



PROS NEWSLETTER

A Resource for Personalized Recovery Oriented Services

In Our Own Words: Success Stories from PROS

My name is “Francis B.” and I am proud to say that I have learning disabilities like ADHD, hearing loss, Wolf Parkinson Syndrome, and lastly, scoliosis. My disabilities have never stopped me from accomplishing many goals in life.

Two years ago I attended a college located in upstate New York, where I was studying forestry because my dream job is a Park Ranger.

During my second semester at school, I experienced a mental breakdown that impacted my success in my classes as well as drastically change the way I viewed my life. Being away from home and living in a cold environment I felt depressed and isolated; I decided to stop taking my ADHD medications.

“I need help. Please come get me.”

Once I stopped taking my meds, I was no longer able to sleep at night and therefore did not attend most of my classes. I thought that hiding from my friends, professors, counselors, and peers would make me feel better – but all it did was make me feel worse, like I was a failure in life and unloved.

I secluded myself from everyone and spent too much time in my dorm room thinking about committing suicide. I recall calling my mom repeatedly saying: “Something is wrong with me. I need help. Please come get me.” This went on for months and my parents decided to finally withdraw me from college.

I was taken to Zucker Hillside Hospital for a psychiatric evaluation to find out what was going on with me. This led to me being hospitalized for about two-and-a-half months in a unit with other young adults.

At first, I lost all of my senses. I wasn’t able to talk about my feelings and thought no one could help me find out why I was having psychosis as a symptom of schizophrenia. It took some time for the doctors to find the



**‘This month,
I was offered a job.’**

right dosage of medications. But after a year of going to therapy and meeting with my doctors, I started gaining back my cognitive behavior back to normal.

I then attended an outpatient day-rehab program for four months, however it was not effective. Another year went by before I was finally diagnosed with Bipolar Disorder. That was when I began to have confidence and faith that I can speak about my problems and issues and eventually find solutions or coping skills.

Achieving goals

It’s been a long two years but I am completely stable now and am attending a program called Terry’s Place PROS. The programming is tailored to focus on young adults, which has helped me feel less isolated by being around others my age with similar issues. While attending PROS, I have been working on achieving goals of gaining employment, symptom reduction and improving my social skills.

I have been able to learn more about myself and my triggers for negative feelings and behaviors and have been able to problem solve more effectively. With the help of the employment specialist, I was able to apply for jobs and attended an interview. This month, I was offered a job at Nassau Coliseum as a concession stand worker and will be starting soon!

Editor’s Note: Thank you for sharing your personal journey and giving hope to others!

PROS Billing for Managed Care

Behavioral health benefits have been carved into Medicaid Managed Care for clients age 21 and older. For clients ages 18 to 20, there has been no change in how their benefits are administered. Please continue to bill Medicaid Fee-For-Service.

The Office of Mental Health has supports in place for our PROS providers. We can assist with questions and concerns about billing to Managed Care Organizations.

We have included detailed billing information on our website. You will find the Office of Mental Health Managed Care/HARP billing manual, coding taxonomy and rates table. This information is used by our providers, and by the Managed Care Organizations.

Here are some billing tips:

- If a client, age 21 and older, is showing as enrolled in a Mainstream Medicaid Managed Care Plan, HIV/SNP or HARP (MCO), you should bill their plan for PROS and/or ACT services. For these clients, you should NOT bill Medicaid FFS.
- Providers need to follow the billing manual and coding taxonomy when submitting claims to the MCO.
- PROS Providers must submit claims using the last day of the month of service as the date of service (ex. July 31 for July claims).
- Providers need to submit timely claims within their contracted filing timeframes; these are usually 90 to

120 days. We suggest checking the specific contract as this can vary per MCO.

We urge providers not to delay submission of claims. The sooner a claim is submitted, the earlier we will be able to identify any problems that may arise and find solutions.

The OMH Managed Care Division hosts a monthly call with all OMH providers to discuss billing to Managed Care Organizations. These calls are between OMH and our providers, and allow open discussion about issues that are encountered.

If you would like to be included on these calls, please email OMH-Managed-Care@omh.ny.gov, and provide email information for who you would like to be added.

If you have any questions or complaints regarding a Managed Care Organization please email us at OMH-Managed-Care@omh.ny.gov.

OMH encourages PROS programs to access the archived webinar presented by the Rehabilitation Services Unit describing PROS.

It is a useful tool to share with managed care organizations, or new agency staff. <https://www.omh.ny.gov/omhweb/pros/> and scroll down.

Engaging Young Adults in PROS

“The power is yours to use the tools we have here to reach your own goal,” is the response that a young adult hears when they ask “when can I graduate” from Terry’s Place PROS. Offering experience in self-determination goes a long way in helping engage participants between the ages of 18 and 28, who often still carry a mindset from high school where they were directed by faculty.

Terry’s Place PROS, part of the Family Residence & Essential Enterprise, Inc. (FREE) in Long Island, recognized that they had to target marketing specifically to attract young adults in Nassau County. Too often they heard that school districts did not know where to refer those leaving their special education or alternative BOCES programs when the student had mental illness barriers. FREE reached out through the county’s interagency team, and began to go into the schools to talk about PROS to students and to parents to tell them about PROS.

They took outreach a step further by bringing peers into the schools to talk about how PROS works for them. Each April, Terry’s Place hosts a Family Night Open House for potential young adults to visit the PROS site, right at the time many are anticipating what to do with their lives after graduation in June.

Over time, PROS saw an increase from only seven young adults to approximately a quarter of its census. A tailored approach appeals to younger adults, such as referring to anger management classes as “Keeping Your Cool”

“The skillful use of humor is essential for staff working with young adults,” said Amy Grosshandler, Assistant Director at Terry’s Place. Instead of generally poor attendance, young adults now view the program as a vital part to their success in achieving their life goals. They mentor and hold each other accountable, which really makes the program a lively and hopeful place.

See Technical Assistance resources on Page 4 for more info on serving young adults.

Offering Cognitive Remediation

Cognitive Remediation (CR) is one of the skills training interventions that can be provided within a psychiatric rehabilitation program, and can be a billable PROS service when additional licensing requirements are met.

CR focuses on neuro-cognitive (for example, attention, memory) and social-cognitive (for example, emotion perception, theory of mind) skills to improve the success and satisfaction people experience in their chosen living, learning, working, and social environments.

Those PROS that have set up a CR program have quickly seen client satisfaction, and progress toward recovery goals.

What does a CR session typically look like?

When conducted in a psychiatric rehabilitation setting, best practices indicate that CR be provided in groups of 6-8 clients that meet at least twice weekly, with sessions ranging from 45 to 90 minutes long. The bulk of the time involves individualized computer-based cognitive activities, with a 10 to 15 minute discussion about the use of cognitive skills and strategies in real world situations. A variety of computer based-programs are available.

What are the costs?

Costs involved in operating a CR program relate to the physical space, computer related equipment and

supplies, and staffing. Cognitive training exercises need to be purchased, and are typically accessed via multiple web based packages; the cost per month per client is \$16 to \$20 as of 2016.

Staffing: There needs to be at least one designated CR clinician. A commitment of five hours per week allows for three hours of group time and two hours assessment and administration for a case load of 12, assuming six clients are seen at a time.

CR is a skill that is now taught in workshops, or by a supervisor, and is ultimately developed within the practicum context. In general, clinicians who will be expected to run the program should have at least a Master's degree in a mental health field.

Where can I get more information about setting up a CR program?

Tiffany Herlands of The Alliance for the Study of Cognitive Disorders can provide information about people in your area who offer training and more information about CR. She can be reached at therlands@aol.com.

Editor's Note: Information for this article adapted from "Seven Common Questions about Cognitive Remediation" written by Alice Medalia, PhD, Clinical Director, OMH Cognitive Health Services, and Professor of Medical Psychology at CUMC.

Cognitive Remediation is a billable PROS CRS service when identified on the license.

Cognitive Remediation is an "optional service" on the program's license, and should be applied for through the submission of an Administrative Action in the MHDP system. OMH approval to provide Cog Rem as a billable service depends upon demonstrating that basic criteria have been met, including:

- Appropriately trained staff.
- A written implementation policy.
- Having appropriate and sufficient equipment.

The OMH Field Office will verify that staff have been trained and review the program's implementation policy before granting approval.

Cognitive Remediation Related Resources

- OMH Grand Rounds: June 2016 – "Improving Cognitive Health to Promote Recovery." <https://www.omh.ny.gov/omhweb/bps/160615-improving.html>
- Lectures can be found at: www.teachrecovery.com. Free, unless CE credit is desired. CE credit is only available for MDs and PhDs.
- *Cognitive Remediation for Psychological Disorders: Therapist Guide (Treatments That Work)* a book by Alice Medalia, Nadine Revheim, and Tiffany Herlands.
- *Dealing with Cognitive Dysfunction Associated with Psychiatric Disabilities*, by Alice Medalia and Nadine Revheim, offers information that is useful and valid for families trying to understand cognitive deficits, though some of the resources may be outdated. https://www.omh.ny.gov/omhweb/cogdys_manual/CogDysHndbk.pdf

Technical Assistance

- To better serve Young Adults, **check out the Transition RTC website**, supported by the University of Massachusetts and SAMHSA for researched best practices. There are many resources on employment, benefits, and more – look for their Tip Sheets and archived webinars. <http://www.umassmed.edu/TransitionsRTC/>
- **CAIRS:** Time Out functionality change: after 10 minutes of inactivity users will be prompted to either continue session or log out. If there is no response, after 5 additional minutes the CAIRS session will be terminated. The following CAIRS reports have been added or modified:
 - PROS Discharge Blank Form (updated to improve response time).
 - PROS Components.
 - PROS Reports menu option was added including two submenus: “Current Reports” for reports utilizing updated PROS data elements and “Archive Reports” for reports utilizing the previous version of PROS data elements.
- Instead of calling Helpdesk, contact the new ITS Service Desk for enhanced customer service. Available 24/7 at 844-891-1786 or fitxit@its.ny.gov.

Resources

- **SAMHSA’s SOAR Employment Conversation Guide** is an excellent tool that can help caseworkers begin those tough, but important conversations about work. Knowing what questions to ask and how to respond in different situations are key skills for staff helping participants consider employment. <https://soarworks.prainc.com/article/soar-employment-conversation-guide>
- **SSA Employment Services Resources:** <https://www.choosework.net/provider-resources.html>, is your one-stop resource for Ticket to Work program materials such as downloadable posters, wallet cards, flyers and fact sheets, and videos. These powerful materials were created to support the activities of disability employment-focused organizations. The materials are designed to be tailored to suit your organization’s messaging about its involvement in the Ticket to Work program. Put these materials to work for you!

Combatting Opioid Addictions

In light of an increasing number of opiate overdoses, including heroin or fentanyl, the New York State Office of Alcohol and Substance Abuse (OASAS) has developed resources to help communities statewide combat the opioid epidemic.

Nationally, there has been a three-fold increase in heroine-related overdose deaths since 2010; New York is not immune, with 1,443 heroin and opioid deaths in 2014.

It is important for medical and counseling staff to know that routine urine drug screens do not identify fentanyl use.

The signs and symptoms of opioid use/dependence include physical signs such as a change in appetite, pupil size, nausea, vomiting, sweating, shaking and behavioral signs such as a change in personality/attitude, change in friends and activities, poor attendance, increased isolation, wearing long sleeves in warm places, moodiness, giddiness, irritability, and stealing.

The potency of the drugs has increased dangerously in the past few decades.

To help find treatment at the time a person agrees to go to treatment, OASAS has developed the **Treatment Availability Dashboard** (at right), a new tool to allow families and providers to locate available openings, in real time.

Learn more about addiction and the resources and tools that are available.

Visit: <https://www.oasas.ny.gov/CombatAddiction/GetInfo.cfm>

[OASAS Treatment Availability Dashboard](#)



[Find Available Treatment Beds in New York State!](#)



Office of
Mental Health

This newsletter is written by the Bureau of Rehabilitation Services and Care Coordination at the New York State Office of Mental Health.