



# RECOVERY WORKS APPLICATION PACKET

## INSTRUCTIONS

**DMHA CERTIFIED TREATMENT PROVIDERS**



INDIANA'S FORENSIC TREATMENT PROGRAM



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## Introduction

Welcome!

The Recovery Works team is thrilled that your agency is interested in applying to provide specialized services for qualifying individuals in the criminal justice system. Since the program's inception, service providers have made a significant impact on increasing the availability of treatment and recovery services in the community for those who may otherwise face incarceration. However, several gaps still exist across the state of Indiana, which makes the addition of your agency as a Recovery Works service provider extremely valuable.

Our team is dedicated to providing the support you need to successfully implement Recovery Works at your agency and in your community. The application process contains several phases and components, which are all outlined in detail in this packet. Please be sure to complete all forms and parts of this application **prior** to submission. **All forms can be found in the Recovery Works Application Packet (separate document)**. Shall any questions arise, please reach out to our team at [Recovery.Works@fssa.in.gov](mailto:Recovery.Works@fssa.in.gov) for assistance.

Again, we hope to make the application process as seamless and quick as possible. We are excited to welcome you to the program once approved!

Sincerely,

***Recovery Works Team***



## Checklist of Forms

The Recovery Works Application packet consists of several documents that allow the Recovery Works team to approve and designate agencies to provide Recovery Works services throughout the State of Indiana. Once an application is received at the state office, the administrative team will review the application. If the application is incomplete, the provider will receive the application back to be corrected.

### **A complete Recovery Works application contains the following documents):**

- Copy of DMHA certification
- Documentation on approval from Managed Care Entities on insurance acceptance
- W-9 (<https://www.irs.gov/pub/irs-pdf/fw9.pdf>)
- Direct Deposit (<https://forms.in.gov/Download.aspx?id=11695>)
- Recovery Works Application Form (<https://www.in.gov/fssa/dmha/files/Agency-Application-Updated-Oct-2019.pdf>)
- DARMHA Provider Registration Form (<https://dmha.fssa.in.gov/DARMHA/mainDocuments>)
- DARMHA New User Form(s) (<https://dmha.fssa.in.gov/DARMHA/mainDocuments>)
- WITS Setup Spreadsheet (<https://www.in.gov/fssa/dmha/files/WITS-Set-Up-Excel-Worksheet-2.xlsx>)

All of these forms can also be found at <https://www.in.gov/fssa/dmha/recovery-works/recovery-works-forms/>.



## DMHA Certification:

All treatment providers must be DMHA certified as one of the following **prior** to applying with the Recovery Works team:

- Community Mental Health Center (CMHC)
- Addiction Treatment Services Provider Outpatient (ASO)
- Addiction Treatment Services Provider Regular (ASR)
- Private Mental Health Institution (PIP)
- Opioid Treatment Program (OTP)

Again, organizations interested in providing treatment services must apply with DMHA prior to applying with Recovery Works. The certification process involves completing necessary forms and attending required trainings.

**For more information on applying for DMHA certification, please visit <https://www.in.gov/fssa/dmha/for-providers/provider-certification-and-licensure/>, or contact the certification team directly at [DMHA-CL@fssa.in.gov](mailto:DMHA-CL@fssa.in.gov).**

Recovery Residences levels 2-3 do NOT need to apply for DMHA certification.



## Insurance Acceptance:

As of July 1, 2019, Recovery Works will not accept any applications from service providers who are not also currently enrolled as a Medicaid/HIP provider and credentialed with the Managed Care Entities, because Recovery Works is intended to cover the cost of services for individuals without an alternate payer source.

If your agency is not currently meeting this requirement, please visit [www.indianamedicaid.com](http://www.indianamedicaid.com) for more information and forms. Agencies should not apply with Recovery Works until this process is completed. It is encouraged to begin this process as soon as possible, as it can take up to 6 months in its entirety.



## Clearances:

Prior to submitting your application, please ensure your agency is in good standing with the Department of Revenue (DOR) and the Department of Workforce Development (DWD).

DOR: A tax clearance is an official confirmation provided by the DOR that no tax is due by the business. To receive a tax clearance, you must meet the following requirements:

- All tax returns must be filed up-to-date.
- All outstanding delinquencies must be paid in full.
- All payments must be made using guaranteed funds

Please visit <https://www.in.gov/dor/business-tax/indiana-tax-clearance/> for more information on passing the DOR clearance.

DWD: Agencies must pass a clearance check with DWD.

For more information on DWD clearances, please visit [www.in.gov/dwd](http://www.in.gov/dwd).

Upon submission of your application, the Recovery Works team is required to check the agency's standing with both the DOR and DWD. A negative result with either entity will result in termination of the Recovery Works application.



## Vendor Status:

All Recovery Works applicants must become an active vendor with the state, which will allow the provider to receive direct deposit payments. To become active, the agency must fill out the most recent version of the W-9 and direct deposit forms.

### W-9:

You can find the most recent version of the W-9 at <https://www.irs.gov/forms-pubs/about-form-w-9>.

When filling out the W-9, it is best to do it by parts and go line item by line item. Each line must be filled out completely and accurately. See page 3 of the W-9 form for more specific instructions than provided here.

**Form W-9**  
(Rev. October 2018)  
Department of the Treasury  
Internal Revenue Service

**Request for Taxpayer Identification Number and**

▶ Go to [www.irs.gov/FormW9](https://www.irs.gov/FormW9) for instructions and

1 Name (as shown on your income tax return). Name is required on this line; do not leave this field blank.

2 Business name/disregarded entity name, if different from above

**Line 1** should be the name of your agency; this should match what is on your W-2 tax return form

**Line 2** would be if you have a “doing business as (dba)” name

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only **one** of the following seven boxes.

Individual/sole proprietor or single-member LLC

C Corporation

S Corporation

Partnership

Trust/estate

Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ \_\_\_\_\_

**Note:** Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) \_\_\_\_\_

Exemption from FATCA reporting \_\_\_\_\_

**Line 3** is your federal tax classification and defines how your agency is classified when it comes to federal taxes. You must check **only one box**.

- You will check the first box if you are filing as an individual, sole proprietor or single-member limited liability company (LLC) owned by an individual and disregarded for U.S. federal tax purposes.
- The Limited liability company box is for a Partnership or LLC businesses with multiple members. You can check this box if you own an LLC treated as a partnership for federal taxes (fill in “P” in the adjacent space), an LLC that has filed Form 8832 or 2553 and is taxed as a corporation (fill in “C” or “S” in the adjacent space depending on the type) or an LLC whose owner is another LLC not disregarded for federal tax purposes (fill in the appropriate letter in the adjacent space). If your LLC has not filed a request to be taxed as a C or S corporation, it is taxed as a Partnership.

**Line 4** must be filled out if you marked any box except individuals/sole proprietor on line 3. If your agency has any reason for exemptions, you need to fill out this line.

**\*\*See next page for even more detailed instructions on lines 3 & 4**



**Line 3 (more details):**

IF the entity/person on line 1 is a(n) . . .	THEN check the box for . . .
<ul style="list-style-type: none"> <li>• Corporation</li> </ul>	Corporation
<ul style="list-style-type: none"> <li>• Individual</li> <li>• Sole proprietorship, or</li> <li>• Single-member limited liability company (LLC) owned by an individual and disregarded for U.S. federal tax purposes.</li> </ul>	Individual/sole proprietor or single-member LLC
<ul style="list-style-type: none"> <li>• LLC treated as a partnership for U.S. federal tax purposes,</li> <li>• LLC that has filed Form 8832 or 2553 to be taxed as a corporation, or</li> <li>• LLC that is disregarded as an entity separate from its owner but the owner is another LLC that is not disregarded for U.S. federal tax purposes.</li> </ul>	Limited liability company and enter the appropriate tax classification. (P= Partnership; C= C corporation; or S= S corporation)
<ul style="list-style-type: none"> <li>• Partnership</li> </ul>	Partnership
<ul style="list-style-type: none"> <li>• Trust/estate</li> </ul>	Trust/estate

**Line 4, Exemptions (more details):**

**Line 4, Exemptions**

If you are exempt from backup withholding and/or FATCA reporting, enter in the appropriate space on line 4 any code(s) that may apply to you.

**Exempt payee code.**

- Generally, individuals (including sole proprietors) are not exempt from backup withholding.
- Except as provided below, corporations are exempt from backup withholding for certain payments, including interest and dividends.
- Corporations are not exempt from backup withholding for payments made in settlement of payment card or third party network transactions.
- Corporations are not exempt from backup withholding with respect to attorneys' fees or gross proceeds paid to attorneys, and corporations that provide medical or health care services are not exempt with respect to payments reportable on Form 1099-MISC.

The following codes identify payees that are exempt from backup withholding. Enter the appropriate code in the space in line 4.

1—An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2)

2—The United States or any of its agencies or instrumentalities

3—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities

4—A foreign government or any of its political subdivisions, agencies, or instrumentalities

5—A corporation

6—A dealer in securities or commodities required to register in the United States, the District of Columbia, or a U.S. commonwealth or possession

7—A futures commission merchant registered with the Commodity Futures Trading Commission

8—A real estate investment trust

9—An entity registered at all times during the tax year under the Investment Company Act of 1940

10—A common trust fund operated by a bank under section 584(a)

11—A financial institution

12—A middleman known in the investment community as a nominee or custodian

13—A trust exempt from tax under section 664 or described in section 4947



See Spd	5 Address (number, street, and apt. or suite no.) See instructions.
	6 City, state, and ZIP code
	7 List account number(s) here (optional)

**Lines 5, 6, & 7** should match the address information that goes with your business name on line 1. This information can also be found on your W-2 income tax return.

**Part I Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number									
				-					
OR									
Employer identification number									

**Part 1** will most likely be your Employer Identification Number (EIN), which can be found on line b of your W-2.

**Part II Certification**

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, acquisition or abandonment of secured property, cancellation of debt, contributions to an IRA, or other than interest and dividends, you are not required to sign the certification, but you must

**Part 2** must be signed and dated.

Sign Here	Signature of U.S. person ▶	Date ▶
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## Direct Deposit

You can find the most recent version of the direct deposit form at forms.in.gov and browsing the all-agency catalog for form 47551. This is a downloadable fill-in PDF.

**This form must be completed in order to receive payment from the State of Indiana and any time there is a change in banking information. This form must be accompanied by a W9. If you are changing an e-mail address to receive electronic notifications of EFT deposits, please contact [vendors@auditor.in.gov](mailto:vendors@auditor.in.gov).**

New Enrollment  
 Change of Existing Account

Prior Routing Number: \_\_\_\_\_  
 Prior Account Number: \_\_\_\_\_

You will want to select **“new enrollment”** unless your agency has received direct deposits from the State in the past and your banking information has changed. In that case, select **“change of existing account”** and enter your new banking information.

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**SECTION 1: AUTHORIZATION**

According to Indiana law, your signature below authorizes the transfer of electronic funds under the following terms:

Name of Company or Individual <i>(as shown on the account)</i>	Federal Identification Number / Social Security Number *
Address <i>(Number and Street and/or PO Box Number)</i>	City, State, and ZIP Code <i>(00000-0000)</i>

**All the information in section 1 should match the information on your W-9.**

Name is your agency name (not your name). Federal ID is your EIN. Address is the address of your agency on your W-2.

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**SECTION 2: DIRECT DEPOSIT INFORMATION**

Type of Account:  Checking (Demand)  Savings

Please check this box if your direct deposit will be automatically forwarded to a bank account in another country.

**Financial Institution:** \_\_\_\_\_

**Routing Number (9 digits):** \_\_\_\_\_

**Account Number (maximum 17 digits – include leading zeros):** \_\_\_\_\_

**You must check the type of account: either Checking or Savings**

Then you will enter your bank’s name and the routing and account numbers of your bank account that you want your deposits sent to.



**SECTION 3: E-MAIL ADDRESS TO RECEIVE ELECTRONIC NOTIFICATION OF ELECTRONIC FUND TRANSFER (EFT) DEPOSITS \*Required**

*(Please contact [vendors@auditor.in.gov](mailto:vendors@auditor.in.gov) to add more than four addresses.)*

All future notices of EFT deposits to the bank account specified above will be sent to the following e-mail addresses:

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



By checking this box, I authorize the information provided on this form to be accurate and I agree with the provisions on the reverse side of this form. I also authorize the State of Indiana to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account indicated above. This authorization will remain in effect until the state has received written notification of its termination and has adequate time to act upon the request.

NAME (type) \_\_\_\_\_ TITLE \_\_\_\_\_ TELEPHONE \_\_\_\_\_



AUTHORIZED SIGNATURE\* \_\_\_\_\_ DATE (month, day, year) \_\_\_\_\_

\* Under [IC 26-2-8-106](#), your electronic signature on this form represents the same legal authority as your written signature.

**Enter the e-mail addresses you want to receive notice of your deposits.**

**You MUST check the box, write your name and phone number, then SIGN and DATE the document.**



## Recovery Works Application Form:

Always make sure you are using the most recent application form, which can be found at <https://www.in.gov/fssa/dmha/recovery-works/recovery-works-forms/>.



**AGENCY APPLICATION**  
State Form 55944 (R5 / 8-19)  
FAMILY AND SOCIAL SERVICES ADMINISTRATION  
DIVISION OF MENTAL HEALTH AND ADDICTION



AGENCY INFORMATION		
Name of organization (As Registered with Indiana Secretary of State)		
Organization Employer Identification Number (EIN)		National Provider Identification Number (NPI)
Application Contact		E-mail address
Street address of agency location		City, state and ZIP code
Telephone number ( ) ( )	Fax number ( ) ( )	Main E-mail address

Name should match the name on your W-9 form.

EIN can be found on your W-2 income tax form.

NPI is provided once your agency is registered with the National Plan and Provider Enumeration System. You can go to <https://nppes.cms.hhs.gov/#/> if you need to register.

Application Contact is whoever is filling out the application and who could be contacted for questions.

Email address of the main contact point at the agency.

Street address of your administrative or main treatment location.

MAILING ADDRESS OF ADMINISTRATION BILLING OFFICE		
Street address		City, state and ZIP code
Main telephone number ( ) ( )	Fax number ( ) ( )	Website (if available)
County(ies) of service		
List types of insurance accepted by the agency (i.e. Medicaid, Health Indiana Plan (HIP), self-pay, etc.).		

Enter the mailing address of your administrative or main treatment location. The county of service should be the county that the main facility is located.

Insurance acceptance is required.



SERVICES	Mark with an X if your agency is providing the service; if your agency is not providing the service, mark the space blank.
Alcohol and Other Drug Screening	
Case Management	
Comprehensive Mental Health and Substance Use Disorder Assessment	
Health Care Coordination Services	
Intensive Outpatient Treatment	
Medication Assisted Treatment (OTP Treatment Bundles)	
Medication for Treatment of Mental Health and/or Substance Use Disorders	
Medication Training & Support	
Mental Health Counseling (Individual, Family, or Group)	
Peer Recovery Support Services	
Psychiatric Evaluation and/or Medication Review	
Recovery Residence – Room Only	
Recovery Residence – Room and Board	
Reentry Services	
Residential – Low Intensity	
Residential – High Intensity	
Skills Training and Development (Individual, Group)	
Substance Use Disorder Counseling (Individual, Family, Group)	
Supported Employment Services	
Telepsychiatry	
Transportation	

The services listed here are the ONLY services that Recovery Works will reimburse for.

If you need a better understanding of the service definitions, please review the policy and procedure manual.

For each service that your agency is qualified to provide, please mark an "X" in that space.

For each service that you do not directly provide, please indicate a different facility in your area that could provide this service. You do not have to have a formal MOU with this other agency. It is just a place you could refer the participant to if their treatment plan determined they need that service.

Each service/line must be filled out with either an "X" or another agency's name.



PROVIDER INFORMATION		
PROVIDER NAME (FIRST, LAST)	DEGREE AND/OR LICENSURE	Would you Qualify to be a: OBHP / QBHP
		OBHP / QBHP
		OBHP / QBHP

Provide the names of your therapists, licensed clinicians, doctors, peer coaches, etc. in this area. Additional providers can be listed in an Excel workbook.

Determine if the provider is a qualified behavioral health provider (QBHP) or other behavioral health provider (OBHP) by reviewing definitions in the policy and procedure manual. Circle the corresponding choice.

*(If you have additional providers, please attach their information to the application in an Excel workbook.)*

By signing below, your agency agrees that your providers will attend all mandatory Recovery Works trainings prior to providing services. Additionally, your agency will only claim for services marked with an "X" on page 1.

Signature	Date (month, day, year)
Printed name	
Title	

Sign and date the application form before submitting.



## DARMHA Forms:

DARMHA is a web-based database application for collecting patient information.

All DARMHA forms can be found on the DARMHA website:

<https://dmha.fssa.in.gov/DARMHA/mainDocuments> under “DARMHA system registration forms”.

Providers are required to fill out two forms for Recovery Works:

1. Provider Registration Agreement Form
2. New User Form

DARMHA System Registration Forms	
<i>** Please Allow 7-10 Business Days to Process DARMHA paperwork. Try and recertify several weeks early if possible **</i>	
Provider Registration Agreement Form (Typeable PDF although signature is required)	
New User Form (Typeable PDF although signature is required)	01/24/2014
Clinician Only Form (Typeable PDF although signature is required)	
Security and Confidentiality Policy	
Remove User Form	



## Provider Registration Form

<b>Name of Provider:</b>	
If a DMHA Contracted Provider - DMHA Provider Number:	
If not a DMHA Contracted Provider - Type of Organization (Child Residential Facility, Recovery Works, School System, etc):	
Provider Address:	<div style="border: 2px solid red; padding: 5px;">           Enter your agency name, address, and CEO name.             Enter "Recovery Works" if not a DMHA contracted provider.         </div>
Provider City:	
Provider State:	
Provider Zip Code:	
Provider CEO Printed Name:	
Date:	
Provider CEO Signature:	<div style="border: 2px solid red; padding: 5px; display: inline-block;">             CEO must sign.           </div>

<b>Designees control Provider DARMHA access. Designees will be the primary contact for the DARMHA Support Center.</b>	
Designee #1 First/Last Name:	
Designee #1 Telephone Number:	Designee #1 Signature:
Designee #1 Email Address:	
Designee #2 First/Last Name:	
Designee #2 Telephone Number:	Designee #2 Signature:
Designee #2 Email Address:	

Each agency should designated two individuals (cannot have more than two) who will be the main point of contact (**designee**) for DARMHA.





## WITS & Jira Forms:

WITS is the electronic voucher management system where you will go to access participant information and complete your billing claims.

You'll need to complete the **WITS Setup Excel Spreadsheet** and include all staff who need access to the system. There are 3 types of users:

1. **Rendering Staff:** individuals at your agency who directly provide services to participants
  - a. Examples: clinicians, medical doctors, peer coaches, etc.
  - b. These individuals will not receive a login to the site – but they are required to be listed under your staff for billing encounters.
2. **Data Entry:** individuals will receive a login to access the WITS site to input participant data and encounter information
3. **Release to Billing:** the highest level of permission; individuals will have access to all participant information, be able to enter data, and release encounters to the state for reimbursement.

Recovery Works WITS Access Set Up					 <small>INDIANA'S FORENSIC TREATMENT PROGRAM</small>	
Last Name	First Name	Agency	Email Address	Level of WITS Permission*	WITS Permission Key*	
					Rendering Staff	
					Data Entry	
					Release To Billing	
					Remove Access	

Enter the last name, first name, and email of each staff member at your agency. The level of WITS permission column is where you enter what type of account they need (rendering, data entry, or release to billing). You must have at least one staff member with release to billing access.

Any time you have new staff or staff leaving, you will submit this sheet again.

Jira is our help desk. Anyone with release to billing access will be setup in Jira.



## Submission

All forms in the Recovery Works Application Packet should be submitted to [Recovery.Works@fssa.in.gov](mailto:Recovery.Works@fssa.in.gov).

## Timeframe

The timeframe for agency approval varies. It can take anywhere from 3 weeks up to 6 months. It mostly depends on how accurately the forms are submitted. Once the team receives the application, we will follow the following steps to review the application:

- Confirm the agency's DMHA certification with DMHA certification team
- Send out agency information to DOR and DWD to check standing for clearances
- Review the accuracy of the Recovery Works application form
- Send out W-9 and direct deposit forms to FSSA Claims
- Wait for vendor approval from FSSA Claims (2 week minimum)
- Send out DARMHA forms to be setup
- Send out WITS forms to be setup

Throughout this process, the Recovery Works team will keep consistent contact with the applicant about their status. If an application is incomplete or invalid, the entire packet will be put on hold until the corrections are made. Near the end of this process, your agency will receive notice of your approval through an approval letter and an agency agreement.

The agency agreement must be signed and returned to the team before the applicant will receive access to the systems.

After approval, it is required that the provider attends all required trainings.