

Memo 012 Rate Change and Service Cap Q & A

Q: Is the service caps for new or existing clients?

A: Caps and rate changes are for all clients. This is why we are giving a 45+ day notice so that everyone can be prepared, both clients and providers.

Q: Are these lifetime service caps? Or monthly? Weekly? For example, the 6 hours of case management service cap, what is the time frame that the 6 hours applies to?

A: These are lifetime caps. Using the example above of case management, this would allow a client to receive 30 minutes of case management per week for 12 weeks. The intent of Recovery Works is to be a bridge of coverage until insurance coverage kicks in. We find that coverage kicks in within 60-90 days (8-12 weeks).

Q: On December 1, will Recovery Works clients start at zero?

A: No. Whatever clients have already utilized will be part of their cap. A PA will need to be submitted to continue services if they have reached the service cap. This is part of why we have decided to push the start date back to give some time for preparation.

Q: What if my client needs a little more Recovery Works funding until their insurance kicks in?

A: A Prior Authorization (PA) can be submitted to request additional funding for particular services until coverage kicks in. We ask that PA are submitted as soon as possible to allow for ample time to be processed.

Q: Group Therapy is capped 8 hours. Some of our programing (i.e. Matrix) will only cover about 9 days, what do we do for those that will not be eligible for PE, and will take about 60-90 days to get insurance coverage?

A: A Prior Authorization (PA) can be submitted to request additional funding for particular services until coverage kicks in. We ask that PA are submitted as soon as possible to allow for ample time to be processed.

Q: Will a Prior Authorization (PA) need to be submitted for clients that are currently in treatment?

A: That depends fully on where they are in their current funding. If a client has spent \$1,000 in Substance Use Disorder –Group, and needs more, then yes a PA will need to be submitted.

Q: What about aftercare?

A: After care should no longer be an issue as clients should be connected to insurance within 90 days and no longer need Recovery Works funding at that point.

Q: Are the rates now in line with Medicare/Medicaid rates or are these Recovery Works rates?

A: They are in alignment with Medicaid.

Q: We have clients that for whatever reason either can't or do not qualify for HIP. How do we insure that they get continued care?

A: We will work you the providers through the PA process to ensure that the clients are not effects by these changes.

Q: Is Recovery Works going to notify criminal justice providers across the State of these changes, or is the expectation that treatment providers will? If so, will Recovery Works at least draft a letter for treatment providers to forward to criminal justice providers so the message about the changes is consistent statewide?

A: We will notify Criminal Justice partner through our communication chains as best we can. Additionally, we have drafted a letter that for treatment providers to share with your partners so that the message is consistent.

Q: Will the IRPB go away?

A: For the time being, yes, the IRPB is going away. This will also be communicated with Criminal Justice partners.

Q: Will RW still cover the cost of services a client's insurance does not cover (up to the service cap of course)?

A: Yes, nothing changes here.

Q: Can we anticipate more changes?

A: There may be more changes to come. These changes are necessary in order to ensure that the program continues, but they are by no means our "happy place". We may have the opportunity to increase service caps or remove services all together that are not being utilized. At this time we just have to wait and see. One of the factors that determines how things play out is what our budget looks like for the 2020 and 2021 State Fiscal Years as well.

Q: When will we know if the funding for the Recovery Works program will be renewed?

A: Please watch the Governor's announcements for his agenda and requests. Actual budgets will be part of legislation session.

Q: Does the state realize that you are increasing the administrative time necessary to manage RW yet they are decreasing the enrollment fee by half when this is what is supposed offset overhead cost for providers?

A: Yes, this decrease was approved by the Justice Reinvestment Advisory Council, which is the body that guides the Recovery Works program by state statute.

Q: What about individuals that are on Work Release and Recovery Works is their only source of coverage?

A: The Recovery Works staff will be working closely with the Department of Family Resources (DFR) to ensure that Work Release locations are labeled properly, which in turn will allow their clients to receive Medicaid/HIP benefits. In the meantime, we will work with the providers through the PA process to ensure that the clients are not affected by these changes.

Q: How does Recovery Residence fit into these changes?

A: The Recovery Residence rate changes are not affected by these changes. Those rate changes still go into effect on 12/1/18. Sarah has done a great job of providing direction on how to ensure that there is a smooth transition in that process. We are continuing to experience a delay in our WIT upgrade. We will be uploading the update into the testing site on 12/3, which means we are that much closer to the actual update going into production. For right now, the only thing that has changed in regards to housing is the rate.

As a reminder, the Housing Assistance service ends 11/30, which means that you must bill for the service by the end of the day, otherwise you cannot claim for the service, and we will not allow for late billing. If you still have the service on a voucher past 11/30, you will need to close the voucher and start a new one with the new service (Recovery Residence). Any questions ask Sarah ASAP.

Q: Is there a way to know how much Recovery Works funding a client has utilized?

A: Once the WITS update has gone into production, you will be able to run a report that will show you how much funding a client has utilized.

Q: We do a 90-in/90-out program for a county jail. We will begin to hit caps for services while the clients are in the 90-in component, and may impact the 90-out component. Will any consideration be given to this?

A: In order to honor the RFP that we granted in these pilots, we will work with each individual grantee