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## Who is Acentra ?

**Acentra: MN Utilization Review Management Agency**

- Has a contract with MN to review Substance Use Services
  - *Acentra looks at provider claims for client whose services are paid for through medical assistance (Medicaid) and consolidated treatment fund*
  - *We do not review services paid for by managed care organizations*
- These are Post Payment Reviews of Claims that were submitted to the State
- This is based on [Sec. 254B.0505 MN Statutes](#) Subd 8, (1)

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# Documentation Acentra Reviews

## PART 1



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## Documents to be Reviewed

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



**Comprehensive Assessment**

**Purpose**

- To ensure Recovery Peer Services is identified as helpful for the client
- Is not completed by the PRSS Worker



**Recovery Plan**

**Other Possible Names**

- Wellness Plan
- Treatment Plan
- Must have Recovery Peer Services goals
- Stabilization Plan



**Recovery Plan Updates**

**Timeline for completion**

- Are completed anytime there is a change in a goal or activity/objective



**Peer Services Notes**

**Completed for every Interaction**

- Must have all required statute requirements

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# Recovery Plans

## PART 2



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# Recovery Plan Requirements

[Sec. 254B.052 MN Statutes](#) Subd. 2

 **Goal**

 **Activities/objectives**  
➤ That support the Goals

 **Timeline for goals and objectives**

 **Goal type**  
➤ Short term  
➤ Long term

 **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.*

 **planned frequency sessions between the recovery peer and the client**

 **Signatures**  
➤ PRSS Worker  
➤ Supervisor  
➤ Client  
**Per: MN Adin Rule 9505.2165 Sup 2**

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# Recovery Plan

## What is missing

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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- Client First and Last Name
- Recovery Peer Support Specialist First and Last Name
- Goal
- Activity/Objective
- Goal Type (short/long term)
- Timeline for goals, activities/objectives
- Supervisors Name and Credentials
- Resources/Barriers
  - What resources does the client need
- Assets
  - What resources does the client have
  - Skills, assistance, support, etc.



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# Recovery Plan Example

## How to Improve

### 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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### Improved Documentation

- Goal: Go back to school to get a government job
  - Activity/Objectives:
    - Will get my GED
    - Research the impact my background has on the type of work I want to do
    - Identify what qualifications/schooling is needed for that job
  - How to measure the goal/objectives:
    - Over the next 3 months we will research where I can get my GED, cost, and if I need any study courses.
    - 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
    - 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
    - I will take my GED test within the next 6 months
    - Over the next 3 months
    - Over the next 6 months



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# Recovery Plan Example How to Improve

## 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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## Improved 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 How to Improve

## 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

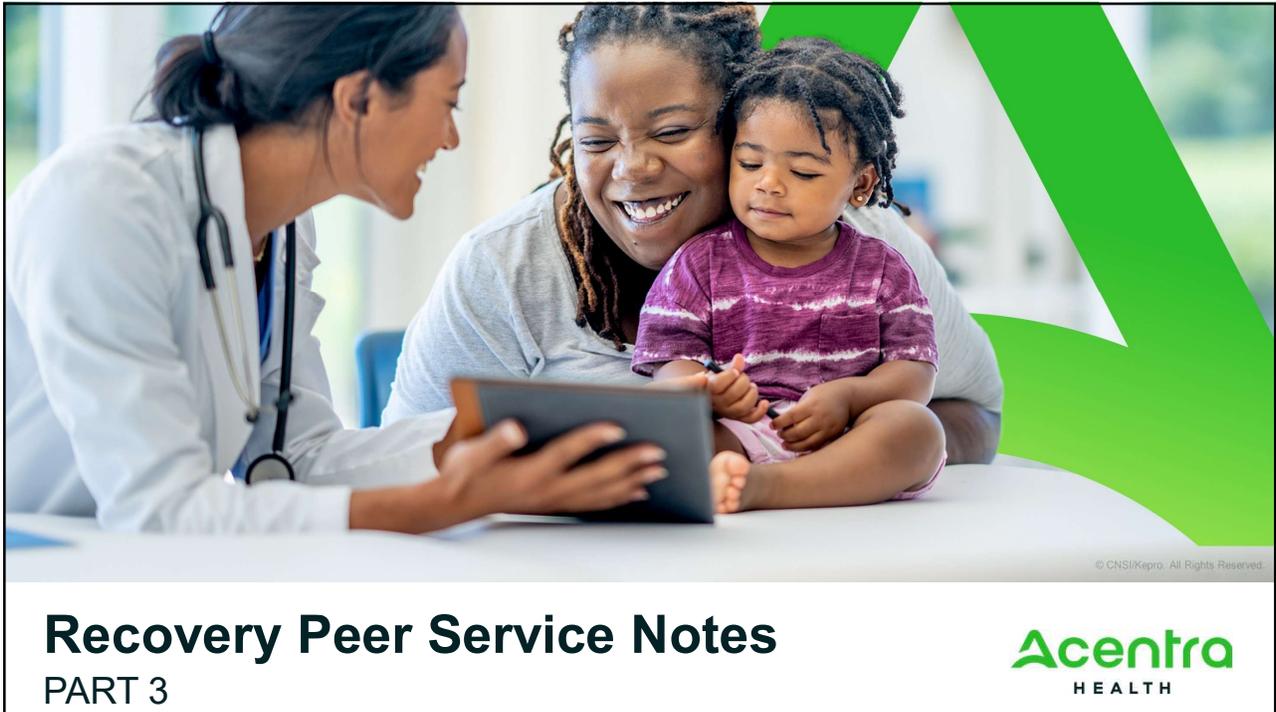
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## Improved Documentation

- 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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## Recovery Peer Service Notes

### PART 3

**Acentra**  
HEALTH

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## Service Note Requirements

### 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(s) addressed
- Activity/Objective addressed
- What the PRSS worker did
- Must complete individualized narrative about the session
  - Including client response

### PRSS Worker Signature

Per: MN Adin Rule 9505.2165 Sup 2

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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

\_\_\_\_\_  
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 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 \_\_\_\_\_ Got to know each other through self disclosure.

**Additional Person(s) Involved in Service Delivery**

**Client Response**

Client was engaged and participatory.

\_\_\_\_\_  
Date

- 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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# Improving Documentation

## PART 4



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EE3

## Documentation Best Practices & 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**  
(statute requirement)

- Must be an LADC or QMHP

**Recovery Plan Updates**  
(statute requirement)

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

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EE1



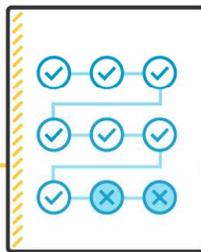
# The Golden Thread

Pull relevant information through one note to the next



Intake Assessment

- > PRESENTING PROBLEMS
- > DIAGNOSIS
- > DIAGNOSTIC JUSTIFICATION



Treatment Plan

- > TREATMENT GOALS
- > PRESCRIBED INTERVENTIONS



Progress Notes

Less time spent on documentation • Audit-friendly • Lower risk of takebacks



**TherapyNotes**

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## Slide 17

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- EE1** Rename Slide  
Emily Engers, 2025-11-19T17:49:42.899
- EE2** Focus on how the assessments define the plans  
Emily Engers, 2025-11-19T17:50:02.243
- EE3** Possibly change standards to best practices  
Emily Engers, 2025-11-24T20:01:19.929

## Slide 18

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- EE1** How to add an interactive quiz or interactive progress note completion?  
Emily Engers, 2025-11-19T17:54:12.377

# Golden Thread

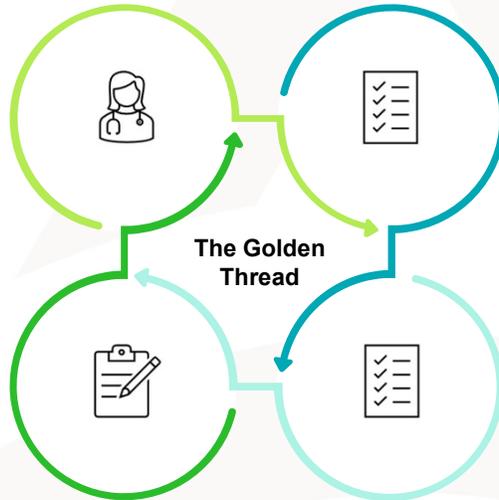
The Golden Thread is the consistent presentation of relevant clinical information throughout all documentation for a client.

## Intake Assessment

- clearly identifies an appropriate clinical problem and corresponding diagnosis

## Progress Notes

- demonstrate that the services you deliver match what was prescribed in the treatment/recovery plan



## Treatment Plan

- reflect a clear series of goals for helping the client through the identified problem

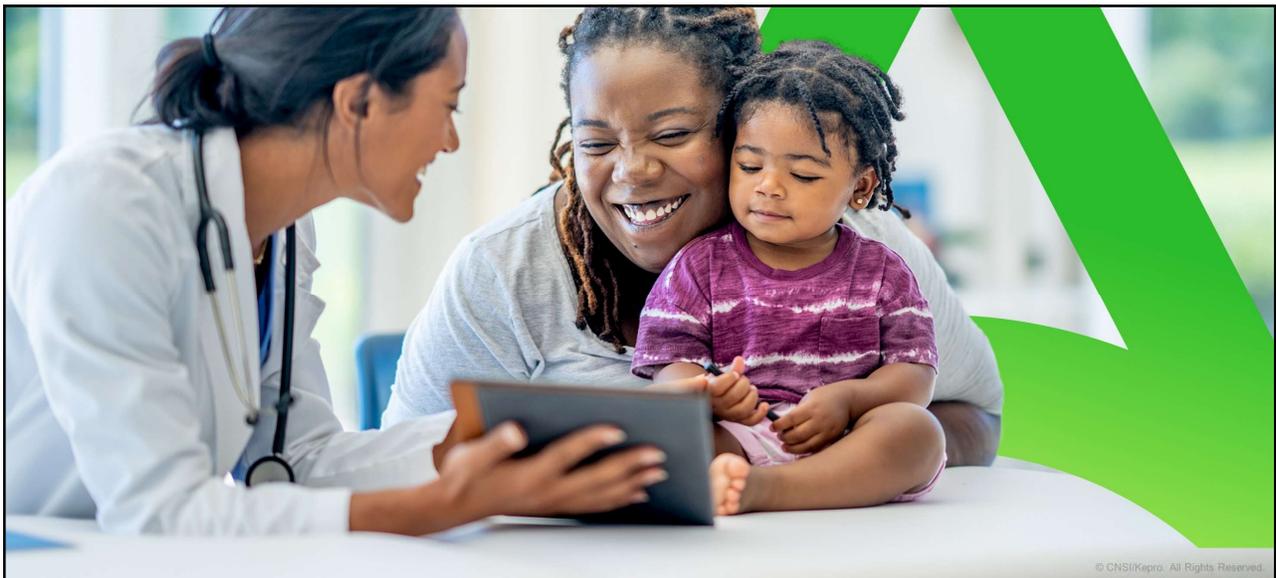
## Recovery Plan

- reflect a clear series of goals for helping the client through the identified problem

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## Billing PART 5

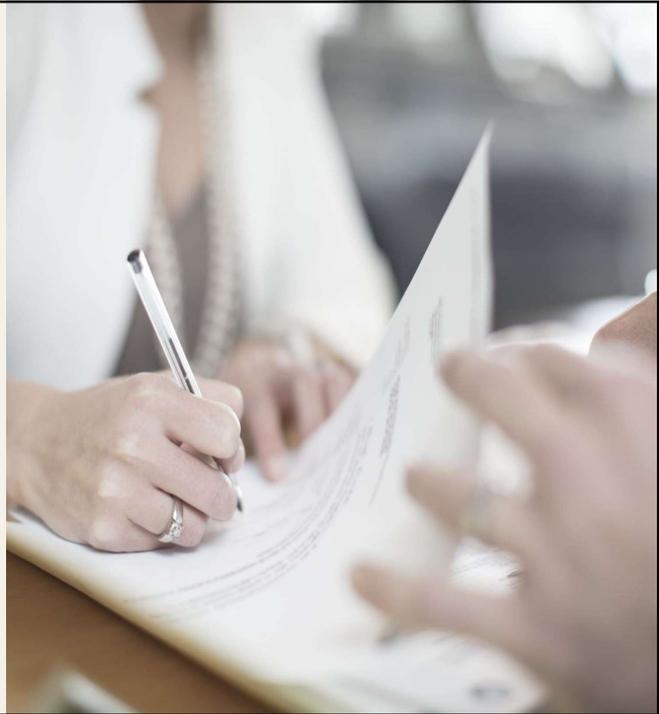


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## Billing

### Timeframes/threshold for billing

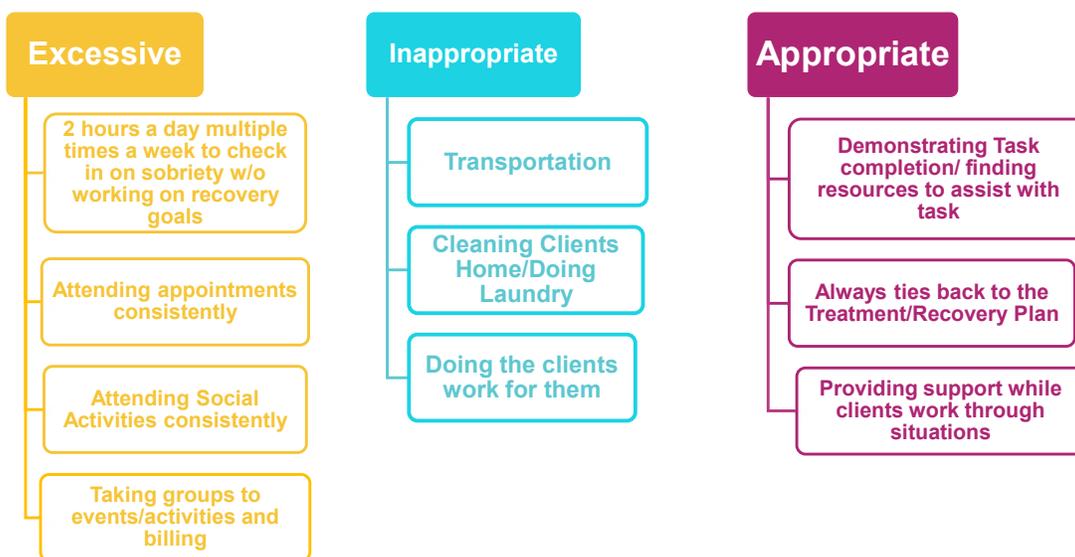
- Allowed to bill up to 14 hours per rolling-7 day period for the duration of peer services per client not per PRSS worker
- Does the billed services align with the notes and the recovery plan/treatment plan
- Bill exact amount you spent with the client (exact start and stop time)
- Should be aware if a client is receiving peer services with more than one agency



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## Appropriate vs. Excessive Billing



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## Question & Answer

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ASAM UM Portal Training Page 23

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## Microsoft Forms Link for Additional Questions.

Recovery Peer Specialist  
Documentation Training



[Recovery Peer Specialist Documentation Training – Fill out form](#)

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## Resources

### MN Admin Rule

#### [9505.2175 - MN Rules Part](#)

- Subpart 1. Documentation requirement. As a condition for payment by a program, a vendor must document each occurrence of a health service provided to a recipient. The health service must be documented in the recipient's health service record as specified in subpart 2 and, when applicable, subparts 3 to 9. Program funds paid for a health service not documented in a recipient's health service record shall be recovered by the department.
- Subp. 2. Required standards for health service records. A vendor must keep a health service record as specified in items A to I.
  - A. The record must be legible at a minimum to the individual providing care.
  - B. The recipient's name must be on each page of the recipient's record.
  - C. Each entry in the health service record must contain:
    1. the date on which the entry is made;
    2. the date or dates on which the health service is provided;
    3. the length of time spent with the recipient if the amount paid for the service depends on time spent;
    4. the signature and title of the person from whom the recipient received the service; and
    5. when applicable, the countersignature of the vendor or supervisor as required under parts 9505.0170 to 9505.0475.

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## Resources

### Peer Recovery Requirements

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

- Subd 1 (b)
 

Peer recovery support services must be provided according to an individual recovery plan if provided by a recovery community organization or county, a treatment plan if provided in a substance use disorder treatment program under chapter 245G, or a stabilization plan if provided by a withdrawal management program under chapter 245F.
- Subd 2 Individual Recovery Plan
  - (a) The individual recovery plan must be developed with the client and must be completed within the first three sessions with a recovery peer.
  - (b) The recovery peer must document how each session ties into the client's individual recovery plan. The individual recovery plan must be updated as needed. The individual recovery plan must include:
    - (1) the client's name;
    - (2) the recovery peer's name;
    - (3) the name of the recovery peer's supervisor;
    - (4) the client's recovery goals;
    - (5) the client's resources and assets to support recovery;
    - (6) activities that may support meeting identified goals; and
    - (7) the planned frequency of peer recovery support services sessions between the recovery peer and the client.
- Subd 3
  - (3) documentation of each billed peer recovery support services interaction between the client and the recovery peer, including the date, start and end time with a.m. and p.m. designations, the client's response, and the name of the recovery peer who provided the service

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# Resources

**Peer Recovery Requirements**

[Sec. 254B.0505 MN Statutes](#)

- Subd 8 Peer recovery support services requirements
- Eligible vendors of peer recovery support services must:
  - (1) submit to a review by the commissioner of up to ten percent of all medical assistance and behavioral health fund claims to determine the medical necessity of peer recovery support services for entities billing for peer recovery support services individually and not receiving a daily rate; and
  - (2) limit an individual client to 14 hours per week for peer recovery support services from an individual provider of peer recovery support services

[Substance Use Disorder \(SUD\) Services](#)

➤ Billing Guidance

Service Description	Unit	Revenue Code	HCPCS Procedure Code	Claim Format	Type of Bill	Service Limitations
Peer Recovery Support	15 minutes		H0038 U8	837P		Max of 16 unites (4 hours) per day per individual  Max 56 units (14 hours) per week per individual

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# Resources

**245G.07 Treatment Services**

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

- Subd 2 Additional Treatment Services
  - (8) peer recovery support services must be provided one-to-one and face-to-face, by a recovery peer according to section [245I.04, subdivision 18](#). Peer recovery support services must be provided according to sections [254B.0505](#) and [254B.052](#), and may be provided through telehealth according to section [256B.0625, subdivision 3b](#).

**Telehealth Services**

- [Telehealth Services](#)
  - Covered Services
    - List of Telehealth Services
    - Audio Only (until July 2027)
  - [Substance Use Disorder Services \(SUD\) - Telehealth Delivery of Substance Use Disorder Services](#)

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# Resources

## Supervision of Peer Workers

### Sec. 245I.04 MN Statutes

#### ➤ Subd 19 Recovery Peer Scope of Practice

(b) A licensed alcohol and drug counselor or mental health professional providing supervision to a recovery peer must meet with the recovery peer face-to-face, either remotely or in person, at least once per month in order to provide adequate supervision to the recovery peer. Supervision must include reviewing individual recovery plans, as defined in section [254B.01, subdivision 4e](#), and reviewing documentation of peer recovery support services provided for clients and may include client updates, discussion of ethical considerations, and any other questions or issues relevant to peer recovery support services.

## Other Resources

### The Golden Thread

➤ <https://blog.therapynotes.com/the-golden-thread-your-key-to-complete-documentation>

### SAMHSA Recovery Peer Support Workers

➤ [Peer Support Workers for those in Recovery | SAMHSA](#)

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# Thank you for attending!

Please reach out with any questions you may have.



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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