



Eric Holcomb, Governor  
State of Indiana

*Division of Mental Health and Addiction*  
402 W. WASHINGTON STREET, ROOM W353  
INDIANAPOLIS, IN 46204-2739  
317-232-7800  
FAX: 317-233-3472

August 30, 2019

To: Recovery Works Providers and Referral Sources  
From: Rebecca Buhner  
Re: Memo 014 - October 1, 2019 Updates  
Subject: Recovery Works Upcoming Changes

The purpose of this memo is to introduce new policies and procedures, which will go into effect as of October 1, 2019. The Recovery Works Policies and Procedure Manual will be sent out to all providers on September 15, 2019 and posted to the Recovery Works website by October 1st: <https://www.in.gov/fssa/dmha/2929.htm>. It is the responsibility of the individual agencies to ensure all aspects of the manual are read and understood by staff.

Below is a summary of some upcoming changes:

**Fund Allocation** - Recovery Works Funding will be allocated into three categories:

- Community - \$2500
  - o Funding to be used for individuals within the community. Funding can only be used for individuals not currently residing in a work release or jail facility.
- Re-Entry - \$1500
  - o Funding can be utilized in a work release, community corrections or jail setting only.
- Recovery Residence - \$4000
  - o Funding can be used at the Recovery Residence. This\$ includes the below per diem rates.

Funding for Residential Treatment remains in a separate category requiring prior authorization and is separate from the above allocations.

**Recovery Residences** - In addition to the daily housing assistance rate, daily per diem rates will go into effect for Recovery Residences. Level II and Level III Recovery Residences will no longer bill for any treatment related services (the per diem covers the cost of skills, case management, transportation, drug screens etc.):

Level II - \$6 per day/pp

Level III - \$7 per day/pp

Level IV - \$7 per day/pp



The other changes for Recovery Residences are as follows:

1. Level I Recovery Residences are not reimbursable through Recovery Works.
2. Level 11/111 Recovery Residences no longer need an assessment and diagnosis prior to accepting referrals.
3. Level 11/111 Recovery Residences must partner with DMHA certified mental health and addiction agencies to refer participants for an assessment and treatment services within 7 days of first day billed for per diem.
4. Recovery Residences must document their referral to treatment services, and the continued ongoing communication with the treatment provider.
5. Transportation services in addition to what is included in the Recovery Residence per diem are available after the participant is connected with a DMHA certified mental health or addiction provider. (Medicaid transportation or Recovery Works if applicable).

As part of the agreement of being an approved Recovery Works provider, Recovery Residences agree to accept the per diem rate identified by Recovery Works and will not charge Recovery Works participants additional fees during days for which Recovery Works is billed for housing assistance and per diem.

### **Medical Necessity**

If an individual is released from jail, and the insurance company denies treatment due to lack of medical necessity, Recovery Works will consider the denial up to the number of days listed below. This policy is for insurance denials based on medical necessity due to incarceration only, and cannot be utilized for any other denial explanation. Coverage is to help stabilize the participant, as well as help the participant transition to a lower level of care. Providers will need to send a denial and all pertinent documentation utilizing the JIRA system. All services provided will be billed as a bundle, and additional billing for services is prohibited.

Residential Level 3.5: Maximum of 3 days

Residential Level 3.1: Maximum of 5 days

### **Insurance Expectations**

All providers must be able to accept Medicaid by July 1, 2019. All new providers must have the capability to accept insurance prior to being approved by Recovery Works.

Participants must be connected to insurance within 10 days (completed application). Providers can continue to bill Recovery Works while waiting for insurance approval (up to 45 days). Recovery Works continues to be a provider of last resort, insurance must be utilized as the primary method of payment. If the individual is involved with DCS, the individual must utilize DCS services for substance use. Recovery Works cannot be utilized for DCS failure refer.

### **Referral Policy**

All participants must be referred to Recovery Works by a Criminal Justice Partner (CJP). If a participant leaves treatment or there is a gap in services for more than 30 days, a new referral is required. A gap in services is defined as an absence from or no engagement in services for

more than 30 days. If the participant is contacted and wishes to continue treatment, the CJ must document and notify the treatment provider that the referral is still active. Said documentation can include an email, letter and/or a new referral. Referrals are valid for a maximum of 12 months (if participant in continuous treatment).

### **Other Information**

As part of these changes, Recovery Works will be requiring all current service providers to fill out a new application. Based on the new application, the service provider will only be able to bill for those services marked with an "X". It is the responsibility of the facility to ensure you are qualified to provide the service(s) you select

All of the updated documents - policies and procedures manual, referral form, application form, rate sheets, training policy and PowerPoints, and prior authorization forms will be available on the website by October 1, 2019.

Sincerely,



Rebecca Buhner  
Deputy Director -Addiction and Forensic Treatment  
Division of Mental Health and Addiction  
Family Social Services Administration

\*Please print and keep with your Recovery Works Program Manual.