

Personalized Recovery Oriented Services (PROS) & Balancing Incentive Program (BIP)

Guidance for Serving BIP Population

In its 1999 *Olmstead v. L.C.* decision, the U.S. Supreme Court ruled that states, in accordance with the American Disabilities Act (ADA), have an obligation to provide services to individuals with disabilities in the most integrated setting appropriate to their needs. New York State has developed a comprehensive *Olmstead* Implementation Plan that identifies specific strategies to assist people residing in segregated settings to transition to community based settings. Services that will be provided through this Plan include: integrated housing; employment; transportation; and community services. The New York State Office of Mental Health (OMH) has committed to the Plan by providing intensive community-based rehabilitation services through Personalized Recovery Oriented Services (PROS). Using funds available through the Balancing Incentive Program (BIP), PROS programs will be able to bill at increased rates for the provision of specific enhanced services designed to assist people with disabilities to successfully transition to community-based settings.

Individuals eligible for services associated with this initiative are identified as members of the “target population,” and must meet the following eligibility criteria:

- ✓ **have lived in an adult home longer than six consecutive months, or**
- ✓ **have lived in a nursing home longer than six consecutive months, or**
- ✓ **have lived in a state operated community residence longer than six consecutive months, or**
- ✓ **have lived in a state psychiatric center longer than six consecutive months, and**
- ✓ **have been discharged from a nursing home, adult home, or in-patient state psychiatric center into the community.**
- ✓ **meet all eligibility criteria for PROS admission, as defined in Part 512.7(c)(5)(i-iv)**

Individuals will be considered members of the "target population" for up to 12 consecutive months following discharge to the community from one of the identified settings. *For the purposes of PROS and use of BIP funds, community settings that determine eligibility may not include Congregate Treatment settings, Community Residences and Family Care.*

All services must be medically necessary, and PROS programs can continue to provide services to these individuals beyond this period of time, but will no longer be able to bill at the increased rates.

The target population is fluid, allowing all individuals who meet eligibility criteria to be able to access enhanced PROS Services following PROS admission, and for up to 12 consecutive months following discharge from one of the identified settings. Please note that eligible members of the target population must be identified at admission, and at six

month intervals (follow up) in the OMH Children and Adult Information Reporting System (CAIRS) for tracking and audit purposes.

PROS Services Eligible for Increased Rates

Individuals who have spent a significant period of time living in a nursing home, adult home, or state psychiatric center frequently encounter mental health barriers when they attempt to transition into an integrated community setting. Barriers associated with the transition include challenges in basic living skills, managing personal finances and benefits, understanding and accessing community resources, and developing autonomy in health and wellness skills. Many individuals are reluctant or unable to commit to attending a site-based program and require more intensive and person-centered services delivered in a community setting.

I. Community Rehabilitation and Supports

Pre-Admission Service: “BIP Rate” and Extended Timeframe

PROS is a voluntary, community-based program that supports individuals to make an informed decision to enroll. The PROS Pre-Admission service offers individuals the opportunity to review PROS marketing materials, tour program space, participate in PROS Services (audit groups) as a visitor, and/or meet with program staff and/or participants to learn about the program model as part of making their decision. Pre-Admission Service can be offered at the PROS site or in a community setting, which may include the individual’s residence. Pre-Admission service can be provided by any member of the PROS program staff and must be documented for billing and auditing purposes.

The desired outcome of Pre-Admission is to encourage the individual to engage in his or her recovery process by enrolling in PROS and developing an Individualized Recovery Plan (IRP). This may present a challenge for many members of the target population, who may require additional time to consider the benefits and opportunities offered by PROS, before making a commitment to participating in PROS Services. To support individuals to make an informed decision, and to continue to reimburse PROS programs adequately for the increased periods of time and efforts provided to members of the target population receiving Pre-Admission service over an extended period, a BIP Rate of reimbursement has been established for Pre-Admission services provided to individuals in the target population.

Pre-Admission Services can be provided to individuals in the target population for a maximum of **four consecutive months** (vs. the two maximum consecutive months available for other individuals). Pre-Admission Services provided to these individuals can also be billed at an increased “BIP payment” of **\$175 (upstate) and \$191 (downstate)**. A separate rate code for the BIP Pre-Admission rate has been created for tracking and billing purposes (rate code 4531 “PROS PRE-ADMISSION AH/NH/PC”).

NOTE: The BIP Pre-Admission rate cannot be billed in combination with billing for the existing PROS Pre-Admission payment. Additionally, the duration of months that pre-admission is billed at the BIP Pre-Admission rate cannot be consecutive with the two consecutive month maximum as currently identified in Part 512.

Admission practices and documentation to PROS programs for the target population will be the same as existing admission practices and documentation. Once it is determined an individual meets the eligibility criteria for admission to PROS, and the person expresses a desire to enroll in the program, the individual will be entered into the CAIRS system and identified as a member of the target population.

II. After Admission: BIP Payments for Enhanced CRS Services

PROS is a comprehensive rehabilitation program, with a treatment component, that offers a menu of services and flexibility of service delivery. It is anticipated members of the target population will need significantly more intensive supports and services in order to overcome barriers to independent and integrated community life than would individuals who have lived in the community for a year or more. In addition, members of the target population are more likely to require rehabilitation supports that are provided directly in community settings in order to develop basic living skills in shopping, cooking, using community resources, and negotiating public transportation.

The development of the skills necessary to navigate community settings comfortably is integral to a person's health and his/her ability to achieve a life role. BIP Rates have therefore been developed for specific CRS services delivered to individuals in the target population within a community setting -- in other words, at a site other than the PROS site. CRS services eligible for the enhanced payment are as follows:

- Basic Living Skills
- Benefits and financial management
- Community living exploration
- Information and education regarding self help
- Wellness self management

In order to be able to bill for the BIP payment, PROS Program staff must provide one or more of the identified CRS services at a community site, such as a laundromat, grocery store, bank, etc., so that individuals can regain functional skills and learn to manage mental health barriers. These services can be delivered on a one-to-one basis or in groups. When services are delivered using group modality, the group size cannot exceed 12 participants on a routine and regular basis, as defined in the PROS Regulations, Part 512.7.(d)(7)(i).

Staffing and documentation requirements related to the delivery of these CRS services must comply with the PROS Regulations as defined in Part 512. Medical necessity for the PROS Service must be established and documented as part of the individual's IRP. Documentation for the delivery of service must include duration and location of contact and must be available for billing and auditing purposes.

Off-site locations **must** be in the community and cannot be at the PROS site, agency owned space or at the participant's residence. In addition, the group cannot be offered in the same location on a regular and routine basis.

PROS programs that provide one or more of the identified CRS services to an individual in a minimum of two or four (or more) thirty (30) minute, face to face, contacts (these services must be delivered on separate days) are eligible to bill for the following enhanced payment:

- \$135 (upstate) or \$150 (downstate) for **two (2) or three (3)** of the identified CRS services provided in a community setting (off site).

- \$270 (upstate) or \$300 (downstate) for **four (4) or more** of the identified CRS services provided in a community setting (off site).

This enhanced payment is in addition to the base rate and any applicable add-on services delivered during the same calendar month. An "Enhanced CRS" rate code (rate code 4532 "PROS ENHANCED CRS 2 CONTACT – AH/NH/PC" and rate code 4533 "PROS ENHANCED CRS 4 CONTACT – AH/NH/PC") will be used for billing for these services for this population.

III. BIP and Intensive Rehabilitation (IR)

Individuals in the target population are eligible to participate in Intensive Rehabilitation (IR) Services if a need for such has been identified and documented on the person's IRP. Because it is anticipated that members of the target population may have an increased need for IR Services, a separate IR rate code (rate code 4534 "PROS INTENSIVE REHABILITATION – AH/NH/PC") has been established for this population for billing and audit purposes.

Claims related to this IR rate code will not be counted toward a program's maximum average of 50% for IR claims submitted

As with most PROS Services, IR Services may be delivered at the PROS site or in a community location. IR services are as follows:

- Intensive Rehabilitation Goal Acquisition (IRGA)
- Intensive Relapse Prevention
- Integrated Dual Disorder Treatment (IDDT)
- Family Psychoeducation/Intensive Family Support

Staffing and documentation requirements related to the delivery of IR services provided to members of the target population must comply with the PROS Regulations as defined in Part 512.7(d)(6). Medical necessity for each service must be established and documented as part of the individual's IRP. Documentation for service delivery must include duration and location of contact and must be available for billing and auditing purposes.

Continued need for IR services must be evaluated and documented on the person's IRP every 3 months. In order to provide IDDT and/or Family Psychoeducation/Intensive Family Support, staff must be trained in OMH approved practices/services (see *PROS Clarification #13: Staff Competencies in Evidence Based Practices* for further details).

Part 512 PROS Regulations have been updated to reflect BIP Rates and the description of services to be provided to the target population. Please refer to 512.(4) for further information.