

## **PROS Clarification**

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**Since the inception of PROS, the Division of Adult Services, Bureau of Program Coordination and Support, has provided Guidance to PROS programs. This Guidance is accepted practice in order to ensure a flexible transition from the concrete programs of the past to the recovery based programs of the future.**

## **Guidance 1: IRP Development and Timeframes**

Clarification regarding the information and the timeframes required for the completion of the first Individualized Recovery Plan (IRP).

### **GUIDELINES**

#### **Initial Service Recommendation**

At the time of admission into PROS, it is required that the program develop an Initial Service Recommendation. The Recommendation identifies primary service needs and a list of services in which the individual will participate while the first IRP is being developed. The Initial Service Recommendation is included as part of the Admission Note, [14.NYCRR. § 512.7.c.ii]

Services billed to Medicaid must meet medical necessity standards. In order to meet these standards, services must be provided to overcome barriers related to the individual's mental illness. To meet this requirement, Initial Service Recommendations must be based upon information obtained during the admission process. This information may include, at a minimum:

- documented personal interview(s) with the individual;
- historical information, such as prior assessments; and
- Treatment plans obtained from referral sources.

#### **Individualized Recovery Plan**

The most critical service provided by the PROS program is Individualized Recovery Planning, which results in the development of the Individualized Recovery Plan (IRP). The regulations require that within 30 days of an individual's enrollment in PROS, the program must develop an IRP.

[14. NYCRR. § 512.7.e.4]

Individualized Recovery Planning is an ongoing process from which the blueprint of services is developed. In the PROS environment, services are provided based upon the individual's:

- goals
- strengths
- barriers
- available formal assessments
- historical information

## Signatures on the IRP

The IRP is not considered complete until it has been signed by the PROS participant and the appropriate staff. Staff signatures on the IRP are a representation that the services identified in the IRP are deemed to be medically necessary. [14NYCRR. §512.8.b.2 and 14NYCRR. §512.8.b.3]

Regulations [14NYCRR. §512.8.b.1.xii] identify the required signatures on the IRP as follows:

- the PROS participant's signature;
- the signature of the clinical staff member who prepared the IRP;
- if the clinical staff person who signed the IRP is not considered a member of the professional staff, the IRP must also be signed by the professional staff person who is supervising the individual who completed the IRP
- if the participant is receiving Clinical Treatment at the PROS, the IRP must also include the physician's signature or the signature of a nurse practitioner in psychiatry

Although not a requirement, a copy of the completed IRP (including service additions and updates) should be made available for the PROS participant's personal use.

***N.B.* See Guidance Document 2: The PROS Assessment Process and Assessment Timeframes for a list of the required assessments and timeframes for completion.**

### During the first three months of operation

The first IRP is due within 30 days of admission; however it is possible that all required assessments may not be completed within those first 30 days. To accommodate the development of a person centered Individualized Recovery Plan in a limited time frame, the first IRP should be developed based upon the following:

- assessments consistent with those required by the PROS program and completed within the last year;
- the intake process;
- CAIRS enrollment data set;
- the individual's participation in PROS services during pre-Admission and prior to the first IRP after admission to the PROS program; and
- assessments that may be completed by the PROS program within the first 30 days.

As more information is obtained from the completion of the required assessments, the IRP should be modified to include any appropriate information.

### **After the first three months of operation**

After the first three months of operation as a PROS program, the first IRP (due within 30 days of an individual's enrollment) should be developed based upon the following:

- required assessments (must be completed within the first 30 days after admission to the PROS program);
- the intake process;
- CAIRS enrollment data set;
- the individual's participation in PROS services during pre-Admission and prior to the first IRP after admission to the PROS program.

### **Relapse Prevention Plan within the IRP**

Regulations require that the IRP includes a relapse prevention plan, *14.NYCRR.§.512.1.b.vii*. It is recognized that a comprehensive person centered relapse prevention plan, such as a Wellness Recovery Action Plan (WRAP), will take more than thirty days. Program should have a preliminary relapse prevention plan in place within 30 days and are expected to complete a comprehensive relapse prevention plan within 90 days from Admission. A comprehensive person-centered relapse prevention plan is created in collaboration with the person using PROS services; it is intended to prevent crisis and hospitalization and therefore not a crisis plan; the plan should identify:

- How the person describes himself/herself when functioning well
- What things help the person continue to function well
- Mental health symptoms, barriers, or problems that are a cause of concern
- Steps that help the person cope with triggers and stresses
- Warning signs that symptoms are increasing
- People who the person believes may be helpful in preventing a crisis
- What responsibilities (watching a pet, paying bills) must be taken care of by others during a crisis
- Treatment preferences, if emergency services or hospitalization is needed.
- Relapse Prevention plans should be reviewed as part of the scheduled IRP reviews or if there is significant events in the person's life, such as a hospitalization.

Although not a requirement, a copy of the most current and completed Relapse Prevention Plan should be made available for the PROS participant's personal use, either separately or as part of the IRP.

## **Time Frames for the Review of the IRP**

The Individualized Recovery Plan (IRP) must be reviewed for progress as follows:

- Three month review of IR/ORS services: Reviews must be conducted every three months to determine the need for continuation of IR or ORS services. This review concerns the continuation of the IR or ORS services and does not require that the complete IRP be reviewed.
- Six month review and update of the IRP: Programs are required to conduct a review and update of the IRP at least every six months or sooner, if conditions warrant it. This review and update should result in a new IRP reflective of the individual's progress or lack of progress toward his or her goal and must be signed by all required parties:
  - PROS participant;
  - signature of clinical staff member who prepared the IRP;
  - professional staff member if the clinical staff member who prepared the IRP is not a professional; and
  - physician or nurse practitioner in psychiatry, if the individual is enrolled in the clinical component.

The following guidelines may be used to determine the dates that mandatory reviews of the IRP are required:

- Three month reviews must be completed no later than the last day of the third month following the previous review;
- Six month reviews must be completed by the last day of the sixth month following the previous full service plan review.

For example, if an IRP is completed on April 10<sup>th</sup>, the complete IRP must be reviewed no later than October 31. If the IRP includes an IR service initiated on April 10, the need for continuation of the IR service must be reviewed no later than July 31.

In summary, Individualized Recovery Planning is a dynamic process that provides a blue print for an individual's participation in the program. If information obtained from assessments and progress notes indicates a change in the person's progress, this should be reflected in the IRP. Significant events in the person's life, such as a hospitalization, should prompt a review of the individual's IRP and may result in a change in the IRP.

## **Service Addition Form**

The individualized nature of the PROS program allows flexibility in the planning and delivery of services. Program participants often find a need to add services to their IRP.

If an individual would benefit from participating in a PROS service that is not already included on his or her IRP, one way to add the service is by completing a Service Addition form.

Regulatory Requirements:

*Services may be provided on an interim basis and be considered part of the IRP by completing a service addition form. The IRP must be modified no later than the last day of the month following the month in which the service addition form was completed.*

*The service addition form must include the following:*

- (i) the name of the service(s) to be provided and the reason for the service(s) addition;*
- (ii) the signature of the individual and a member of the clinical staff; and*
- (iii) the signature of the psychiatrist or nurse practitioner in psychiatry if the service is a clinic treatment service. [14. NYCRR. §. 512.8.b.4]*

When adding a service, the following considerations should be kept in mind:

- Like any PROS Service, the service added must meet medical necessity and be directly related to the participant's goal/s and objective/s.
- If the service added relates to the mental health barrier/s already listed in the current IRP goal/s and objective/s, then the Service Addition form is considered an addendum to the IRP and therefore meets the regulatory requirements for modifying the IRP. This addendum does not change the date for the 3 or 6 month reviews.
- If the PROS Service is not directly related to the barriers documented in the participant's current IRP goal/s and/or objective/s, the IRP must be modified to reflect this change in medical necessity according to the following:
  - The Service Addition form, or a similar document that contains the required elements listed in the regulatory requirements, is used on an interim basis until the IRP is modified.
  - The modification must occur by the end of the month following the month that the new service is initiated.
  - Medical necessity must be considered and the goal and/or objective must be revised to reflect the additional barriers being addressed.

- Updating the IRP to add or delete a service does not change the date for the 3 or 6 month review.

In addition to the regulatory requirements, quality practice would have the expected frequency and duration of the service included on the Service Addition form.

### **Service Terminated**

When a service ends or is deleted, the group leader should meet with the individuals to evaluate how the group helped the participants to overcome identified mental health barriers as well as to identify future groups that may be useful to each participant in his or her recovery process. The progress note should be used to document that the service has ended, the outcome of the service and what next steps, if any, need to be taken to achieve the related objective. The progress note will serve as documentation that the service has ended. In cases where it is recommended that the service continue, the progress note should reflect this need and a service addition form should be completed to reflect the continuation of the service. At the time the IRP is due to be reviewed and updated, the change in service status should be reflected on the IRP.

### **Discharge Summary**

The discharge summary should be included in the case record. *[14 NYCRR §512.8.a.3.xiv]* A discharge summary is generated when an individual is discharged from the PROS. When the person is referred to another provider, the discharge summary must be sent to the receiving program within two weeks of the individual's discharge from the original PROS. *[14NYCRR § 512.8.a.5]*

## **Guidance 2: PROS Assessments and Timeframes**

Clarification regarding the assessments required by each type of PROS program and the timeframes for completion of the assessments.

### **GUIDELINES**

Assessments enable the individual and the practitioner to focus on the individual's purpose for participating in the program. They are a critical factor in the Person Centered Planning process and are used to identify the individual's strengths and barriers. Assessments are key elements to ensure that medical necessity is being met.

The number and type of assessments required are based on the type of license that the PROS program holds and the components of PROS in which an individual has enrolled.

### **Required assessments by PROS program license**

A comprehensive PROS must have the capacity to provide the following assessments:  
*[14.NYCRR. §512.7.e.3.ii]*

- **Psychosocial Assessment**
- **Psychiatric Rehabilitation Assessment that includes a vocational emphasis**
- **Alcohol and Substance Abuse Screening, including Nicotine Addiction**

A comprehensive PROS program licensed to provide clinical treatment services must have the capacity to conduct the three assessments above and the following two additional assessments: *[14.NYCRR. §512.7.e.3.iii]*

- **Psychiatric Assessment**
- **Health Assessment**

**N.B. Psychiatric Assessment-** *“Assessment of the data shall be done by a psychiatrist or psychiatric nurse practitioner” [14. NYCRR.§. 512.5.s.]*

**N.B. Health Assessment-** *“The assessment of the data shall be done by a nurse practitioner, psychiatric nurse practitioner, physician, physician's assistant, psychiatrist or registered professional nurse.” [14. NYCRR.§. 512.5.j.]*

### **Required assessments by PROS enrollment status**

PROS programs must complete the following assessments for all enrolled individuals:

- **Psychosocial Assessment**
- **Psychiatric Rehabilitation Assessment that includes a vocational emphasis, and**
- **Alcohol and Substance Abuse Screening, including Nicotine Addiction**

PROS programs must complete the three assessments above and the following two assessments for individuals enrolled in the clinical component:

- **Psychiatric Assessment**
- **Health Assessment**

***N.B.* Limited license PROS programs are only required to complete a Psychiatric Rehabilitation Assessment that includes a vocational emphasis.**

### **Timeframes for Completion of Assessments**

During the first three months of PROS operation, the required assessments must be completed no later than 90 days from the date of the individual's enrollment in PROS.

Programs that have been in operation for more than 3 months must complete required assessments of newly-enrolled individuals within 30 days of admission.

### **Timeframes for Review of Assessments**

Programs should use appropriate clinical judgment to determine if and when formal reassessments are necessary. The regulations require that health screenings for metabolic syndrome, diabetes, and hypertension be done on a periodic basis for individuals enrolled in the clinical component of PROS. [14.NYCRR. §.512.5.j]. It is also expected that programs will develop reasonable and appropriate policies and practices governing conditions that indicate when all reassessments are necessary.

For example:

- There is a major event in the person's life. (Hospital admission is an example of a major event that would warrant reassessment upon return to the program.)
- An individual is not successfully achieving the objectives as outlined in the IRP.

The Psychiatric Assessment should be conducted annually. The annual psychiatric assessment should include a review of any issues or events that have occurred since the last Psychiatric Assessment. A Psychiatric reassessment may be indicated more frequently than annually if there are significant issues or conditions in an individual's life. For example, psychiatric hospitalization or other emergent concerns documented in Progress Notes or captured in the IRP reviews may warrant the need for a new Psychiatric Assessment, as well as other related assessments.

### **Guidance 3: Progress Notes and Timeframes**

Clarification of PROS progress notes and timeframes for completion.

#### **GUIDELINES**

Progress notes are a key element to recovery. Each individual's record must contain progress notes that are reflective of the individual's recovery. Progress notes must:

- Report advancement toward goals, symptom reduction and functional improvement;
- Identify the services provided (consistent with the IRP) and describe progress made toward functional improvement and attainment of goals;
- Create the informational framework for the PROS program and the individual to review and update the assessments and especially, the IRP;
- Provide an ongoing record of the participant's progress toward his or her goals; and
- Provide documentation to demonstrate that services are delivered as defined in the IRP, so that Medicaid billing is supported.

Progress notes must be dated and signed by a clinical member of the PROS program staff. In addition to the monthly requirement, a progress note must also be completed for any significant event and/or unexpected incident.

Although not a requirement, a quality progress note should include:

- the signature of the PROS participant
- the source of the information.

#### **Progress Note Timeframes**

- Progress Notes must be completed, at a minimum, once a month. The month is defined as the calendar month. Therefore, one progress note in each calendar month must be completed.
- For purposes of complying with the monthly requirement, a progress note must be completed no later than the last day of the month.
- For the month of enrollment, a completed and signed Screening and Admission Note may be used as the Progress Note.

## Regulatory Requirements

The regulations explain the necessary criteria for the documentation of individual growth toward accomplishment of each of the objectives by providing a summary of progress at least once a month. This summary describes the individual's participation in the personalized services, both group and individual, to assist in the realization of each of the objectives related to each of the goals. [14.NYCRR.§ 512.8.c]

### *Progress notes*

- A. *Progress notes shall be maintained for each individual and shall be dated, signed by a clinical member of the PROS program staff, and indicate the period of time covered by the note.*
- B. *Progress notes shall include, at a minimum*
  - i. *A summary of services received subsequent to the last progress note;*
  - ii. *A description of the progress made toward the goals identified in the IRP subsequent to the last progress note; and*
  - iii. *Identification of any necessary changes to the IRP and services related to such changes.*
- C. *Progress notes shall be completed, at a minimum, once each month.*
- D. *A progress note must also be completed for any significant event and/or unexpected incident. [14.NYCRR.§ 512.8.c]*

## **Guidance 4: Group Protocols**

Clarification regarding acceptable practices for delivery of group services in a PROS program.

### **GUIDELINES**

- Services provided in a group must address the barriers that impede the individual's achievement of their life role goal/s.
- Groups should be offered throughout the PROS day.
- Group services are planned and should follow a curriculum-based structure. Practitioners should map out objectives for the group within the lesson plans. These plans provide group leaders and participants with an understanding of the expected outcomes of that specific group service.
- The number of sessions may vary in duration depending upon the focus and anticipated outcome of the group. For example, Basic Living Skills/Cooking may require 3 weeks for an individual to attain his or her objectives, while Wellness Self Management/Coping Skills may take 12 weeks or longer.
- There is no regulation that requires a group note to be completed for each group. However, the facilitator is responsible for documenting attendance in the group and ensuring that individuals participate in the group sessions for the required amount of time (minimum of 30 minutes). In addition, the program should ensure that there is a mechanism for communicating an individual's progress and participation status in the service.
- On occasion, a total of 3 individuals at a time may audit a group for the purpose of:
  - Making an informed decision as part of the pre-admission process; and
  - To determine if a particular service would be useful in overcoming the individual's mental health barrier (s).
- The program should follow these guidelines for individuals who are auditing a group:
  - An individual who is auditing a group is not a part of the group on a routine basis and therefore is present for the purpose of observing only.
  - A group that the individual audits would not be identified on the individual's IRP.
  - The group audited is not considered a billable service for the individual, but the time spent in group would be included in calculating program participation time for that person.

- Successful group services are the result of effective group facilitation. An effective group facilitator should:
  - Understand the material of the service being provided and the expected outcome of the service;
  - Be aware of each individual's goals and barriers to be addressed through participation in the group;
  - Ensure that each participant understands what is expected from them in the group;
  - Understand how the curriculum will assist the individual to meet objectives and achieve life role goals;
  - Regularly review with each participant how the services will address barriers to the achievement of his/her goals;
  - Ensure that each participant is engaged in the group;
  - Teach materials, facilitate discussion, and implement practice.

To promote active participation and attendance in scheduled groups, the PROS program should consider the following:

- Schedule high demand services more than once a day
- Use a person centered planning process to assure that services have value to each individual.
  - Person centered planning is a process, directed by the individual, to identify the strengths, capacities, preferences, needs and desired outcomes of the individual.
  - The individual directs the process, facilitated with a practitioner of the individual's choosing and resulting in an individual's plan of service.
  - Discuss with the participant, individually or in a group setting, how a particular group will assist him/her in achieving his/her goals.
- Use a part of each group to review how the material covered during the day relates to the goals and objectives of the individual group participants. For example, at the end of each group, the group facilitator might ask each individual how the group related to his/her needs. This approach helps the practitioner to evaluate the material covered and helps the individual participants to better understand the focus of the group material.

### **Regulatory Requirements that govern the provision of group services**

- *When CRS services are provided in a group format, such group size shall not, on a regular and routine basis, exceed 12 members. However, on an occasional basis, group sizes of between 13 and 24 members are permissible if the group is co-facilitated by at least two staff members, and there is documentation that the expanded group size is clinically appropriate for the service being provided. Pursuant to section 512.11(b)(13)*

*of this Part, a PROS program may, within the specified limits, still use the service to satisfy the service frequency requirement of paragraph 512.11(b)(11) for some group participants. [14.NYCRR.§512.7.b.3]*

- *When IR services are provided in a group format, such group size shall not exceed, on a regular and routine basis, eight members. However, Family Psychoeducation services provided in a group format may include up to 16 group members, if the group is co-facilitated by at least two staff members. Pursuant to section 512.11(c)(2)(ii) and (iii) of this Part, a PROS program may, within the specified limits, allow group sizes to exceed eight members, or 16 members for Family Psychoeducation groups, on an occasional basis, and still use the service to satisfy the service frequency requirement of section 512.11(b)(11) of this Part or the IR service requirement of section 512.11(c)(2)(i) of this Part for some group participants. [14.NYCRR.§512.7.b.7]*
- *.... services provided in a group format shall be at least 30 minutes in duration. [14.NYCRR.§512.11.b.12.i]*

## **Guidance 5: Meal Time in the PROS Program Day**

Clarification on scheduled meal times within the PROS Program Day.

### **GUIDELINES**

Many PROS programs offer a breakfast and lunch as part of the PROS day. These meals may be an integral part of the program day and provide individuals with the opportunity to have a healthy meal experience as well as time to interact and socialize with other people. While many PROS programs utilize Federal or State food grants to pay for the meals provided, some programs use agency revenue or fund raising efforts to provide meals. Although not common practice, some programs that do not have Federal Food Grant funding charge a nominal fee for each meal. However, even those programs charging a nominal fee will provide free meals to individuals who are unable to pay.

Meal times are routinely scheduled at the same time each day and individuals participate in this meal period for the whole meal time period or a scheduled part of the meal time period. In addition, programs often utilize the meal preparation time or the meal serving time as an opportunity to provide a structured skill development service for an individual who has identified mental health barrier/s to his/her goal that may be overcome by participation in such a structured activity.

The regularly scheduled meal time is not considered a PROS Service and is not a reimbursable service or activity. In addition, a PROS program may not include the regularly scheduled meal time when calculating "Program Participation Time". By definition "Program Participation Time" is calculated to include the time between an individual's sign-in and sign-out of the PROS program, excluding time for meals and planned recreational activities.

The simple guidance for meal times is:

- The period of time the person is scheduled to be eating does not count as a service and this time is deducted from "Program Participation Time".
- Charging for lunch is an agency decision, but may be prohibited as part of the agreement to accept federal or state grants to offset meal costs.

## **Guidance 6: The Recipient Employee in PROS**

Clarification about permission for PROS providers to employ recipients of services.

### **GUIDELINES**

Several points should be considered regarding the ethical, fiscal, and practical issues related to a Recipient Employee receiving PROS services in the same PROS program.

These include, but are not limited to the following:

- An individual's status as an employee or as a recipient of service should not be affected by the other. For example, an individual's status as an employee should not be negatively affected if he/she is having difficulty attending services in the PROS program.
- Recipient employees, like all PROS employees, must operate within their level of competence and, where appropriate, within the Scope of Practice of any professional license which may be required for the particular job.
- CRS, IR, or Clinic Treatment services may only be provided to the recipient employee during non-work hours.
- When the recipient employee of the PROS program is in need of onsite job supports, the individual should be able to access the same human resource supports available to all other employees.
- If the individual needs additional employment-related supports, these may be provided away from the program site during non-work hours and may be an ORS service.

### **Regulatory Requirements**

The PROS regulations recognize and permit individuals who receive services at a PROS program to be employed at the same program. Under the PROS regulations 512.4a-f, recipient employee is defined as:

*... an individual who is financially compensated by a provider for providing clinical or non-clinical PROS services in the same program where the individual also receives PROS services. [14.NYCRR. §512.4.af]*

The regulations further describe the role of recipient employees in the definition of clinical staff as follows:

*Clinical staff means all staff members, including any recipient employees, who provide services directly to individuals admitted to PROS programs or their collaterals.*  
[14.NYCRR. §.512.4.f]

and:

*A PROS provider shall continuously employ an adequate number and appropriate mix of clinical staff consistent with the objectives of the program and the intended outcomes. Such staff may include persons who are also recipients of service from a PROS program, subject to the requirements of paragraph (10) of this subdivision.*  
[14.NYCRR. §.512.7.d. 1]

The regulation further states:

*A PROS provider may use recipient employees. In such circumstances, the following requirements shall apply:*

- (i) Recipient employees shall be included in the PROS provider's staffing plan.*
- (ii) PROS participants may perform a variety of non-paid functions related to the operation of the program as part of the program's therapeutic environment when such functions are identified in the person's individualized recovery plan. Unpaid functions of PROS participants shall not be reflected in the PROS provider's staffing plan.*
- (iii) Recipient employees shall adhere to the same requirements, pursuant to this Part, which are applicable to other PROS employees.*
- (iv) Recipient employees shall receive training regarding the principles and requirements of confidentiality, ethics and boundaries, and work place harassment.*
- (v) Ongoing supervision of recipient employees shall address, as warranted, boundary issues, transition between roles, and potential conflicts of interest. [14.NYCRR. §.512.d. 9]*

PROS providers are bound by the reimbursement requirements in 14.NYCRR. §.512.11, “Medicaid Reimbursement”, regarding the calculation of PROS services and PROS units when a recipient employee is involved in the delivery of a service. The regulations state:

*If a recipient employee provides a medically necessary service to other participants in the PROS program, such service may be included in the calculation of PROS units for such participants, as applicable. However, such service may not be included in the calculation of PROS units for the recipient employee” [14.NYCRR. §.512.11.b.8.]*

**Guidance 7:  
Structured Skill Development and Support**

Clarification on the use of the Structured Skill Development service.

**GUIDELINES**

- Structured Skill Development is a Community Rehabilitation and Support (CRS) service used to help individuals learn and practice a skill that has been identified as a barrier to the individual's achievement of his or her goal. The barrier that the service addresses must be related to the participant's mental illness.
- The service must be included in each individual's Individualized Recovery Plan (IRP).
- Documentation must establish the purpose for the individual's participation in the Structured Skill Development service by demonstrating how the activity will be used to address a specific barrier created by the person's mental illness and related to his or her goal. The IRP should describe what barrier(s) the individual is working to overcome in the Structured Skill Development service and how the structured skill activity will be used to accomplish this. This is essential to showing medical necessity for that particular service.
- Skills are developed through a process of teaching, practice, observation and feedback in settings that replicate community life roles.
- Supportive counseling, mentoring and skill development techniques are used in the Structured Skill activity to assist the individual to learn and adapt the identified skill.
- Skills may be taught in a combination of individual and group structured activities.
  - Staff is required to be with the group throughout the entire duration of the service.
  - Direct contact between the individual and the practitioner during the service is intermittent, that is:
    - at the beginning: to clarify the tasks and skills being addressed
    - during: to monitor and provide feedback at various intervals; and
    - at the end: to debrief.
- Co-facilitating a group is not considered a Structured Skill Development service.

- The service is provided in structured settings, e.g. work-ordered day, an activity-center format or replicated community settings.
- Structured Skill Development may not be used to provide vocational training. The purpose of the Structured Skill Development is not to teach an individual vocational skill. However, programs often may use Structured Skill Development tasks that are in line with the individual’s vocational interests.
- The individual may not be paid or receive any compensation for participating in the Structured Skill Development service. Staff may have the role of both overseeing the activity and the teaching of skills. However, the primary (visually identifiable) function of the staff must be the teaching of skills to overcome a barrier related to a person’s mental illness and not the completion or supervision of the activity.

### **Regulatory Requirements**

The regulations define *Structured Skill Development and Support* as a:

*“service designed to assist individuals in developing instrumental skills for performing common life roles associated with group membership, work and education, parenting or living environments. The focus of structured skill development is to develop skills through a process of teaching, practice, and feedback in community environments replicated at the program site. The modality for teaching these skills is a combination of individual, group and structured activities. It is often provided in structured club-like settings such as a work-ordered day or an activity-center format, where staff employs supportive counseling, mentoring and skill development techniques to assist the individual in completion of essential tasks.” [14.NYCRR.§.512.5.t]*

The purpose of Structured Skill Development is to provide opportunities for individuals to learn and practice skills needed to overcome a mental health barrier that may be an obstacle to successful attainment or retention of a community life role or life role goal.

## **Guidance 8: ORS Services**

Clarification about a PROS participant in Ongoing Rehabilitation and Support (ORS) services receiving those services at a location other than the PROS site.

### **GUIDELINES**

ORS services support and sustain an individual's role in integrated and competitive employment. In doing so, such services also support the individual's reintegration into the community and are to be provided in community settings to reflect that purpose.

Per the agreement between New York State and the Centers for Medicare & Medicaid Services (CMS), the Medicaid State Plan Amendment unequivocally indicates that: "Services provided by the ORS component of a PROS program will include, but are 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."

Individuals enrolled in the ORS component must receive the ORS service offsite, i.e., at a location other than the PROS program site. The services may not be rendered at the PROS site and be billed as an ORS Service. Services may be rendered at the job site, the individual's residence (including a community residence), or some other location in the community, e.g., coffee shops, restaurants, community centers, etc. where private or semi-private space is available. Locations owned by the agency but not at the same address as the PROS program may be used for ORS services.

PROS providers have reported concerns regarding the discomfort some individuals experience when receiving services anywhere in public. The PROS model supports employment for individuals in all PROS Service components. Accordingly, supportive employment-related services rendered at the PROS site are permissible and if provided, may be billed as CRS or IR services.

**Guidance 9:  
Community Meetings in the PROS Program**

Clarification regarding community meetings within the PROS Program Day.

**GUIDELINES**

Several PROS programs have indicated a desire to continue the practice of community meetings. Meetings are often scheduled at the beginning of the day, before PROS services start or at the end of the day, after PROS services have ended. The timing and the content of the meetings will impact how it will be handled from a billing and programmatic perspective. These meetings may be a valuable mechanism to help individuals feel comfortable with the service delivery community.

Community meetings offer the opportunity for PROS participants to share experiences that may guide them in areas related to improved participation in a PROS program and identification of meaningful life roles.

To be considered a part of Program Participation Time, community meetings must be scheduled at times when PROS groups are being offered. A community meeting that occurs while there are no other PROS services taking place may not be included in an individual's Program Participation Time. However, if a community meeting occurs while other group services are offered, the community meeting may be considered part of an individual's Program Participation Time.

**Guidance 10:**  
**Relationship between Adult Career and Continuing Education Services-Vocational  
Rehabilitation (ACCES-VR) and PROS Regarding Employment Support Services**

Clarification concerning the responsibility of the PROS provider to NOT duplicate services provided by ACCES-VR.

**GUIDELINES**

Individuals participating in the PROS program sometimes receive employment-related services from ACCES-VR. During the time that a PROS participant is enrolled in ACCES-VR services, the PROS program may bill Medicaid for some employment related services. The PROS program provides services to overcome mental health (MH) barriers that may prevent a person from being successful at employment. The PROS program does not provide Job Training Services.

Both PROS and ACCES-VR offer services that help people attain employment. If they choose, PROS participants should have the option to receive training and skill development offered by ACCES-VR for specific jobs. In such cases, PROS programs must be aware of the PROS services that are billable to Medicaid.

It is the responsibility of the PROS provider to ascertain, via ACCES-VR's Individual Service Plan (ISP), the type of services the individual is receiving from ACCES-VR. This is done by reviewing the Individual Vocational Plan. Once a review of the person's ACCES-VR plan is completed, the PROS provider may bill for any eligible Medicaid service related to employment, rendered by PROS, as long as that service does not duplicate any services paid for by ACCES-VR.

In addition, any mental health service provided by the PROS program (such as individual counseling, basic living skills training, Family Psychoeducation or Dual Disorder Treatment) may be billed to Medicaid while the individual is concurrently enrolled in ACCES-VR. These services do not have a specific employment focus, but may positively impact the attainment of employment. Nonetheless, any service (e.g., Goal Acquisition) which has a specific focus on attaining employment may not be reimbursed by Medicaid while the individual is simultaneously enrolled in ACCES-VR services.

Many activities associated with obtaining and sustaining employment are not considered billable PROS services, although their merit and value in supporting employment efforts is evident. For example, writing an effective resume is an important step in obtaining employment, but resume-writing per se is not considered a PROS service. Rather, time spent at the PROS working on a resume may be considered an activity and a part of Program Participation Time.

**Guidance 11:**  
**Transitioning Individuals from ACCES-VR Intensive Services at a Non-PROS Agency to  
Employment Support Services at a PROS Agency**

Clarification concerning the transition of individuals from ACCES-VR Intensive services to PROS ongoing employment support services.

**GUIDELINES**

Historically, agencies that have provided ACCES-VR Intensive services have also been funded by the Office of Mental Health (OMH) to provide **extended services**, more commonly referred to as Ongoing Integrated Supported Employment (OISE). With the advent of PROS, OISE funding is often replaced by supports provided by the PROS program.

When an individual receiving ACCES-VR Intensive services becomes employed, the ACCES-VR provider should insure that a local PROS provider is engaged with the individual. Thus, a relationship may be fostered between the individual and the future provider of employment support services. If the individual was referred to the ACCES-VR provider by the PROS provider, it would be assumed that the individual and the PROS provider already have a relationship. In either case, an effort should be made to promote positive and recurring contacts between the individual and the PROS provider so that the eventual transition to employment support services may be as seamless as possible.

An individual may be co-enrolled in ACCES-VR Intensive services and PROS. However, during the time that the individual is receiving ACCES-VR Intensive services, the PROS program may not provide or bill for any similar employment-related service. Examples of such service include training for a specific job, job search activities and IR services like Goal Acquisition related to employment. The PROS program, when appropriate, may provide and bill for other services, somewhat related to employment, such as Basic Living Skills Training (e.g., learning to be consistent with Activities of Daily Living-ADL's or learning to use the public transportation system) and Community Living Exploration (e.g., develop an understanding of specific job opportunities and demands). In addition, the program may provide and bill for Intensive Rehabilitation (IR) services (e.g., Family Psychoeducation).

At the point of job stabilization, the individual may begin to receive employment support services from the PROS program. At the start of a relationship between the individual and ACCES-VR, the individual should sign the appropriate consent forms to allow the two providers to maintain regular contact in order to insure that the ACCES-VR provider receives information about the individual's progress.

## **Guidance 12: The Geriatric Population in PROS**

Clarification regarding service to Geriatric individuals in a PROS program.

### **GUIDELINES**

The PROS program focuses on major life roles that include:

- Living Situations (Shelter and satisfactory living arrangements)
- Health and Wellness (Mental, physical, personal well-being and spiritual awareness)
- Learning/Educational (Including continuing education classes)
- Working (Paid employment or volunteer work)
- Significant Relationships/Parenting/Grand-parenting (Improving relationships with family members or developing new friendships)
- Enhanced integration into community based opportunities such as participation in a senior center

Most individuals, including older adults, seek meaningful life role goals within their family and community settings, in addition to life role goals around employment. With the geriatric population, in particular, improving general health, combating metabolic syndrome, and smoking cessation are often frequently important and “medically necessary” goal areas.

There are certain issues that should be given particular consideration when working with older adults. Some older adults with mental illness have difficulty expressing their goals. In these cases, PROS Services should initially focus on engagement and IRP planning as these services will assist a participant in articulating relevant goals. Many older adults experience mental health barriers as they seek to adapt to diminished mobility, new and increasing health concerns, and the loss of loved ones and long-time friends. The PROS program assists individuals to overcome these barriers through participation in PROS services that focus on wellness self management, symptom management, basic living skills training, community living exploration, among other services. Additionally, PROS programs can work with individuals to develop hobbies and interests that will improve quality of life and community integration.

In summary, older adults who participate in the PROS program may have a unique set of goals, just as participants have in other age groups. Goals for older adults may focus on improving the quality of life, within the context of mental health as well as the realities associated with aging. PROS may be able to create the environment and support necessary for improved quality of life for older adults with mental illness.

## **Guidance 13: Staff Competencies in Evidence Based Practices**

Clarification regarding staff competencies to provide IR level Family Psychoeducation (FPE) and Integrated Dual Disorder Treatment (IDDT) services.

### **GUIDELINES**

Evidence Based Practices have been proven to be effective in overcoming specific mental health barriers. Family Psychoeducation provides families the information and clinical guidance to prepare them in assisting the family member diagnosed with mental illness. Integrated Dual Disorder Treatment (IDDT) is an Evidence Based Practice designed to address mental health and substance use needs simultaneously to assist an individual in overcoming the barriers resulting from the co-occurring disorder.

Programs are expected to maintain documentation for staff members who have been trained to provide two IR services: Family Psychoeducation and Integrated Dual Disorder Treatment.

### **Family Psychoeducation**

Family Psychoeducation (FPE) is an approach for partnering with consumers and families to treat serious mental illnesses. FPE practitioners develop a working alliance with individuals and families (collaterals). In family therapy, the family itself is the object of treatment. In the FPE approach, however, practitioners, individuals and families work together to support the individual's recovery.

PROS practitioners providing FPE services should have skills to deliver the following practices:

- Engagement with family members;
- Education about mental illness and its treatment;
- Information on community resources;
- Guidance on how to manage or cope with difficult behaviors;
- Emotional support and counseling;
- Crisis planning; and
- Problem solving skills training.

Accepted Family Psychoeducation training approaches include those offered by the University of Rochester's Family Institute and the Family Psychoeducation Evidence Based Practice KIT available through Substance Abuse and Mental Health Services Administration (SAMHSA).

OMH recognizes that, in addition, individuals may have gained proficiency in the identified practices through other FPE training efforts.

### **Integrated Dual Disorder Treatment**

It is recommended that PROS programs offering or intending to offer Integrated Dual Disorder Treatment (IDDT) have staff trained in the curriculum available through the Center for Practice Innovations (CPI) Focus on Integrated Treatment (FIT). FIT modules explain the various aspects of Integrated Dual Disorder Treatment and are recommended for staff who will be delivering these IR services. The FIT modules include:

- Screening for substance abuse;
- Assessment of substance use disorders;
- Generating the collaborative treatment plan;
- Stage-wise treatment;
- Motivational interviewing;
- Cognitive-Behavioral Therapy (CBT) for coping skills and problem-solving;
- Individual interventions; and
- Stage-wise treatment groups.

It is recommended that PROS staff members participate in the FIT training available through the CPI, even if they have had previous training (SAMSHA) in the core competencies listed above.

In addition to the core competencies, the CPI recommends that programs develop an agency wide plan to train all staff in the practice of co-occurring disorder treatment. The CPI has created a template (see attached) identifying the modules that would be most helpful for:

- Practitioners delivering IDDT services;
- Prescribers;
- Clinical Supervisors;
- Program Leadership; and
- PROS practitioners who do not provide IDDT services.