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State/Territory Name: New York

State Plan Amendment (SPA) #: 16-0041

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
26 Federal Plaza, Room 37-100
New York, New York 10278



Regional Operations Group

FMG: JH: SPA NY-16-0041 Approval

November 22, 2019

Donna Frescatore
Deputy Commissioner
Office of Health Insurance Programs
New York State Department of Health
One Commerce Plaza, Suite 1211
Albany, NY 12210.

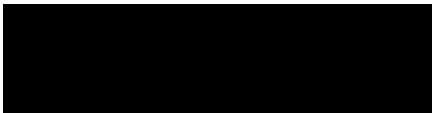
Dear Ms. Frescatore:

This is to notify you that New York State Plan Amendment (SPA) #16-0041 has been approved for adoption into the State Medicaid Plan with an effective date of April 1, 2016. This SPA comprehensively describes the methodology and service components for Personalized Recovery Oriented Services (PROS).

Enclosed are copies of the Plan Pages for SPA #16-0041 and the HCFA-179 form, as approved.

If you have any questions regarding this amendment, please call Joanne Hounsell at 212.616.2446 or e-mail at Joanne.Hounsell@cms.hhs.gov.

Sincerely,



Nicole McKnight
Acting Deputy Director
Regional Operations Group

Enclosures: HCFA-179 Form
State Plan Pages

cc: R. Deyette
R. Weaver
R. Holligan
S. Higgins
M. Tabakov
M. Kahnowitz
J. Hounsell
M. Lopez

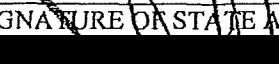
TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION	1. TRANSMITTAL NUMBER: 16-0041	2. STATE New York
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE April 1, 2016	
5. TYPE OF PLAN MATERIAL (Check One): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT		

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)


6. FEDERAL STATUTE/REGULATION CITATION: Section 1902(a) of the Social Security Act, and 42 CFR 447	7. FEDERAL BUDGET IMPACT: (in thousands) a. FFY 04/01/16-09/30/16 \$ 0 b. FFY 10/01/16-09/30/17 \$ 0
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1-A Supplement: Pages 3b-2, 3b-3, 3b-4, 3b-5, 3b-6, 3b-7, 3b-8, 3b-9, 3b-10, 3b-11, 3b-12 and 3b-12.1 Attachment 3.1-B Supplement: Pages 3b-2, 3b-3, 3b-4, 3b-5, 3b-6, 3b-7, 3b-8, 3b-9, 3b-10, 3b-11, 3b-12 and 3b-12.1 Attachment 4.19-B: Pages 3L-1, 3L-2, 3L-3, 3L-4, 2(s.3), 3(j.1), 3(j.2), 3k(1), 3k(2), 3k(4)	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 3.1-A Supplement: Pages 3b-2, 3b-3 Attachment 3.1-B Supplement: Pages 3b-2, 3b-3 Attachment 4.19-B: Pages 3L-1, 2(s.3), 3(j.1), 3(j.2), 3k(1), 3k(2), 3k(4)

10. SUBJECT OF AMENDMENT:
Personalized Recovery Oriented Services (PROS)
(FMAP = 50%)

11. GOVERNOR'S REVIEW (Check One):
 GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED:
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL: 	16. RETURN TO: New York State Department of Health Bureau of Federal Relations & Provider Assessments 99 Washington Ave – One Commerce Plaza Suite 1460 Albany, NY 12210
13. TYPED NAME: Jason A. Helgerson	
14. TITLE: Medicaid Director Department of Health	
15. DATE SUBMITTED: APP 26 2016	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:	18. DATE APPROVED: NOVEMBER 22, 2019
PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: APRIL 01, 2016	20. SIGNATURE OF REGIONAL OFFICIAL: 
21. TYPED NAME: NICOLE MCKNIGHT	22. TITLE: ACTING DEPUTY DIRECTOR REGIONAL OPERATIONS GROUP

23. REMARKS:

Pen and ink changes were made to boxes 8 and 9 as instructed by New York State on September 30, 2019.

**New York
3b-2**

**13d. Rehabilitative Services
Personalized Recovery Oriented Services**

[A comprehensive] Personalized Recovery Oriented Services (PROS) programs [will] provide Community Rehabilitation and Support, Intensive Rehabilitation and Ongoing Rehabilitation and Support services to individuals for whom such services have been recommended by a licensed practitioner of the healing arts (LPHA). PROS providers may, at their option and with approval from the Office of Mental Health, also provide Clinical Treatment Services to individuals enrolled in PROS for whom such services are determined to be necessary and appropriate by a physician or psychiatric nurse practitioner. [A "limited license" will be made available for free-standing Intensive Rehabilitation and Ongoing Rehabilitation and Support programs that are operated by a provider that does not have the capability to offer Community Rehabilitation and Support.

Community Rehabilitation and Support (CRS) is designed to engage and assist individuals in managing their mental illness and in restoring those skills and supports necessary to live successfully in the community. Intensive Rehabilitation (IR) is a customized package of rehabilitation and support services designed to intensely assist an individual in attaining specific life goals such as successful completion of school, attainment of stable and independent housing, and gainful employment.

Intensive Rehabilitation services may also be used to provide targeted interventions to reduce the risk of hospitalization, loss of housing, involvement in the criminal justice system, and to help individuals manage their symptoms. Ongoing Rehabilitation and Support (ORS) will provide interventions designed to assist in managing symptoms in an integrated workplace setting.

PROS programs will offer a comprehensive menu of services, customized for each client through development of an individualized recovery plan. Services provided by the CRS component of a PROS program will include but are not limited to: engagement; assessment; wellness self-management; basic living skills training; benefits and financial management; community living skills exploration; crisis intervention; individual recovery planning; information and education regarding self help; and structured skill development and support. Services provided by the IR component of a PROS program will include but are not limited to: family psychoeducation; intensive rehabilitation goal acquisition; clinical counseling and therapy; and intensive relapse prevention. Service provided in the IR component of a "limited license" PROS program will include, but is not limited to, intensive rehabilitation goal acquisition for employment and education-oriented goals. Services provided by the ORS component of a PROS program will include, but not limited to, vocational support services, defined as the ongoing provision of counseling, mentoring and advocacy services designed to sustain an individual's role in integrated employment by providing supports which assist the individual in symptom management. PROS services will be provided both onsite and offsite, but ORS services will always be provided off-site in the community.

Programs may, at their option, provide clinical treatment services designed to stabilize ameliorate and control the disabling symptoms of mental illness. Programs that provide clinical treatment services will be reimbursed at a higher rate for the clinic component than programs which do not provide clinical treatment services.]

TN #16-0041

Approval Date 11/22/2019

Supersedes TN #03-0045

04/01/2016

Effective Date

New York
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13d. Rehabilitative Services
Personalized Recovery Oriented Services - continued

[The goal of the program is to provide integrated services, but clients can choose to receive service from different service components in more than program. Clients enrolled in a PROS program which provides clinical treatment services will be given free choice as to whether they wish to receive clinical treatment through the PROS program, or receive those services from a clinic licensed under 14 NYCRR Part 587.

Programs will be licensed and reimbursed under criteria set forth in 14 NYCRR Part 512. Staffing requirements will include differing staff to client ratios depending on the component of services the program offers.]

PROS provider agencies are licensed by the New York State Office of Mental Health to offer a comprehensive menu of services, customized for each individual through the development of an Individualized Recovery Plan.

PROS services are delivered in accordance with documented Individualized Recovery Plans which, at a minimum, must include a description of the individual's strengths, resources, including collaterals, and mental health-related barriers that interfere with functioning; a statement of the individual's recovery goals and program participation objectives; an individualized course of action to be taken, including the specific services to be provided, the expected frequency of service delivery, the expected duration of the course of service delivery, and the anticipated outcome; criteria to determine when goals and objectives have been met; a relapse prevention plan; and a description and goals of any linkage and coordination activities with other service providers.

For individuals receiving Intensive Rehabilitation, Ongoing Rehabilitation and Support or Clinical Treatment Services, the Individualized Recovery Plan shall identify the reasons why these services are needed, in addition to Community Rehabilitation and Support services, to achieve the individual's recovery goals.

PROS services provided to collaterals are provided solely for the benefit of Medicaid beneficiaries.

Individualized Recovery Plans must be approved by a Professional Staff member as well as the individual recipient. For individuals receiving Clinical Treatment Services, either a physician or a psychiatric nurse practitioner shall approve the Individualized Recovery Plan.

TN #16-0041 Approval Date 11/22/2019
Supersedes TN #03-0045 Effective Date 04/01/2016

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13d. Rehabilitative Services
Personalized Recovery Oriented Services (PROS) - continued

Practitioner qualifications:

A PROS must employ a minimum of one full-time LPHA. LPHAs include:

- Nurse Practitioner;
- Physician;
- Physician Assistant;
- Psychiatric Nurse Practitioner;
- Psychiatrist;
- Psychologist;
- Registered Professional Nurse;
- Licensed Mental Health Counselor;
- Licensed Clinical Social Worker (LCSW);
- Licensed Master Social Worker, under the supervision of a LCSW, licensed psychologist, or psychiatrist employed by the agency;
- Licensed Creative Arts Therapist;
- Licensed Marriage and Family Therapist; and
- Licensed Psychoanalyst.

Each licensed PROS must have a minimum of 40% full-time equivalents of Professional Staff, including:

- **Creative Arts Therapist** - an individual who is currently licensed or permitted as a creative arts therapist by the New York State Education Department, or who has a master's degree in a mental health field from a program approved by the New York State Education Department and registration or certification by the American Art Therapy Association, American Dance Therapy Association, National Association of Music Therapy or American Association for Music Therapy;
- **Credentialed Alcoholism and Substance Abuse Counselor** - an individual who is currently credentialed by the New York State Office of Alcoholism and Substance Abuse Services in accordance with Part 853 of Title 14 of the NYCRR;
- **Marriage and Family Therapist** - an individual who is currently licensed or permitted as a marriage and family therapist by the New York State Education Department;
- **Mental Health Counselor** - an individual who is currently licensed or permitted or as a mental health counselor by the New York State Education Department;
- **Nurse Practitioner** - an individual who is currently certified or permitted to practice as a nurse practitioner by the New York State Education Department;
- **Nurse Practitioner in Psychiatry** - an individual who is currently certified as a nurse practitioner in psychiatry by the New York State Education Department. For purposes of this Attachment, nurse practitioner in psychiatry will have the same meaning as psychiatric nurse practitioner, as defined by the New York State Education Department;

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13d. Rehabilitative Services

PROS – continued

- : **Occupational Therapist** - an individual who is currently licensed or permitted to practice as an occupational therapist by the New York State Education Department and who meets the qualifications set forth in 42 CFR § 440.110(b)(2);
- : **Pastoral Counselor** - an individual who has a master's degree or equivalent in pastoral counseling or is registered as a Pastoral Care Specialist of the American Association of Pastoral Counselors;
- : **Physician** - an individual who is currently licensed or permitted to practice as a physician by the New York State Education Department;
- : **Physician Assistant** - an individual who is currently registered or permitted to practice as a physician assistant or a specialist's assistant by the New York State Education Department;
- : **Psychiatrist** - an individual who is currently licensed or permitted to practice as a physician by the New York State Education Department and who is certified by, or eligible to be certified by, the American Board of Psychiatry and Neurology;
- : **Psychoanalyst** - an individual who is currently licensed or permitted as a psychoanalyst by the New York State Education Department;
- : **Psychologist** - an individual who is currently licensed or permitted as a psychologist by the New York State Education Department. Individuals with at least a master's degree in psychology who do not meet this definition may not be considered licensed practitioners of the healing arts, and may not be assigned supervisory responsibility. However, individuals who have obtained at least a master's degree in psychology may be considered professional staff for the purposes of calculating professional staff and full time equivalent professional staff;
- : **Registered Professional Nurse** - an individual who is currently licensed or permitted to practice as a registered professional nurse by the New York State Education Department;
- : **Rehabilitation Counselor** - an individual who has either a master's degree in rehabilitation counseling from a program approved by the New York State Education Department or current certification by the Commission on Rehabilitation Counselor Certification;

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13d. Rehabilitative Services

PROS – continued

- : **Social Worker** - an individual who is currently licensed or permitted as a master social worker (LMSW) or clinical social worker (LCSW) by the New York State Education Department. LMSWs must be supervised by a LCSW, licensed psychologist, or psychiatrist employed by the agency. Social workers who do not meet this criteria may not be considered licensed practitioners of the healing arts. However, social workers who have obtained at least a master's degree in social work from a program approved by the New York State Education Department may be considered professional staff for the purposes of calculating professional staff and full-time equivalent professional staff; and
- : **Therapeutic Recreation Specialist** - an individual who has either a master's degree in therapeutic recreation from a program approved by the New York State Education Department or certification as a therapeutic recreation specialist by the National Council for Therapeutic Recreation Certification.

A PROS program licensed to provide Clinical Treatment Services must have a minimum of .125 FTE psychiatrist and .125 FTE registered professional nurse for every 40 individuals receiving clinical treatment services. Additional psychiatry staff must be added, as necessary, to meet the volume and clinical needs of participants receiving clinical treatment services.

Minimum Qualifications for Paraprofessional Staff

Paraprofessional Staff are PROS staff members who are not professional staff, as specified above. Paraprofessional Staff must possess a combination of educational and professional and/or personal experience in a mental health or human services setting. Paraprofessional Staff shall have attained at least 18 years of age, possess at least a High School diploma or GED, and demonstrate six (6) months professional and/or personal experience in a mental health or human services field.

Paraprofessional Staff Training

PROS programs shall ensure Paraprofessional Staff demonstrate competency in rehabilitation practices and PROS service components through formal and informal training practices, including job-shadowing of Professional Staff and experienced Paraprofessional Staff, as appropriate, based on the educational background and professional experience of the Paraprofessional Staff member.

Required Supervisory Arrangements

Initial service recommendations and Individualized Recovery Plans must be developed and documented under the supervision of Professional Staff. Professional Staff must provide direct supervision to Paraprofessional Staff in the delivery of service components identified herein. Professional Staff supervision must also be available at all times to address any issues related to quality of care in the provision of any PROS service components. Additionally, PROS Programs must demonstrate a formal plan for the provision of professional supervision of group-delivered services as a condition of program licensure.

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04/01/2016
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13d. Rehabilitative Services

PROS – continued

Community Rehabilitation and Support (CRS) Services

Community Rehabilitation and Support (CRS) services are an array of recovery-oriented assessment, psychosocial rehabilitation, counseling, family psychoeducation, and crisis intervention services designed to restore, rehabilitate and support individuals to regain skills and functionality lost due to mental illness, and manage the symptoms of their mental illness so that they may live successfully in the community.

Service Components:

· **Psychiatric Rehabilitation Assessment**

With the active involvement of the individual, the Rehabilitation Assessment process involves a multi-disciplinary review of the individual's strengths and barriers encountered as a result of his or her psychiatric condition and identifies life role goals to be addressed in the individual's Individualized Recovery Plan.

Practitioner qualifications: Professional Staff or Paraprofessional Staff under the supervision of Professional Staff.

· **Alcohol, Tobacco and Other Drug Assessment**

An assessment service designed to gather data concerning an individual's substance-related history and current use and assess such data to determine the individual's substance abuse status, the need for substance abuse services or referral.

Practitioner qualifications: Professional Staff.

· **Basic Living Skills**

A psychosocial rehabilitation service designed to improve an individual's ability to perform the basic skills necessary to achieve maximum independence and acceptable community behaviors that are critical to his or her recovery. This service focuses on the reacquisition of capabilities and skills, and strategies for appropriate use of skills.

Practitioners: Professional Staff or Paraprofessional Staff under the supervision of Professional Staff.

· **Benefits and Financial Management**

A psychosocial rehabilitation services which assists individuals in reacquiring skills and capabilities that were lost as a result of the onset of mental illness and that are necessary to manage their own finances. This service is designed to support an individual's functioning in the community through understanding, and skill in handling, his or her own financial resources.

Practitioners: Professional Staff or Paraprofessional Staff under the supervision of Professional Staff.

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13d. Rehabilitative Services
PROS – continued

Cognitive Remediation

A counseling service designed to improve and restore an individual's functioning by restoring the cognitive skill that is the target of the remediation task. Cognitive remediation is an optional PROS service, subject to prior review and written approval of the Office of Mental Health.

Practitioners: Professional Staff who have had training approved by the Office of Mental Health.

Community Living Exploration

A psychosocial rehabilitation service designed to help an individual understand the demands of specific community life roles, in order to make decisions regarding participation and to overcome barriers to participate and perform in desired roles. This service also includes motivating individuals to explore and increase their knowledge of opportunities available in the community.

Practitioners: Professional Staff or Paraprofessional Staff under the supervision of Professional Staff.

Crisis Intervention

A service designed to safely and respectfully de-escalate situations of acute distress or agitation which require immediate attention.

Practitioners: Professional Staff.

Engagement in Recovery

A psychosocial rehabilitation service designed to motivate and support individuals receiving PROS to continue to participate in the rehabilitation and recovery process. This includes: fostering therapeutic relationships supportive of the individual's recovery, evaluating recovery goals, readiness, and overall satisfaction of life roles and the individual recovery plan.

Practitioners: Professional Staff or Paraprofessional Staff under the supervision of Professional Staff.

Individualized Recovery Planning

A continuous, dynamic process that engages each person as an active partner in developing, reviewing and modifying a care plan that supports his or her progress towards recovery. The individualized recovery planning process also includes working with the individual in the development of a relapse prevention plan and advance directive, where appropriate.

Practitioners: Professional Staff or Paraprofessional Staff under the supervision of Professional Staff.

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13d. Rehabilitative Services
PROS – continued

• Skill Building for Self-help

A psychosocial rehabilitation service designed to help individuals restore the skills necessary to identify and participate in or take advantage of appropriate self-help resources or mutual aid groups.

Practitioners: Professional Staff or Paraprofessional Staff under the supervision of Professional Staff.

• Pre-admission screening

A service including engaging, interviewing and evaluating an individual to determine whether the individual is appropriate for the program and identifying and addressing any unique circumstances and functional limitations which may impact the individual's ability and desire to receive PROS services.

Practitioners: Professional Staff or Paraprofessional Staff under the supervision of Professional Staff.

• Structured Skill Development and Support

A psychosocial rehabilitation service designed to assist individuals to regain the skills necessary for performing normative life roles associated with group membership, work, education, parenting, or living environments by modeling and practicing skills in actual community settings off-site or community environments replicated at the program site and through the use of structured activities.

Practitioners: Professional Staff or Paraprofessional Staff under the supervision of Professional Staff.

• Wellness Self-management

Psychosocial rehabilitation services designed to develop or improve personal coping strategies, prevent relapse, and promote recovery. Services may be provided to recipients and/or collaterals for the benefit of the recipient, and may include, but are not limited to coping skills training, disability education, dual disorder education, medication education and self-management, problem-solving skills training, and relapse prevention planning.

Practitioners: Professional Staff or Paraprofessional Staff under the supervision of Professional Staff.

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New York
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13d. Rehabilitative Services

PROS – continued

Clinical Treatment

If an individual attending a PROS that does not include Clinical Treatment services requires those services, the individual may receive Clinical Treatment services at an OMH licensed clinic or an independent practitioner. If the individual is not receiving Clinical Treatment services directly within the PROS, the PROS documents that the services provided by the OMH licensed clinic are integrated with those provided by the PROS.

Clinical Treatment Services are designed to stabilize, ameliorate and control the disabling symptoms of mental illness. In order to be licensed to offer Clinical Treatment services within a PROS, the PROS staffing plan must meet minimum clinical treatment staffing requirements as described under the PROS practitioner requirements, the PROS staffing must include sufficient qualified staff to deliver clinical treatment services and additional space to perform services is required.

Clinical Treatment services include:

Clinical Counseling and Therapy

A service designed to provide goal-oriented verbal counseling or therapy, including individual, group and family counseling or therapy, for the purpose of addressing the emotional, cognitive and behavioral symptoms of a mental health disorder or for engaging, motivating and stabilizing persons with a co-occurring mental health and substance abuse (including alcohol) disorder, and the related effects on role functioning.

Practitioners: Licensed Practitioners of the Healing Arts, as defined in this section and Professional Staff under the supervision of a Licensed Practitioner of the Healing Arts, as defined in this section.

Health Assessment

A service designed to gather data concerning an individual's medical history and any current signs and symptoms, and assess such data to determine his or her physical health status and need for referral.

Practitioners: Nurse practitioner, nurse practitioner in psychiatry, physician, physician's assistant, psychiatrist or registered professional nurse.

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3b-11

13d. Rehabilitative Services

PROS – continued

: Medication Management

A service designed to prescribe or administer medication to treat the primary symptoms of an individual's psychiatric condition. This service is intended to include medication trials which are adequate in dose and duration, as well as assessments of the appropriateness of the individual's existing medication regimen through record reviews, ongoing monitoring, and consultation with the PROS participant and/or collateral. Medication management may include monitoring the side effects of prescribed medications including, but not limited to, extrapyramidal, cardiac and metabolic side effects, and may include providing individuals with information concerning the effects, benefits, risks and possible side effects of a proposed course of medication. The Medication itself is reimbursable under separate State Plan authority.

Practitioners: Psychiatrist and/or psychiatric nurse practitioner.

: Psychiatric Assessment

A service designed to gather data concerning an individual's psychiatric history and current mental health symptoms, assess such data for determination of the individual's current mental health status, and identify the need for clinical treatment services.

Practitioners: Psychiatrist or psychiatric nurse practitioner.

: Symptom Monitoring

A service designed to identify the ongoing effects of an individual's course of care. This service involves the continuous process of monitoring a recipient's symptoms of mental illness, as identified in his or her individualized recovery plan, and his or her response to treatment, within the context of other support and rehabilitation services.

Practitioners: Licensed Practitioners of the Healing Arts, as defined in this section and Professional or Paraprofessional Staff under the supervision of a Licensed Practitioners of the Healing Arts, as defined in this section.

: Intensive Rehabilitation (IR)

Intensive Rehabilitation services include the following four psychosocial rehabilitation and counseling services which are designed to be delivered with greater frequency, in smaller group sizes or by specifically qualified staff. Individuals may require IR when they experience episodes of acute loss of functioning increasing their risk of hospitalization, loss of housing or involvement in the criminal justice system or heightened urgency and motivation to work towards a specific rehabilitation goal over a short period of time.

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13d. Rehabilitative Services

PROS – continued

Service Components:

· Intensive Rehabilitation Goal Acquisition

A psychosocial rehabilitation service designed to assist an individual expressing heightened urgency and motivation to restore functionality and achieve a personally meaningful life role goal. This service may be delivered one-on-one and outside of normally scheduled group programming.

Practitioners: Professional Staff or Paraprofessional Staff under the supervision of Professional Staff.

· Intensive Relapse Prevention

A rehabilitation counseling service designed to address an exacerbation of acute symptoms or manage existing symptoms that have not been responsive to the current service formulation. This service may also include the execution of a series of predetermined steps identified in the relapse prevention plan. Individuals who are experiencing an exacerbation of symptoms that is interfering with their recovery process and that is not responding to the current plan of care are assisted in implementing their relapse prevention plan or in using other methods to either minimize their symptoms or permit the individual to continue to work towards their recovery notwithstanding their symptomatology.

Practitioners: Professional Staff or Paraprofessional Staff under the supervision of Professional Staff.

· Integrated Treatment for Dual Disorders

A rehabilitation counseling service based on evidence-based practices that include motivational, cognitive-behavioral and harm reduction techniques designed to restore functionality and promote recovery for persons with both mental health and substance use disorders. This specialty service is integrated as the focus is to overcome barriers/impairments caused by both mental health and substance use disorders.

Practitioners: Professional Staff or Paraprofessional Staff under the supervision of Professional Staff, who have completed a core set of "Focused Integrated Treatment" (FIT) training modules.

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New York
3b-12.1

13d. Rehabilitative Services

PROS – continued

· **Family Psychoeducation/ Intensive Family Support**

A psychosocial education service designed to provide information, clinical guidance and support to collateral(s) of individuals receiving PROS as well as the individual when desired and appropriate, for the purpose of assisting and enhancing the capacity of a collateral to reduce an individual's symptomatology, restore functioning, and facilitate an individual's overall recovery.

Practitioners: Professional Staff or Paraprofessional Staff under the supervision of Professional Staff, who have completed OMH approved training.

· **Ongoing Rehabilitation and Support**

Ongoing Rehabilitation and Support (ORS) services are psychosocial rehabilitation services including rehabilitation counseling, social, coping, and basic living skills training services designed to assist an individual manage the disabling symptoms of mental illness in the workplace, develop strategies for resolving workplace issues, and maintain other functional skills necessary to sustain competitive employment. These services are customized to the individual and necessary to help the individual achieve a rehabilitation goal defined in his or her individualized recovery plan. ORS is provided to individuals who are working in integrated employment settings. ORS does not include educational, vocational or job training services.

Practitioners: Professional Staff or Paraprofessional Staff under the supervision of Professional Staff.

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New York
3b-2

**13d. Rehabilitative Services
Personalized Recovery Oriented Services**

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Community Rehabilitation and Support (CRS) is designed to engage and assist individuals in managing their mental illness and in restoring those skills and supports necessary to live successfully in the community. Intensive Rehabilitation (IR) is a customized package of rehabilitation and support services designed to intensely assist an individual in attaining specific life goals such as successful completion of school, attainment of stable and independent housing, and gainful employment.

Intensive Rehabilitation services may also be used to provide targeted interventions to reduce the risk of hospitalization, loss of housing, involvement in the criminal justice system, and to help individuals manage their symptoms. Ongoing Rehabilitation and Support (ORS) will provide interventions designed to assist in managing symptoms in an integrated workplace setting.

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Programs may, at their option, provide clinical treatment services designed to stabilize ameliorate and control the disabling symptoms of mental illness. Programs that provide clinical treatment services will be reimbursed at a higher rate for the clinic component than programs which do not provide clinical treatment services.]

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Supersedes TN #03-0045 Effective Date 04/01/2016

New York
3b-3

13d. Rehabilitative Services
Personalized Recovery Oriented Services - continued

[The goal of the program is to provide integrated services, but clients can choose to receive service from different service components in more than program. Clients enrolled in a PROS program which provides clinical treatment services will be given free choice as to whether they wish to receive clinical treatment through the PROS program, or receive those services from a clinic licensed under 14 NYCRR Part 587.

Programs will be licensed and reimbursed under criteria set forth in 14 NYCRR Part 512 Staffing requirements will include differing staff to client ratios depending on the component of services the program offers.]

PROS provider agencies are licensed by the New York State Office of Mental Health to offer a comprehensive menu of services, customized for each individual through the development of an Individualized Recovery Plan.

PROS services are delivered in accordance with documented Individualized Recovery Plans which, at a minimum, must include a description of the individual's strengths, resources, including collaterals, and mental health-related barriers that interfere with functioning; a statement of the individual's recovery goals and program participation objectives; an individualized course of action to be taken, including the specific services to be provided, the expected frequency of service delivery, the expected duration of the course of service delivery, and the anticipated outcome; criteria to determine when goals and objectives have been met; a relapse prevention plan; and a description and goals of any linkage and coordination activities with other service providers.

For individuals receiving Intensive Rehabilitation, Ongoing Rehabilitation and Support or Clinical Treatment Services, the Individualized Recovery Plan shall identify the reasons why these services are needed, in addition to Community Rehabilitation and Support services, to achieve the individual's recovery goals.

PROS services provided to collaterals are provided solely for the benefit of Medicaid beneficiaries.

Individualized Recovery Plans must be approved by a Professional Staff member as well as the individual recipient. For individuals receiving Clinical Treatment Services, either a physician or a psychiatric nurse practitioner shall approve the Individualized Recovery Plan.

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13d. Rehabilitative Services

Personalized Recovery Oriented Services (PROS) - continued

Practitioner qualifications:

A PROS must employ a minimum of one full-time LPHA. LPHAs include:

- Nurse Practitioner;
- Physician;
- Physician Assistant;
- Psychiatric Nurse Practitioner;
- Psychiatrist;
- Psychologist;
- Registered Professional Nurse;
- Licensed Mental Health Counselor;
- Licensed Clinical Social Worker (LCSW);
- Licensed Master Social Worker, under the supervision of a LCSW, licensed psychologist, or psychiatrist employed by the agency;
- Licensed Creative Arts Therapist;
- Licensed Marriage and Family Therapist; and
- Licensed Psychoanalyst.

Each licensed PROS must have a minimum of 40% full-time equivalents of Professional Staff, including:

- **Creative Arts Therapist** - an individual who is currently licensed or permitted as a creative arts therapist by the New York State Education Department, or who has a master's degree in a mental health field from a program approved by the New York State Education Department and registration or certification by the American Art Therapy Association, American Dance Therapy Association, National Association of Music Therapy or American Association for Music Therapy;
- **Credentialed Alcoholism and Substance Abuse Counselor** - an individual who is currently credentialed by the New York State Office of Alcoholism and Substance Abuse Services in accordance with Part 853 of Title 14 of the NYCRR;
- **Marriage and Family Therapist** - an individual who is currently licensed or permitted as a marriage and family therapist by the New York State Education Department;
- **Mental Health Counselor** - an individual who is currently licensed or permitted or as a mental health counselor by the New York State Education Department;
- **Nurse Practitioner** - an individual who is currently certified or permitted to practice as a nurse practitioner by the New York State Education Department;
- **Nurse Practitioner in Psychiatry** - an individual who is currently certified as a nurse practitioner in psychiatry by the New York State Education Department. For purposes of this Attachment, nurse practitioner in psychiatry will have the same meaning as psychiatric nurse practitioner, as defined by the New York State Education Department;

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13d. Rehabilitative Services

PROS – continued

- **Social Worker** - an individual who is currently licensed or permitted as a master social worker (LMSW) or clinical social worker (LCSW) by the New York State Education Department. LMSWs must be supervised by a LCSW, licensed psychologist, or psychiatrist employed by the agency. Social workers who do not meet this criteria may not be considered licensed practitioners of the healing arts. However, social workers who have obtained at least a master's degree in social work from a program approved by the New York State Education Department may be considered professional staff for the purposes of calculating professional staff and full-time equivalent professional staff; and
- **Therapeutic Recreation Specialist** - an individual who has either a master's degree in therapeutic recreation from a program approved by the New York State Education Department or certification as a therapeutic recreation specialist by the National Council for Therapeutic Recreation Certification.

A PROS program licensed to provide Clinical Treatment Services must have a minimum of .125 FTE psychiatrist and .125 FTE registered professional nurse for every 40 individuals receiving clinical treatment services. Additional psychiatry staff must be added, as necessary, to meet the volume and clinical needs of participants receiving clinical treatment services.

Minimum Qualifications for Paraprofessional Staff

Paraprofessional Staff are PROS staff members who are not professional staff, as specified above. Paraprofessional Staff must possess a combination of educational and professional and/or personal experience in a mental health or human services setting. Paraprofessional Staff shall have attained at least 18 years of age, possess at least a High School diploma or GED, and demonstrate six (6) months professional and/or personal experience in a mental health or human services field.

Paraprofessional Staff Training

PROS programs shall ensure Paraprofessional Staff demonstrate competency in rehabilitation practices and PROS service components through formal and informal training practices, including job-shadowing of Professional Staff and experienced Paraprofessional Staff, as appropriate, based on the educational background and professional experience of the Paraprofessional Staff member.

Required Supervisory Arrangements

Initial service recommendations and Individualized Recovery Plans must be developed and documented under the supervision of Professional Staff. Professional Staff must provide direct supervision to Paraprofessional Staff in the delivery of service components identified herein. Professional Staff supervision must also be available at all times to address any issues related to quality of care in the provision of any PROS service components. Additionally, PROS Programs must demonstrate a formal plan for the provision of professional supervision of group-delivered services as a condition of program licensure.

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13d. Rehabilitative Services

PROS – continued

Community Rehabilitation and Support (CRS) Services

Community Rehabilitation and Support (CRS) services are an array of recovery-oriented assessment, psychosocial rehabilitation, counseling, family psychoeducation, and crisis intervention services designed to restore, rehabilitate and support individuals to regain skills and functionality lost due to mental illness, and manage the symptoms of their mental illness so that they may live successfully in the community.

Service Components:

: Psychiatric Rehabilitation Assessment

With the active involvement of the individual, the Rehabilitation Assessment process involves a multi-disciplinary review of the individual's strengths and barriers encountered as a result of his or her psychiatric condition and identifies life role goals to be addressed in the individual's Individualized Recovery Plan.

Practitioner qualifications: Professional Staff or Paraprofessional Staff under the supervision of Professional Staff.

: Alcohol, Tobacco and Other Drug Assessment

An assessment service designed to gather data concerning an individual's substance-related history and current use and assess such data to determine the individual's substance abuse status, the need for substance abuse services or referral.

Practitioner qualifications: Professional Staff.

: Basic Living Skills

A psychosocial rehabilitation service designed to improve an individual's ability to perform the basic skills necessary to achieve maximum independence and acceptable community behaviors that are critical to his or her recovery. This service focuses on the reacquisition of capabilities and skills, and strategies for appropriate use of skills.

Practitioners: Professional Staff or Paraprofessional Staff under the supervision of Professional Staff.

: Benefits and Financial Management

A psychosocial rehabilitation services which assists individuals in reacquiring skills and capabilities that were lost as a result of the onset of mental illness and that are necessary to manage their own finances. This service is designed to support an individual's functioning in the community through understanding, and skill in handling, his or her own financial resources.

Practitioners: Professional Staff or Paraprofessional Staff under the supervision of Professional Staff.

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13d. Rehabilitative Services
PROS – continued

▪ **Cognitive Remediation**

A counseling service designed to improve and restore an individual's functioning by restoring the cognitive skill that is the target of the remediation task. Cognitive remediation is an optional PROS service, subject to prior review and written approval of the Office of Mental Health.

Practitioners: Professional Staff who have had training approved by the Office of Mental Health.

▪ **Community Living Exploration**

A psychosocial rehabilitation service designed to help an individual understand the demands of specific community life roles, in order to make decisions regarding participation and to overcome barriers to participate and perform in desired roles. This service also includes motivating individuals to explore and increase their knowledge of opportunities available in the community.

Practitioners: Professional Staff or Paraprofessional Staff under the supervision of Professional Staff.

▪ **Crisis Intervention**

A service designed to safely and respectfully de-escalate situations of acute distress or agitation which require immediate attention.

Practitioners: Professional Staff.

▪ **Engagement in Recovery**

A psychosocial rehabilitation service designed to motivate and support individuals receiving PROS to continue to participate in the rehabilitation and recovery process. This includes: fostering therapeutic relationships supportive of the individual's recovery, evaluating recovery goals, readiness, and overall satisfaction of life roles and the individual recovery plan.

Practitioners: Professional Staff or Paraprofessional Staff under the supervision of Professional Staff.

▪ **Individualized Recovery Planning**

A continuous, dynamic process that engages each person as an active partner in developing, reviewing and modifying a care plan that supports his or her progress towards recovery. The individualized recovery planning process also includes working with the individual in the development of a relapse prevention plan and advance directive, where appropriate.

Practitioners: Professional Staff or Paraprofessional Staff under the supervision of Professional Staff.

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13d. Rehabilitative Services
PROS – continued

▪ **Skill Building for Self-help**

A psychosocial rehabilitation service designed to help individuals restore the skills necessary to identify and participate in or take advantage of appropriate self-help resources or mutual aid groups.

Practitioners: Professional Staff or Paraprofessional Staff under the supervision of Professional Staff.

▪ **Pre-admission screening**

A service including engaging, interviewing and evaluating an individual to determine whether the individual is appropriate for the program and identifying and addressing any unique circumstances and functional limitations which may impact the individual's ability and desire to receive PROS services.

Practitioners: Professional Staff or Paraprofessional Staff under the supervision of Professional Staff.

▪ **Structured Skill Development and Support**

A psychosocial rehabilitation service designed to assist individuals to regain the skills necessary for performing normative life roles associated with group membership, work, education, parenting, or living environments by modeling and practicing skills in actual community settings off-site or community environments replicated at the program site and through the use of structured activities.

Practitioners: Professional Staff or Paraprofessional Staff under the supervision of Professional Staff.

▪ **Wellness Self-management**

Psychosocial rehabilitation services designed to develop or improve personal coping strategies, prevent relapse, and promote recovery. Services may be provided to recipients and/or collaterals for the benefit of the recipient, and may include, but are not limited to coping skills training, disability education, dual disorder education, medication education and self-management, problem-solving skills training, and relapse prevention planning.

Practitioners: Professional Staff or Paraprofessional Staff under the supervision of Professional Staff.

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13d. Rehabilitative Services
PROS – continued

: Clinical Treatment

If an individual attending a PROS that does not include Clinical Treatment services requires those services, the individual may receive Clinical Treatment services at an OMH licensed clinic or an independent practitioner. If the individual is not receiving Clinical Treatment services directly within the PROS, the PROS documents that the services provided by the OMH licensed clinic are integrated with those provided by the PROS.

Clinical Treatment Services are designed to stabilize, ameliorate and control the disabling symptoms of mental illness. In order to be licensed to offer Clinical Treatment services within a PROS, the PROS staffing plan must meet minimum clinical treatment staffing requirements as described under the PROS practitioner requirements, the PROS staffing must include sufficient qualified staff to deliver clinical treatment services and additional space to perform services is required.

Clinical Treatment services include:

: Clinical Counseling and Therapy

A service designed to provide goal-oriented verbal counseling or therapy, including individual, group and family counseling or therapy, for the purpose of addressing the emotional, cognitive and behavioral symptoms of a mental health disorder or for engaging, motivating and stabilizing persons with a co-occurring mental health and substance abuse (including alcohol) disorder, and the related effects on role functioning.

Practitioners: Licensed Practitioners of the Healing Arts, as defined in this section and Professional Staff under the supervision of a Licensed Practitioner of the Healing Arts, as defined in this section.

: Health Assessment

A service designed to gather data concerning an individual's medical history and any current signs and symptoms, and assess such data to determine his or her physical health status and need for referral.

Practitioners: Nurse practitioner, nurse practitioner in psychiatry, physician, physician's assistant, psychiatrist or registered professional nurse.

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13d. Rehabilitative Services

PROS – continued

: Medication Management

A service designed to prescribe or administer medication to treat the primary symptoms of an individual's psychiatric condition. This service is intended to include medication trials which are adequate in dose and duration, as well as assessments of the appropriateness of the individual's existing medication regimen through record reviews, ongoing monitoring, and consultation with the PROS participant and/or collateral. Medication management may include monitoring the side effects of prescribed medications including, but not limited to, extrapyramidal, cardiac and metabolic side effects, and may include providing individuals with information concerning the effects, benefits, risks and possible side effects of a proposed course of medication. The Medication itself is reimbursable under separate State Plan authority.

Practitioners: Psychiatrist and/or psychiatric nurse practitioner.

: Psychiatric Assessment

A service designed to gather data concerning an individual's psychiatric history and current mental health symptoms, assess such data for determination of the individual's current mental health status, and identify the need for clinical treatment services.

Practitioners: Psychiatrist or psychiatric nurse practitioner.

: Symptom Monitoring

A service designed to identify the ongoing effects of an individual's course of care. This service involves the continuous process of monitoring a recipient's symptoms of mental illness, as identified in his or her individualized recovery plan, and his or her response to treatment, within the context of other support and rehabilitation services.

Practitioners: Licensed Practitioners of the Healing Arts, as defined in this section and Professional or Paraprofessional Staff under the supervision of a Licensed Practitioners of the Healing Arts, as defined in this section.

: Intensive Rehabilitation (IR)

Intensive Rehabilitation services include the following four psychosocial rehabilitation and counseling services which are designed to be delivered with greater frequency, in smaller group sizes or by specifically qualified staff. Individuals may require IR when they experience episodes of acute loss of functioning increasing their risk of hospitalization, loss of housing or involvement in the criminal justice system or heightened urgency and motivation to work towards a specific rehabilitation goal over a short period of time.

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13d. Rehabilitative Services
PROS – continued

Service Components:

· **Intensive Rehabilitation Goal Acquisition**

A psychosocial rehabilitation service designed to assist an individual expressing heightened urgency and motivation to restore functionality and achieve a personally meaningful life role goal. This service may be delivered one-on-one and outside of normally scheduled group programming.

Practitioners: Professional Staff or Paraprofessional Staff under the supervision of Professional Staff.

· **Intensive Relapse Prevention**

A rehabilitation counseling service designed to address an exacerbation of acute symptoms or manage existing symptoms that have not been responsive to the current service formulation. This service may also include the execution of a series of predetermined steps identified in the relapse prevention plan. Individuals who are experiencing an exacerbation of symptoms that is interfering with their recovery process and that is not responding to the current plan of care are assisted in implementing their relapse prevention plan or in using other methods to either minimize their symptoms or permit the individual to continue to work towards their recovery notwithstanding their symptomatology.

Practitioners: Professional Staff or Paraprofessional Staff under the supervision of Professional Staff.

· **Integrated Treatment for Dual Disorders**

A rehabilitation counseling service based on evidence-based practices that include motivational, cognitive-behavioral and harm reduction techniques designed to restore functionality and promote recovery for persons with both mental health and substance use disorders. This specialty service is integrated as the focus is to overcome barriers/impairments caused by both mental health and substance use disorders.

Practitioners: Professional Staff or Paraprofessional Staff under the supervision of Professional Staff, who have completed a core set of "Focused Integrated Treatment" (FIT) training modules.

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13d. Rehabilitative Services
PROS – continued

: Family Psychoeducation/ Intensive Family Support

A psychosocial education service designed to provide information, clinical guidance and support to collateral(s) of individuals receiving PROS as well as the individual when desired and appropriate, for the purpose of assisting and enhancing the capacity of a collateral to reduce an individual's symptomatology, restore functioning, and facilitate an individual's overall recovery.

Practitioners: Professional Staff or Paraprofessional Staff under the supervision of Professional Staff, who have completed OMH approved training.

: Ongoing Rehabilitation and Support

Ongoing Rehabilitation and Support (ORS) services are psychosocial rehabilitation services including rehabilitation counseling, social, coping, and basic living skills training services designed to assist an individual manage the disabling symptoms of mental illness in the workplace, develop strategies for resolving workplace issues, and maintain other functional skills necessary to sustain competitive employment. These services are customized to the individual and necessary to help the individual achieve a rehabilitation goal defined in his or her individualized recovery plan. ORS is provided to individuals who are working in integrated employment settings. ORS does not include educational, vocational or job training services.

Practitioners: Professional Staff or Paraprofessional Staff under the supervision of Professional Staff.

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RESERVED

[Type of Service

Personalized Recovery Oriented Services:
(PROS)
Community Rehabilitation and Support

Providers will be reimbursed through a regionally based, tiered monthly case payment, based on the number of hours of service provided to the individual and his/her collaterals. PROS programs that offer Clinical Treatment as part of the service package will be reimbursed at a higher rate than programs which do not. Programs which do not provide clinical treatment will be expected to provide clinical linkages. PROS clients will be given free 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/or choose to offer optional clinical treatment services within the PROS.

Intensive Rehabilitation

If the client receives Intensive Rehabilitation from a comprehensive PROS, a regionally based monthly case payment will be paid in addition to the Community Rehabilitation and Support case payment. If the client attends a limited license PROS, an Intensive Rehabilitation case payment will be paid.

Ongoing Rehabilitation and Support

If the client receives Ongoing Rehabilitation and Support from a comprehensive PROS, a regionally based monthly case payment will be paid in addition to the Community Rehabilitation and Support case payment. If the client attends a limited license PROS, the Ongoing Rehabilitation and Support case payment will be paid. A program which bills for Intensive Rehabilitation cannot also bill for Ongoing Rehabilitation and Support.]

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TYPE OF SERVICE**Personalized Recovery Oriented Services (PROS)**

PROS provider agencies will be reimbursed for Community Rehabilitation and Support (CRS), Intensive Rehabilitation (IR) and Ongoing Rehabilitation and Support (ORS) services. A PROS provider agency that has obtained approval from the Office of Mental Health to provide Clinical Treatment Services will be reimbursed for Clinical Treatment Services provided to individuals enrolled in PROS. PROS are provided by provider agencies licensed by the Office of Mental Health. Individual practitioners are not eligible for reimbursement. Only properly documented services provided to eligible individuals who are either enrolled in PROS or in pre-admission status, or to collaterals of an individual enrolled in PROS, will be reimbursed.

Rates of payment for PROS services shall be the same for governmental and non-governmental providers.

Monthly Base Rate:

PROS will be reimbursed a tiered regional monthly case payment based on units of service provided to the individual and his/her collaterals. One unit is equal to one hour. Units are accumulated in intervals of 15 minutes.

Daily services provided during the calendar month determine the monthly base rate as follows:

- Tier 1: 2 -12 units;
- Tier 2: 13 – 27 units;
- Tier 3: 28 – 43 units;
- Tier 4: 44 – 60 units; and
- Tier 5: 61 or more units per month.

A minimum of two units must be provided during a calendar month for PROS monthly base rate reimbursement. Units are determined by a combination of the number of PROS service components delivered to an individual or collateral during the course of a day and the duration of participation in structured or supervised activities. Participation is measured in 15-minute increments. Increments of less than 15 minutes are rounded down to the nearest quarter hour to determine the program participation for the day.

A minimum of one PROS service component must be delivered to an individual or collateral per day in order to accumulate units. If one PROS service component is delivered, a maximum of two units may be accumulated in a day. If two PROS service components are delivered, a maximum of four units may be accumulated in a day. If three or more PROS service components are delivered, a maximum of five units may be accumulated in a day. The number of PROS units per individual per day cannot exceed five.

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Services provided to an individual must be at least 15 continuous minutes in duration. Services provided in a group format must be at least 30 continuous minutes in duration.

Capital Reimbursement:

For a PROS provider that is operated by a hospital licensed pursuant to Article 28 of the Public Health Law, there is an allowance added to the monthly base rate for the cost of capital, which is determined by the application of the principles of cost-finding for the Medicare program. The capital payment is a monthly add-on and is determined by dividing all allowable capital costs of the provider's PROS, after deducting any exclusions, by the annual number of service months for all enrollees of the PROS. Both factors are extracted from the Institutional Cost Report (ICR) submitted annually by hospitals to the New York State Department of Health. The capital payment is updated on a two year rate cycle. The Commissioner of the New York State Office of Mental Health may impose a cap on the revenues generated from the capital add-on.

Clinical Treatment:

PROS providers that offer Clinical Treatment receive additional reimbursement for providing Clinical Treatment Services to individuals enrolled in PROS. Reimbursement will be a regional monthly add-on payment. In order to receive reimbursement, the provider must be eligible for the monthly base rate and a minimum of one Clinical Treatment service must be provided during the month. Additionally, individuals enrolled in PROS Clinical Treatment must have, at a minimum, one face-to-face contact with a psychiatrist or psychiatric nurse practitioner every three months or more frequently as clinically appropriate.

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Intensive Rehabilitation (IR):

In addition to the monthly base rate (and reimbursement for Clinical Treatment, if applicable), PROS providers shall receive an additional monthly add-on for providing at least one IR service to an individual who has received at least six units during the month.

In instances where a PROS provider provides IR services to an individual, but CRS services are provided by another PROS provider or no CRS services are provided in the month, the minimum six units required will be limited to the provision of IR services and only the IR add-on will be reimbursed.

The maximum number of IR add-on payments to a PROS provider shall not exceed 50 percent of that provider's total number of monthly base rate claims reimbursed in the same calendar year.

Ongoing Rehabilitation and Support (ORS):

In addition to the monthly base rate (and reimbursement for Clinical Treatment, if applicable), PROS providers shall receive an additional monthly add-on for providing ORS services. Reimbursement requires a minimum of two face-to-face contacts per month, which must occur on two separate days. A minimum contact is 30 continuous minutes in duration. The 30 continuous minutes may be split between the individual and the collateral. At least one visit per month must be with the individual only.

The ORS or IR add-on payment can be claimed independently or in addition to the base rate (and Clinical Treatment, if applicable). ORS and IR will not be reimbursed in the same month for the same individual.

Pre-admission Screening Services:

PROS providers will be reimbursed at a regional monthly case payment for an individual in pre-admission status. Reimbursement for an individual in pre-admission status is limited to the pre-admission rate. If the individual receives pre-admission screening services during the month of admission, the base rate is calculated using the entire month but no reimbursement is permitted to Clinical Treatment, IR or ORS.

Reimbursement for pre-admission screening services is limited to two consecutive months.

PROS Rates of Payment: PROS rates of payment are available on the OMH website at:
http://www.omh.ny.gov/omhweb/medicaid_reimbursement/

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▪ **Units of Service –**

Half Day – minimum two hours

Full Day – minimum four hours

Collateral Visit – minimum of 30 minutes

Preadmission and Group Collateral Visits – minimum of one hour

Crisis Visit – any duration

Cumulative hours are calculated on a monthly basis. A Half Day visit counts as two hours and a Full Day counts as four hours towards an individual's monthly cumulative hours. Time spent during a crisis, collateral, group collateral, or preadmission visit is excluded from the calculation of monthly cumulative hours. Time spent during a crisis, collateral, group collateral, or preadmission visit is also excluded from the minimum service hours necessary for Half Day and Full Day visits.

When the hours of any single visit include more than one rate because the individual surpassed the monthly utilization amount within a single visit, reimbursement is at the rate applicable to the first hour of such visit.

Effective June 1, 2017, reimbursement rates for non-State-operated Continuing Day Treatment Services Providers licensed solely pursuant to Article 31 of the Mental Hygiene Law are as follows:

Regional Continuing Day Treatment Rates for Freestanding Clinic (Non-State Operated)

Rate Code	Description	Downstate Region	Western Region	Upstate Region
4310	Half Day 1-40 Cumulative Hours	\$31.10	\$28.02	\$27.53
4311	Half Day 41-64 Cumulative Hours	\$23.33	\$23.35	\$23.37
4312	Half Day 65+ Cumulative Hours	\$17.19	\$17.21	\$17.22
4316	Full Day 1-40 Cumulative Hours	\$62.20	\$56.03	\$55.03
4317	Full Day 41-64 Cumulative Hours	\$46.65	\$46.69	\$46.73
4318	Full Day 65+ Cumulative Hours	\$34.37	\$34.40	\$34.43
4325	Collateral Visit	\$31.10	\$28.02	\$27.53
4331	Group Collateral Visit	\$31.10	\$28.02	\$27.53
4337	Crisis Visit	\$31.10	\$28.02	\$27.53
4346	Preadmission Visit	\$31.10	\$28.02	\$27.53

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**New York
3(j.2)**

Continuing Day Treatment Services:**Reimbursement Methodology for Outpatient Hospital Services****Effective June 1, 2017****Definitions:**

- **Group Collateral** - A unit of service in which services are provided to collaterals of more than one individual at the same time. Group Collateral Visit shall not include more than 12 individuals and collaterals. Reimbursement for group collateral visits of 30 minutes or more is provided for each individual for whom at least one collateral is present.
- **Units of Service** - Half Day – Minimum two hours
Full Day – Minimum four hours
Collateral Visit – minimum of 30 minutes
Preadmission and Group Collateral Visits – minimum of one hour
Crisis Visit – any duration

Cumulative hours are calculated on a monthly basis. A Half Day visit counts as two hours and a Full Day counts as four hours towards an individual's monthly cumulative hours. Time spent during a crisis, collateral, group collateral, or preadmission visit is excluded from the calculation of monthly cumulative hours. Time spent during a crisis, collateral, group collateral, or preadmission visit is also excluded from the minimum service hours necessary for Half Day and Full Day visits.

When the hours of any single visit include more than one rate because the individual surpassed the monthly utilization amount within a single visit, reimbursement is at the rate applicable to the first hour of such visit.

Effective June 1, 2017, reimbursement for Continuing Day Treatment Services providers licensed pursuant to Article 31 of the Mental Hygiene Law and Article 28 of the Public Health Law, are as follows:

**Statewide Continuing Day Treatment Rates for Hospital-based Outpatient Providers
(Non-State Operated)**

Rate Code	Description	Statewide Rate
4310	Half Day 1-40 Cumulative Hours	\$41.73
4311	Half Day 41+ Cumulative Hours	\$31.30
4316	Full Day 1-40 Cumulative Hours	\$62.28
4317	Full Day 41+ Cumulative Hours	\$46.71
4325	Collateral Visit	\$41.73
4331	Group Collateral Visit	\$41.73
4337	Crisis Visit	\$41.73
4346	Preadmission Visit	\$41.73

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**Regional Partial Hospitalization Rates for Freestanding Clinic and Outpatient Hospital
Partial Hospitalization Services effective June 1, 2017**

Rate Code	Description	Long Island Region	NYC Region	Hudson River Region	Central Region	Western Region
4349	Service Duration 4 hours	<u>\$116.62</u>	<u>\$153.20</u>	<u>\$128.66</u>	<u>\$88.67</u>	<u>\$109.34</u>
4350	Service Duration 5 hours	<u>\$145.78</u>	<u>\$191.51</u>	<u>\$160.82</u>	<u>\$110.84</u>	<u>\$136.67</u>
4351	Service Duration 6 hours	<u>\$174.93</u>	<u>\$229.81</u>	<u>\$192.99</u>	<u>\$133.01</u>	<u>\$164.01</u>
4352	Service Duration 7 hours	<u>\$204.09</u>	<u>\$268.11</u>	<u>\$225.15</u>	<u>\$155.18</u>	<u>\$191.34</u>
4353	Collateral 1 hour	<u>\$29.16</u>	<u>\$38.30</u>	<u>\$32.16</u>	<u>\$22.17</u>	<u>\$27.33</u>
4354	Collateral 2 hours	<u>\$58.31</u>	<u>\$76.60</u>	<u>\$64.33</u>	<u>\$44.34</u>	<u>\$54.67</u>
4355	Group Collateral 1 hour	<u>\$29.16</u>	<u>\$38.30</u>	<u>\$32.16</u>	<u>\$22.17</u>	<u>\$27.33</u>
4356	Group Collateral 2 hours	<u>\$58.31</u>	<u>\$76.60</u>	<u>\$64.33</u>	<u>\$44.34</u>	<u>\$54.67</u>

Crisis effective June 1, 2017

Rate Code	Description	Long Island Region	NYC Region	Hudson River Region	Central Region	Western Region
4357	Crisis 1 hour	<u>\$29.16</u>	<u>\$38.30</u>	<u>\$32.16</u>	<u>\$22.17</u>	<u>\$27.33</u>
4358	Crisis 2 hours	<u>\$58.31</u>	<u>\$76.60</u>	<u>\$64.33</u>	<u>\$44.34</u>	<u>\$54.67</u>
4359	Crisis 3 hours	<u>\$87.47</u>	<u>\$114.90</u>	<u>\$96.49</u>	<u>\$66.50</u>	<u>\$82.00</u>
4360	Crisis 4 hours	<u>\$116.62</u>	<u>\$153.20</u>	<u>\$128.66</u>	<u>\$88.67</u>	<u>\$109.34</u>
4361	Crisis 5 hours	<u>\$145.78</u>	<u>\$191.51</u>	<u>\$160.82</u>	<u>\$110.84</u>	<u>\$136.67</u>
4362	Crisis 6 hours	<u>\$174.93</u>	<u>\$229.81</u>	<u>\$192.99</u>	<u>\$133.01</u>	<u>\$164.01</u>
4363	Crisis 7 hours	<u>\$204.09</u>	<u>\$268.11</u>	<u>\$225.15</u>	<u>\$155.18</u>	<u>\$191.34</u>

Preadmission effective June 1, 2017

Rate Code	Description	Long Island Region	NYC Region	Hudson River Region	Central Region	Western Region
4357	Preadmission 1 hour	<u>\$29.16</u>	<u>\$38.30</u>	<u>\$32.16</u>	<u>\$22.17</u>	<u>\$27.33</u>
4358	Preadmission 2 hours	<u>\$58.31</u>	<u>\$76.60</u>	<u>\$64.33</u>	<u>\$44.34</u>	<u>\$54.67</u>
4359	Preadmission 3 hours	<u>\$87.47</u>	<u>\$114.90</u>	<u>\$96.49</u>	<u>\$66.50</u>	<u>\$82.00</u>
4349	Preadmission 4 hours	<u>\$116.62</u>	<u>\$153.20</u>	<u>\$128.66</u>	<u>\$88.67</u>	<u>\$109.34</u>
4350	Preadmission 5 hours	<u>\$145.78</u>	<u>\$191.51</u>	<u>\$160.82</u>	<u>\$110.84</u>	<u>\$136.67</u>
4351	Preadmission 6 hours	<u>\$174.93</u>	<u>\$229.81</u>	<u>\$192.99</u>	<u>\$133.01</u>	<u>\$164.01</u>
4352	Preadmission 7 hours	<u>\$204.09</u>	<u>\$268.11</u>	<u>\$225.15</u>	<u>\$155.18</u>	<u>\$191.34</u>

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**New York
3k(2)**

Comprehensive Outpatient Programs – 14 NYCRR Part 592 - Reimbursement Methodology

OMH will develop provider specific rate supplements to fees for outpatient mental health programs licensed exclusively by OMH and rates promulgated by OMH for outpatient mental health programs operated by general hospitals and licensed by OMH based upon expenditures approved by OMH to outpatient programs licensed pursuant to 14 NYCRR Parts 585 and 587 which are designated by county mental health departments or OMH. The method of reimbursement identified in this paragraph sunsets on October 31, 2013.

Day Treatment Services for Children:

Reimbursement Methodology for Freestanding Clinics

Definitions:

- **Regions** – New York City: Bronx, Kings, New York, Queens, and Richmond counties.
Rest of State: All other counties in the State of New York
- **Units of Service** – Full Day, including Preadmission Full Day – More than five hours
Half Day, including Preadmission Half Day – Three to five hours
Brief Day – At least one but less than three hours
Collateral Visit – minimum of 30 minutes
Crisis Visit – minimum of 30 minutes

Crisis and collateral visits are excluded from the calculation of the service hours required for full, half, and brief days.

Effective June 1, 2017, reimbursement rates for non-State operated Day Treatment Services for Children providers licensed solely pursuant to Article 31 of the Mental Hygiene Law are as follows:

Regional Day Treatment Services for Children Rates for Freestanding Clinic (Non-State Operated)

Rate Code	Description	New York City	Rest of State
4060	Full Day	\$98.56	\$95.27
4061	Half Day	\$49.29	\$47.64
4062	Brief Day	\$32.86	\$31.70
4064	Crisis Visit	\$98.56	\$95.27
4065	Preadmission Full Day	\$98.56	\$95.27
4066	Collateral Visit	\$32.86	\$31.70
4067	Preadmission Half Day	\$49.29	\$47.64

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**New York
3k(4)**

**Regional Day Treatment for Children Rates for Outpatient Hospital Services
(Non-State Operated)**

Rate Code	Description	New York City	Rest of State
4060	Full Day	<u>\$98.56</u>	<u>\$95.27</u>
4061	Half Day	<u>\$49.29</u>	<u>\$47.64</u>
4062	Brief Day	<u>\$32.86</u>	<u>\$31.70</u>
4064	Crisis Visit	<u>\$98.56</u>	<u>\$95.27</u>
4065	Pre-Admission Full Day	<u>\$98.56</u>	<u>\$95.27</u>
4066	Collateral Visit	<u>\$32.86</u>	<u>\$31.70</u>
4067	Pre-Admission Half Day	<u>\$49.29</u>	<u>\$47.64</u>

Reimbursement will include a per-visit payment for the cost of capital, which will be determined by dividing the provider's total allowable capital costs, as reported on the Institutional Cost Report (ICR) for its licensed outpatient Mental Health Clinic, Continuing Day Treatment and Day Treatment Services for children, by the sum of the total annual number of visits for all of such services. The per-visit capital payment will be updated annually and will be developed using the costs and visits based on an ICR that is 2-years prior to the rate year. The allowable capital, as reported on the ICR, will also be adjusted prior to the rate add-on development to exclude costs related to statutory exclusions as follows: (1) forty-four percent of the costs of major moveable equipment and (2) staff housing.

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**New York
2(s.3)**

VII. Off-Site Visits Provided By OMH Licensed Clinics to Homeless Individuals.

Medicaid will only claim expenditures for off-site clinic services when the services meet the exception in 42 CFR 440.90(b) that permits Medicaid payment for services furnished outside of the clinic by clinic personnel under the direction of a physician to an eligible individual who does not reside in a permanent dwelling or does not have a fixed home or mailing address. Off-site services provided by OMH licensed clinics to other than homeless individuals will be reimbursed with State-only funding and federal financial participation will not be claimed.

VIII. Quality Improvement (QI) Program

An enhanced APG peer group base rate is available for providers participating in the OMH quality improvement program. To become eligible for this enhancement, providers must complete a Memorandum of Agreement agreeing to the terms and conditions under which the enhanced APG peer group base rate will be paid, develop and submit a quality improvement plan that is subsequently approved by the OMH, identify the process or outcome indicators that will be monitored, and submit the QI findings and results to the OMH.

Providers that discontinue their involvement in the QI program will revert to the APG peer group base rate for their region that does not include the enhancement.

IX. APG Peer Group Base Rates for all OMH-Licensed Freestanding Mental Health Clinics

Peer Group	Base Rates Effective <u>04/01/16</u>
Upstate freestanding clinics without quality improvement enhancement	<u>\$136.90</u>
Downstate freestanding clinics without quality improvement enhancement	<u>\$152.08</u>
Freestanding mental health clinics operated by a county's designated local governmental unit without quality improvement enhancement	<u>\$190.80</u>
Upstate freestanding clinics including quality improvement enhancement	<u>\$142.16</u>
Downstate freestanding clinics including quality improvement enhancement	<u>\$157.92</u>
Freestanding mental health clinics operated by a county's designated local governmental unit including quality improvement enhancement	<u>\$198.12</u>
State-operated mental health clinics (Effective until 04/30/16)	<u>\$247.42</u>

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