

PROS Redesign Provider Frequently Asked Questions

This document is intended to answer frequently asked questions regarding PROS Redesign. The Office of Mental Health (OMH) will revise and reissue this document as needed. Additional questions can be sent the [PROS Mailbox](#).

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Acronym Key: The below acronyms are commonly used throughout this document.	
CCM	Complex Care Management
CRS	Community Rehabilitation and Support
CT	Clinical Treatment
EHR	Electronic Health Record
IR	Intensive Rehabilitation
IRP	Individual Recovery Plan
ISR	Initial Service Recommendation
LPHA	Licensed Practitioner of the Healing Arts
MCTAC	Managed Care Technical Assistance Center
ORS	Ongoing Rehabilitation and Support
SOC	Standards of Care

Section 1: Implementation

Issued	#	Question	Answer
8/7/2024	1	What is the go-live or implementation date for PROS redesign?	The anticipated go-live date is November 1, 2024.
8/7/2024	2	Will PROS programs need to update their Electronic Health Records (EHRs) and Electronic Billing Systems (EBSs) in advance of the redesign go-live date?	Beginning November 1, 2024, PROS programs will need to meet new regulatory requirements and guidance related to documentation and billing/claiming. Updating your EHR/EBS is the best way to ensure your program is meeting all requirements. However, if the changes to your systems will take more time, we encourage you to contact your local field office or the PROS mailbox for technical assistance, as your program may need to monitor compliance with documentation requirements or submit claims manually pending system updates.
8/7/2024	3	With the revised documentation requirements, will PROS programs get any financial support in implementing these changes in our EHR? Will we receive templates for documentation requirements?	OMH has recently distributed American Rescue Plan Act (ARPA) funding, which may be used for costs associated with PROS Redesign changes. In addition, we encourage all agencies to check their vendor contracts, as some may have a clause to support updates due to regulatory and guidance changes. At this time, OMH does not anticipate developing documentation templates or forms. Additionally, MCTAC will be working with vendors to support the

			updates needed to provider EHRs.
8/7/2024	4	Will PROS Standards of Care (SOC) be updated as part of redesign?	Yes, the PROS SOC will be updated to align with the amended Part 512 regulations.

Section 2: Components and Services

Issued	#	Question	Answer
8/7/2024	1	Where can ORS Services be provided?	ORS must be provided off-site or via telehealth, if the program has been approved to provide telehealth and the participant has been assessed as appropriate for telehealth. ORS may not be provided on-site at the PROS program. Locations owned by the agency but not at the same address as the PROS program may be used for ORS services.
8/7/2024	2	Can someone that is enrolled in Health Home Care Management receive CRS – Complex Care Management (CCM)?	Yes. CRS – CCM is a <i>non-routine</i> rehabilitative service designed to coordinate care due to an urgent need. If a participant has a Health Home Care Manager, we encourage the PROS program to work closely with the HHCM related to any ongoing or routine care coordination needs. The Operations Manual includes several examples of when CCM may be appropriate to prevent the loss of a life role and to maintain community tenure.
8/7/2024	3	With PROS redesign, are there any changes to rules for telehealth?	There have been no changes made to Telehealth regulations or guidance. PROS programs should continue to refer to the Telehealth Services Guidance for OMH Providers .

Section 3: Staffing

Issued	#	Question	Answer
8/7/2024	1	For PROS with Clinic Treatment, is it possible to replace a RN with an LPN?	It may be possible for a program to meet individuals' nursing needs by replacing the RN with an LPN. However, there are considerations including the added work that would be required by the psychiatric provider (NPP or MD). The LPN must work within their scope of practice as defined by the New York State Education Departments Office of Profession. For example, LPNs do not have it within their scope of practice to formulate an assessment on the health data that they collected, meaning the supervising NPP or MD would need to participate in the Health Assessment process.

8/7/2024	2	Is there a recommendation for caseload sizes per staff member?	OMH has not established recommendations for caseload sizes. The overall PROS program must have a minimum staffing ratio of 1:14, but not all Team members are required to carry a caseload and caseload sizes may vary between team members based on a variety of factors.
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Section 4: Documentation

Issued	#	Question	Answer
8/7/2024	1	Will OMH provide the screening tools or measures for Screening for Risk of Harm to Self and Others or Alcohol, Tobacco, and other Drug Assessment?	OMH has not required or established specific screening tools. Programs will continue to have discretion to select appropriate evidence-based assessment/screening tools.
8/7/2024	2	Will programs need to complete psychosocial assessments for individuals admitted after redesign?	No, the requirement for the psychosocial assessment has been removed. Programs may choose to complete the psychosocial assessment, formally or informally, as part of their individualized recovery planning process.
8/7/2024	3	Will IRPs need to be written anew when the redesign goes into effect? Will there be a transition period during which the new IRPs can be completed?	IRPs may be fully updated when the next review is due, but all IRPs must be in compliance with signature requirements on the redesign implementation date. This means that if an LPHA has not approved and signed the current IRP, this must be done on or before 11/01/2024. The IRP for any new participants admitted on or after 11/01/2024 must meet the new requirements outlined in guidance and regulations.
8/7/2024	4	Has the Relapse Prevention Plan requirement in the Individual Recovery Plan (IRP) been removed or was it completely taken out as a documentation requirement?	The Relapse Prevention Plan is no longer a requirement and instead has been replaced with the Personal Wellness Plan, which is optional and does not need to be a part of the IRP.
8/7/2024	5	Are there any services that we can be provided without being identified on the IRP or ISR?	PROS programs may provide services that were not included on the IRP, often in response to an urgent situation or crisis. The staff who provides the services should clearly describe the need for the service or rationale for providing it in the narrative of a progress note. If the service is one which requires supervision by a Professional Staff or LPHA, the qualified supervisor must be involved in making the decision to provide the service. If the service is or will be needed on a regular and routine basis, it must be approved by an LPHA and added to the IRP.