

Guidelines for Medicaid Managed Care Organizations regarding Utilization Management for Personalized Recovery Oriented Services (PROS)

Personalized Recovery Oriented Services (PROS) is one of the specialty behavioral health services that will be carved into managed care. Mainstream Managed Care Organizations (MMCOs) and Health and Recovery Plans (HARPs) operating in New York City will assume management of this service in the adult Medicaid Managed Care Program beginning October 1, 2015. MMCOs and HARPs operating in other counties will begin managing specialty behavioral health services including PROS according to the previously established NYS timeline for integrated managed care.

Vision and definition of PROS

PROS is a comprehensive recovery oriented program for individuals with severe and persistent mental illness. Through a single plan of care, the program model integrates treatment, support, and rehabilitation in a manner that facilitates the individual's recovery. The PROS model is person-centered, strength based, and comprised of a menu of group and individual services designed to assist a participant to overcome mental health barriers and achieve a desired life role. As PROS is individualized, a person can participate in one service or multiple services as needed. Examples of goals for program participants 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.

Components of PROS

PROS programs offer combinations of the following 4 service components:

1. *Community Rehabilitation and Support (CRS)*: 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.
2. *Intensive Rehabilitation (IR)* consists of four different services:
 - a. Intensive Rehabilitation Goal Acquisition to help an individual attain a specific goal within a certain area such as education, housing or employment.
 - b. Intensive Relapse Prevention includes targeted interventions to reduce the risk of hospitalization or involvement in the criminal justice system.

IR also includes two evidence-based practices:

- c. Family Psychoeducation
 - d. Integrated Dual Disorder Treatment (IDDT) (includes smoking cessation)
3. *Ongoing Rehabilitation and Support (ORS)*: ORS, as a service, provides supports to assist individuals in managing their symptoms in the competitive workplace. OMH recommends that PROS programs use the Individual Placement & Support evidence-based model for employment services.
4. *Clinical Treatment*: an optional component of a PROS program, Clinical Treatment provides a recovery-focused, disability management approach with medication management, health assessment, clinical counseling and therapy, symptom monitoring, and treatment for co-occurring disorders. PROS participants can choose to receive their Clinical Treatment through PROS program or from another provider. As of 2015, 87 of the 90 NYS PROS programs offer the Clinical Treatment component and 78% of PROS recipients receive their clinical treatment at their PROS program.

Phases of PROS

PROS services are offered in 3 phases that are defined based upon the pace of service planning and the specific service components offered: *Pre-Admission*, *Admission*, and *Active Rehabilitation*. NYS issued guidance on prior and concurrent review authorization for ambulatory services on May 14, 2015, which lists authorization and review requirements for each of the 3 phases. A person-centered approach is key when applying level of care criteria for PROS. The 3 phases of PROS include:

1. *Pre-Admission*: This phase begins with the initial visit and ends when the PROS provider submits an Initial Service Recommendation (ISR) to the MMCO/HARP. PROS providers bill a monthly Pre-Admission rate but add-ons for Intensive Rehabilitation, Ongoing Rehabilitation and Supports, and Clinical Treatment are not allowed. The Pre-Admission phase is open-ended to allow flexibility for recipients who may be ambivalent about participation or who may need an extended period of time to develop an initial goal. Although there is no time limit, PROS providers may not bill the Pre-Admission rate for more than 2 consecutive months. For example, a PROS provider may bill for month A but not month B because the recipient did not participate in month B. If the recipient returns and receives Pre-Admission services in months C and D, the PROS provider may bill for months C and D but may not bill for month E. If the recipient still has not decided to enroll and the provider has not submitted an Initial Service Recommendation, the recipient can remain in Pre-Admission status and the PROS provider could bill for month F and G (but not month H) if the recipient attends the program, etc.
2. *Admission* begins when the ISR is approved by the MMCO/HARP. Upon admission, providers may offer additional services and bill add-on rates accordingly for:
 - a. Intensive Rehabilitation (IR);
 - b. Ongoing Rehabilitation and Supports (ORS); or
 - c. Clinical Treatment.Prior authorization for the Admission phase will ensure that individuals are not receiving duplicate services from other clinical or HCBS providers. An Individualized Recovery Plan (IRP) must be developed within 60 days of the admission date.
3. *Active Rehabilitation* begins when the IRP is approved by MMCO/HARP. Concurrent review and authorizations should occur at 3-month intervals for IR and ORS services and at 6-month intervals for Base/ Community Rehabilitation and Support (CRS) and Clinic Treatment services.

Utilization Management for PROS

Prior and concurrent review authorization are required for PROS. OMH requires the following schedule of assessments and care planning for PROS recipients under the NYS Medicaid fee-for-service program:

1. Individualized Recovery Plan (IRP) is developed within 60 days of admission
2. The IRP is reviewed and updated, at a minimum, every 6 months
3. For individuals receiving Intensive Rehabilitation (IR) or Ongoing Rehabilitation and Supports (ORS), the IR or ORS services identified in the IRP shall be assessed for continued need, at a minimum, every 3 months

The table on the following page lists admission, continuing stay, and discharge criteria used in the NYS Medicaid fee-for-service program. MMCOs and HARPs should consult these guidelines and incorporate a person-centered approach to develop specific PROS level of care criteria.

PROS Guidelines on Admission, Continuing Stay and Discharge

Admission Guidelines	Continuing Stay Guidelines	Discharge Guidelines
<ul style="list-style-type: none"> • To be eligible for PROS admission, a person must: <ul style="list-style-type: none"> ○ Be 18 years of age or older; ○ Have a designated mental illness diagnosis; ○ Have a functional disability due to the severity and duration of mental illness; and ○ Be recommended for admission by a Licensed Practitioner of the Healing Arts. • Pre-Admission begins with initial visit and ends when Initial Service Plan (ISR) is submitted to MMCO/HARP. • Admission begins when ISR is approved by MMCO/HARP. IRP must be developed within 60 days of admission date. • Active Rehabilitation begins when the IRP is approved by the MMCO/HARP. 	<ul style="list-style-type: none"> • Concurrent review and authorizations should occur at 3-month intervals for IR and ORS services and at 6-month intervals for Community Rehabilitation and Support (CRS) and Clinic Treatment services. Continuing stay criteria may include: <ul style="list-style-type: none"> ○ The member has an active recovery goal and shows progress toward achieving it; OR ○ The member has met and is sustaining a recovery goal, but would like to pursue a new goal; OR ○ The member requires a PROS level of care in order to maintain psychiatric stability and there is not a less restrictive level of care that is appropriate; OR without PROS services the individual would require a higher level of care. 	<ul style="list-style-type: none"> • Any one of the following must be met: <ul style="list-style-type: none"> ○ The member has sustained recovery goals for 6-12 months and a lower level of care is clinically indicated. ○ The member has achieved current recovery goals and can identify no other goals that would require additional PROS services. ○ The member is not participating in a recovery plan, is not making progress toward any goals, extensive engagement efforts have been exhausted, and no significant benefit is expected from continued participation. ○ The member can live, learn, work and socialize in the community with supports from natural and/or community resources.

PROS and Home and Community Based Services (HCBS)

PROS is a comprehensive program that integrates clinical treatment and rehabilitation services, whereas HCBS include a menu of specific services that individuals choose to support their recovery in a person-centered manner. Individuals receiving PROS services will not be eligible to receive most HCBS because PROS services are meant to address core recovery and rehabilitation needs.

Service Delivery and Staffing Composition

PROS is funded under the Rehabilitation Option, as such there is flexibility in delivering services and most PROS services can be delivered in the community. As PROS is a rehabilitation program, staffing can be comprised of a larger percentage of paraprofessionals and peers compared to other program models. The PROS Regulations [14NYCRR. §.512.7 (d)] provide essential information about staffing ratios, staffing credentials, staff training, and recipient employees. The clinical treatment component of PROS includes psychiatrist and nursing staff.

Additional resources

- [Person-centered planning practice and resources](#)
- [Co-enrollment restrictions: guidance related to co-enrollment in PROS and other OMH licensed programs \(ACT, CDT, etc.\)](#)