**S.M.A.R.T. Goals Example Guide**

**Mandatory case progress event on the same date as the new care plan**

Documenting care plan updates and deferring goals: **“Member requested to prioritize goals related to (behavioral health and employment) services. Member requested to defer goals related to (diabetes and high blood pressure) since member has good symptom control at this time.”**

Upon review of members chronic conditions, there are proofs of the following Dx.:

**X** (ACTIVE) **Y** (DEFERRED- good symptom Control **Z** (DEFERRED- member not ready)

**SMART GOALS:**

**S**pecific. **M**easurable. **A**ttainable. **R**elevant. **T**imely.

**Medical Symptom Management:**

**Goal** - Member will improve communication with medical providers by attending scheduled appointments attendance over the next 6 months and obtaining medication refills when needed.

**Action step 1** - CM will coach mbr on effectively communicating with providers.

**Action step 2** - Member will seek assistance from CM when unable to attend an appointment.

**Behavioral Health Management**

**Coping Skills:**

**Goal** - Member will use coping skills weekly to improve (her) mental health over the next 6 months.

 **Action step 1** – CM will educate member on stress management techniques.

**Action step 2** – Member will practice stress management techniques at least 1x/week and seek assistance from CM when member experiences difficulty utilizing coping skills.

**Support Groups/Program:**

**Goal** - Member will contact 1-2 mental health support programs for assistance coping with (trauma) over the next three months.

**Action step 1** - CM will support member by providing a list of resources and contact information.

**Action step 2** - Member will seek guidance and assistance from CM when (she) finds a barrier to accessing resources.

**Mental Health Provider:**

**Goal** - Member will link with a mental health provider and schedule an intake appointment over the next (6) months.

**Action step 1** - CM will coach mbr on finding a MH provider and scheduling an intake appointment

**Action step 2** - Member will seek assistance from CM when (she) experiences difficulty communicating with providers.

**Improve Communication w/ Providers:**

**Goal** - Member will improve communication with providers by sharing symptoms that member experiences in between appointments and scheduling follow-up appointments.

**Action step 1** - CM will coach mbr on effectively communicating with providers.

**Action step 2** - Member will seek assistance from CM when (she) is unable to attend an appointment.

**Housing:**

**Goal** – Member will submit applications for two-bedroom apartments over the next 12 months.

**Action step 1** - CM will support mbr by providing housing lists, applications, and contact information.

**Action step 2** – Mbr will seek guidance and assistance from CM when (she) experiences difficulty with the application process.

**Transportation:**

**Goal** - Mbr will gain independence by demonstrating the ability to access MAS transportation in the next 12 months.

**Action step 1** - CM will support mbr by providing contact information and coach mbr on calling MAS to schedule trips.

**Action step 2** – Mbr will seek guidance and assistance from CM when (she) experiences difficulty accessing transportation.

**Clothing and Food:**

**Goal** – Mbr will gain independence by demonstrating the ability to access clothing and food resources by (date).

**Action step 1** - CM will support mbr by providing a list of resources and contact information.

**Action step 2** – Mbr will seek guidance and assistance from CM when (she) experiences difficulty accessing resources.

**Social Security Disability (SSD):**

**Goal** - Mbr will improve his financial stability by completing his application for Social Security disability benefits over the next 12 months.

**Goal** – Mbr will maintain financial stability by completing the Social Security recertification process over the next three months.

**Action step 1** - CM will educate member on the Social Security recertification process and coach member as needed.

**Action step 2** - Member will submit required documentation to SSA and request assistance from CM as needed.

**Social Services (DSS):**

**Goal** - Mbr will improve her financial stability by completing her application for temporary assistance benefits over the next 12 months.

**Action 1** - Writer will educate mbr on the social services process and support mbr as needed.

**Action 2** - Mbr will submit required documentation to Wayne County DSS and request assistance from CM as needed.

**Social Security Income (SSI):**

**Goal** - Mbr will improve her management of her SSI benefits by reporting changes in (her) circumstances to Social Security on a monthly basis over the next 3 months.

**Action step 1** - Writer will educate mbr on Social Security reporting requirements and support mbr as needed.

**Action step 2** - Mbr will submit required documentation to SSA and request assistance from CM as needed.

**Social Security Assistance (SSA):**

**Goal** – Mbr will learn how to call SSA and feel comfortable communicating independently with SSA representatives.

**Action step 1** - CM will educate member on how to contact Social Security to obtain information about (his) benefits.

**Action step 2** – CM will coach member on effectively communicating his questions to SSA representatives.

**Action step 3** (?) - Member will contact CM when (she) needs assistance with Social Security issues.

**Consumer-Directed Personal Assistance Services (CDPAS):**

**Goal** - Mbr will improve her management of her CDPAS by complying with the recertification process and communicating with her MLTC over the next 12 months.

**Action step 1** - CM will educate member on how to contact iCircle to obtain information about CDPAS.

**Action step 2** – Mbr will seek guidance and assistance from CM when she experiences difficulty managing CDPAS.

**Personal Care Assistant (PCA):**

**Goal** - Member will access PCA services by completing the application process over the next 6 months.

**Action step 1** - CM will educate member on the PCA eligibility process.

**Action step 2** – Member will seek guidance and assistance from CM when she experiences difficulty accessing PCA services.

**Employment:**

**Adult Career and Continuing Education Services-Vocational Rehabilitation (ACCES-VR)**

**Goal** - Member will apply for vocational rehabilitation in collaboration with CM over the next six months to access employment services.

**Action step 1** - CM will educate member on the ACCES-VR application process and provide member with support in completing the application forms.

**Action step 2** - Member will complete the ACCES-VR application forms and submit the forms to the Rochester district office.

**Goal** - Member will improve her communication with her ACCES-VR providers and engage in vocational rehabilitation services over the next six months to obtain employment.

**Action step 1** - CM will educate member on communicating with providers and support member maintaining contact with vocational rehabilitation services.

**Action step 2** - Member will seek guidance and assistance from CM when (she) experiences difficulty communicating with vocational rehabilitation providers.