will meet with individual two times per week to conduct a job search

Anticipated Duration of Each contact	<ul style="list-style-type: none"> • Reviewed during each 90 day IRP Update; or • Upon individual and/or LAR's request 	<ul style="list-style-type: none"> • How long the intervention will last per contact: <ul style="list-style-type: none"> ❖ Example: During each meeting, Employment Specialist will assist individual with his job search for one hour.
Objective Intervention is Addressing	<ul style="list-style-type: none"> • Reviewed during each 90 day IRP Update; or • Upon individual and/or LAR's request 	<ul style="list-style-type: none"> • Outlines which objective the intervention is addressing; • Intervention can address more than one objective; and <ul style="list-style-type: none"> ❖ Check all boxes that apply
Number of Anticipated Units Utilized/30 days	<ul style="list-style-type: none"> • Reviewed during each 90 day IRP Update; or • Upon individual and/or LAR's request 	<ul style="list-style-type: none"> • 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.
Clinical Justification	<ul style="list-style-type: none"> • Reviewed during each 90 day IRP Update; or • Upon individual and/or LAR's request 	<ul style="list-style-type: none"> • Choose either Standard Need or High Need for each Intervention • Complete the Clinical Justification for the selection of Standard Need or High Need by documenting the clinical reasoning that justifies the request for Standard Need or High Need
Role of the Recovery Manager		
Section	Time Frame	Instructions/Important Information
Role Statement in Service Provision	<ul style="list-style-type: none"> • Reviewed at a maximum of every 90 days; or • Upon individual and/or LAR's request • Change in need of individual which 	<ul style="list-style-type: none"> • The Recovery Manager will give an in-depth description of the actions that the Recovery Manager will perform for each individuals' specific interventions to assist in goal accomplishment. • Outlines the action steps the Recovery Manager will take in each intervention to assist the individual; • All interventions must include the role of the Recovery Manager. The following includes but not limited to these types of Roles:

	requires an adjustment of modification before scheduled IRP review	<ul style="list-style-type: none"> • IRP Development • Reviews all relevant data to ensure IRP meets the needs of the individual • Assisting with Informed Choices • Identifying natural supports • Coordinating/monitoring of Service Provision • Ensures Integration of all services with all providers (ex. HCBS-AMH providers, Law Enforcement, LMHA's and other medical and mental health organizations) • Ensuring that Provider Agencies are providing the services stated on the IRP within the allotted units allowed • Provides safety, health, welfare checks • Resource Development • Identifies service providers • Educates Individuals on how to develop Community Relationships • Advocating • Assists with Fair Hearings, Rights, Entitlements • Continuity of services, service flexibility, beneficiary rights • Modifications in services • With Community Services (i.e. Justice System, Housing, Employment, Medical)
RM Services Provided	<ul style="list-style-type: none"> • Reviewed during each 90 day IRP Update; or • Upon individual and/or LAR's request 	<ul style="list-style-type: none"> • Select the appropriate RM service: • 1) RM Services (Provided only in the Community) • 2) RM Facility Discharge Services (Provided only at the psychiatric hospital) • 3) RM Conversion Services (Provided for one month only and begins at the start of the calendar month)
Frequency of Contact	<ul style="list-style-type: none"> • Reviewed during each 90 day IRP Update; or • Upon individual and/or LAR's request 	<ul style="list-style-type: none"> • How often will the Recovery Manager meet with the individual to address each intervention

Duration of Each Contact	<ul style="list-style-type: none"> • Reviewed during each 90 day IRP Update; or • Upon individual and/or LAR's request 	<ul style="list-style-type: none"> • How long (number of units) each anticipated contact will last.
Number of Anticipated Units Utilized/30 days	<ul style="list-style-type: none"> • Reviewed during each 90 day IRP Update; or • Upon individual and/or LAR's request 	<ul style="list-style-type: none"> • 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.

Modifications of HCBS-AMH Requirements (If Applicable) Tab #6		
Section	Time Frame	Instructions/Important Information
Modifications of HCBS-AMH Requirements	<ul style="list-style-type: none"> • Reviewed at a maximum of every 90 days; or • Upon individual and/or LAR's request • Change in need of individual which requires an adjustment of modification before scheduled IRP review 	<ul style="list-style-type: none"> • This section is only completed if there have been Modifications to any of the HCBS-AMH requirements. • If any modifications are made to the HCBS-AMH requirements, it must be documented on the IRP; and • Indicate what area modification will affect

<p>Type of Modification</p>	<ul style="list-style-type: none"> • Reviewed at a maximum of every 90 days; or • Upon individual and/or LAR's request • Change in need of individual which requires an adjustment of modification before scheduled IRP review 	<ul style="list-style-type: none"> • Indicates the category which the modification is classified. This includes the following: <ul style="list-style-type: none"> ❖ Setting Requirements: <ul style="list-style-type: none"> ┆ Refers to any modification that will be made to the HCBS-AMH setting requirements ┆ Example: Staff having a key to the individual's room ❖ Medication Safety and Management <ul style="list-style-type: none"> ┆ Refers to any modification that will be made to the administration of an individual's medication ┆ Example: Nurse managing the individual's medication ❖ Personal Restraint <ul style="list-style-type: none"> ┆ Refers to any modification that refers to the use of personal restraint ┆ Should be listed as a modification if: <ul style="list-style-type: none"> ➤ Individual has a history of personal restraint being used ➤ Personal restraint is used while the individual is an individual in the HCBS-AMH program ❖ Individual Autonomy <ul style="list-style-type: none"> ┆ Refers to any modification that affects an individual's autonomy ┆ Example: Limitations on an individual's access to food
<p>Next Review Date of Modification</p>	<ul style="list-style-type: none"> • Updated at a maximum of every 90 days • Upon individual and/or LAR's request • Change in need of individual which requires an adjustment of modification before scheduled IRP review 	<ul style="list-style-type: none"> • The next date the Modifications will be reviewed. No greater than 90 days. • 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

<p>Interventions and Supports Will Cause No Harm to the Individual</p>	<ul style="list-style-type: none"> • Updated at a maximum of every 90 days • Upon individual and/or LAR's request • Change in need of individual which requires an adjustment of modification before scheduled IRP review 	<ul style="list-style-type: none"> • Box must be checked for modifications on IRP to be approved by HHSC
<p>Assessed Need for Modification</p>	<ul style="list-style-type: none"> • Reviewed at a maximum of every 90 days; or • Upon individual and/or LAR's request • Change in need of individual which requires an adjustment of modification before scheduled IRP review 	<ul style="list-style-type: none"> • Outline what needs identified on the Uniform Assessment would require modification of HCBS-AMH requirements
<p>Specific Modification</p>	<ul style="list-style-type: none"> • Reviewed at a maximum of every 90 days; or • Upon individual and/or LAR's request <p>Change in need of individual which requires an adjustment of modification before scheduled IRP review</p>	<ul style="list-style-type: none"> • Provide detailed information about each modification; and • Example: <ul style="list-style-type: none"> ❖ Direct Staff will be given a key to the individual's apartment ❖ Medications will be stored in a locked area

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

HCBS-AMH Interdisciplinary Team Contact Tab#7		
Section	Time Frame	Instructions/Important Information
HCBS-AMH Interdisciplinary Team Contacts	<ul style="list-style-type: none"> Reviewed during each 90 day IRP Update; or Update when any of the individual's HCBS-AMH providers or supports change 	<ul style="list-style-type: none"> Section must ALWAYS include most up to date contact information with the name of each Support, Role, and Organization for each person involved in the IDT; If individual requires an interpreter or translator, ensure most up to date contact information of entity providing interpretation or translation services is included; and Should include all information for non-HCBS-AMH providers (i.e. individual's MCO coordinator)

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

Signatures		
Section	Time Frame	Instructions/Important Information
Signatures	<ul style="list-style-type: none"> All IRPs must be signed during each IRP meeting 	<ul style="list-style-type: none"> All parties must sign IRP and date before it is submitted to HHSC; and After the IRP is approved by HHSC, all parties must receive a copy of it. 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

Copy of IRP		
Section	Time Frame	Instructions/Important Information
Copy of IRP Given to Individual and/or LAR	<ul style="list-style-type: none"> A copy of the IRP should be given during each IRP update 	<ul style="list-style-type: none"> Check which box applies when individual and/or LAR is offered a copy of the IRP; and 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.

IRP Summary Sheet Tab #8		
Section	Time Frame	Instructions/Important Information
Demographics, Provider Agency Services, Recovery Management Services	<ul style="list-style-type: none"> Documented during Initial IRP; Reviewed during each 90 day IRP update 	<ul style="list-style-type: none"> All sections of the Demographic, Provider Agency Services, and Recovery Management areas on this sheet will auto populate from other sections of the IRP. If there are blanks, review the IRP to ensure all sections are completed
Signature	<ul style="list-style-type: none"> Documented during Initial IRP; Reviewed during each 90 day IRP update 	<ul style="list-style-type: none"> Signature page to be signed at the initial and updated IRP <i><u>*Note this is the only documentation that is to be sent to HHSC after each IRP is completed. All other IRP, Crisis Plan, and Safety Plan documentation is kept with the RM Entity in the individual's clinical record/chart</u></i>

Crisis Plan Tab #9		
Section	Time Frame	Instructions/Important Information
Crisis Plan	<ul style="list-style-type: none"> • Created during the initial IRP and updated annually; or • Upon individual and/or LAR's request 	<ul style="list-style-type: none"> • The Crisis Plan is to assist an individual in identifying cues that may facilitate a crisis situation. • Should be submitted with initial IRP • In each section, make sure information is easily understandable to the individual; • Rely on input from individual as well as their IDT; • Ensure most up to date contact information for individual, providers, and supports is documented. (See Section 7226-Crisis Planning in the Provider Manual)

Safety Plan Tab#10		
Section	Time Frame	Instructions/Important Information
Safety Plan	<ul style="list-style-type: none"> • Complete if assessments, individuals, and/or IDT identify individual is at risk of being exploited, abused, or neglected; • Upon individual and/or LAR's request 	<ul style="list-style-type: none"> • Identify if individual is susceptible to abuse in each of the areas listed; • Ensure that measures to minimize risk are very detailed; • Ensure most up to date contact information for emergency and non-emergency providers is documented; • In each section, make sure information is easily understandable to the individual; and • Rely on input from individual as well as their IDT and other supports. (See Section 7227-Safety Plan in the Provider Manual)