Rick Goscha Video Transcript

Hello. My name is Rick Goscha with the University of Kansas School of Social Welfare. I'm here today to discuss the link between client centered recovery-oriented goals and medical necessity as established by Medicaid. Now when thinking about balancing client centered recovery-oriented goals and medical necessity, first we have to know what a good recovery-oriented goal looks like and second, as social workers we need to be clear about what is our role in helping people achieve a recovery-oriented goal.

So let's talk about what a recovery-oriented goal is first. When doing goal planning with people, we should always look holistically at what brings meaning and purpose to the person. The strengths assessment, one of the primary tools of the strengths model, is one way at getting at the essence of what might constitute a life worth living for the person beyond the formal helping services. Goals that surface on a strengths assessment when done well should resemble desires and aspirations that any other person in the community might hold regardless of a disability or not. Typical goals or aspirations might include: to get a job, obtain a degree, raise a child, have meaningful supportive relationships, get involved in social activities with people around common interests and hobbies, or find a supportive faith community. Each of these aspirations could also have layers of meaning and importance to the person that are specific to that individual. These are client centered recovery-oriented goals.

Recovery-oriented goals should be goals that move people toward a life worth living beyond the mental health system that brings meaning, purpose, and a positive sense of self-identify to the person. Now when we think about our role in meeting medical necessity there are a few possible approaches. One is to view the client's personal recovery-oriented goal as an avenue to impact something that is deemed medically necessary by our service system, such as helping a person to be able to stay out of the hospital, helping a person reduce symptoms that he or she finds distressing, or helping a person overcome an addiction. Another approach is to assess how something like symptoms, which may possibly require a medically necessary intervention, impacts a person's ability to achieve a specific recovery-oriented goal. Now whichever way we approach the recovery-oriented goal, it is our responsibility as social workers to make these connections transparent throughout the treatment planning process and in our documentation records.

So let's take a recovery-oriented goal like a person wanting a job and demonstrate how the social worker might approach this goal using either approach to meeting medical necessity. Let's say the person experiences distressing voices and has had difficulty staying out of the hospital in the past. We often see goals like "stay out the hospital" or "reduce symptoms" on treatment plans. While these goals might seem good from a medical necessity standpoint they are missing a context that is meaningful and important to the person which makes the goal fairly sterile and indistinguishable from other people that we might serve. If finding a way to make an income that allows the person to get their own apartment and do things they enjoy in the community is what is meaningful and important to the person, then that should be the primary goal. We often find that as people work towards meaningful recovery-oriented goals it often has a positive impact on things that are deemed medically necessary like staying out of the hospital, reducing symptoms, or staying free of alcohol and drugs. A person reading the social worker's

documentation should see a clear link of helping the person get a job as a strategy that's being used to help them do something like stay out of the hospital.

But it also may be the case that it is those things that are deemed medically necessary that are substantial barriers to the person being able to achieve a personal recovery-oriented goal. Keeping with the example of the person wanting to get a job, it may be that the voices are making it difficult for the person to be able to concentrate, carry out work-related tasks, or even interview for a job. In this case, the recovery-oriented goal of working still takes primacy as the goal on the treatment plan, but there may be several objectives underneath that goal that focus on ways to help the person better self-manage symptoms that increase the likelihood of the person being able to obtain and sustain employment.

Recovery-oriented goals and medical necessity do not have to be in conflict. Recovery-oriented goals speak to the individual's personal aspirations to be connected to their community and have meaningful and purposeful roles just like anyone else. These goals are the context on which all our interventions are based. All our specific interventions within the mental health system should be to help the person move beyond it, not ensnare the person within it. Medical necessity speaks to the barriers that prevent a person from being able to do this on their own or with natural supports. So we can use medical necessity as a framework to keep us clear about our role and to evaluate whether what we are doing is clearly helping a person achieve meaningful and important life goals and roles within the community, which should be the ultimate goal of our work.