NEW YORK STATE OF OPPORTUNITY. Office of Mental Health

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To: Mainstream Medicaid Managed Care Organizations, Health and Recovery Plans (HARPs), HIV Special Needs Plans (HIV-SNPs), and Medicaid Advantage Plus (MAP) Plans

From: New York State (NYS) Office of Mental Health (OMH)

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

Personalized Recovery Oriented Services (PROS) is one of the specialty behavioral health services that was carved into managed care beginning in October 2015. Since that time, the Office of Mental Health (OMH) has received significant feedback from PROS programs and Medicaid Managed Care Organizations (MMCOs) regarding how the Utilization Management (UM) Guidelines can be revised to reduce administrative burdens on programs and MMCOs while improving access to care for enrollees. The below guidelines are intended to align with the Guiding Principles for the Review and Approval of Clinical Review Criteria for Mental Health Services (issued 11/25/19).

Vision and definition of PROS

PROS is a comprehensive recovery-oriented program for individuals with serious mental illness. The program model integrates rehabilitation, treatment, and support, in a manner that promotes each participant's recovery. The PROS model is person-centered, strengths-based, and comprised of a range of group and individual services designed to assist a participant to overcome mental health barriers and achieve a desired life role. PROS supports individuals with pursuing recovery goals in environments where they live, work, learn, and socialize. These recovery goals could include but are not limited to getting and keeping a job, finishing school or a training program, improving family and social relationships, independent living, and improving health and wellness.

Program Model

The PROS model consists of four components: Community Rehabilitation and Support (CRS), Intensive Rehabilitation (IR), Ongoing Rehabilitation and Support (ORS), and Clinical Treatment. All programs offer CRS, IR, and ORS, but Clinical Treatment is optional. As of 2022, 68 out of 80 programs statewide include the Clinical Treatment component.

CRS is the backbone of PROS programs, with several rehabilitative and psychoeducational services included. IR, ORS, and Clinical Treatment are billed as add-on components. Additional information about the PROS reimbursement methodology, including the Tiers, can be found in the PROS Finance Handbook.

Admission, Continued Stay, and Discharge Criteria

Eligibility, Admission, and Initial Assessments

Prior authorization for PROS is not allowed. Concurrent authorizations are *no longer* required for PROS but may be done based on utilization management criteria described in the next section.

Admission criteria aligns with the PROS eligibility criteria as described in Part 512 Regulations:

1. Age 18 and older.
2. A designated mental health diagnosis.[1]
3. A functional disability[2] due to the severity and duration of mental illness.
4. Recommendation for admission by a licensed practitioner of the healing arts.[3] (Note: It is not required that the practitioner be a member of the PROS staff.)
5. The individual's consent, as documented by a recipient attestation form. This form is dated and signed by the individual, which indicates their choice to participate in the PROS program and specified program components.

PROS is individualized and a person can participate in one service or multiple services as needed. Individuals with different levels of acuity can be appropriate for admission to PROS. The Level of Care Utilization System (LOCUS) by the American Association for Community Psychiatry (AACP) is tool for assessing clinical acuity and medical necessity. Individuals who fall in Level 2 (Low Intensity Community Services), Level 3 (High Intensity Community Services), and Level 4 (Medically Monitored Non-Residential Services) as defined by the LOCUS instrument could be appropriate for PROS, depending on the individual's presentation. Use of the LOCUS is not required but may be helpful in thinking through appropriateness.

Under Part 512 regulations, OMH requires the following schedule of assessments and individualized recovery planning for individuals participating in PROS:

1. Initial screenings and assessments are completed within 45 days of admission.
2. The initial Individualized Recovery Plan (IRP) is developed within 60 days of admission. Prior to the completion of the initial IRP, programs will document all components and services on the Initial Services Recommendation (ISR).
3. The IRP is reviewed, at a minimum, every 6 months.

[1] Designated mental illness diagnosis is a Diagnostic and Statistical Manual of Mental Disorders (DSM) diagnosis (or International Classification of Diseases (ICD) equivalent other than: 1) alcohol or drug disorders; 2) developmental disabilities; 3) organic brain syndromes; 4) social conditions (V-Codes))

[2] Functional disability is a deficit that rises to the level of impairment in one or more of the following areas: self-care; activities of family living; interpersonal relations; or adaptation to change or task performance in work or work-like settings.

[3] Licensed practitioner of the healing arts is a nurse practitioner, physician, physician assistant, psychiatric nurse practitioner; psychiatrist, psychologist, registered professional nurse, Licensed Mental Health Counselor, Licensed Creative Arts Therapist, Licensed Marriage and Family Therapist, Licensed Clinical Social Worker (LCSW); and Licensed Master Social Worker (LMSW) if supervised by an LCSW, licensed psychologist, or psychiatrist employed by the agency.

4. For individuals receiving Intensive Rehabilitation (IR) or Ongoing Rehabilitation and Support (ORS), the IR or ORS services identified in the IRP shall be assessed for continued need, at a minimum, every 3 months.

UM Triggers & Care Management by the MCO

Utilization management activities may be triggered by criteria or events that indicates a review may be warranted. Insurers may conduct prospective concurrent reviews when a member has been enrolled in the program for at least 12 months, with at least 6 months of continuous engagement, AND meets one or more of the following clinical triggers:

1. Individuals on a current Assisted Outpatient Treatment (AOT) court order.
2. Individuals identified by the Local Government Unit (LGU) as receiving an Enhanced Service Package pursuant to a Voluntary Agreement in lieu of AOT.
    a. Such agreements may be signed by individuals who were otherwise considered for AOT by the LGU, but who agree to adhere to a prescribed community treatment plan rather than be subject to an AOT court order.
    b. These agreements are most frequently used as trial periods before initiating a formal AOT order. The agreement can also be used following a period of AOT when the individual is deemed ready to transition off an AOT order.
3. Individuals with an expired AOT court order within the past year.
4. Individuals discharged from State Psychiatric Centers and those released from Central New York Psychiatric Center (CNYPC) and its corrections-based mental health units within the last 18 months.
5. Individuals transitioning off an Assertive Community Treatment (ACT) team to a lower level of service within the last 18 months.
6. Individuals meeting the Housing Urban Development's (HUD) Category One (1) Literally Homeless definition. Qualifying individuals lack a fixed, regular, and adequate nighttime residence, including individuals who:
    a. Have a primary nighttime residence that is a public or private place not meant for human habitation, such as a car, park, sidewalk, abandoned building, bus or train station, airport, or campground;
    b. are living in a publicly- or privately-operated shelter designated to provide temporary living arrangements (including hotels and motels paid for by Federal, State or local government programs for low-income individuals or by charitable organizations, congregate shelters, and transitional housing); or
    c. are exiting an institution where the individual resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution.
7. Individuals with high rates of inpatient/emergency department (ED) services utilization. This population is typically known to staff in emergency departments, inpatient units, as well as to providers of other acute and crisis services. Individuals will have had one or more of the following:
    a. Three (3) or more psychiatric inpatient hospitalizations within the past year; or
    b. Four (4) or more psychiatric ED visits within the past year; or
    c. Three (3) or more medical inpatient hospitalizations within the past year and who have a diagnosis of schizophrenia or bipolar disorder.

Discharge Criteria

The individual no longer meets admission criteria above.

Questions

Questions related to this guidance should be directed to the appropriate mailbox listed below.

- From PROS Programs: omh-managed-care@omh.ny.gov
- From MMCOs: BHO@omh.ny.gov