



# **Recovery Works**

## **Rate Sheet Appendix**



## Community-Based

07.01.2024: The reimbursement rates for Community Services available through Recovery Works are listed below. These rates are subject to change.

The maximum lifetime cap for community services is **\$2,500**.

**Units per service vary.** Please use the rate sheet below to determine how many units to bill.

<u>RW Code</u>	<u>Service</u>	<u>Rate</u>	<u>Unit</u>
R1010	ANSA Redetermination (Non Medicaid/MRO)	\$110.91	1 assessment
R1020	AOD Urine Screen	\$18.05	1 Screen
R1030	Case Management	\$14.53	1/4 hr
R1040	Comprehensive Mental Health and Substance Use Disorder Assessment w/ ANSA	\$130.00	1 assessment
R1520	Comprehensive Mental Health and Substance Use Disorder Assessment w/ ANSA- TELEHEALTH	\$100.00	1 assessment
R1530	Enrollment Admin Fee	\$50.00	1
R1060	Health Care Coordination Services	\$8.55	1/4 hr
R1490	HIP Power Account Contribution	\$1.00	1
R1100	Medication	\$1.00	1
R1130	Medication Assisted Treatment - Methadone *PA Required beyond 10 days.	\$16.05	1 day
R1150	Medication Assisted Treatment Assessment	\$112.78	1 assessment
R1160	Medication Review	\$23.88	1/4 hr
R1170	Medication Training & Support - Family/Couple Group w/ Member	\$3.35	1/4 hr
R1180	Medication Training & Support - Family/Couple Group w/o Member	\$3.35	1/4 hr
R1190	Medication Training & Support - Family/Couple Individual w/ Member	\$18.62	1/4 hr
R1200	Medication Training & Support - Family/Couple Individual w/o Member	\$18.62	1/4 hr
R1210	Medication Training & Support - Group	\$3.35	1/4 hr

R1220	Medication Training & Support - Individual	\$18.62	1/4 hr
R1230	Mental Health Counseling- Family/Couple Group w/ Member	\$7.16	1/4 hr
R1240	Mental Health Counseling- Family/Couple Group w/o Member	\$7.16	1/4 hr
R1250	Mental Health Counseling- Family/Couple Individual w/ Member	\$28.65	1/4 hr
R1260	Mental Health Counseling- Family/Couple Individual w/o Member	\$28.65	1/4 hr
R1270	Mental Health Counseling- Group	\$7.16	1/4 hr
R1280	Mental Health Counseling- Individual	\$28.65	1/4 hr
R1290	Peer Recovery Support Services	\$8.55	1/4 hr
R1300	Psychiatric Assessment	\$42.35	1/4 hr
R1320	Skills Training and Development - Family/Couple Group w/ Member	\$4.71	1/4 hr
R1330	Skills Training and Development - Family/Couple Group w/o Member	\$4.71	1/4 hr
R1340	Skills Training and Development - Family/Couple Individual w/ Member	\$26.14	1/4 hr
R1350	Skills Training and Development - Family/Couple Individual w/o Member	\$26.14	1/4 hr
R1360	Skills Training and Development - Group	\$4.71	1/4 hr
R1370	Skills Training and Development - Individual	\$26.14	1/4 hr
R1380	Substance Use Disorder Counseling- Family/Couple Group w/ Member	\$14.58	1/4 hr
R1390	Substance Use Disorder Counseling- Family/Couple Group w/o Member	\$14.58	1/4 hr
R1400	Substance Use Disorder Counseling- Family/Couple Individual w/ Member	\$14.58	1/4 hr
R1410	Substance Use Disorder Counseling- Family/Couple Individual w/o Member	\$14.58	1/4 hr
R1420	Substance Use Disorder Counseling- Group	\$14.58	1/4 hr

R1430	Substance Use Disorder Counseling- Individual	\$14.58	1/4 hr
R1440	Supported Employment Services	\$9.17	1/4 hr
R1500	Tele-psychiatry	\$18.37	1/4 hr
R1450	Transportation - Agency Vehicle	\$10.00	per round trip
R1460	Transportation - Public	actual expense	1 trip

## Intensive Outpatient Treatment (IOT)

07.01.2024: The reimbursement rates for Intensive Outpatient Treatment available through Recovery Works are listed below. These rates are subject to change.

The maximum lifetime cap for Intensive Outpatient Services is **\$4,472.4**

**Units per service vary.** Please use the rate sheet below to determine how many units to bill.

R1090	Intensive Outpatient Treatment	\$186.35	3 hours
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## Re-Entry Services

07.01.2024 The reimbursement rates for Re-Entry Services through Recovery Works are listed below. These rates are subject to change and are rounded to the whole dollar. Rates may vary slightly compared to rates in policy and procedure manual.

The maximum lifetime cap for re-entry services is **\$1,500**.

**Re-Entry Services will be claimed in WITS as one (1) service name:**

1. Re-Entry Services – RW

**All services are 1 unit = \$1.** Reference the chart below to determine the number of units necessary for WITS billing:

Service	Rate	Unit
Comprehensive Assessment - CJJ	\$205	1 Assessment
Case Management	\$14.53	1/4 hour
Medication	\$1	Actual cost
Medication Assisted Treatment Assessment	\$112.78	1 Assessment
Medication Assisted Treatment with Daily Medication Administration (Methadone)	\$16.05	Day
Mental Health Counseling – Group	\$7.16	1/4 hour
Mental Health Counseling – Individual	\$28.65	1/4 hour
Peer Recovery Support Services	\$8.55	1/4 hour
Psychiatric Assessment	\$42.35	1/4 hour
Skills Training & Development – Group	\$4.71	1/4 hour
Skills Training & Development – Individual	\$26.14	1/4 hour
Substance Use Disorder Counseling – Group	\$14.58	1/4 hour
Substance Use Disorder Counseling – Individual	\$14.58	1/4 hour
Tele-psychiatry	\$18.37	1/4 hour
Transportation – Bus Pass	\$1	Actual cost

Example: You have an incarcerated individual who needs treatment for his substance use disorder.

- Case Management – 15 minutes a week
- Peer Recovery Support Services – 3 hours per week
- Substance Use Disorder Counseling Individual – 2 hours per week

*Calculate the units needed for the services.*

Case Management	Peer Recovery	Substance Use Counseling
=14.55 units/quarter X 4 weeks	=8.55 units/qrt X 12 qtrs X 4 wks	=\$14.58 units/qrt X 8 qtrs X 4 wks
=58.20 units/month	=410.40 units/month	=466.56 units/month

TOTAL = 888 units of Re-Entry Services per month

**Add Re-Entry Services at \$935.16 total.**

## Recovery Residence

The reimbursement rates for Recovery Residences' services available through Recovery Works are listed below.

The maximum daily housing rate is **\$8,000**.

**Recovery Residences may only claim for one (1) services in WITS:**

1. Recovery Residence – RW (*per diem is included in this service*)

**All services are 1 unit = \$1.** Reference the chart below to determine the number of units necessary for WITS billing:

<u>Service</u>	<u>Rate</u>	<u>Unit</u>
Tier 1	\$22	Day
Tier 2A	\$26*	Day
Tier 2B	\$30*	Day
Tier 3 – GOLD STANDARD	\$34*	Day

<u>Tier 1</u>	<u>Tier 2A</u>	<u>Tier 2B</u>	<u>TIER 3</u>
- Agency does not allow all forms of medication including MAT	- <b>Room Only</b> (Does not provide food for participants)	- <b>Room and Board</b> (1 prepared meal and enough for participants to make additional meal)	- <b>Room and Board</b> (1 prepared meal and enough for participants to make additional meal)
	- Allows all forms of medication including MAT	Allows all forms of medication including MAT	Allows all forms of medication including MAT

Example:

**You are a Recovery Residence TIER 2 (different from INARR level) home providing room and board and welcome all forms of MAT**

*Calculate the units needed for the services.*

1. Recovery Residence – RW  
 = \$30/day X \$1/unit X 31 days  
 = \$930/month

*Set up a voucher for dates 10/1/2024 – 10/31/2024.*

***Add Recovery Residence – RW at 930 units.***

***Voucher will be set for \$930 (monthly allotted maximum)***

***You will bill in 7-day increments (weekly) \$210***

## Clinically Managed Care – Residential Services

**\*\*PA REQUIRED beyond 7 days\*\***

07.01.24: The reimbursement rates for Clinically Managed Residential Services available through Recovery Works are listed below. These rates are subject to change. These services are approved through prior authorization (PA) only.

### **Clinically Managed Residential Services includes two services:**

1. Clinically Managed Low-Intensity Residential Services - \$3,789.66
2. Clinically Managed High-Intensity Residential Services - \$7,741.05

Reference the chart below to determine the number of units necessary for WITS billing:

<u>RW Code</u>	<u>Service</u>	<u>Rate</u>	<u>Unit</u>
R1470	Clinically Managed High-Intensity Residential Services	\$516.07*	1 Day
R1480	Clinically Managed Low-Intensity Residential Services	\$180.46*	1 Day

To submit a PA for these services, please visit <https://www.in.gov/fssa/dmha/2930.htm> to download the form. Once completed, submit to [Recovery.Works@fssa.IN.gov](mailto:Recovery.Works@fssa.IN.gov), and the clinical director will review.

## Aftercare Funding Rate Sheet

7.01.2024: The reimbursement rates for Aftercare Funding Services available through Recovery Works are listed below. These rates are subject to change.

The maximum lifetime cap for community services is **\$1,500**.

**For Medication Assisted Treatment (MAT), please complete a RW Prior Authorization Form.**

<u>RW Code</u>	<u>Service</u>	<u>Rate</u>	<u>Unit</u>
R1010	ANSA Redetermination (Non-Medicaid/MRO)	\$110.9	1 assessment
R1020	AOD Urine Screen	\$18.05	1 Screen
R1030	Case Management	\$14.53	1/4 hr
R1040	Comprehensive Mental Health and Substance Use Disorder Assessment w/ ANSA	\$130.00	1 assessment
R1510	Comprehensive Mental Health and Substance Use Disorder Assessment w/ ANSA - CJJ	\$205.00	1 assessment
R1520	Comprehensive Mental Health and Substance Use Disorder Assessment w/ ANSA- TELEHEALTH	\$100.00	1 assessment
R1530	Enrollment Admin Fee	\$50.00	1
R1060	Health Care Coordination Services	\$8.55	1/4 hr
R1490	HIP Power Account Contribution	\$1.00	1
R1100	Medication	At Cost	\$1.00
R1130	Medication Assisted Treatment - Methadone *PA Required	\$16.05	1 day
R1150	Medication Assisted Treatment Assessment	\$112.78	1 assessment
R1160	Medication Review	\$23.88	1/4 hr
R1220	Medication Training & Support - Individual	\$18.62	1/4 hr
R1280	Mental Health Counseling- Individual	\$28.65	1/4 hr
R1290	Peer Recovery Support Services	\$8.55	1/4 hr
R1300	Psychiatric Assessment	\$42.35	1/4 hr
R1370	Skills Training and Development - Individual	\$26.14	1/4 hr
R1430	Substance Use Disorder Counseling- Individual	\$14.58	1/4 hr
R1440	Supported Employment Services	\$9.17	1/4 hr
R1500	Tele-psychiatry	\$18.37	1/4 hr
R1450	Transportation - Agency Vehicle	\$10.00	per round trip
R1460	Transportation - Public	At Cost	30-day bus pass or individual day bus pass

Aftercare services are billed under R1640 AfterCare Funding. Do NOT bill services individually under the services above.

Example:

Provided 1 hour Peer Support services:  $\frac{1}{4}$  unit = \$8.55 x 4 units (1 hour) = \$34.20 UNITS Billed (billed under Aftercare Funding)

When creating a voucher, you want to add all potential services you may use and create the voucher based on service units