



PRSS Submission Requirements for RCO's and SUD Providers

© CNSI/Kepro. All Rights Reserved.

1

Who is Acentra ?

Acentra: MN Utilization Review Management Agency

- It has a contract with MN to review Substance Use Services
 - *For this contract we only review claims of clients that receive services that are paid for with payments from MA (medical assistance/Medicaid) and OO a.k.a CTF (consolidated treatment fund)/BHF (behavioral health fund)*
 - *We do not review services paid for by MCOs (managed care organizations)*
- Post Payment Reviews of Claims submitted to the State

2



PIO (Program Integrity Oversight Division)

Involvement w/ statute references

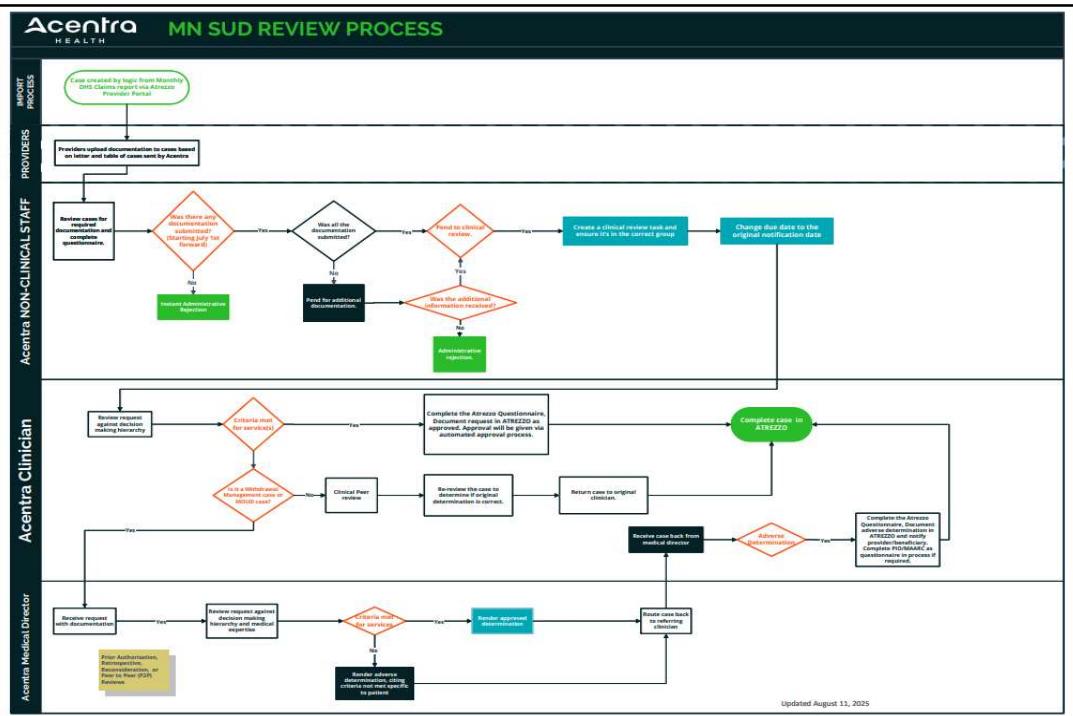
- **PIO Purpose and Function at DHS:**
 - Federal law requires states to implement statewide surveillance and utilization control programs, to protect the integrity of Medicaid services and payments.
 - 42 CFR subchapter c, part 456, subpart A § 456.3
 - PIO units investigate suspected medical assistance fraud, waste and abuse.
- Contracts and Provider Oversight (CPO) is a PIO unit that coordinates program integrity efforts related to utilization management reviews.
- CPO team monitors publicly funded substance use disorder (SUD) care. This team strives to ensure individuals get appropriate treatment based on standards set by *The American Society of Addiction Medicine* (ASAM).
- CPO works with Acentra Health, the Behavioral Health Administration (BHA), and the DHS Licensing division to oversee SUD services in Minnesota. This coalition works to detect and prevent fraud, waste and abuse in SUD programs.
- CPO helps coordinate education for providers to ensure they know the requirements of being a Minnesota Health Care Program. CPO works alongside the BHA and Acentra Health to give technical and other assistance to SUD programs so that more Minnesotans can get the care they need.
- [Program integrity / Minnesota Department of Human Services](#)
- <https://mn.gov/dhs/partners-and-providers/program-overviews/alcohol-drug-other-addictions/>
- <https://mn.gov/dhs/partners-and-providers/program-overviews/alcohol-drug-other-addictions/contracts-provider-oversight/>

3



3

MN SUD Acentra Health Post Payment Review Workflow



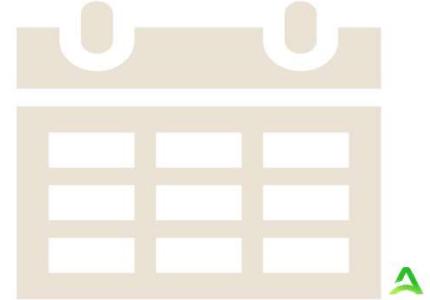
4

When does this start?

Legislation requires that this goes live on January 1, 2026

When will the first request from Acentra happen?

- 1 Acentra receives the Claims file from the State by the 10th of each month
 - The January Claims Request and File are based on claims submitted to the State in the prior month (December 2025)
- 2 Acentra then processes the file and creates a random sampling of the claims
- 3 The request will come from minnesotaasam@acentra.com
 - Please make sure to check your junk and quarantine email folders



5

5

Who gets the Documentation Request?

- Providers and RCOs will need to choose the individual(s) who will get these monthly request from Acentra.
- Acentra sends it to only those we have email addresses for.
- If you would like to add a contact point or change one you will use this Microsoft Form:

[MN SUD Provider Contact Form](#)



6



6

Documentation Requirements

RCO Documentation Requirements

Sec. 254B.052 MN Statutes



This can be a Comprehensive Assessment from another agency, if that is the assessment that was used to determine the need for Peer Support Services

From the past 30 days prior to the service date(s) on the request

7



Documentation Requirements

245G Provider Documentation Requirements



Or
Treatment Plan and PRSS Recovery/Wellness Plan

- From the past 30 days prior to the service date(s) on the request

8



RCO Documentation Standards

Recovery Plans Requirements

- Goal
- Activities/Objectives
 - That support the Goals
- Timeline for goals and objectives
- Goal type
 - Short term
 - Long term

9



- The following items are required to be included:
 - Peer Service Workers Name
 - Supervisor Name and Credentials
 - Clients Name (legal first and last)
 - Resources/Barriers
 - *What resources does the client need*
 - Assets
 - *What resources does the client have*
 - *Skills, assistance, support, etc.*
 - Recovery Plans, updated as needed
 - *ASAM defines as need as every time there is a change within the goal or objective*
- [Sec. 254B.052 MN Statutes](#)
 - Subd 2

9

Recovery Plan Example

Poor Documentation

Intellectual Wellness

What would you like to accomplish?

Go back to school. to get a govt job.

What barriers could get in the way?

background. motivation to go back to school.

When would you like to accomplish it? (circle below)

| | | | | |
|-------------------|--------------------|---------------|--------------------|-------------|
| Less than a month | Less than 3 months | 3 to 6 months | 6 months to a year | Over a year |
|-------------------|--------------------|---------------|--------------------|-------------|

This is an on-going goal

10

Good Documentation

- Goal: Go back to school to get a government job
- Method/Intervention/objectives:
 1. Will get my GED
 2. Research the impact my background has on the type of work I want to do
 3. Identify what qualifications/schooling is needed for that job
- How to measure the goal/objectives:
 1. Over the next 3 months we will research where I can get my GED, cost, and if I need any study courses.
 2. I will identify 5 government jobs I want. For each of the 5 jobs I will identify how my background impacts being able to qualify for the job
 3. I will make a list of the jobs I am able to do and identify 3 qualifications for each and what type of education/training is needed
- Timeline
 1. I will take my GED test within the next 6 months
 2. Over the next 3 months
 3. Over the next 6 months



10

Recovery Plan Example, continued

Poor Documentation

Intellectual Wellness
What would you like to accomplish?
Go back to school. to get a govt job.

What barriers could get in the way?
background. motivation to go back to school.

When would you like to accomplish it? (circle below)
Less than a month Less than 3 months 3 to 6 months 6 months to a year Over a year *This is an on-going goal*

11



Good Documentation

- All plans are required to have
 - Resources the client needs
 - Assets
 - What resources does the client have
 - Skills, assistance, support, etc.
- These do not have to be listed with each goal and can be its own section
- Example:
 - Resources
 - GED
 - Lacks a stable and healthy support network
 - Income/Financial Stability
 - Assets
 - Determination
 - Own Car and apartment
 - Attending NA/AA/12-step groups
 - Resourceful

11

Recovery Plan Example, continued

Poor Documentation

Planned Frequency of Services:
1 time a week

Peer Recovery Specialist:

Print/Sign

Participant

Print/Sign

Licensed Alcohol and Drug Counselor (LADC):

Print/Sign

Date

12

Good Documentation

- All plans are required to have:
 - Peer Service Workers Name
 - Supervisor Name and Credentials
 - Clients Name (legal first and last)
- This does not mean the ONLY place this information is present is on signature lines
- Ideally the first page of the plan would include
 - Date the Plan is created
 - Clients First and last name
 - Peer Services Workers First and Last name



12

Notes Documentation Standards For Both 245G and RCOs

Peer Services Notes

- Reference checklist
- Clients First and Last Name
- Date of Service
- Exact Start Time
- Exact End Time
- Duration of Service
- Location of Service
- Goal addressed
- Objective addressed
- What the PRSS worker did
- Must complete individualized narrative about the session
 - Including client response

PRSS Worker Signature

[9505.2175 - MN Rules Part](#) Subp. 2 C (4) and (5)

RCO contracted PRSS worker going to a specific agency

- RCOs are required to submit documentation not the facility they are contracted with

13



13

Note Example: Poor Documentation

Client:

5/23/2025 I met with client from 1:00 PM to 3:00 PM to discuss his current probation situation. He expressed several concerns and stressors related to the various requirements and restrictions he was facing, which seemed to be causing him significant anxiety. Following our conversation and after identifying the need for crucial documentation, I assisted the client in scheduling an appointment to obtain a replacement Social Security card.

Staff Signature

5/23/2025

Date

Supervisor Signature

Date

This is missing:

1. Location of service
2. Goals addressed
3. Objective addressed
4. Vague and does not demonstrate clear reasons for a 2-hour meeting

14



14

Note Example, Better Documentation

| | | | |
|--|---|-------------------|------------|
| Client Name | y | Date of Birth: | 1 |
| Service Date: | 6/26/2025 | Duration: | 30 minutes |
| Service Time: | 3:00 pm | Service End Time: | 3:30 pm |
| Location of Meeting: | Bluff | | |
| Provided via Phone Call: | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| Peer Recovery Support Service Type | | | |
| <input checked="" type="checkbox"/> Client education <input checked="" type="checkbox"/> Client advocacy <input checked="" type="checkbox"/> Client mentoring through self-disclosure of personal recovery experiences. <input type="checkbox"/> Attending recovery and other support groups with client. <input type="checkbox"/> Accompanying client to appointments that support recovery. <input type="checkbox"/> Assistance with accessing resources to obtain housing, employment, education, and advocacy services. <input type="checkbox"/> Nonclinical recovery support to assist the transition from treatment into the recovery community. | | | |
| Peer Recovery Progress Note | | | |
| Explained CPRS Role at NSR. Got to know each other through self disclosure. | | | |
| Additional Person(s) Involved in Service Delivery | | | |
| Client Response | | | |
| Client was engaged and participatory. | | | |

This is missing:

1. Goals addressed
2. Objective addressed
3. Does not clearly demonstrate client's response or what the PRSS worker did
4. Must complete individualized narrative about the session

15

Note Example, Better Documentation

| | | |
|---|--|--|
| Patient Name: DOB | | |
| Session Information | | |
| CPRS Individual Recovery Plan Date: 5/8/2025 Start Time: 1:30 pm End Time: 2:30 pm Number of Units: 4 Method: Telehealth Focus Area: Education, Advocacy and Mentoring through self-disclosure of personal recovery. has requested assistance accessing resources to obtain: Housing, Employment, Advocacy Services and Non-clinical recovery support to assist the transition from treatment into the recovery community. | | |
| Notes | | |
| <p>Goals: Patient logged in at the agreed upon time and we began our appointment. Patient would like to pursue becoming an LADC. Patient is preparing his home for resale. Patient is resistant to recovery support.</p> <p>Objectives: patient is investigating schooling & funding options, patient will examine the North Star Promise program. Patient will continue upgrading and preparing his property for sale. Patient will examine ways to connect with activities that aren't related to alcohol or drugs. Resources and assets to support recovery: North Star Promise, Hennepin Community Technical College. Patient will examine ways he can connect his interests & passions to his recovery.</p> <p>Patient Response: Patient is highly energized & engaged in his recovery. Planned frequency of session between CPRS and patient: Weekly.</p> | | |
| Signatures | | |
| Electronically signed by: Electronically signed by: | | |

This is missing:

1. Location of service
 - *It does state telehealth*
 - *Where is the client*
 - *Where is the PRSS*
2. Goals addressed are unclear
3. Objective addressed are unclear
4. Does not clearly demonstrate client's response or what the PRSS worker did
5. Must complete individualized narrative about the session

16

Documentation Standards, Best Practice, Examples & Other Information

Recovery Capitol Assessment (Best Practice)

- REC-CAP Assessment
- Recovery Capital Index (RCI)
- Multidimensional Inventory of Recovery Capital (MIRC)
- Brief Assessment of Recovery Capital (BARC-10)
- Recovery Capital Assessment Plan and Scale (reCAPS)

Supervisor (Standard)

- Must be an LADC or QMHP w/substance use training

Recovery Plan Updates

- Done as Needed
- ASAM defines as needed being every time there is a change within the goal or objective

17



17

245G Providers

Documentation Standards

Must follow 245G requirements for:

- Treatment Plan with PRSS Goal
- Comp Assessment
- PRSS Notes

[Sec. 245G.07 MN Statutes](#) Subd. 2 (8)

Do's and Don'ts of Therapy Notes

Do's

- ✓ Stick to observable facts and client quotes.
- ✓ Link notes back to treatment goals and measurable outcomes.
- ✓ Keep notes concise, professional, and timely.



Don'ts

- ✗ Use vague, subjective terms like "good session" or "client seemed better."
- ✗ Include unnecessary personal opinions, humor, or speculative content.
- ✗ Delay documentation for days or weeks - fresh details matter.

Remember Medical Necessity

Insurers and auditors look for clear evidence that therapy is addressing a diagnosable condition and producing measurable progress. Including symptoms, interventions, and client response in your notes not only strengthens clinical care but also supports medical necessity for reimbursement.

18



Treatment Plan Example, Poor Documentation

Dimension 6: Recovery Environment

Issue/Need Identified/Updates: [redacted] has minimal support in his life. He does not have stable housing, no employment or income, and significant legal problems. He finds coping with recovery difficult under these circumstances. He reports he is searching for work & housing.

Page No. 3 of 5

Client:
Goal/Updates: [redacted] will secure a stable and healthy living environment, comply with all community corrections conditions, and build his recovery support network prior to successful discharge from the treatment program.

| Initial Start Date | Due Date | Modified Due Date | Date Cancelled | Date Met | Goal Status |
|--------------------|------------|-------------------|----------------|----------|--------------|
| 6/30/2025 | 12/30/2025 | | | | Goal Not Met |

Methods: 5. Participate in at least one CPRS session during both the Intensive Outpatient Program (IOP) and the Outpatient Program (OP) phases. CPRS aims to address current needs including housing, employment, recovery support groups, or scheduling dental and medical appointments.

| Status | Start Date | Due Date | Modified Date |
|----------------|------------|------------|---------------|
| Method Not Met | 6/30/2025 | 12/30/2025 | |

19

There is not a PRSS Goal on these two treatment plans
ONLY a singular method for achieving a goal and a strategy for how a method will be handled.

This treatment plan is also missing a PRSS worker's signature.



19

Treatment Plan Example, Better Documentation

Goal

Develop recovery network to enhance protective factors in recovery.

Description:

Objective (What will you learn or do)/ Strategy (How you will meet the goal)

Attend services with Certified Peer Recovery Support in order to make changes in environment that support a healthy, sober lifestyle.

Start Date:
05/28/2025

Description:

Target Date:
08/29/2025

Amount:
1-2x

End Date:

Frequency:
Monthly

Method/Strategy continues to be effective:
YES

Necessary for termination of services?:
YES

This goal is specifically only for what the PRSS worker and the client will be working on.

What services/assistance is the worker providing.

It states how often this goal will be worked on.

**is still missing PRSS worker acknowledgement on the treatment plan via a signature.*



20

Note Example: Poor Documentation

Client:

5/23/2025 I met with client from 1:00 PM to 3:00 PM to discuss his current probation situation. He expressed several concerns and stressors related to the various requirements and restrictions he was facing, which seemed to be causing him significant anxiety. Following our conversation and after identifying the need for crucial documentation, I assisted the client in scheduling an appointment to obtain a replacement Social Security card.

Staff Signature

5/23/2025

Date

Supervisor Signature

Date

This is missing:

1. Location of service
2. Goals addressed
3. Objective addressed
4. Vague and does not demonstrate clear reasons for a 2-hour meeting

21



21

Note Example, Better Documentation

Client Name: _____ y

Date of Birth: 1

Service Date: 6/26/2025

Duration: 30 minutes

Service Time: 3:00 pm

Service End Time: 3:30 pm

Location of Meeting: Bluff

Provided via Phone Call: Yes No

Peer Recovery Support Service Type

- Client education
- Client advocacy
- Client mentoring through self-disclosure of personal recovery experiences.
- Attending recovery and other support groups with client.
- Accompanying client to appointments that support recovery.
- Assistance with accessing resources to obtain housing, employment, education, and advocacy services.
- Nonclinical recovery support to assist the transition from treatment into the recovery community.

Peer Recovery Progress Note

Explained CPRS Role at NSR. Got to know each other through self disclosure.

Additional Person(s) Involved in Service Delivery

Client Response

Client was engaged and participatory.

This is missing:

1. Goals addressed
2. Objective addressed
3. Does not clearly demonstrate client's response or what the PRSS worker did
4. Must complete individualized narrative about the session

22

22



Note Example, Better Documentation

Patient Name:
DOB

Session Information

CPRS Individual Recovery Plan
Date: 5/8/2025

Start Time: 1:30 pm End Time: 2:30 pm

Number of Units: 4

Method: Telehealth

Focus Area:

Education, Advocacy and Mentoring through self-disclosure of personal recovery.
has requested assistance accessing resources to obtain: Housing, Employment, Advocacy
Services and Non-clinical recovery support to assist the transition from treatment into the recovery community.

Notes

Goals:
Patient logged in at the agreed upon time and we began our appointment.
Patient would like to pursue becoming an LADC.
Patient is preparing his home for resale.
Patient is resistant to recovery support.

Objectives:

Patient is investigating schooling & funding options, patient will examine the North Star Promise program.
Patient will clean up, upgrade and preparing his property for sale.
Patient will examine ways to connect with activities that aren't related to alcohol or drugs.
Resources and assets to support recovery.
North Star Promise, Hennepin Community Technical College.
Patient will examine ways he can connect his interests & passions to his recovery.
Patient Response:
Patient is highly energized & engaged in his recovery.
Planned frequency of session between CPRS and patient:
Weekly.

Signatures

Electronically signed by :
Electronically signed by :

This is missing:

1. Location of service

- *It does state telehealth*
- *Where is the client*
- *Where is the PRSS*

2. Goals addressed are unclear

3. Objective addressed are unclear

4. Does not clearly demonstrate client's response or what the PRSS worker did

5. Must complete individualized narrative about the session



23

Billing

Timeframes/threshold for billing

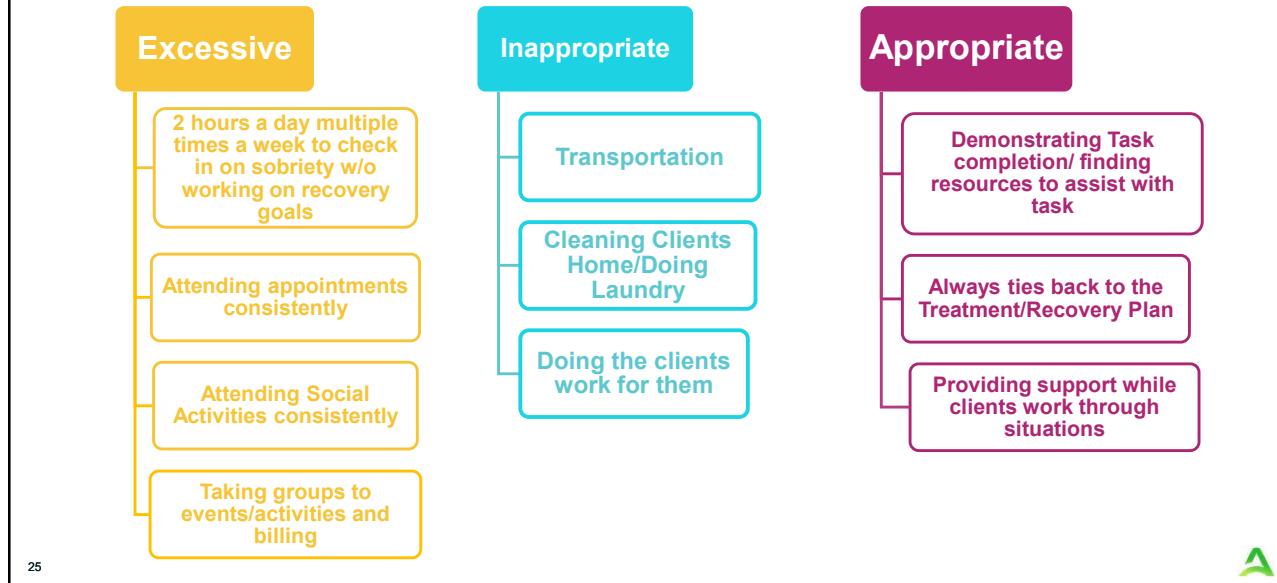
- Allowed to bill 14 hours per week for the duration of peer services per client not PRSS worker
- Does the billed services align with the notes and the recovery plan/treatment plan
- Bill exact amount you spent with the client (exact start and stop time)



24

24

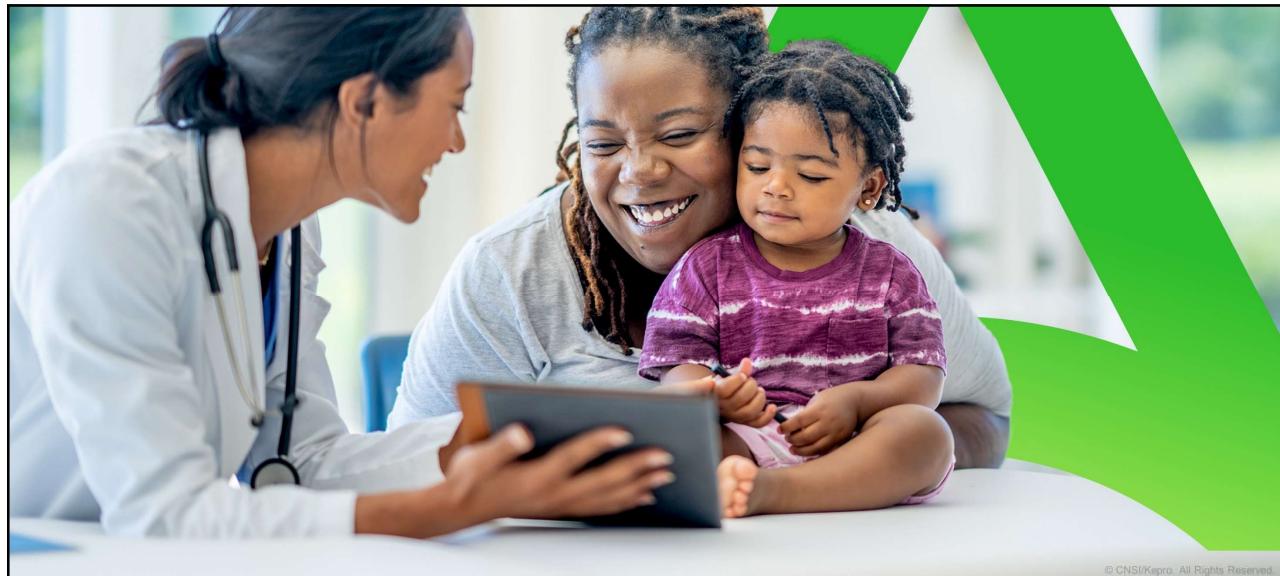
Appropriate vs. Excessive Billing



25



25



ANG Uploading Documentation PART 5



26

ANG Provider Portal

- Successful Completion of setup/login directs user to the Home Page
- On the homepage you will notice any cases you have started but not submitted to Acentra.
- You may also notice a red number next to the **Message Center**. The messages here indicate that clinical reviewers have reached out to you for additional information or you have a notification about a case.

27

27



27

ANG Provider Portal

Search for cases by CASE ID or Authorization Number

- In the upper right-hand corner, place the **Case ID or Authorization Number** from the spreadsheet in the "Search by #" box. Hit Enter.
- This will pull up a case summary page. You'll see the TCN listed under the SRV Auth section.
- You will do two things here.
 1. Complete the Questionnaire
 2. Upload additional clinical information

28

28



28

14

ANG Provider Portal

Completing the Provider Questionnaire

- Click the down arrow next to the Questionnaire section.
- Click on “SUD Provider Questionnaire 2025 2.0”
- Complete the two questions here.
- Click – Mark as Complete.
- This will return you to the case summary

29

ASAM UM Training | Page 29 

29

ANG Provider Portal

Adding Documentation

- At the top of the case summary, click on “Actions”.
- Click “Add Additional Clinical Information”
- Choose R01 and click “Next”
- Add the required documentation for your Level of Care here.
- Click “Submit”
- You will receive the below confirmation in the lower right-hand corner to indicate success.

30

ASAM UM Training | Page 30 

30

ANG Provider Portal

Requesting a Reconsideration

- At the top of the case summary, click on "Reconsideration".
- Choose R01 and click "Next"
- Add the required documentation for your Level of Care here.
- Click "Submit"
- You will receive the below confirmation in the lower right-hand corner to indicate success.
- Make sure to complete the Provider Questionnaire

1

2

3

4

5

ASAM UM Training | Page 31

31

Switch Between Provider Locations

32

ANG Provider Portal

Changing between Locations

When to use Change Context

1. If you have more than one location (even if they have the same NPI)
2. Each Case ID is associated with the location the Claim was associated with

CHANGE PROVIDER CONTEXT

| Name | NPI | Type | Contract | Address |
|------------|------------|----------------------|-----------|-----------------------------------|
| REWIND INC | 1568678639 | 62 - CHEMICAL HEALTH | Minnesota | 830 E MAIN ST PERHAM MN 565731934 |

| NAME | NPI | TYPE | CONTRACT | ADDRESS |
|------------|------------|----------------------|-----------|-----------------------------------|
| REWIND INC | 1568678639 | 62 - CHEMICAL HEALTH | Minnesota | 840 E MAIN ST PERHAM MN 565731934 |

ASAM UM Training | Page 33 

33



Question & Answer

ASAM UM Portal Training Page 34

34

Microsoft Forms Link for Additional Questions.

PRSS Service Type Review--
Provider/RCO Questions



[PRSS Service Type Review--Provider/RCO Questions – Fill out form](#)

35

Thank you for attending!

Please reach out with any questions you may have.

Additional clinical questions?

Need to obtain your Registration Number?



Minnesotaasam@acentra.com

Questions for DHS/Peer Support:



DHS.Peer.Support.Services@state.mn.us



<https://mhcp.acentra.com/>

Page 36

36

18



© CNSI/Kepro. All Rights Reserved.