



## PRSS Submission Requirements for RCO's and SUD Providers

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## 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

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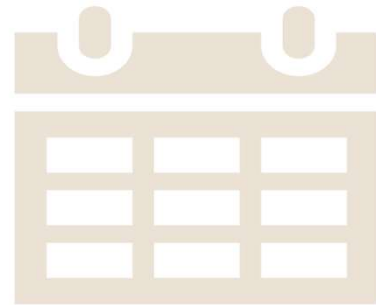


## When does this start?

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 10<sup>th</sup> 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](mailto:minnesotaasam@acentra.com)
  - Please make sure to check your junk and quarantine email folders



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## 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](#)



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## Documentation Requirements

### RCO Documentation Requirements

[Sec. 254B.052 MN Statutes](#)



#### Current Comprehensive Assessment

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



#### Recovery/Wellness Plans



#### All Recovery Plan Updates



#### Peer Services Notes

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

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## Documentation Requirements

### 245G Provider Documentation Requirements



#### Current Comprehensive Assessment



#### Treatment Plan with Peer Service Goals

Or

Treatment Plan and PRSS Recovery/Wellness Plan



#### All Treatment Plan Reviews



#### Peer Service Notes

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

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# RCO Documentation Standards

## Recovery Plans Requirements

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

- 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

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## Recovery Plan Example

### Poor Documentation

Intellectual Wellness

What would you like to accomplish?

Go back to school. to get a gov't 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)*

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### 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



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## Recovery Plan Example, continued

### Poor Documentation

Intellectual Wellness

What would you like to accomplish?

Go back to school, to get a gov't 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

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### 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



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## 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

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### 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



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## 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

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## 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

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## Note Example, Better Documentation

Client Name: \_\_\_\_\_ y  
 Service Date: 6/26/2025  
 Service Time: 3:00 pm  
 Location of Meeting: Bluff  
 Provided via Phone Call: ☐ Yes ☒ No

Date of Birth: 1  
 Duration: 30 minutes  
 Service End Time: 3:30 pm

### 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.

\_\_\_\_\_  
 \_\_\_\_\_

1.

### 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

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## 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 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.

#### 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:

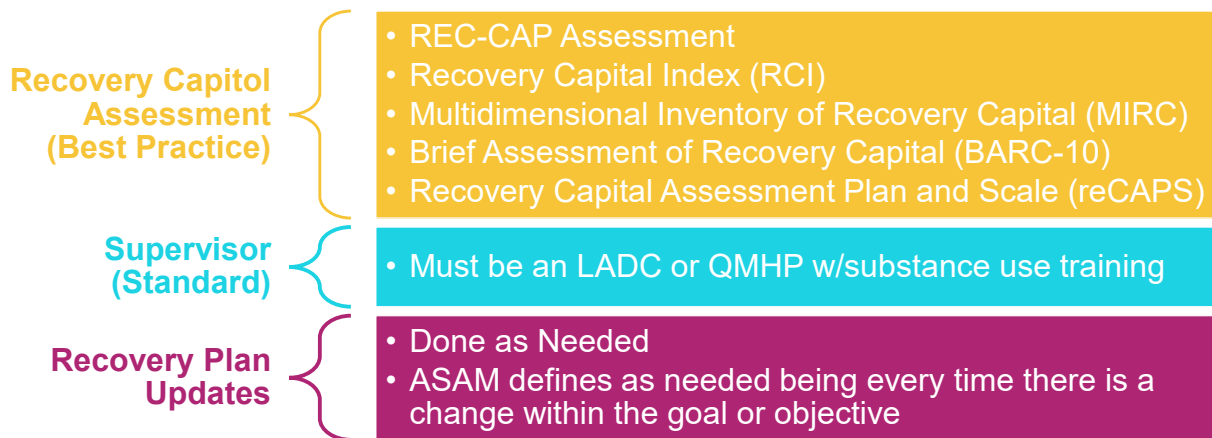
### This is missing:

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

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## Documentation Standards, Best Practice, Examples & Other Information



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## 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.

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## Treatment Plan Example, Poor Documentation

### Dimension 6: Recovery Environment

**Issue/Need Identified/Updates:** \_\_\_\_\_ 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:** \_\_\_\_\_ 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	

**Goal:** Client appears to need to increase awareness of how to build a supportive, sober network in their community including rebuilding relationships.

[Must be reached to have services terminated?] ☐ Yes ☒ No

**Methods/Objectives:** Client will place a large emphasis on recovery environment and learn how it will affect a stable recovery environment

Amount: Weekly Frequency: Ongoing Target Date: Completion Date:

**Strategy:** Meet with counselor as needed to be a part of treatment coordination with outside resources and correspondence pertinent to care for the duration of treatment.

**Strategy:** Work with the Peer Recovery Support Specialist as needed for ongoing support for the duration of the treatment program.

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.

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## 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

Target Date:  
08/29/2025

Description:

End Date:

Amount:  
1-2x

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.*

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Staff Signature \_\_\_\_\_

5/23/2025

Date \_\_\_\_\_

Supervisor Signature \_\_\_\_\_

Date \_\_\_\_\_

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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

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- *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

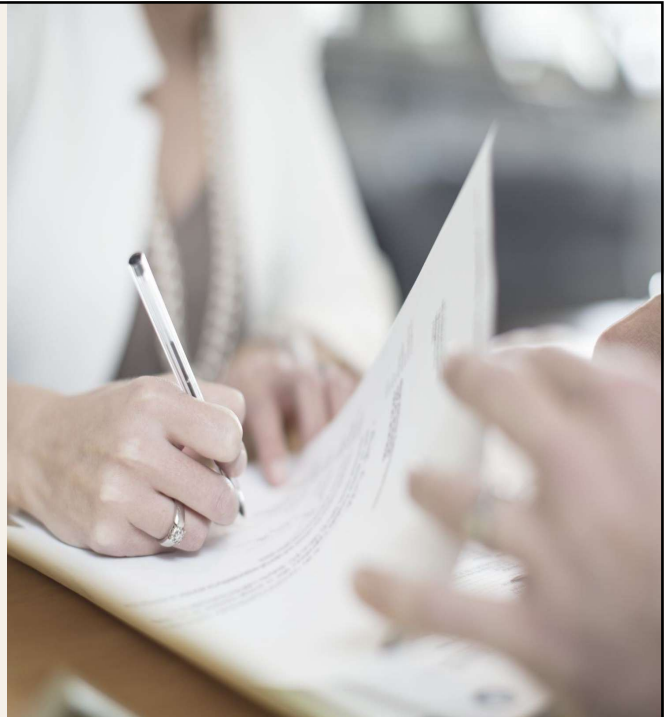


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## Billing

### Timeframes/threshold for billing

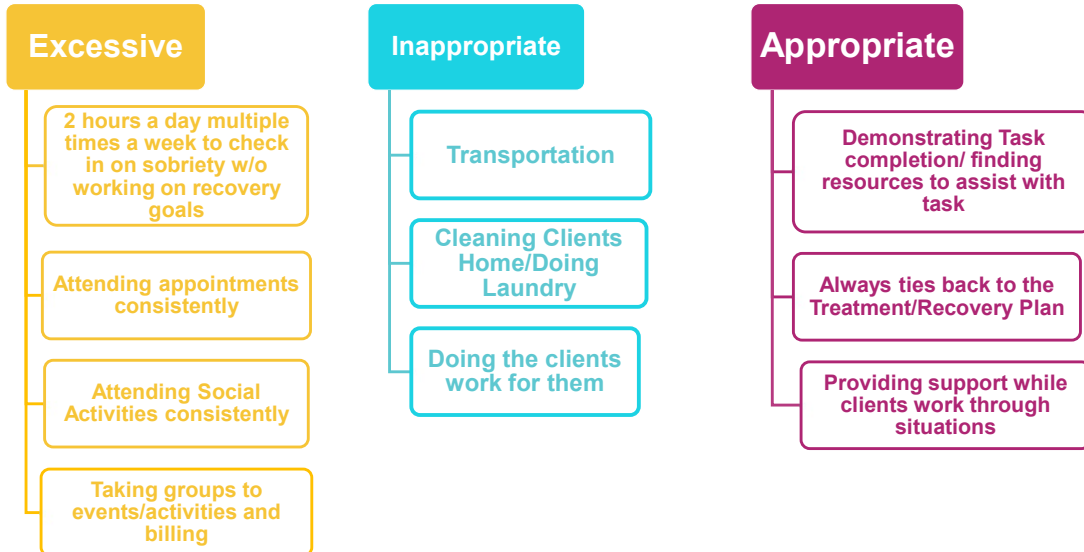
- Allowed to bill 14 hours per week for the duration of peer services per client not PRSS worker
- Does the billed services align with the notes and the recovery plan/treatment plan
- Bill exact amount you spent with the client (exact start and stop time)



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## Appropriate vs. Excessive Billing



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### ANG Uploading Documentation

PART 5

**Acentra**  
HEALTH

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# 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.

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# 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

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# 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

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# 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.

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## ANG Provider Portal

### Requesting a Reconsideration

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

The screenshot displays the 'Reconsideration' workflow in the ANG Provider Portal. It features an 'ACTIONS' dropdown menu with 'Reconsideration' highlighted. A 'REQUEST' dropdown menu shows 'R01' selected. A 'Note' field is present for documentation. A 'Document Type' dropdown is also shown. A 'Submit' button is visible. A green confirmation banner at the bottom right states 'Confirmed Requested Action Completed Successfully'.

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## Switch Between Provider Locations



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# 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 Context

REWIND INC , Minnesota

Once Change Context is selected there will be a list of locations associated with your account

Click the blue arrow to the right of the location you want to be 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	

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## Question & Answer

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## Microsoft Forms Link for Additional Questions.

PRSS Service Type Review--  
Provider/RCO Questions



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

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# 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](mailto:Minnesotaasam@acentra.com)

Questions for DHS/Peer Support:



[DHS.Peer.Support.Services@state.mn.us](mailto:DHS.Peer.Support.Services@state.mn.us)



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

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