

Enhanced PSR

Q: When we offer our daily classes we present to all in attendance. This may be 20+ participants. Am I correct in saying that we can only bill the higher rate if we break groups down into eight or fewer participants as mentioned under the service description?

A: Yes. The Illness Management and Recovery toolkit recommends a group size of eight as does WRAP. Procovery has a recommended maximum group size of 15. If an agency intends to use a curriculum or manualized approach that has a groups size larger than eight please include that information with your proposal to be reviewed.

Q: When we do our daily 15 minute plus exercise activity to start the day we can only bill at the higher rate if only eight choose to participate in the activity?

A: Exercise/calisthenics is not billable to Medicaid as an illness management activity.

Q: What does it mean that the new rate and old rate may be billed on the same day? Is it if twenty participate in a class can we bill eight participants at the higher rate and twelve at the current rate? Or is it that we create small groups and bill those at the higher rate while those participating in a larger group are billed at the current rate?

A: The latter. An agency may bill approved illness management/wellness activities to the higher rate and on the same day provide social/recreational activities that would be billed at the lower rate, but not in the same group. One type of group may meet the higher standard, while other groups in the program may not.

Q: I noticed that Chart B does not list prevocational activities: I assume classes that encourage job seeking that we offer at least once monthly would be considered recovery focused.

A: Yes, assuming the activities in the group are consistent with evidence based principles which can be found on the SAMSHA EBP page – the link is <http://mentalhealth.samhsa.gov/cmhs/CommunitySupport/toolkits/employment/> Remember that illness management approaches are relevant in any setting. Also remember that straight employment activities, though they may be very much needed, are not Medicaid reimbursable. We will be happy to offer specific consultation to programs attempting to blend these functions.

Q: Can you clarify the description below for PSR Enhanced services? Is it different from current PSR standards? *Eligible provider: An individual qualified, trained and approved by the Division of CPS.*

A: Each agency will submit a letter of intent that outlines their PSR programming that they would like to bill at the higher rate. A provider of a proposed PSR activity would need to be eligible based on the programming chosen. For example, to provide Procovery someone would need to be a licensed Procovery Circle facilitator, to do WRAP they would need to be trained to provide WRAP, a certified peer specialist have to attend the DMH sponsored week long training and pass the exam, etc. Each agency will describe the wellness/recovery services to be provided and detail how this will be accomplished, including planned programming, curriculum to be used, staff training and qualifications for staff per proposed program activity type. The proposal will be reviewed and evaluated.

Q: Procovery is mentioned as one of the avenues for PSR Enhancement. Is the Department going to approve Procovery groups as a PSR Enhanced group if led by a PSR staff or Peer Specialist?

A: Procovery is an approved PSR activity that is billable at the higher rate if the facilitator is a licensed Procovery facilitator; they maintain fidelity to the Procovery Program and maintain the Procovery maximum group size of 15.

Q: Is Procovery facilitator training still available?

A: No Procovery facilitator trainings are scheduled at this time.

Q: Where/when is WRAP training offered for Administrative Agents?

A: WRAP training was provided for a group of recently certified peer specialists. Resources to learn about WRAP and available training:
<http://cole.mo.networkofcare.org/mh/home/index.cfm>
<http://www.mentalhealthrecovery.com>