

Personalized Recovery Oriented Services (PROS)

Funding Source Code:

037P PROS

As indicated in the Office of Mental Health (*OMH*) *State Aid Approval Letter General Provisions* and the *OMH Fiscal Contracting Guidelines*, the additional Fiscal Policy Control Points that are included herein apply to all counties, OMH direct contract agencies, and to all subcontract agencies who receive these funds.

Program Description: Personalized Recovery Oriented Services (PROS) is a comprehensive recovery oriented program for individuals with severe and persistent mental illness. The goal of the program is to integrate treatment, support, and rehabilitation in a manner that facilitates the individual's recovery. Goals for individuals in the program are to: improve functioning, reduce inpatient utilization, reduce emergency services, reduce contact with the criminal justice system, increase employment, attain higher levels of education, and secure preferred housing.

PROS will allow rehabilitation programs to benefit from participation in the federal Medicaid program. Existing psychosocial clubs, vocational support programs, on-site rehabilitation programs and Intensive Psychiatric Rehabilitation Treatment programs will be required to convert to PROS. Continuing Day Treatment (CDT) programs will have the option of changing licensure category from CDT to PROS.

There are four "service components" in the program: Community Rehabilitation and Support (CRS); Intensive Rehabilitation (IR); Ongoing Rehabilitation and Support (ORS); and Clinical Treatment, an optional component of a PROS program. The CRS component includes services designed to engage and assist individuals in managing their illness and restoring those skills and supports necessary for living successfully in the community. The IR component is a customized package of rehabilitation and support services designed to assist an individual in attaining specific goals such as a higher level of education, secure housing, and employment. IR may also be used to provide targeted interventions to reduce the risk of hospitalization or involvement in the criminal justice system. The ORS component provides supports to assist individuals in managing their symptoms in the competitive workplace. PROS can also provide Clinical Treatment services designed to help stabilize, ameliorate and control disabling symptoms. Clinical Treatment will not include the entire range of services currently provided in OMH-licensed clinics, but will provide a recovery focused, disability management approach with medication management, health assessment, clinical counseling and therapy, and treatment for co-occurring disorders, all integrated with PROS rehabilitative service to provide comprehensive care. PROS consumers will be given the choice as to whether they wish to receive Clinical Treatment through the PROS. PROS providers will need to abide by certain program and billing restrictions if they currently operate a clinic and choose to offer clinical services to their PROS consumers.

Fiscal Policy Control Points

The budget, cash flow, desk audit, and field audit control points that are included in the OMH State Aid Approval Letter General Provisions, the OMH Fiscal Contracting Guidelines, and the additional fiscal control points that are listed below apply to this funding source for all counties, OMH direct contract agencies, and to all subcontract agencies who receive these funds.

Applicable program and funding code eligible combinations are now in a separate packet called "Eligible Program Funding Combinations".

Program and Description: Comprehensive PROS with Clinic is a comprehensive recovery oriented program for individuals with severe and persistent mental illness. The goal of the program is to integrate treatment, support, and rehabilitation in a manner that facilitates the individual's recovery. Goals for individuals in the program are to: improve functioning, reduce inpatient utilization, reduce emergency services, reduce contact with the criminal justice system, increase employment, attain higher levels of education, and secure preferred housing.

There are four service components in the program: Community Rehabilitation and Support (CRS); Intensive Rehabilitation (IR); Ongoing Rehabilitation and Support (ORS); and Clinical Treatment.

Comprehensive PROS includes all of the service components as Program Code 6340 above, except Clinical Treatment.

Excess Income (EI) is generated when claimed revenue exceeds claimed expenses. The provider must utilize all of the EI for PROS program enhancement (i.e. increased services, staff training and retention, etc) by the end of the second year it was generated. In the year the EI was earned, the entire EI needs to be reported on line 39 of the DMH-2. In the subsequent year, an amount equal to the prior year's line 39 amount needs to be reported on line 29 of the Department of Mental Hygiene (DMH)-2 (Other). In the second year, to the extent that the difference between total claimed gross expenses and total budgeted gross expenses is less than the line 29 amount, a recovery of State aid may occur.

Additional Budget Control Points:

1. Budgeted revenue must equal budgeted expenses.
2. For all PROS programs within the county, the total budgeted net must equal the State Aid amount.

Additional Field Audit Control Points: Funding for the PROS Vocational Initiative can only be used to provide employment services as detailed in the guidelines. Agencies may be subject to audit and recoupment of any unspent State Aid funding designated for this purpose.

Additional Cash Flow Control Points: To address the cost of PROS conversions, OMH has developed transitional PROS Start-up funding comprised of the following two components:

- **Cash Flow:** funding will be provided to assist providers in paying for expenses incurred during the two month lag in Medicaid reimbursement, during the first two months of PROS operation. Upon closure of a PROS program the provider will have 30 days from the date of license termination to remit a check, payable to the New York State (NYS) Office of Mental Health, for the value of the two months of cash flow assistance provided. Failure to submit payment will result in either a withholding of future State Aid payments to the provider, or referral to the Attorney General's office for collection.

Start-up: funding will be provided to assist in offsetting one time costs of preparing for the implementation of PROS (i.e. hiring of new staff, purchasing or upgrading record keeping and/or billing software, and staff training), and temporary decreases in revenue which may occur during implementation.

The amount of PROS Start-up funding will be calculated in accordance with the following methodology, and be dependent on the type(s) of program(s) converting to PROS, as well as the type of PROS to be licensed. Funding will be provided on a per capita basis with such census number being taken from the OMH approved PROS Fiscal Conversion Tool.

Start-up/Cash Flow Formulas

Comprehensive PROS with Clinic

	Without Converting CDT	With Converting CDT
Start-Up	<ul style="list-style-type: none"> • \$1,582 per person up to 100 individuals • Plus \$1,266 per person for the next 100 individuals up to 200 individuals • Plus \$1,108 per person for the next 100 individuals served up to 300 • No additional dollars per person for programs serving over 300 people • Maximum Start-up is \$400,000 	<ul style="list-style-type: none"> • \$742 per person up to 100 individuals • Plus \$593 per person for the next 100 individuals served up to 200 individuals • Plus \$519 per person for the next 100 individuals served up to 300 • No additional dollars per person for programs serving over 300 people • Maximum Start-up is \$187,500
Cash Flow for Medicaid Lag	<ul style="list-style-type: none"> • \$1,385 per person up to 100 individuals • \$1,108 per person for the next 100 individuals served up to 200 individuals • \$970 per person for the next 100 individuals served up to 300 • No additional dollars per person for programs serving over 300 people • Modified by a factor equivalent to State Aid in converting program(s) divided by total funding of converting program(s) • Maximum cash flow is \$350,000. • Upon closure of a PROS program the provider will have 30 days from the date of license termination to remit a check, payable to the NYS Office of Mental Health, for the value of the two months of cash flow assistance provided. Failure to submit payment will result in either a withholding of future State Aid payments to the provider, or referral to the Attorney General's office for collection. 	

Comprehensive PROS without Clinic	
Start-Up	<ul style="list-style-type: none"> • \$742 per person for the first 100 individuals served • Plus \$593 per person for the next 100 individuals served up to 200 individuals • Plus \$519 per person for the next 100 individuals served up to 300 • No additional dollars per person for programs serving over 300 people • Maximum Start-up is \$187,500
Cash Flow for Medicaid Lag	<ul style="list-style-type: none"> • \$989 per person up to 100 individuals • \$791 per person for the next 100 individuals up to 200 individuals • \$692 per person for the next 100 individuals served up to 300 • No additional dollars per person for programs serving over 300 people • Modified by a factor equivalent to State Aid in converting program(s) divided by total funding of converting program(s) • Maximum cash flow is \$250,000. • Programs converting from a Continuing Day Treatment (CDT) to a Comprehensive PROS without Clinic will not receive any cash flow assistance, as there should be no lag in Medicaid reimbursement. • Upon closure of a PROS program the provider will have 30 days from the date of license termination to remit a check, payable to the NYS Office of Mental Health, for the value of the two months of cash flow assistance provided. Failure to submit payment will result in either a withholding of future State Aid payments to the provider, or referral to the Attorney General's office for collection.

Guidelines:

1. The following programs are eligible to convert to PROS:

Program Name

- Affirmative Business/Industry
- Assisted Competitive Employment
- Continuing Day Treatment (CDT)
- Enclave In Industry
- Intensive Psychiatric Rehabilitation Treatment (IPRT)
- Ongoing Integrated supported Employment (OISE)
- On-site Rehabilitation
- Psychosocial Club
- Supported Education
- Transitional Employment & Placement
- Work Program

NOTE: Subject to OMH review and approval, Affirmative Business/Industry programs may be phased out over a three year period, beginning the date of PROS licensure of the operating agency. The first year, the Affirmative Business/Industry would be funded at 100% of its full annual funding. In year two, the Affirmative Business/Industry would be funded at 75% of its previous full annual funding. In year three, the Affirmative Business/Industry would be funded at 50% of its previous full annual funding. In year four, the Affirmative Business/Industry would receive no State funding.

2. State Aid

PROS agencies will receive State Aid annually, which is comprised of two pieces, as follows.

- a. Residual State Aid: provided at the current rate of \$45,899/annual/per 100 persons enrolled in the PROS. This annual amount is subject to change. This funding is to assist in the payment of services which are either not eligible for Medicaid reimbursement or provided to non-Medicaid eligible clients.
- b. PROS Vocational Initiative: provided at the current rate of \$43,516/annual/per 100 persons enrolled in the PROS. This annual amount is subject to change. This funding provides reimbursement to PROS programs to support the provision of employment services that are not eligible for Medicaid reimbursement. These funds are to be used by the PROS program to provide employment service (i.e. job development, job search, job seeking skills, job interview practice) to individuals when other funding sources (i.e. VESID) are not available. These funds could also be used to support individuals who are seeking to upgrade their current employment status.
 - PROS Vocational Initiative Deliverables (to be included in the Local Governmental Unit (LGU) provider contract, specific to this element of funding):
 - A vocational unit consisting of dedicated vocational staff must exist or be developed. (Smaller programs may have only a partial full time equivalent (FTE) dedicated to providing primarily vocational services.)
 - Vocational staff must have status as an equal member of the treatment team.
 - Records must indicate that all individuals have been assessed to determine their desire to reclaim the life role of employment.
 - The PROS program must work rapidly to place individuals expressing interest in employment.
 - All individuals who express interest in employment must be entered into the New York Employment Services System ([NYESS](#)), and relevant information must be maintained as required.

PROS Residual State Aid and PROS Vocational Initiative funding levels to be determined as follows:

- First and second fiscal years of PROS operation -- the amount of State Aid an agency is eligible for is equal to the maximum number of people projected to be served per month (as this appears on the PROS license) divided by 100 and multiplied by current PROS State Aid factor (currently \$45,899 for Residual State Aid and \$43,516 for PROS Vocational Initiative). (during first fiscal year will be pro-rated based on the agency's date of PROS licensure)
 - Third fiscal year -- the amount of State aid an agency is eligible for is equal to the average number of people actually served per month during the latest three month period (based on Child and Adult Integrated Reporting System (CAIRS) data) divided by 100 and multiplied by the PROS State Aid factor.
 - In subsequent fiscal years, the amount of State aid an agency is eligible for is equal to the average number of people actually served per month during the latest twelve month period (based on CAIRS data) divided by 100 and multiplied by the PROS State Aid factor.
 - Payment and ability to retain these components are dependent on PROS providers' completion of all required CAIRS data.
 - IPRT and CDT
3. OMH will allow a phase out of IPRT and CDT programs for up to four months to minimize any impact caused by billing issues during the ramp up of PROS. Providers will be required to include a phase out plan in their Prior Approval Review (PAR), which explicates the percentage phase out each month. In compliance with the phase out plan, providers may continue to bill on a fee for service basis under their existing CDT or IPRT, or case payment under PROS, but they cannot bill for both in the same month for the same consumer. Moreover, providers must comply with the applicable documentation requirements for the billable services provided in each program.
4. Providers holding multiple PROS licenses must use a separate column to report each licensed PROS program. In addition, start-up expenses and revenue should be reported in a separate column using the appropriate program code with the index code 'A0'.