



PROS Documentation in AWARDS

AWARDS INSTRUCTION SHEET

Personalized Recovery Oriented Services (PROS), a program designed by the New York State Office of Mental Health, is a comprehensive recovery oriented program for individuals with severe and persistent mental illness. AWARDS is equipped to support the documentation requirements for this program type.

Due to the unique service structure of PROS programs, we have created two documents to guide you through PROS program set up and documentation. The first document, named [PROS Program Setup](#), will walk you through the steps required to set up a PROS program in AWARDS. This second document provides detail about using PROS functionality, and maintaining documentation that complies with the regulations and generates reports that can be used for billing.

ABOUT THIS DOCUMENT

This document is intended to guide AWARDS users as they work with PROS programs in AWARDS. Specific topics covered are:

- [Processing a New Client into a PROS Program](#) – Learn how to process intake/admission. Page **1**
- [PROS-Related Client Setup Requirements](#) – Learn to ensure that clients are set up properly for PROS. Page **2**
- [Managing PROS Client Records](#) – Learn to work with PROS-related pieces of client records. Page **6**
- [Understanding Billing for PROS Services](#) – Learn the basics of PROS billing. Page **14**
- [Frequently Asked Questions](#) – Learn the answers to common PROS-related questions. Page **20**
- [Appendix: PROS Service Types](#) – Access a list PROS service type abbreviations and definitions. Page **24**

If your agency will be using AWARDS for Medicaid/Medicare billing, or to verify Medicaid eligibility, please reference our [BillingBuilder](#) documentation in Online Help along with this instruction sheet. In addition, please inform your Foothold Client Services representative of your billing plans so that he or she can insure that the setup for your agency's PROS billing work proceeds smoothly.

PROCESSING A NEW CLIENT INTO A PROS PROGRAM

The AWARDS Intake/Admission module is used to process new client intake and admission into a PROS program. Within that module, these processes are completed using the Process Intake and Process Admission features, both of which are accessed from within client referral records. For detailed instructions on processing intake or admission, see the Intake/Admission portion of AWARDS Online Help.

*For clients with PROS Pre-Admission status, who are therefore not yet enrolled in the CAIRS system, process intake and proceed with completion of the pre-admission screening notes. Once a client exits the pre-admission stage, proceed with the processing of his or her admission. Please keep in mind that the client's CAIRS enrollment date **MUST** match his or her AWARDS admission date. Additionally, when processing the admission of a client for whom intake has already been processed, **DO NOT** to change the intake date; only enter the new admission date.*

Once a client has been admitted to the PROS program, the PROS Admission Recommendation form must be completed. This form is typically located in the Intake/Admission module and can therefore be accessed directly from the client's admission records; however, it may have instead been placed elsewhere depending on your program configuration. Please check with the program staff that completed the setup of your PROS program if you have difficulty finding the PROS Admission Recommendation form.

PROS-RELATED CLIENT SETUP REQUIREMENTS

Once a client has been added to the census of a PROS program, either via the admissions process or during the conversion of an existing program to PROS, users must ensure that the client's records meet setup requirements related to the PROS components previously created in the database (as described in the [PROS Program Setup Instruction Sheet](#)). Specifically, if the client is receiving services in a particular PROS component, he or she must be set up accordingly in AWARDS. The process of doing so varies based on the component in question:

PROS COMPONENT	CLIENT SETUP REQUIREMENT(S)
Clinical Treatment (CT)	<ul style="list-style-type: none"> ▪ A PROS-CT entitlement record entered using the Entitlements module Certified Entitlements feature – see page 4. ▪ A PROS-CRS entitlement record entered using the Entitlements module Certified entitlements feature – see page 4. ▪ You have the option of assigning the PROS-CT-CL entitlement to clients receiving Clinical Treatment services from a provider outside of the PROS program. This entitlement becomes required when a client is receiving Integrated Dual Disorder Treatment services from the PROS program – see page 4.
Community Rehabilitation and Support (CRS)	<ul style="list-style-type: none"> ▪ A PROS-CRS entitlement record entered using the Entitlements module Certified Entitlements feature – see page 4.
Intensive Rehabilitation (IR)	<ul style="list-style-type: none"> ▪ Placement in the "Intensive Rehabilitation" program division using the Services module Group Schedule Setup feature – see page 3. ▪ A PROS-IR entitlement record entered using the Entitlements module Certified Entitlements feature – see page 4. ▪ A PROS-CRS entitlement record entered using the Entitlements module Certified entitlements feature – see page 4. <p><i>Clients participating in Integrated Dual Disorder Treatment will also need the PROS-CT entitlement record if receiving clinical services from the PROS program, or PROS-CT-CL entitlement record if receiving clinical services from an external provider.</i></p>

PROS COMPONENT	CLIENT SETUP REQUIREMENT(S)
Ongoing Rehabilitation and Support (ORS)	<ul style="list-style-type: none"> ▪ Placement in the “Ongoing Rehabilitation and Support” program division using the Services module Group Schedule Setup feature – see page 3. ▪ A PROS-ORS entitlement record entered using the Entitlements module Certified Entitlements feature – see page 4. ▪ A job placement record entered using the Job Placements component of the Employment module Jobs feature – see page 5.

Additionally, any BIP eligible client must also have the PROS-BIP entitlement with an appropriate expiration date entered, in order for the BillingBuilder module to generate BIP invoices. If you don't see PROS-BIP in your entitlements list and you will be billing for BIP eligible clients, please contact the Help Desk or your Client Services representative to ask for it to be added.

As noted in the table above, instructions for completing each of the setup processes are provided here in detail:

- [Placing Clients in PROS Components Using Group Schedule Setup – Page 3](#)
- [Tracking Entitlements for PROS Components – Page 4](#)
- [Creating Job Placement Records for PROS Clients – Page 5](#)

PLACING CLIENTS INTO PROS COMPONENTS USING GROUP SCHEDULE SETUP

Clients receiving services in either the IR or ORS PROS component must be placed into that component in AWARDS by completing the following steps:

In order to complete this process, you must have the “Caseload/Group Assignments” permission along with access to the Services module.

1. From the AWARDS *Opening Menu* page, click **Services**. The *Client Services Menu* page is displayed.
2. Click **Group Schedule Setup**. The *Group Schedule Setup Menu* page is displayed.
3. Click the **Program** drop-down arrow and select the PROS program for which the data entry is to be completed.
4. Click the **Database** drop-down arrow and select “Data Entry.”
5. Click **Group Member Status**. The *Group Member Status Settings* page is displayed. 
6. Click the **Activity** drop-down arrow and select the activity that matches the PROS component you are working with.



7. Click **CONTINUE**. The *Update Group Members* page is displayed. 
8. Click the **Client** drop-down arrow and select the client to be added to the selected PROS component.
9. In the corresponding **Start Date** field, type the start date for the client's membership in this component.
10. Repeat by adding up to three more clients, then click **CONTINUE** to save. A confirmation page is displayed.

Sample PROS Program Update Group Members for Intensive Rehabilitation

*Consumer	*Start Date	End Date
ADD NEW GROUP MEMBER		
Day, Sunny	7/27/07	

*Indicates required fields

CONTINUE Jump Back Group Schedule Setup Menu

Opening Menu Help Menu Log Out

To add additional clients to this PROS component at this time, click **DATA ENTRY** to return to the Update Group Members data entry page, where four more clients may be added to the component. Repeat steps 8 through 10 as necessary.

The process of assigning clients to PROS components is now complete. These assignments are required for billing of IR and ORS services only.

IMPORTANT! Keep in mind that if a client is placed in both the ORS and IR components at the same time, ORS and IR services provided in the same month will both count towards the base rate, but only the IR component will be billed.

TRACKING ENTITLEMENTS FOR PROS COMPONENTS

The AWARDS Entitlements module Certified Entitlements feature is used to track PROS entitlements (CRS, IR, ORS, and CT), the required clinical linkage agreement for clients who participate in Integrated Dual Disorder Treatment in the PROS program and clinical services elsewhere (CT-CL), clients eligible for BIP billing, and insurance coverage information such as Medicaid. To enter one or more of the four PROS entitlement records for a client, complete the following steps:

IMPORTANT! Medicaid is required to bill for PROS services regardless of whether your agency uses AWARDS for billing. While instructions for creating a Medicaid entitlement are not detailed here, please be aware that the process is the same as that outlined for creating these PROS entitlement records.

1. From the AWARDS Opening Menu page, click **Entitlements**. The *Entitlements Menu* page is displayed.
2. Click the **Program** drop-down arrow and select the program associated with the client for whom the entitlements record is to be entered.
3. Click the **Database** drop-down arrow and select "Data Entry."
4. To limit client selection by name, click the **A-Z** drop-down arrow and select the client's last name initial. An asterisk (*) in this field includes all clients in the selection process.
5. Click **Certified Entitlements**. The *Certified Entitlements Client Selection* page is displayed.
6. Click the **Client** drop-down arrow and select the client for whom the PROS entitlement record is to be entered.
7. Click **CONTINUE**. The *Certified Entitlements* page is displayed. This page contains any existing entitlements records for the selected client as well as options to add new entitlements.

- Click the **Add New Eligibility** link under "Insurance / Subsidized Payments Information." The *Certified Entitlements Update* page is displayed. →
- Click the **Standard** drop-down arrow, select one of the PROS entitlement types, and then configure the remaining fields and options on this page as necessary.

IMPORTANT! When entering data for the selected entitlement type, be sure to enter an effective date that corresponds to that type. Additionally, if entering a PROS-BIP entitlement we strongly recommend that you enter the appropriate expiration date to prevent billing errors down the road.

- Click **UPDATE**. The PROS entitlement record is saved and the updated *Certified Entitlements* page is displayed.
- The process of entering a PROS entitlement record is now complete. Repeat this process as necessary until all relevant entitlements, including Medicaid, have been entered for the client.

For more information on entitlements records, see *AWARDS Online Help*.

CREATING JOB PLACEMENT RECORDS FOR PROS CLIENTS

In order to be eligible for billing, a client receiving services in the ORS PROS component must have a job placement record entered that shows he/she was employed on the date of service and worked at least 10 hours per week at that time. The process of creating a job placement record is completed in the Job Placements component of the Employment module's Jobs feature using the steps that follow:

- From the *AWARDS Opening Menu* page, click **Employment**. The *Employment Menu* page is displayed.
- Click **Jobs**. The *Job Menu* page is displayed.
- Click the **Program** drop-down arrow and select the program associated with the client for whom the job placement record is to be entered.
- Confirm that the **Database** option is set at its default value – "Data Entry."
- To limit client selection by name, click the **A-Z** drop-down arrow and select the initial of the client's last name. Selecting the asterisk (*) will include all clients in the selection process.
- Click **Job Placements**. The *Job Placement Menu* page is displayed. →
- Click the **Client** drop-down arrow and select the client for whom the job placement record is to be entered.
- The date of the job placement/hire date must fall within the date range in the **From** and **To** fields on this page. If necessary, make changes to the default date range (using mm/dd/yyyy format).

9. Click **CONTINUE**. The *Job Placement Data Entry* selection page is displayed. 
10. Click the **Select** radio button next to "Add New Job Placement."
11. Click **CONTINUE**. The *Add a Job Placement* employer selection page is displayed.
12. Click the name of the **Supervisor** with whom the client was placed at the employer. If the employer is not listed, click **Add New Employer**. If the employer is listed but the supervisor is not, click **ADD NEW SUPERVISOR**. The *Add a Job Placement* page is displayed.
13. Configure the fields and options on this page as necessary, keeping in mind that billing for ORS services requires a hire date that is on or prior to the service date, and an hours/week value that is at least 10 hours.
14. Click **CONTINUE**. The job placement record is saved and the updated *Job Placement Data Entry* selection page is displayed.



The process of creating a job placement record is now complete.

For more information on job placement records, see AWARDS Online Help.

MANAGING PROS CLIENT RECORDS

Once a client meets the PROS setup requirements in AWARDS, users can manage the other PROS-related aspects of that client's records using a variety of AWARDS features. These features enable users to complete the following tasks, described in detail below:

- [Tracking PROS Program Attendance - Page 6](#)
- [Entering a Relapse Prevention Plan - Page 7](#)
- [Working with Case Notes / Setting Up Scheduled Groups - Page 8](#)
- [Working with Individualized Recovery Plans - Page 9](#)
- [Viewing a Service Types on Service Plans Report – Page 11](#)
- [Viewing a Group Attendance Form – Page 12](#)
- [Viewing a PROS Monthly Record of Services Report - Page 11](#)

TRACKING PROS PROGRAM ATTENDANCE

Both PROS billing and the PROS Summary Record of Services utilization report use reception desk attendance data to determine a client's program participation time each day for both on site and off site activities. This data is entered in AWARDS using the Reception Desk module Program Attendance feature as shown here. 



For detailed instructions on using this feature to enter attendance data, see the Reception Desk module portion of AWARDS Online Help.

PROS programs should **NEVER** use the optional "Apply Services Attendance Data" feature available to some agencies in the Reception Desk module in report mode. The feature itself is enabled on an agency-wide basis, and as a result it cannot be turned off only for PROS programs.

ENTERING A RELAPSE PREVENTION PLAN

Due to changes to PROS regulations and enhancements in AWARDS, the recommended location of the Relapse Prevention Plan (RPP) has changed over time. Some programs are entering Relapse Prevention Plan data on the Face Sheet, while others may be entering RPP data on Service Plan Cover Sheets. After further review of the regulations and enhancements to FormBuilder functionality, we are now recommending that you transition the location of the Relapse Prevention Plan to the Services Menu. This will enable to you update the plan as needed and at the same time maintain older copies of the plan in AWARDS.

To enter data into a Relapse Prevention Plan located on the Services Menu, complete the following steps:

1. From the AWARDS *Opening Menu* page, click **Services**. The *Client Services Menu* page is displayed.
2. Click the **Program** drop-down arrow and select the program associated with the client for whom Relapse Prevention Plan data is to be entered or updated.
3. Click the **Database** drop-down arrow and select "Data Entry."
4. To narrow client selection by name, click the **A-Z** drop-down arrow and select the client's last name initial. An asterisk (*) in this field will include all clients in the selection process.
5. If the RPP to be entered or updated is for a former (discharged) client, click **Roster Archives**.
6. Click **PROS Relapse Prevention Plan**. The *PROS Relapse Prevention Plan Menu* page is displayed.

The name of the form used by your agency may be different from the name used in this document. If this is the case, select the button with the name of your Relapse Prevention Plan on it.

7. Click the **Consumer** drop-down arrow and select the client for whom the assessment data is to be entered or updated.
8. Only those Relapse Prevention Plans with due dates within the date range specified on this page will be available for data entry. Make changes to the default date range as necessary (using mm/dd/yyyy format).
9. Click **CONTINUE**. The *PROS Relapse Prevention Plan* index page for the selected client is displayed.

This page contains a list of Relapse Prevention Plans meeting the selection criteria entered on the previous page, as well as an option to create a new RPP plan for the selected client.

10. Click on the link for the RPP you want to modify or click on the **Create New** link to add a new RPP to the client's record. The *PROS Relapse Prevention Plan* data entry page is displayed.
11. Click **Update PROS Relapse Prevention Plan Section**. The plan is now opened for data entry.

Complete or modify the questions on this page as necessary.

12. Click **SAVE**. The data entered into the form is saved and a read only copy of the Relapse Prevention Plan is displayed.

The process of entering or modifying a Relapse Prevention Plan is now complete.

Enhancements to FormBuilder functionality allow the RPP that is completed on the Services Menu to be added to any IRP cover sheet without any additional data entry. Instructions on adding RPP data to the Cover Sheet are located in the “Working with Individualized Recovery Plans” section of this document beginning on page 9.

If your program has chosen to leave the RPP plan on the face sheet, please use the AWARDS Online Help search feature to access information about updating Advanced Directives. Note that the Advanced Directive questions listed in the instructions will be different from the questions listed on your RPP. If you would like assistance with moving RPP data entry to the Services Menu, please contact your Client Services representative.

If your program has chosen to complete RPP data entry on the Service Plan Cover Sheet, you will find instructions on completing the RPP on the Service Plan Cover Sheet in the “Working with Individualized Recovery Plans” section of this document beginning on page 9. If you would like assistance with transitioning RPP data entry to the Services Menu, please contact your Client Services representative.

WORKING WITH CASE NOTES / ENROLLING CLIENTS IN SCHEDULED GROUPS

Individual and group progress notes for PROS participants can be entered using the AWARDS Services module Progress Notes and Group Notes features, respectively. (For more information on entering each type of note, see the Services module portion of AWARDS Online Help.)

PROS regulations require a monthly progress note. In AWARDS monthly notes are referred to as Periodic Summary Notes; however, that name can be customized. If that is something you are interested in, please contact your Client Services representative or the Help Desk for assistance.

Prior to entering group notes, you may choose to set up a permanent group schedule for set groups with regular attendees. This process, when completed, can save time for users doing group notes data entry by dropping basic information on regularly occurring groups into the data entry form; it has four components:

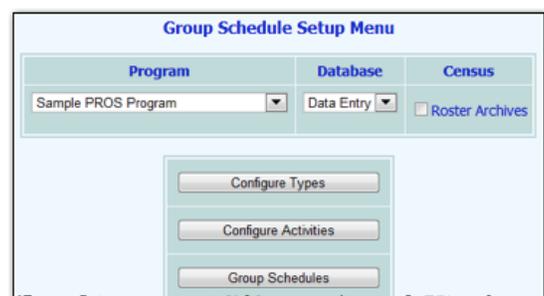
- Creating the group/activity types – one for each of the PROS service types
- Creating the groups
- Scheduling the groups
- Enrolling regular attendees in each of the groups

The first three components, creating group/activity types, creating groups, and scheduling groups should already have been completed as a part of your PROS setup, as detailed in the “PROS Program Setup” instruction sheet. To take care of the final component – enrolling regular attendees in the scheduled groups – complete the following steps:

IMPORTANT! *If you have not yet completed the first three components, you must pause here and do so now. Each component is discussed in detail in the Setup document referenced above.*

In order to complete all parts of this process, you must have the “Group Activities List,” “Group Schedule List,” and “Caseload/Group Assignments” permissions assigned using the System Setup module Permissions Maintenance feature.

1. From the AWARDS Opening Menu page, click **Services**. The Client Services Menu page is displayed.
2. Click **Group Schedule Setup**. The Group Schedule Setup Menu page is displayed. 



3. Click **Group Member Status**. The *Group Member Status Settings* page is displayed.
4. Click the **Activity** drop-down arrow and select the newly created group in which clients are to be enrolled.
5. Click **CONTINUE**. The *Update Group Members* page is displayed.
6. Click the **Client** drop-down arrow and select the client to be enrolled in the group.

Only clients who are ADMITTED in the PROS program can be enrolled in the group. Pending clients CANNOT be enrolled; however, all pending clients as well as other PROS clients who are not enrolled in a the group can still attend that group and be marked as present from a list of clients available at the time the group note is created.

7. In the corresponding **Start Date** field, type the start date for the client's membership in this group.
8. Repeat by adding up to three more clients, then click **CONTINUE** to save your data. A confirmation page is displayed.

*To enroll additional clients in this group at this time, click **DATA ENTRY** to return to the Update Group Members data entry page and repeat steps 21 through 23 as necessary.*

The process of scheduling a group is now complete. Now when users access the group notes index in data entry mode and choose to write a new note, they will have the option to write the note for an "unscheduled" group, or for a previously scheduled group including the one just created. (Scheduled groups are only available for selection by the programs for which they are entered.) Keep in mind that when a scheduled group is selected, the group note's service type defaults to match the group/activity type of that selected group.

Repeat these steps until all groups have been scheduled as needed.

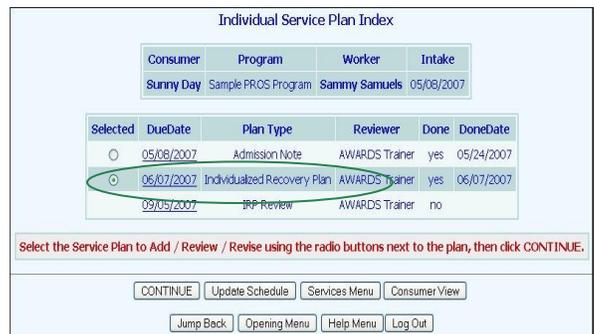
Any user who will be maintaining group membership information in the future will need the "Caseload/Group Assignments" permission assigned using the System Setup module Permissions Maintenance feature. Additionally, those who may be adjusting the group schedule in the event that it changes will need the "Group Schedule List" permission.

WORKING WITH INDIVIDUALIZED RECOVERY PLANS

PROS Individualized Recovery Plans (IRP) are accessed in AWARDS from within the Services module Service Plans feature as shown here with this sample plan index. →

PROS programs in AWARDS commonly use the admission note, plan amendment, group linkage, and Relapse Prevention Plan IRP features – each of which is described below.

For general instructions on completing IRPs, see the Services module portion of AWARDS Online Help.



PROS INITIAL SERVICES RECOMMENDATION

The PROS Initial Service Recommendation is located either on the Services menu, or as a form that can be included in a progress note. (The exact location is based on how the program was configured during the PROS setup process.) The Initial Service Recommendation will be used to track the initial services each client is to receive during the first 60 days after admission before the Initial Plan is developed, and it can be completed multiple times

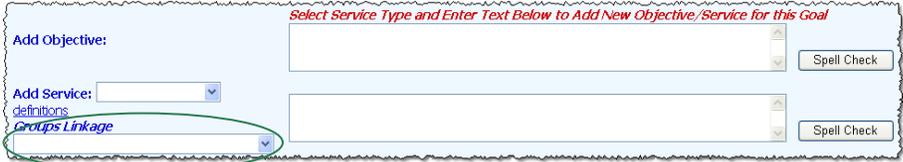
to reflect service changes during this initial time period. The Summary Record of Services and Billing functionality will refer to this form when calculating units during a client's first 60 days in the program.

PLAN AMENDMENTS

Plan amendments can be used as service addition forms. Amendments look just like service plan reviews with the exception that only the parts of the plan that need to be worked on have to be reviewed, as opposed to complete service plan reviews, which require that all components are reviewed before any changes can be made.

CAPTURING GROUP LINKAGES

In order to record group linkage in an IRP, the group must first have been scheduled using the procedures outlined under "Working with Case Notes / Enrolling Clients in Scheduled Groups" on page 8, and the client whose IRP is being worked with must have been enrolled as a member of that group. Additionally, the start date of the group and the start date for the client's membership within that group must be on or before the start date of the IRP in which the linkage will be captured. In turn, once group linkages are established on an IRP, the IRP details will be available for viewing on the Groups Linkage format of the Group Attendance Form, described on page 12 below.

Within the IRP for a client whose group enrollments meet the above requirements, there will be a "Groups Linkage" selection list next to each objective that includes all groups of which the client is a member, as shown here. 

When completing the IRP, capture group linkages by selecting the group that corresponds with each objective.

There is an option to have multiple group linkages for a single service on a plan. To learn more about multiple group linkages, please see the Service Plan Group Linkages Quick Reference Guide located in the Additional Resources section of AWARDS Online Help. If you would like to use multiple group linkages on your IRPs and the program has not already been configured to use that functionality, please contact the Help Desk or your Client Services Representative.

Group linkages are not required unless your program is using "Strict Billing" rules. Even if you are NOT using Strict Billing, you may benefit from using group linkages, as related IRP components will display in group notes the same way they are included in Service Plan Linked progress notes. For more information about "Strict" and "Soft" billing rules, see page 19.

THE PROS IRP COVER SHEET – Relapse Prevention Plan and Goal Summary

PROS regulations require that the Relapse Prevention Plan (RPP) and a Goal Progress summary must be included in each IRP. The PROS IRP Cover Sheet is used to meet both of these requirements. When included in an IRP, you can enter the required response in the Goal Progress text box, and the RPP, which references the form that you have completed on the services menu (see page 7), is displayed in read-only mode. To add the PROS IRP Cover Sheet to an IRP, complete the following steps:

1. From the AWARDS Opening Menu page, click **Services**. The Client Services Menu page is displayed.
2. Click the **Program** drop-down arrow and select the program associated with the client for whom Relapse Prevention Plan data is to be entered or updated.
3. Click the **Database** drop-down arrow and select "Data Entry."

4. To narrow client selection by name, click the **A-Z** drop-down arrow and select the client's last name initial. An asterisk (*) in this field will include all clients in the selection process.
5. If the IRP in which you want to include the cover sheet is for a former (discharged) client, click **Roster Archives**.
6. Click **Service Plans**. The *Service Plan Client Selection* page is displayed.
7. Click the **Consumer** drop-down arrow and select the consumer for whom a cover sheet is to added to an IRP.
8. Click **Continue**. The *Individual Service Plan Index* page is displayed. This page contains a list of existing plans scheduled for the selected client.
9. Click the **Include** drop-down arrow next to the plan onto which you want to add a cover sheet and select the PROS IRP Cover Sheet.
10. Click the **Selected** radio button next to the plan onto which you want to add the cover sheet.
11. Click **Continue**. The *Individualized Recovery Plan* page is displayed.
12. You will see the Goal Progress field available for data entry and the RPP displayed with the most recent answers to the questions completed on the RPP form located on the Services Menu.

After completing the form, continue with the IRP data entry as usual.

The process of adding a cover sheet form to the IRP is complete.

If your program has chosen to leave the RPP plan on the face sheet, then the RPP will automatically be appended to the end of the IRP when it is viewed in report mode. Keep in mind that depending on the configuration of your PROS program, you may still need to attach a Goal Progress form to your IRP following the same steps listed above. The name of the form to include will likely be different. If you would like assistance with moving RPP data entry to the Services Menu, please contact your Client Services representative.

If your program has chosen to complete RPP data entry on the Service Plan Cover Sheet, you can follow the same steps listed above, except that in your case the RPP fields will be available for data entry. Also keep in mind that the name of the form to include will likely be different.

For information on updating a client's Relapse Prevention Plan on the Services Menu, see "Entering a Relapse Prevention Plan" on page 7. For general information on updating face sheets, see the Profile module portion of AWARDS Online Help.

VIEWING A SERVICE TYPES ON SERVICE PLANS REPORT

The Service Types on Service Plans Report can be used to generate information on the number of services of each type on client service plans on a specified date. In addition to providing a count per client and service, the report also includes the total number of services of each type, and the total number of unique clients with each service type. This report may be useful when planning group schedules for your program. →

For detailed instructions on generating this report, see the Utilization Reports section of AWARDS Online Help's Services module documentation.

VIEWING A GROUP ATTENDANCE FORM

When you have clients enrolled in a group, you can print out a Group Attendance Form. The Group Attendance Form can be formatted in two ways. One format gives you a listing that you can use to mark who is present at a group, and which group members can sign to confirm their presence there. The other format lists service plan details for group members who have a linkage to the group in their IRPs. This second format does not include a space for signatures as it is intended for use by the group leader for reference purposes.

To view and print the Group Attendance Form, complete the following steps:

1. From the AWARDS *Opening Menu* page, click **Services**. The *Client Services Menu* page is displayed.
2. Click **Group Schedule Setup**. The *Group Schedule Setup Menu* page is displayed.
3. Click **Group Attendance Form**. The *Group Attendance Form Menu* page is displayed.
4. Click on the **Activity** drop-down arrow and select the name of the group for which you want to create an attendance list.
5. Configure the **Date Range** fields as needed.
6. Configure the **Display Options** radio buttons to select the format of attendance form you want to see.
7. Click **Continue**. The *Group Attendance Form* is displayed.

The process of viewing a Group Attendance Form is now complete

VIEWING A PROS MONTHLY RECORD OF SERVICES REPORT

The daily PROS units for each program participant are based on his or her services count and program participation hours. The PROS monthly Record of Services report in AWARDS provides users with automatically calculated data in these areas, including an aggregate count of PROS units for the participant(s) during a selected date range, and onsite/offsite program attendance data with the date and type of services provided.

To view the Record of Services report, complete the following steps:

1. Click From the AWARDS *Opening Menu* page, click **Services**. The *Client Services Menu* page is displayed.
2. Click **Utilization Reports**. The *Services Utilization Reports* page is displayed.
3. Click **Summary Record of Services**. The *Summary record of Service Report Selections* page is displayed. →

The screenshot shows a web form titled "PROS Full Service Summary Record of Service Report Selections". It has three main sections: "Client" with a dropdown menu set to "All Clients", "Worker" with a dropdown menu set to "All Workers", and "Date Range" with "From" and "To" date pickers set to "03/01/2012" and "03/31/2012" respectively. Below these are two filter sections: "Census Filter" with a dropdown menu set to "Both Admission and Pre-Admission", and "Errors Filter" with a checkbox labeled "Errors Only" that is currently unchecked. At the bottom of the form are five buttons: "CONTINUE", "Jump Back", "Opening Menu", "Help Menu", and "Log Out".

Not all options shown in the image at right are available to all programs. Specifically, the census and error filters that enable the user to limit report data based on admission status and/or error checking, respectively, are only available to members of the PROS working group. If you are not a member of that group and are interested in learning more about these features, please contact your Foothold client services representative.

- Click the **Client** drop-down arrow and select the individual client for whom the report is to be generated, or "Worker Caseload" or "All Clients" as needed. The default value is "All Clients."

*This list includes both current and "*pending" clients (those for whom intake has been processed, but not admission).*

- If "Worker Caseload" was selected in step 4, click the **Worker** drop-down arrow and choose the worker for whom the report is to be generated. Otherwise, leave this option at its default value – "All Workers."
- By default the report includes only those services and attendance data for the last calendar month. In the **From** and **To** Date Range fields, make changes to this default date range as necessary (using mm/dd/yyyy format).
- Click **CONTINUE**. The report is displayed on the *Summary Record of Service Report* page.

For each client included in the report, the contents are comprised of attendance dates, services provided/activities, contact time, duration hours, worker, onsite/offsite information, total program participation hours, and PROS units. Additionally, BIP eligible clients who have a PROS-BIP entitlement entered into AWARDS are listed in the report with "BIP" after their name. The BIP label is displayed on the report until the earlier of the expiration date entered for the PROS-BIP entitlement, or 12 months after the client's PROS admission date. The BIP label indicates that agencies who use the AWARDS BillingBuilder should expect to see BIP invoices for the client when invoices are generated in the BillingBuilder.

To export the report contents to a Microsoft Excel file, click the Excel File link at the top of the report page. Client names and services dates are listed on each line in the Excel file to allow for sorting and filtering.

In addition to the report data, the report page also contains a key to report alerts regarding missing or conflicting information, along with a code key of "PROS Units / Billing Requirements / Errors." 

<p>*: services recorded but no program attendance found !: service type is not on IRP on service date</p>
PROS Units / Billing Requirements / Errors - Code Key
1. Missing Medicaid entitlement effective on the date of service with a valid CIN that is required for AWARDS billing.
2. Missing Axis I diagnosis code that is required for AWARDS billing.
3. PROS Pre-Admission Screening Services are all services received between program intake and program admission.
4. Missing PROS-CRS entitlement effective on the date of service (or other PROS-[component] entitlement for other components) for services received on or after the PROS enrollment / program admission date that is required for AWARDS PROS billing.
5. Missing PROS Component Program Division roster record on date of service for IR or ORS that is required for AWARDS PROS IR or ORS billing.
6. Missing Job Placement record with at least 10 hours/week or more on date of service for ORS that is required for PROS ORS billing.
7. One or more of the following criteria were not met: (1) Service is F2F and is on the IRP; OR (2) Is in the first 30 days post admission and is a PROS service type of the Component and no Admission Note exists; OR (3) Is pre-admission and is a PROS service type. At least one is required in order for the PROS service to be included in PROS Units counting.
8. Client must not be hospitalized on the date of service that is required for PROS billing.
9. Duration not at least 15 mins for progress note and 30 min for group notes (actual duration shown in parentheses above) that is required in order for the PROS service to be included in PROS Units counting.
10. PROS Units are based on program participation duration and number of PROS services for the day.

The report contents will indicate which of these requirements are not being met, if any, or which errors apply.

When reviewing the above requirements and any report alerts/errors, keep in mind the following regarding each:

- Missing Medicaid entitlement effective on the date of service with a valid CIN that is required for AWARDS billing** – *This error indicates that the client does not have a Medicaid entitlement in effect on the date of service.*

2. **Missing Axis I diagnosis code that is required for AWARDS billing** – This error indicates that no Axis I diagnosis has been entered.
3. **PROS Pre-Admission Screening Services are all services received between program intake and program admission** – This error indicates that a pre-admission screening was given, but that it was not between the intake and admission dates.
4. **Missing PROS-CRS entitlement effective on the date of service (or other PROS-[component] entitlement for other components) for services received on or after the PROS enrollment / program admission date that is required for AWARDS PROS billing** – This error indicates that the client has a service, but there is no entitlement in effect for that service component on the date of service.
5. **Missing PROS Component Program Division roster record on date of service for IR or ORS that is required for AWARDS PROS IR or ORS billing** – This error indicates that there is an IR or ORS service, but the client is not enrolled in the corresponding program component on the date of service. It may also indicate that the client is enrolled in both the IR and ORS components on the date of service.
6. **Missing Job Placement record with at least 10 hours/week or more on date of service for ORS that is required for PROS ORS billing** – This error indicates that the client does not have a job placement record on the date of service. You can enter a placement record using the Job Placement component of the Employment module Jobs feature.
7. **One or more of the following criteria were not met: (1) Service is F2F and is on the IRP; OR (2) Is in the first 30 days post admission and is a PROS service type of the Component and no Admission Note exists; OR (3) Is pre-admission and is a PROS service type. All least one is required in order for the PROS service to be included in PROS Units counting** – This error indicates that each service provided must meet one of these three criteria, and that none of them are being met. It may also indicate that reception desk data was recorded, but that no services were provided on the date of service.
8. **Client must not be hospitalized on the date of service that is required for PROS billing** – This error indicates that the client is hospitalized on the date of service, as entered using the Hospital module Episodes feature.
9. **Duration not at least 15 mins for progress note and 30 min for group notes (actual duration shown in parentheses above) that is required in order for the PROS service to be included in PROS Units counting. ORS must be off site** – This error indicates that the progress note duration is less than 15 minutes, the group note duration is less than 30 minutes, or that an ORS note entered was not provided off site.
10. **PROS Units are based on program participation duration and number of PROS services for the day** – This error indicates that there is no attendance record for the client on that day.

The process of viewing a Record of Services report is now complete.

UNDERSTANDING BILLING FOR PROS SERVICES

The following sections contain some basic information regarding PROS billing, including billing setup, billing requirements, and Medicaid/Medicare billing for PROS services. This information is only applicable if your agency will be billing for PROS services in AWARDS.

PROS BILLING SETUP

Prior to billing for PROS services in AWARDS, basic billing setup must be completed. During that process, several PROS-specific steps must also be completed:

- A billing group must be created for the PROS programs using the Fiscal/Program module, Billing Menu, Program Groups feature. The individual PROS programs must be set to be in the PROS billing group with their various code identifiers.
- The billing rates must be set for each of the nine billing categories using the Fiscal/Program module, Billing Menu, Billing Rates feature. When doing so, the following HCPCS codes and rate codes should be used:
 - BASE CRS 2-12 = H2016/UA = 4520/4530
 - BASE CRS 13-27 = H2016/UB = 4521/4531
 - BASE CRS 28-43 = H2016/UC = 4522/4532
 - BASE CRS 44-60 = H2016/UD = 4523/4533
 - BASE CRS 61+ = H2016/UE = 4524/4534
 - CT = 90862 = 4525/4535
 - IR = H2019 = 4526/4536
 - ORS = H2024 = 4527/4537
 - Pre-Admission Screening = H2016/UF = 4510

If you are billing for BIP eligible clients the following rates must also be set:

- BIP Pre-Admission Screening = 4531
- BIP Enhanced CRS 2-3 Services = 4532
- BIP Enhanced CRS 4+ Services = 4533
- BIP Intensive Rehabilitation = 4534

Regarding the rates and codes, please note that:

- The first 90 days of a client's enrollment are an exemption period for the rules against cross enrollment in other programs.
- If an individual received pre-admission services but is enrolled by the last day of the month, all services in the month of admission are included in the unit calculation for the month. Note that any IR, ORS, and CT services provided in the month of admission prior to the date of admission will not be included in the calculations for add-on component billing. Keep in mind that you cannot bill for both pre- and post-admission services in the same month, only one or the other.
- NYS OMH lists the following "program codes" that may be entered under "category of service" in the Fiscal/Program module, Billing Menu, Program Billing Info feature:
 - 6340 = Comprehensive PROS w/clinical treatment
 - 7340 = Comprehensive PROS w/o clinical treatment
 - 8340 = Limited PROS w/ORS and IR only

For detailed instructions on the AWARDS billing setup process, see AWARDS Online Help.

GENERAL PROS BILLING INFORMATION

When billing for PROS services in AWARDS, it is important to keep in mind the following:

▪ What is eligible for billing?

Services that are eligible for billing are those that:

- Have a service type that's on the client's Individualized Recovery Plan (IRP) on the date of service.
- Have a date of service that is prior to the admission date (in which case every service is treated as pre-admission screening if the client is not admitted by the last day of the month in which the service was provided).
- Have a PROS Initial Service Recommendation form completed on the date of admission, which prescribes all services to be provided in the first 60 days after admission. Took place while the client was *not* hospitalized. In general, notes written during a period of hospitalization are not billable.

OMH has confirmed that collateral services provided while a client is in the hospital are billable if, and only if, the client returns to the program after they are discharged from the hospital. (This exception is not yet accommodated in AWARDS billing or the Summary Record of Services report.)

▪ What client information is necessary for billing?

In order to be eligible for billing in AWARDS, clients must have the following:

- A Medicaid (and Medicare, if applicable) number and effective date that is on or before the first date of service entered in AWARDS.

For Medicare data entry the case worker must have a Medicare provider ID entered in AWARDS using the Human Resources module Credentialing feature. For more information, see "Medicare / Medicaid Coordination of Benefits" on page 15.

- An entitlement record corresponding to the PROS component that they are in. The effective date of the entitlement should be the same at the date on which the client was registered in CAIRS for that component and must be on or before the first date of service for which you will be billing for the client in that component.

The PROS entitlements are as follows: PROS-CRS, PROS-IR, PROS-ORS, PROS-CT.

The entitlements record indicates that the client has been registered in CAIRS for that component.

A client receiving clinical services from a psychiatrist outside the PROS program and who is participating in Integrated Dual Disorder Treatment in the PROS program will need the PROS-CT-CL entitlement.

- BIP eligible clients must have a PROS-BIP entitlement record.
- A valid DSM IV Axis I diagnosis code entered in AWARDS.

PROS BILLING REQUIREMENTS FOR MEDICAID

The following requirements must be met in order to bill Medicaid for PROS services:

Services data entry is completed by logging onsite/offsite program attendance hours each day using the AWARDS Reception Desk module Program Attendance feature. It is also completed by using the Services module Progress Notes and Group Notes features to log notes each day so that the service time for each client exceeds the minimum threshold. For face-to-face progress notes the threshold is 15 minutes, and for group notes it is 30 minutes.

▪ **Billing for pre-admission services** – When billing for pre-admission services the client must:

- Have an intake processed.
- Have at least one face-to-face progress note (15 minutes minimum) written between the initial screening date and the admission date (which also corresponds to the CAIRS enrollment date).
- Only have pre-admission services in the month of intake and/or the month after intake. Pre-admission can only be billed for two consecutive months at a time.

All services in the month of admission count toward regular unit calculation, regardless of when in that month the client is admitted. You cannot bill for pre-admission in the month of admission. You can bill for pre-admission for four consecutive months for BIP eligible clients.

▪ **Billing for BIP Pre-Admission Screening** – When billing for BIP pre-admission services the client must meet the criteria for pre-admission services and:

- Have a PROS-BIP entitlement record.
- Only have pre-admission services in the month of intake and/or the three months after intake. BIP pre-admission can only be billed for four consecutive months.

The BIP pre-admission rate is used in place of the regular pre-admission rate.

▪ **Billing for IR (Intensive Rehabilitation)** – When billing for IR services the client must:

- Be admitted to the PROS program on or before the service date.
- Have the specific IR service(s) provided on the PROS Initial Service Recommendation form or the IRP that is in effect on the date of service.
- Be in the IR program component on the service date.
- Have a PROS-IR entitlement record.
- Have a PROS-CRS entitlement record.
- Have a PROS-CT entitlement record if the client receives clinical services at the PROS program or a PROS-CT-CL entitlement record if the client is receiving clinical services from an external provider.
- Meet the minimum service requirements for IR (6 hours per month with at least one IR service).
- Have his/her IR services reviewed on an IRP Review or a Plan Amendment at least every 90 days.
- Have his/her most recent IRP marked as Done with a Done Date in AWARDS.

Keep in mind that the number of IR invoices cannot exceed more than 50% of the total number of CRS invoices per year. (AWARDS does NOT check for compliance with this rule.)

- **Billing for BIP IR (Intensive Rehabilitation)** – When billing for BIP IR services the client must meet the criteria for IR billing and:

- Have a PROS-BIP entitlement record.

The BIP IR rate is used in place of the regular IR rate. BIP eligible clients are excluded from a program's maximum average of 50% of CRS invoices until the expiration of their BIP eligibility.

- **Billing for ORS (Ongoing Rehabilitation and Support)** – When billing for ORS services the client must:

- Be admitted to the PROS program on or before the service date.

- Have the ORS service on the PROS Initial Service Recommendation form or the IRP that is in effect on the date of service.

- Be in the ORS program component on the date of service.

- Have a PROS-ORS entitlement record.

- Have a job placement record entered in AWARDS that shows that he or she was employed on the date of service and worked at least 10 hours per week at that time.

- Meet the minimum service requirements for ORS (no less than two 30 minute face-to-face ORS off site services).

- Have his/her ORS services reviewed on an IRP Review or a Plan Amendment at least every 90 days.

- Have his/her most recent IRP marked as Done with a Done Date in AWARDS.

- **Billing for CRS (Community Rehabilitation and Support)** – When billing for CRS services the client must:

- Be admitted to the PROS program on or before the service date.

- Have a PROS-CRS entitlement record.

- Have the specific CRS service(s) provided on the PROS Initial Service Recommendation form or the IRP in effect on the date of service.

- Meet the minimum service requirements for CRS (2 hours per month).

- Have his/her CRS services reviewed on an IRP Review or a Plan Amendment at least every 180 days.

- Have his/her most recent IRP marked as Done with a Done Date in AWARDS.

- **Billing for BIP Enhanced CRS Services** – When billing for BIP Enhanced CRS services the client must meet the criteria for CRS billing and:

- Receive the required number of CRS services off site for a minimum duration of 30 minutes per contact. Two or three offsite services are required for the lower BIP Enhanced CRS rate, and at least four offsite services are required for the higher BIP Enhanced CRS rate. Service types eligible for the enhanced payment are:

- Basic Living Skills Training (CRS-BLST)
- Benefits and Financial Management (CRS-BFM)
- Community Living Exploration (CRS-CLE)

- Information and Education Regarding Self Help (CRS-IERSH)
- Wellness Self Management (CRS-WSM-CST, CRS-WSM-DE, CRS-WSM-DDE, CRS-WSM-MESM, CRS-WSM-PSST, CRS-WSM-RPP)

— Have a PROS-BIP entitlement record.

The BIP Enhanced rate is used in addition to the base rate and any applicable add-on services delivered during the same calendar month.

- **Billing for CT (Clinical Treatment)** – When billing for clinical treatment services the client must:
 - Be admitted to the PROS program on or before the service date.
 - Have the specific CT service(s) provided on the PROS Initial Service Recommendation form or the IRP in effect on the date of service.
 - Have a PROS-CT entitlement record.
 - Have an entitlement record for one other PROS component.
 - Qualify for billing for at least one of the other PROS components: CR, IR, or ORS. Clinical Treatment services cannot be the only service provided to a client enrolled in a PROS program.
 - Have a face-to-face psychiatrist's note written within the 90 days of the date of service, and at least every three months after that. The note type for this note must be "Psychiatrist's Note."
 - Have his/her CT services reviewed on an IRP Review or a Plan Amendment at least every 180 days.
 - Have his/her most recent IRP marked as Done with a Done Date in AWARDS.

Please note that if one of the following CT services is documented for a consumer, AWARDS will add a "GT" modifier in the 837I file for the consumer's 4525 invoice:

- Progress note where service type = CRS-CT Psychiatric Assessment and location = Telepsychiatry
- Progress note where service type = CRS-CT Medication Management and location = Telepsychiatry

- **Billing for Crisis Intervention** – When billing for crisis intervention services, the service type of progress notes need not be reflective of the services indicated on the current Independent Recovery Plan; however, crisis notes will only be billable if the client is in the PROS program component that matches the service type of the note. In addition, the notes must have been specified as "Crisis" notes using the "Crisis?" option on the *Progress Notes Data Entry* page.

MEDICAID BILLING FOR PROS SERVICES

There are two levels of rigor for billing Medicaid in AWARDS – "strict billing" and "soft billing."

- **Strict Billing** – Means that notes must be linked to the Individualized Recovery Plan (IRP) in order to be included for billing.
- **Soft Billing** – Means that all face-to-face progress notes and group notes with a service type that is on the current IRP will be included for billing. When doing soft billing, AWARDS counts face-to-face progress notes, group notes, and contacts log entries toward the billable services provided.

AWARDS defaults to soft billing. Tell your Foothold Client Services representative whether your agency will be doing strict or soft billing.

MEDICARE / MEDICAID COORDINATION OF BENEFITS

For PROS program clients who have both Medicare AND Medicaid entitlements in AWARDS, please keep in mind that Medicare invoices are *per diem*, while Medicaid invoices are *monthly*. This creates a complex billing scenario for which the following should be noted:

- Medicare invoices are only created when the note writer has credentials information that includes a Medicare Provider ID. This information is entered in AWARDS using the Human Resources module Credentialing feature. For more information on the process of entering credentials information, see the Human Resources module portion of AWARDS Online Help.
- AWARDS does not require that Medicare invoices be created before Medicaid invoices; however, if Medicare invoices are created for the per diem clinical services before Medicaid invoices are created for the monthly PROS services, then the Medicaid invoice for a dually-eligible person will include the information that Medicare has been billed. If Medicare payments have been posted for dates of service in the month you are billing Medicaid, those payments will be reflected in the Medicaid invoices.
- Medicaid invoices will have Medicare payment information inserted into the claim file when the following are true:
 - The Medicare invoice batch has been posted to A/R.
 - The Medicare invoices have been submitted to Medicare for payment.
 - The Medicare payments have been entered into a remittance worksheet and the worksheet has been posted.
 - The Medicaid invoices are created AFTER the Medicare payments have been posted.

FREQUENTLY ASKED QUESTIONS

The following frequently asked questions regarding PROS-related aspects of AWARDS can be a useful reference when you have your own questions about the functionality.

HOW CAN I SEE A COUNT OF WHICH CLIENTS ARE SUPPOSED TO RECEIVE A CERTAIN SERVICE TYPE?

The Service Types on Service Plans Report (located in the Utilization Reports component of the Services module) enables users to view a read-only report on the number of services of each type found on client service plans as of a selected date. For more information about this report see [Service Types on Service Plans Report](#) in Online Help.

IS THERE A REPORT THAT WILL TELL ME HOW MANY PEOPLE HAVE BEEN ENROLLED IN EACH GROUP?

The Group Member Status ReportBuilder can be used to provide a count of how many people are enrolled in each group within a specified date range, if the report is sorted by "activity." For more information, see [Using the Group Member Status ReportBuilder](#) in Online Help.

WHEN USING AWARDS FOR BILLING, WHY ISN'T A BIP ENHANCED CRS INVOICE BEING CREATED FOR AN INDIVIDUAL I KNOW RECEIVED BIP ENHANCED CRS SERVICES?

In order for a BIP Enhanced CRS invoice to be created, the individual and service(s) must meet the following requirements:

1. Meet all requirements for CRS Billing.
2. Have the required number and types of CRS services off site for a minimum duration of 30 minutes per contact. Two or three offsite services are required for the lower BIP Enhanced CRS rate, and at least four offsite services are required for the higher BIP Enhanced CRS Rate. Eligible service types include:
 - Basic Living Skills Training (CRS-BLST)
 - Benefits and Financial Management (CRS-BFM)
 - Community Living Exploration (CRS-CLE)
 - Information and Education Regarding Self Help (CRS-IERSH)
 - Wellness Self Management (CRS-WSM-CST, CRS-WSM-DE, CRS-WSM-DDE, CRS-WSM-MESM, CRS-WSM- PSST, CRS-WSM-RPP)
3. Have a PROS-BIP entitlement record that is not expired.
4. Be admitted to the PROS program less than 12 months prior to the date of service.

WHEN USING AWARDS FOR BILLING, WHY ISN'T A BIP IR (INTENSIVE REHABILITATION) INVOICE BEING CREATED FOR AN INDIVIDUAL I KNOW RECEIVED BIP IR SERVICES?

In order for a BIP IR invoice to be created, the individual and service(s) must meet the following requirements:

1. Meet all requirements for IR Billing.
2. Have a PROS-BIP entitlement record that is not expired.
3. Be admitted to the PROS program less than 12 months prior to the date of service.

WHEN USING AWARDS FOR BILLING, WHY ISN'T A BIP PRE-ADMISSION INVOICE BEING CREATED FOR AN INDIVIDUAL I KNOW RECEIVED BIP PRE-ADMISSION SERVICES?

In order for a BIP Pre-Admission invoice to be created, the individual and service(s) must meet the following requirements:

1. Meet all requirements for Pre-Admission Billing.
2. Have a PROS-BIP entitlement record that is not expired.
3. Be in pre-admission status for less than four months.

WHEN USING AWARDS FOR BILLING, WHY ISN'T A CRS INVOICE BEING CREATED FOR AN INDIVIDUAL I KNOW RECEIVED CRS SERVICES?

In order for a CRS invoice to be created, the individual and service(s) must meet the following requirements:

1. Be admitted to the PROS program on or prior to the date of service.
2. Have the specific CRS service(s) provided on the PROS Initial Service Recommendation form or the IRP that is in effect on the date of service.
3. Have a PROS-CRS entitlement record on the date of service.
4. Meet the minimum service requirements for CRS (two hours per month).
5. Have a Medicaid entitlement record in effect on the date of service.
6. Have a valid Axis I diagnosis entered in AWARDS.
7. Have his/her CRS services reviewed on an IRP Review or a Plan Amendment at least every 180 days.
8. Have his/her most recent IRP marked as Done with a Done Date in AWARDS.

WHEN USING AWARDS FOR BILLING, WHY ISN'T A CT INVOICE BEING CREATED FOR AN INDIVIDUAL I KNOW RECEIVED CT SERVICES?

In order for a CT invoice to be created, the individual and service(s) must meet the following requirements:

1. Admitted to the PROS program on or prior to the date of service.
2. Have the specific CT service(s) provided on the PROS Initial Service Recommendation form or the IRP that is in effect on the date of service.
3. Have a PROS-CT entitlement record on the date of service.
4. Have an entitlement record for one other PROS component on the date of service.
5. Qualify for billing for at least one of the other PROS components: CRS, IR or ORS. Clinical Treatment services cannot be the only service provided to a client enrolled in a PROS program.
6. Have a face-to-face psychiatrist's note written within 90 days of the date of service, and at least every 3 months after that.
7. Have a Medicaid entitlement record in effect on the date of service.
8. Have a valid Axis I diagnosis entered in AWARDS.
9. Have his/her CT services reviewed on an IRP Review or a Plan Amendment at least every 180 days.
10. Have his/her most recent IRP marked as Done with a Done Date in AWARDS.

WHEN USING AWARDS FOR BILLING, WHY ISN'T A PRE-ADMISSION INVOICE BEING CREATED FOR AN INDIVIDUAL I KNOW RECEIVED PRE-ADMISSION SERVICES?

In order for a pre-admission invoice to be created, the individual and service(s) must meet the following requirements:

1. Have an intake processed.
2. Have at least one F2F progress note (15 minutes minimum) written between the initial screening date and the admission date (which also corresponds to the CAIRS enrollment date).
3. Only have pre-admission services in the month of intake and/or the month after intake. Pre-admission can only be billed for 2 consecutive months at a time.

4. All services in the month of admission count towards regular unit calculation, regardless of when in that month the client is admitted. You cannot bill for pre-admission in the month of admission.

WHEN USING AWARDS FOR BILLING, WHY ISN'T AN IR INVOICE BEING CREATED FOR AN INDIVIDUAL I KNOW RECEIVED IR SERVICES?

In order for an IR invoice to be created, the individual and service(s) must meet the following requirements:

1. Admitted to the PROS program on or prior to the date of service.
2. Have the specific IR service(s) provided on the PROS Initial Service Recommendation form or the IRP that is in effect on the date of service.
3. Enrolled in the IR program component on the date of service.
4. Have a PROS-IR entitlement record in effect on the date of service.
5. Have a PROS-CRS entitlement record in effect on the date of service.
6. Have a PROS-CT entitlement record (if receiving clinic services from the PROS program) or a PROS-CT-CL entitlement record (if receiving clinic services from an external provider and receiving Integrated Dual Disorder Treatment services from the PROS program.)
7. Meet the minimum service requirements for IR (6 hours per month with at least one IR service.)
8. Have a Medicaid entitlement record in effect on the date of service.
9. Have a valid Axis I diagnosis entered in AWARDS.
10. Have his/her IR services reviewed on an IRP Review or a Plan Amendment at least every 90 days.
11. Have his/her most recent IRP marked as Done with a Done Date in AWARDS.

WHEN USING AWARDS FOR BILLING, WHY ISN'T AN ORS INVOICE BEING CREATED FOR AN INDIVIDUAL I KNOW RECEIVED ORS SERVICES?

In order for an ORS invoice to be created, the individual and service(s) must meet the following requirements:

1. Admitted to the PROS program on or prior to the date of service.
2. Have the ORS service on the PROS Initial Service Recommendation form or the IRP that is in effect on the date of service.
3. Enrolled in the ORS program component on the date of service.
4. Have a PROS-ORS entitlement record in effect on the date of service.
5. Have a job placement record entered in AWARDS showing the individual was employed on the date of service and worked at least 10 hours per week at that time.
6. Meet the minimum service requirements for ORS (no less than two 30 minute F2F offsite ORS services).
7. Have a Medicaid entitlement record in effect on the date of service.
8. Have a valid Axis I diagnosis entered in AWARDS.
9. Have his/her ORS services reviewed on an IRP Review or a Plan Amendment at least every 90 days.
10. Have his/her most recent IRP marked as Done with a Done Date in AWARDS.

WHERE CAN I FIND OTHER INFORMATION ABOUT PROS?

For a PROS unit conversion chart, click [here](#).

For PROS regulations on the Westlaw website, click [here](#).

For a PROS clarification document that provides OMH guidance on PROS programs, click [here](#).

WHY DON'T I SEE ANY PENDING INDIVIDUALS LISTED WHEN ENTERING MEMBERS IN GROUP MEMBER STATUS?

Only admitted individuals can be prescheduled to attend groups; however, you can still enter pending individuals when writing a group note by checking off their names under the prescheduled individuals. If pending members are not listed there, please contact the Help Desk to make that functionality available.

APPENDIX: PROS SERVICE TYPES

The definitions for each PROS service (as documented in the PROS regulations available on the [Westlaw website](#)), along with the corresponding AWARDS service type names and abbreviations, are as follows.

*You can access a list of these abbreviations/definitions within AWARDS using the **Definitions** link found in IRPs.*

CRS – ASSESSMENT (CRS-ASSMT)

Assessment is a service designed to review and determine an individual's level of functioning, the past benefit of participating in mental health services, and the ability to function in specific life roles. In addition, the assessment service should identify the individual's strengths as well as challenges and barriers resulting from his or her psychiatric condition. This service involves a comprehensive and continuous process, conducted within the context of the individual's self-identified needs, goals, and ethnic, religious, and cultural identities.

CRS – BASIC LIVING SKILLS TRAINING (CRS-BLST)

Basic Living Skills Training is a 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 acquisition of skills, as well as strategies for appropriate use of the skill, utilizing teaching interventions such as motivational, educational, and cognitive-behavioral techniques. The service may include opportunities to practice, observe, reinforce, and improve the individual's skill performance. The topics which may be covered include, but are not limited to: grooming and personal hygiene, nutrition, homemaking, building relationships, childcare, transportation, use of community resources, and engaging in social interactions.

CRS – BENEFITS AND FINANCIAL MANAGEMENT (CRS-BFM)

Benefits and Financial Management is a service designed to support an individual's functioning in the community through understanding and skill in handling his or her financial resources. The instruction may include counseling on budgeting, income and benefits, including incentives for returning to work, as well as basic counseling on income maintenance, eligibility for benefits from relevant sources, and determination of the need for plans for additional support and assistance in managing personal finances.

CRS – COGNITIVE REMEDIATION (CRS-COGREM)

Cognitive Remediation is a set of techniques and interventions, such as drills, activities and exercises, designed to improve an individual's functioning by improving the cognitive skill that is the target of the remediation task. These skills include, but are not limited to: the ability to pay attention, remember, process information, solve problems, organize and reorganize information, communicate and act upon information. Cognitive remediation techniques work to improve mental capabilities necessary to learn academic subject matter, and more generally to function in daily life. Cognitive remediation is an optional PROS service, subject to prior review and written approval of the Office.

CRS – COMMUNITY LIVING EXPLORATION (CRS-CLE)

Community Living Exploration is a service designed to help an individual understand the demands of specific community life roles, in order to make decisions regarding participation in those roles. Community living exploration services can also be used to help motivate individuals who are not yet exhibiting active interest in more integrated community life roles, by increasing their knowledge of opportunities available in the community. Topics may include, but are not limited to: options for satisfactory experiences with living environments, work or career opportunities, educational opportunities, opportunities to connect to culturally-based community services, and resources for use of leisure time. It is expected that, to the extent possible, these services will be developed in natural community environments.

CRS – CRISIS INTERVENTION (CRS-CRSI)

Crisis Intervention is a service designed to safely and respectfully de-escalate situations of acute distress or agitation which require immediate attention. Such service may include, but is not limited to, calming techniques to interrupt escalating behavior.

CRS – ENGAGEMENT (CRS-EGMT)

Engagement is a service designed to reach out to individuals over time for the purpose of fostering a commitment on the part of an individual to enter into therapeutic relationships supportive of the individual's recovery. This service may include, but is not limited to, activities such as initial contacts with potential program participants, as well as ongoing efforts to engage individuals to participate in program services.

CRS – INDIVIDUAL RECOVERY PLANNING (CRS-IRPLN)

Individualized Recovery Planning is a service designed to assist an individual in the ongoing development, review and modification of a course of care that supports his or her identified path to recovery. The course of action is based on an assessment process and the individual's personal preferences and desired life roles. Such course of care is reflected in an Individualized Recovery Plan (IRP), which includes the identification of medically necessary services and which supports the individual's goals and desires. The Individualized Recovery Planning process also includes the development of a relapse prevention plan and, when appropriate, an advance directive. The service may also involve activities designed to help identify and develop compensatory supports necessary to assist an individual during his or her recovery process.

CRS – INFORMATION AND EDUCATION REGARDING SELF HELP (CRS-IERSH)

Information and Education Regarding Self-Help is a service designed to encourage individuals to participate in self-help and mutual aid groups. The service is designed to help an individual understand what self-help resources are available in the community and how to benefit from participating in them. The service may be conducted by people who have common experiences, and is intended to help the individual to learn how to share personal experiences with others who have had a common experience, to learn about the variety of available self-help groups, and to aid the individual in accessing the self-help options of his or her choice.

CRS – STRUCTURED SKILL DEVELOPMENT AND SUPPORT (CRS-SSDS)

Structured Skill Development and Support is a service designed to assist individuals in developing instrumental skills for performing normative life roles associated with group membership, work, 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 employ supportive counseling, mentoring and skill development techniques to assist the individual in completion of essential tasks.

CRS – WSM – COPING SKILLS TRAINING (CRS-WSM-CST)

Wellness self-management (also known as *illness management and recovery*) is a service designed to develop or improve personal coping strategies, prevent relapse, and promote recovery. Such services may be provided to recipients and/or collaterals. One such service is: *coping skills training*, which means teaching individuals strategies to address symptoms, manage stress and reduce exposure and vulnerability to stress.

CRS – WSM – DISABILITY EDUCATION (CRS-WSM-DE)

Wellness self-management (also known as *illness management and recovery*) is a service designed to develop or improve personal coping strategies, prevent relapse, and promote recovery. Such services may be provided to recipients and/or collaterals. One such service is: *disability education* which means instruction on the facts concerning mental illness and the potential for recovery. The intent of this service is to give individuals admitted to PROS programs and collaterals hope as well as practical information on prevention and recovery practices, including evidence-based practices.

CRS – WSM – DUAL DISORDER EDUCATION (CRS-WSM-DDE)

Wellness self-management (also known as *illness management and recovery*) is a service designed to develop or improve personal coping strategies, prevent relapse, and promote recovery. Such services may be provided to recipients and/or collaterals. One such service is: *dual disorder education* which means providing individuals admitted to PROS programs and/or collaterals with basic information on the nature of substance abuse disorders and how they relate to the symptoms and experiences of mental illness.

CRS – WSM – MEDICATION EDUCATION AND SELF-MANAGEMENT (CRS-WSM-MESM)

Wellness self-management (also known as *illness management and recovery*) is a service designed to develop or improve personal coping strategies, prevent relapse, and promote recovery. Such services may be provided to recipients and/or collaterals. One such service is: *medication education and self-management* which means providing individuals admitted to PROS programs or collaterals with information on the individual's medications,

including related efficacy, side effects and compliance issues. Individuals are supported in managing their medications and in learning about the effects of the medication on their mental health condition and in managing the side effects of medication through healthy life style changes such as smoking cessation, nutrition, and weight loss.

CRS – WSM – PROBLEM-SOLVING SKILLS TRAINING (CRS-WSM-PSST)

Wellness self-management (also known as *illness management and recovery*) is a service designed to develop or improve personal coping strategies, prevent relapse, and promote recovery. Such services may be provided to recipients and/or collaterals. One such service is: *problem-solving skills training* which means a series of learning activities designed to assist individuals admitted to PROS programs and collaterals develop effective solutions for stressful responses to routine life situations. These activities may include, but are not limited to: role playing exercises, homework assignments or the mastery of specific principles and techniques.

CRS – WSM – RELAPSE PREVENTION PLANNING (CRS-WSM-RPP)

Wellness self-management (also known as *illness management and recovery*) is a service designed to develop or improve personal coping strategies, prevent relapse, and promote recovery. Such services may be provided to recipients and/or collaterals. One such service is: *relapse prevention planning* which means a process to engage individuals admitted to PROS programs and collaterals in understanding factors which may trigger a recurrence of severe symptoms of mental illness and ways to cope with the potential for recurrence. Planning activities may include the development of an advance directives document and specific instructions on what steps need to be taken in the event of a relapse.

IR – FAMILY PSYCHOEDUCATION (IR-FPSY)

Family Psychoeducation is a service designed to provide information, clinical guidance and support to collaterals and individuals admitted to the PROS program when desired and appropriate, for the purpose of assisting and enhancing the capacity of a collateral to facilitate an individual's recovery. Such service includes, but is not limited to: 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.

IR – INTEGRATED DUAL DISORDER TREATMENT (IR-IDDT) OR IR – CT – INTEGRATED TREATMENT FOR MICA (IR-CT-ITMICA)

Integrated Treatment for Co-Occurring Mental Health and Substance Abuse Disorders or *Integrated Dual Disorder Treatment* is a service designed to simultaneously address the mental health and substance abuse needs of persons with co-occurring disorders. Such service includes, but is not limited to, motivational, cognitive-behavioral and harm reduction approaches, wherein practitioners coordinate care with appropriate substance abuse providers when it is determined that the co-occurring disorder is acute or serious, and the recipient is ready to accept related treatment.

Your database will have only one or the other of these service names depending on how it was configured. If you are using IR-CT-ITMICA and you would like to switch to IR-IDDT, please contact your Foothold Client Services representative or the Help Desk for assistance. Note that if you change the name of this service, the change will be reflected in all existing individual notes, group notes, and service plans.

IR – INTENSIVE REHABILITATION GOAL ACQUISITION (IR-IRGA)

Intensive Rehabilitation Goal Acquisition is a service designed to assist an individual in identifying, attaining and retaining personally meaningful goals that will help the person to resume normal functioning in adult life roles. This service should be used to provide active support once an individual has made a commitment to achieving a new role, such as returning to work or school, returning to adult care giving or parenting roles, resuming roles as a spouse or significant other, obtaining a desired housing arrangement, and resuming a role as a community volunteer. Due to the urgency associated with the individual's readiness to attain and maintain a preferred life role, this service is not normally a long-term intervention.

IR – INTENSIVE RELAPSE PREVENTION (IR-IRPRV)

Intensive Relapse Prevention is a service designed to address an exacerbation of acute symptoms, or manage existing symptoms that are not responsive to the current service formulation. This may include the provision of targeted, intensive interventions necessary to address immediate risks such as relapse, hospitalization, loss of housing, or involvement with the criminal justice system. This service may also include the execution of a series of predetermined steps identified in the relapse prevention plan.

ORS – ONGOING REHABILITATION AND SUPPORT (ORS-ORS)

Ongoing Rehabilitation and Support is a service designed to provide ongoing counseling, mentoring, advocacy and support for the purpose of sustaining an individual's role in competitive, integrated employment. Such service does not include task-specific job training.

CRS – CT – CLINICAL COUNSELING AND THERAPY (CRS-CT-CCT)

Clinical Counseling and Therapy is 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. Such service may also include cognitive behavioral therapy.

CRS – CT – HEALTH ASSESSMENT (CRS-CT-HA)

Health Assessment is 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. The assessment of the data shall be done by a nurse practitioner, psychiatric nurse practitioner, physician, physician's assistant, psychiatrist or registered professional nurse. Where indicated, this service shall include screening for metabolic syndrome, diabetes, and hypertension on a periodic basis.

CRS – CT – MEDICATION MANAGEMENT (CRS-CT-MM)

Medication Management is a service designed to prescribe or administer medication with the highest efficacy and lowest toxicity in treating 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. The purpose of such consultation is to determine personal preferences, as well as past and present experiences with medication, including related efficacy, side effects and compliance. 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.

CRS – CT – SYMPTOM MONITORING (CRS-CT-SM)

Symptom Monitoring is 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. Such service may include consultation with identified collaterals. If this service is provided by a staff person other than a psychiatrist, nurse or nurse practitioner, it must include communication of observed symptoms and treatment responses to the physician or nurse.

CRS – CT – PSYCHIATRIC ASSESSMENT (CRS-CT-PSYASS)

Psychiatric assessment is 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. Assessment of the data shall be done by a psychiatrist or psychiatric nurse practitioner.