

## PROS County Planning Model Tool – 3

### Instruction Sheet

The following instructions will serve as a guide for entering data into the PROS County Planning Model Tool which the New York State Office of Mental Health developed to help providers analyze the feasibility of starting a PROS program.

The row numbers on this chart correspond with the row numbers on the Model Tool. Most data should be entered into column D of the Model Tool.

Row #	Instructions
3	Enter the name of the county in which your program will operate in Column B.
4	Enter 1 or 2 in Column B to indicate whether your county is upstate or downstate. <i>(This changes the reimbursement rates).</i>
9	Enter the name of your agency program that you plan to convert to PROS. This information and all subsequent data should be entered in Column D as you move down the spreadsheet. <i>(If you would like to analyze the feasibility of converting other programs within your agency or analyze the feasibility of adopting different types of PROS licenses, you can do so by inputting data in Columns E, F and G. As you can see, OMH has provided four columns for you to run different scenarios).</i>
10	Enter Y or N to indicate whether you are an Article 28 provider.
16	Enter an estimate of the number of people that your PROS program will serve per month. <i>(There are two main factors to consider when developing an estimate of the number of people you expect to serve in your new PROS program. First, your estimate should be based on the number of people enrolled in all of your programs that you expect to convert to PROS. This estimate should consist of a total number of unduplicated people. That is, people who are co-enrolled in several of your programs should only be counted once in your estimate. Secondly, your estimate should also take into account how many people you expect to <u>retain</u> in your new PROS program. Those people who are co-enrolled in other agency programs may or may not stay in your program once PROS begins to be implemented in your county. This is because people can only be enrolled in one PROS program at a time. According to OMH, people are more likely to stay in a CDT program that is converting to PROS because in most cases they receive medication services in a CDT. People in a vocational program that is converting to PROS are more likely to opt out and enroll in a CDT program that is converting to PROS.)</i>
17	Enter the % of people in your PROS program for whom you will bill Medicaid. <i>(People receiving any kind of Medicaid should be counted in this percentage).</i>

Center for Rehabilitation and Recovery

19-24	<p>Enter an estimate of the % of PROS Units of Service that people will utilize per month. <i>(A PROS Unit of Service is defined as hours of attendance modified by the number of services. Essentially, that means hours of service, not including lunch or agency-wide recreation activities. To develop an estimate, OMH suggests that you use your existing program model. For example, what % of people currently enrolled in your program utilize between 2 to 12 hrs of service per month? What % of people utilize between 13 to 27 hrs per month, and so on. This estimate is important for two reasons. First, it will be a main driver of your revenue projections. The revenue you will generate will depend on the proportion of people in different tiers of utilization. Secondly, the estimate will help you determine your staffing plan. Once you estimate the amount of services you will need to provide you will know how many staff you need to hire. In sum, it is wise to be conservative when you develop this estimate. Based on experience of existing PROS programs, OMH recommends you move 3% of people who are in the top tier of utilization [i.e., Tier “61+” hrs of service] and place them in the next lowest tier [i.e., Tier “44 to 60” hrs of service]. Then do the same with that tier, moving 3% of those people to the next lowest tier).</i></p>
28	<p>Enter an estimate of the % of people who will utilize Intensive Rehabilitation (IR) services. <i>(The IR service is an add-on that is capped at 50% utilization. That means that no more than 50% of your total billing can be for IR services. This will be calculated on an annual basis. OMH advises that only programs that have well established rehabilitation services, such as IPRT, Integrated Dual Diagnosis Treatment [IDDT], Family Psycho-education, Relapse Prevention services, etc., should expect to enroll 50% of people in IR services. Most programs should aim for 30 to 40% enrollment).</i></p>
33	<p>Enter an estimate of the percentage of people in your PROS program who will utilize Ongoing Rehabilitation and Support (ORS) services. <i>(An ORS service consists of two 30-minute contacts off site per month. Currently, ORS services are only for people who are engaged in 15hrs or more of paid, competitive employment. OMH notes that programs should expect between 4 to 8% of people will utilize these services in the beginning stage of a PROS program. OMH hopes that this percentage will increase over time).</i></p>
38	<p>Enter an estimate of the % of people in enrolled in your PROS program who will also utilize your clinic services at your PROS program.</p>
40	<p>Enter an estimate of the % of people in your PROS Clinic who are dual eligible (i.e., co-insured with Medicare and Medicaid).</p>
41	<p>Estimate the number of months per quarter that dual eligible people will utilize a Medicare service. <i>(This is an estimate of the average number of months dual eligibles utilize a Medicare service per quarter. For example, this will be 1, 2 or 3 times per quarter).</i></p>
46-65	<p>OMH recommends that you use previous estimates to determine your staffing requirements.</p>
70-86	<p>OMH recommends that providers use their own expense sheets and then consult with OMH to complete the remaining sections.</p>