# Personalized Recovery Oriented Services (PROS)

## Training for Providers

February 2025

# Topics Discussed in this Presentation

- Program Description & Change Overview
- Member Eligibility
- Services within PROS
- Authorization/Prior Notification Requirements
- Billing Guidance
- Resources

# Program Description

# Program Description

PROS is a comprehensive recovery-oriented program for adult individuals that are at least 18 years of age or older with severe and persistent mental illness. This model is a person-centered, strengths-based service designed to assist a participant to overcome mental health barriers and achieve a desired life role.

**Program Outcomes**

- Integration of treatment, support, and rehabilitation in a manner that facilitates the individual's recovery and helps them reach their personal goals
- Demonstrated improvement in relationships, housing situations, expanded education, and decreased inpatient utilization for participants

PROS was carved into Managed Medicaid in October of 2015. The program's goal is to integrate treatment, support, and rehabilitation in a manner that facilitates the individual's recovery.

# Program Focus

- Finding secure employment
- Living independently
- Pursuing higher education
- Managing medication independently
- Meeting with peer support groups on an ongoing basis

# Member Eligibility

# Eligibility

- Persons eligible for admission to a PROS program must:
  - Be 18 years of age or older
  - Be enrolled in an MVP Managed Medicaid or HARP product
  - Be recommended for admission by a Licensed Practitioner of the Healing Arts (LPHA)
  - Have a designated mental illness diagnosis
  - Have a functional disability due to the severity and duration of mental illness
  - Provide consent as documented on a recipient attestation form which is dated and signed by the individual who indicates their choice to participate in PROS, including specified program components
- Verification of benefit availability with MVP is strongly recommended during enrollment to ensure member eligibility for PROS

# PROS Services

# Components of PROS

## CRS
(Community Rehabilitation & Support)

- Designed to engage and assist individuals in managing illness and restoring skills and supports necessary for living successfully in the community.

- Pre-Admission Screening
- Substance Use & Psychosocial Assessments
- Complex Care Management
- Crisis Intervention
- Individualized Recovery Planning
- Peer Support Services (optional)
- Psychosocial Rehabilitation

## IR
(Intensive Rehabilitation)

- Intensive assistance to individuals in attaining specific life roles (i.e. employment, independent housing, school), reduce risk of hospitalization or relapse, loss of housing or involvement with the criminal justice system, and help individuals manage their symptoms.

- Cognitive Remediation
- Family Psychoeducation
- Intensive Family Support
- Goal Acquisition
- Relapse Prevention
- Integrated Treatment for Co-occurring Disorders

## ORS
(Ongoing Rehabilitation & Support )

- Rehabilitative services designed to help manage symptoms, develop strategies for problem resolution, and maintaining functional skills in the workplace or educational program.

- Rehabilitation counseling
- Social skills development
- Coping strategies
- Basic living skills training

## Clinic Treatment

- Optional component of the program that help individuals improve or manage mental health conditions with a focus on treating the symptoms and restoring skills that may have been lost following onset of the condition

- Psychiatric Assessments
- Health Assessments
- Clinical counseling and therapy
- Symptom Monitoring
- Medication Management

# Prior Authorization & Utilization Management

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- MVP does not require Prior Authorization for PROS
- Concurrent authorizations are no longer required

MVP Clinicians may outreach to Providers to ensure appropriate use of services on behalf of the Member.

# Billing Guidance

# Billing Requirements for PROS Programs

- Reimbursement is only for individuals who are:
  - Pre-Admission status; or
  - Registered in a PROS program; or
  - Collaterals (a person who regularly interacts with the individual or has capability of affecting his or her condition) on behalf of individuals who are registered in a PROS program/pre-admission status.
- Unless an individual is registered with a PROS program, reimbursement is limited to the Pre-Admission Monthly Base Rate.
- When available and appropriate, PROS providers should maximize the use of funding from Vocational & Educational Services for Individuals with Disabilities (VESID). Time spent in such funded activities should not be included in the duration of program participation.
- Any PROS service provided in the individual's employment setting must be on a one-to-one basis.
- Members must have Restriction Expectation (R/E) code and can have up to 2 R/E codes per person.

# Redesign Objective

NYS approved implementation of the PROS redesign effective April 1, 2025 that addresses the following elements:

- To eliminate redundancies of PROS and streamline the process
- Assist individuals in a relapse prevention plan
- Ensure the financial sustainability of program

# PROS Redesign: Overview of Changes

- Reducing the number of Tiers* from 5 to 3 to simplify the reimbursement model.  As a result, rate codes 4520-4524 replaced with rate codes 4516-4518.
- Updates to the definition of a unit and claim requirements
- Establishing a new minimum threshold for monthly base rate at 4 PROS Service Units of Community Rehabilitation and Support (CRS)
- Adding complex Care Management and Peer Support to the CRS Component
- Expanding definition of Ongoing Rehabilitation Support (ORS) to include support for individuals in educational programs
- Realigning Cognitive Remediation from CRS to Intensive Rehabilitation (IR)
- Add Licensed Occupational Therapists & Certified Psychiatric Rehabilitation Practitioners to the Licensed Practitioners of Health Arts list of approved Provider Types

*A Tier is defined as level or category of service (i.e. groupings based upon volume of units)

# PROS Redesign Reimbursement

- Reimbursement is a monthly bundled base rate payment with optional add-on components based on the services provided to a PROS participant or collateral in each of the PROS service components.

- The monthly base rate:
  - Removes participation time,
  - Establishes a new minimum threshold (4 PROS service units),
  - PROS service unit is redefined, and
  - Distinguishes onsite vs. off-site care.

- Part 512 outlines requirements for the content of the case record, co-enrollment in PROS and other mental health programs, quality improvement, organization and administration, governing body, recipient rights, and physical space and premises.

# PROS Service Unit Redefined

- PROS Service unit is equal to:
  - 15 continuous minutes of service provided to and individual or collateral, OR
  - 30 continuous minutes of services provided in a group setting,

    AND
  - Maximum of 5 units may be accrued per calendar day
- Units may be stacked within a single session if duration is met
  - Examples: a 60-minute group would count as 2 units or a 45 minute 1:1 session would count as 3 units
- Provider approved for telehealth should counts units the same as onsite delivered in-person and include the appropriate telehealth modifier audio visual (GT) or Audio-only (FQ/93)
- Effective for dates of service 4/1/25 forward, the actual number of units provided is required on the claim

Prior to redesign, daily PROS units were calculated daily by the number of services received in a date plus the total amount of daily participation time minus mealtime, breaks, and group events

# Off-Site PROS Services

- Off-Site Services are defined as any approved location in the community, other than a licensed PROS site, where an individual may receive services
  - It does not include space that is co-located at the same address as the PROS site
- Any off-site community location will be counted as two units instead of one when you calculate the Tier for the monthly base rate
  - Doubling will count toward monthly aggregated PROS service units but cannot be used to meet minimum standards for billing the monthly base rate
  - New minimum to bill for monthly base rate is 4 PROS Service units for Community Rehabilitation and Support (CRS)
- Daily maximum of 5 PROS service units means that off-site services can double up to 10 PROS service units per day

# Services and Add-On Billing

## Medically Necessary PROS Services

- Crisis intervention services
- Pre-Admission screening services provided to an individual or his collateral who is in pre-admission status
- Services delineated in the screening and admission note, which are provided after the individual's admission date, but prior to the completion of the initial IRP
- Services identified in and provided in accordance with the individual's IRP

## Add On Services:

- Clinic Treatment (CT)
- Intensive Rehabilitation (IR)
- Ongoing Rehabilitation and Support (ORS)

## Rules for billing Add-Ons:

- Maximum two add-ons per month
- Cannot bill IR and ORS in the same month
- Add-on components may be billed during the first month of admission (new with redesign)

# Reimbursement Overview

- Services are reimbursed on a monthly case payment basis
- Structure consists of the following four elements:
  - Monthly Base Rate (calculated based on total number of PROS service units provided over the course of the calendar month);
  - IR component add-on;
  - ORS component add-on; and
  - Clinical Treatment component add-on
- The basic measure for the PROS monthly base rate is the PROS unit of service. PROS units are accumulated during the course of each day that the individual participates in the PROS program and are aggregated up to a monthly total to determine the amount of the PROS monthly base rate that can be billed for the individual during a particular month
- The PROS unit is determined by the duration of program participation, which includes a combination of on-site and off-site program participation and service frequency, as defined below:
  - Program Participation: the time between sign-in and sign-out minus scheduled meal periods and/or planned recreational activities
  - Service Frequency: the number of medically necessary PROS services delivered to an individual or collateral during the course of a program day. Services to collaterals may be included in the calculation of service frequency as long as the participant is not being credited with service for the same time

# Discontinued Rate Codes

| Rate Code | Description | Discontinue Date |
|---|---|---|
| 4520 | Comprehensive Upstate/Downstate 2-12 Hrs | 03/31/2025 |
| 4521 | Comprehensive Upstate /Downstate13-27 Hrs | 03/31/2025 |
| 4522 | Comprehensive Upstate/Downstate 28-43 Hrs | 03/31/2025 |
| 4523 | Comprehensive Upstate/Downstate 44-60 Hrs | 03/31/2025 |
| 4524 | Comprehensive Upstate/Downstate 61+ Hrs | 03/31/2025 |

# Revised PROS Coding Matrix

All changes are effective April 1, 2025.

| Rate Code | Rate Code/Service Title | Procedure Code | Procedure Code Description | Modifier | PROS Service Units |
|---|---|---|---|---|---|
| 4510 | PROS Preadmission | H0002 | Behavioral health screening, admission eligibility | HE | 1 |
| 4516 | PROS Monthly Base Rate – Tier 1 | H2019 | Ther behav svc, per 15 min | U1 | 4 - 11 |
| 4517 | PROS Monthly Base Rate – Tier 2 | H2019 | Ther behav svc, per 15 min | U2 | 12 - 43 |
| 4518 | PROS Monthly Base Rate – Tier 3 | H2019 | Ther behav svc, per 15 min | U3 | 44+ |
| 4525 | PROS Clin Trmt Add-On | T1015 | Clinic visit/encounter, all inclusive | HE | 1+ |
| 4526 | PROS Int Rehab | H2018 | Psysoc rehab svc, per diem | HE | 1+ |
| 4527 | PROS Ongoing Rehab & Support | H2025 | Supp maint employ, 15 min | HE | 4+ |

# Billing Requirement Changes with Redesign

- Daily program participation is no longer converted.  One unit is defined as 15 continuous minutes of service provided to an individual
- The monthly rate must be a minimum of four (4) Community Resource Services (CRS, IR,ORS,CT) accrued over the course of the month
- Off-Site services are defined as any location other than the same address as the PROS program. Off-Site services for the same duration will be counted as two units instead of one
- The Date of Service on the claim must be the last day of the month except when recipient is discharged, then the Date of Discharge is the Date of Service
- A minimum of six units of services (which must include at least one IR services) must be provided during calendar months in order to bill IR add-on and can be provided either onsite or offsite
- A maximum of five units may be accumulated per calendar day for services delivered onsite and for offsite the daily maximum is 10 units
- All PROS Providers will be required to report the number of actual units on the claim for NYS monitoring

Note: MVP will adjudicate the claims based on the billed Tier identified by Rate Codes, Procedure Codes, and Modifiers rather than the units reported on the claim.

# Unit Calculation Example 1: CRS Onsite & IR Offsite

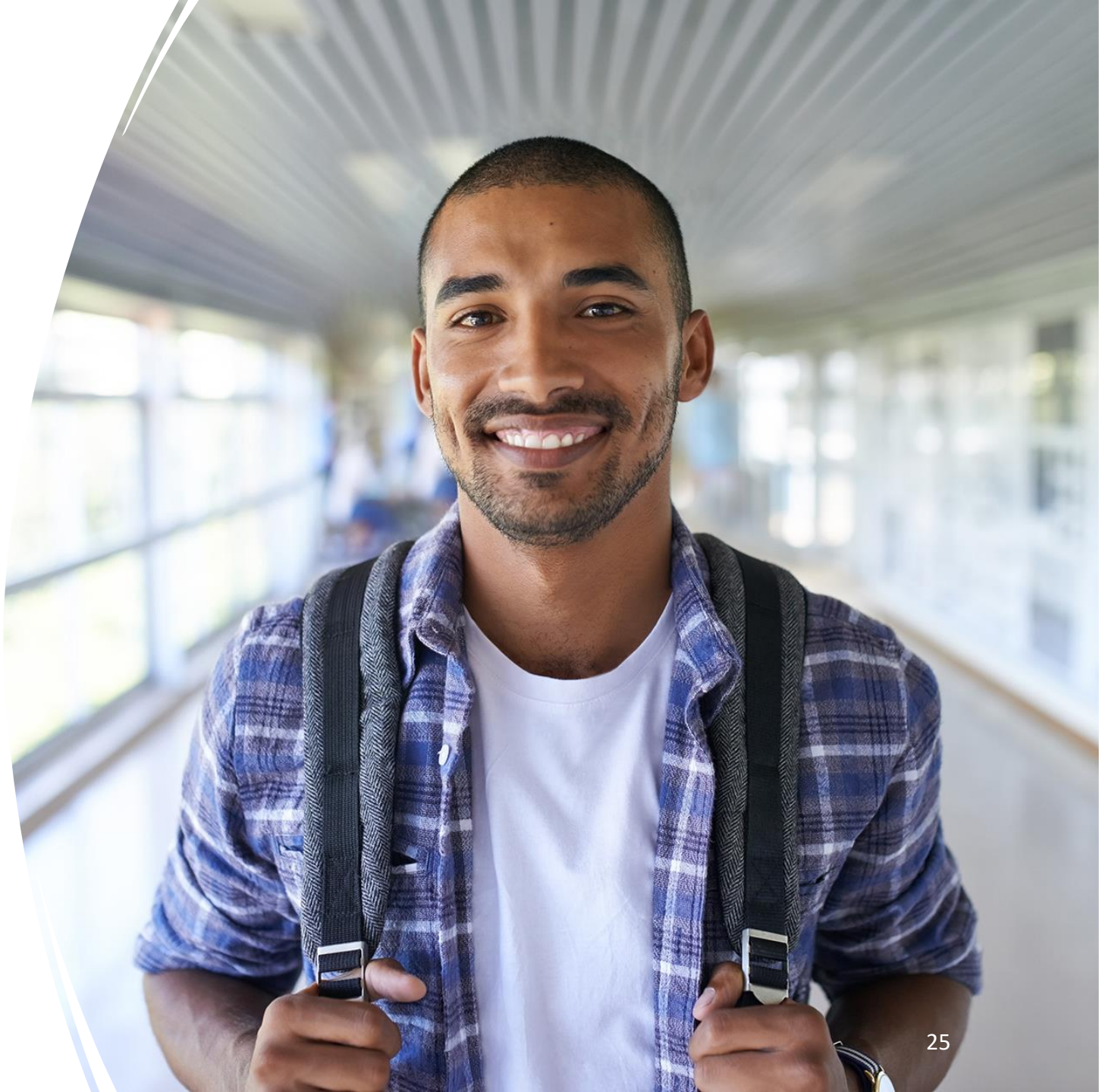
Ashley attends four (4) 30-minute onsite CRS groups per week and (18) 30-minute groups over the course of the month and receives one (1) 45-minute one-on-one IR service off-site in their home.

- The total units billed for the month for Ashley would equal 24 (18 CRS + 6 IR offsite)
- The program would bill for a Tier 2 monthly base rate plus the IR add-on

# Unit Calculation Example 2: IR Offsite Only

Jorge receives weekly 30-minute one-on-one IR sessions off-site in various community locations (five sessions over the course of the month).

- Jorge's total units for the month would equal 20
- The program would bill for the IR add-on only as Jorge did not meet the minimum threshold for the monthly base rate



# Case Example: In-Person

Joe attends PROS two days per week, 9:30am – noon (2.5 hours per day, 5 hours per week), where he participates in six (6) 45-minute groups per week. Two of the six groups are IR-IDDT groups. He also meets with his primary counselor one-on-one (1:1) twice per month for 30 minutes.

**Old Billing:** 5 units per week (22.5 per month) + 1 unit for 1:1 sessions equals 23.5 units = Tier 2 + IR = $663.51 + $496.81 = $1,160.32 per month

**Redesign Billing:** 6 units per week (30 per month) + 4 units for 1:1 sessions equals 36 units = Tier 2 + IR = $690.40 + $496.81 = $1,177.21 per month

# Case Example: Telehealth

Mary attends PROS primarily through telehealth. She participates in two (2) 40-minute groups per week. She also receives weekly one-on-one 15-minute telehealth sessions to check in with her primary counselor.

**Old Billing:** 1.25 units per week total equals 5.75 units total = Tier 1 = $309.98 per month

**Redesign Billing:** 2 units per week for group (9 per month) + 5 units for 1:1 sessions equals 14 units = Tier 2 = $748.30

# Resources

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- Medicaid Reimbursement Rates (ny.gov)
- Personalized Recovery Oriented Services (PROS) (ctacny.org)
- PROS STAFF TRAINING & COMPETENCIES GUIDANCE (ctacny.org)
- PROS (ny.gov)
- PROS Redesign Training for Providers (MCTAC)

# Thank you for being part of MVP

Contact your Behavioral Health Professional Relations Representative with questions. Visit the MVP Website to identify your representative and contact information by county.

**Contact:** Professional Relations Territory Listing Behavioral Health (mvphealthcare.com)