

RECOVERY WORKS SERVICE STANDARDS, BILLING AND RATE INFORMATION

This document covers Recovery Works service standards, including billing requirements, WITS/JIRA guidelines and rates.

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1.0 Recovery Works Services Descriptions and Rates

1.1. General Information

Only the services defined in this manual are billable to Recovery Works. Any discrepancies require written approval from the Recovery Works team. Recovery Works is a payer of last resort. No additional fees may be charged to Recovery Works participants for the services listed below. All questions regarding services should be directed to Recovery Works. Any assumptions made by the provider regarding services are at the provider's expense. Organizations can choose to include additional information at their discretion as long as minimal requirements are met

All services are subject to change. Please refer to the Rate Sheet Appendix to review the specific rate sheet associated with the funding category you are billing from. Please check the website regularly for updates. Inappropriate billing of services may be construed as fraud and can result in sanctions, including return of funds paid for services and federal prosecution. Additionally, services that are properly funded under other Recovery Works service categories are not to be funded under this service category.

1.2 Prior Authorizations

Recovery Works requires certain services to be submitted using a Prior Authorization Form to request approval. The services that require prior authorization are listed below.

- Clinically Managed Low-Intensity Residential Services (ASAM 3.1)
- Clinically Managed High-Intensity Residential Services (ASAM 3.5)

All providers must use the prior authorization form available online when submitting a request. Each section of the form must be completed in its entirety, and all information must be specific to the individual participant and provide a comprehensive description of the services being requested.

Prior Authorization Forms must be submitted within 72 hours of the requested billing date. Recovery Works will review and complete all Prior Authorization requests within 72 business hours of receipt.

1.3 Recovery Works Service Definitions

Alcohol and Other Drug (AOD) Screening - \$18.05/unit (unit = 1 screening)

This service should only be utilized in cases where AOD screening is clinically indicated as a means of removing barriers to recovery and/or triggers for relapse. This service may only

be billed for the purposes of treatment, not to substitute criminal justice requirements. Organizations providing AOD screenings are expected to provide collection and analysis of appropriate samples for multi-substance drug testing. All tests must be at least a six-panel drug test administered with or without an accompanying alcohol breath or blood test. In addition to the six-panel standard drug test, the participant must be tested for any substance they reported using at the time of intake. This means that the test will test for at least six (6) classes of drugs commonly abused in the organization's area of service, as well as any substance being used by the participant at intake.

ETH tests for alcohol may also be billed under this category, only when it is accompanying at least a six-panel test for other drugs of abuse in the provider's service area.

Organizations providing this service must have a policy in place that addresses and assures specimen validity by providing observed sample collection and maintains the chain-of-custody of the sample from collection to testing. Said policy and protocol must be established to be as minimally invasive as possible while meeting the above measures of accuracy. The provider must also ensure complete integrity of each specimen tested and the respective test results. Receiving, transferring, and handling of all specimens by personnel shall be fully documented using the proper chain-of-custody. For those employing urine tests, diluted results must be reported on the result form. Testing shall not be conducted on any specimen that does not have legal chain-of-custody. All specimens found to be "adulterated" shall be treated as an Invalid Specimen. Any specimen without a valid chain-of-custody is to be destroyed. The referring location shall be notified in writing when a specimen has been rejected due to an invalid chain-of-custody or any other integrity problem

Who may claim for this service:

Organizations meeting the standards above; must have current documentation of the administering provider's training by an outside AOD collection provider in the process and procedures of administration of the AOD screenings. Recovery Residence participants with less than three (3) years of treatment may not administer AOD screens.

Exclusions:

AOD screening that is not clinically indicated to address needs or barriers identified in the participant's individual recovery plan is not permitted. Providers may not bill Recovery Works for services conducted on behalf of the criminal justice system or to fulfill criminal justice requirements.

Billing Guidelines:

Organizations billing for reimbursement of this service must document via electronic/paper file the following:

- Date and time of sample collection
- Specific substances or classes of substances for which testing was performed
- Results of test
- Reason/type of test (ex: Random, Scheduled, Suspicion of use)
- Location/type of test (ex: On site/Instant test or Laboratory test)
- Rendering staff performing screen

Case Management - \$14.53/unit (unit = ¼ hour)

Case Management consists of services that help participants gain access to needed medical, social, educational, and other services. This includes direct assistance in gaining access to services, coordination of care, oversight of the entire case, and linkage to appropriate services. Case Management does not include direct delivery of medical, clinical, or other direct services. Case Management is on behalf of the participant, not to the participant, and is management of the case, not the participant. Case Management must provide direct assistance in gaining access to needed medical, social, educational, and other services needed. Case Management includes referrals to services and activities or contacts necessary for continuity of care. Case Management may include:

- **Needs Assessment:** Focusing on needs identification of the participant to determine the need for any medical, educational, social, or other services. This cannot be completed in each session and should be conducted when necessary. Specific assessment activities may include:
 - Taking participant history
 - Identifying the needs of the participant
 - Completing the related documentation
 - Gathering information from other sources, such as family members or medical providers
- **Referral/Linkage:** Activities that help link the participant with medical, social, and educational providers, and/or other programs and services that can provide needed rehabilitative services.
- **Monitoring/Follow-up:** Monitoring and follow-up are necessary to help determine if services are being furnished in accordance with the participant's recovery plan, the adequacy of the services in the treatment

plan, and changes in the needs or status of the participant. However, monitoring must not include simply talking to the individual but must include action on the part of the case manager. Activities and contacts are necessary to ensure continuity of care for the participant.

The activities and contacts may be with the following:

- Participant
- Family members
- Nonprofessional caregivers o Providers
- Criminal Justice Providers
- Other entities
- **Evaluation:** The provider must periodically reevaluate the participant's progress toward achieving the participant's goals. Based on the provider's review, a determination would be made whether changes should be made. Time devoted to formal supervision of the case between provider and licensed supervisor are included activities and should be documented accordingly. The supervision must be documented appropriately and billed under one (1) provider only.

Clinicians may bill up to a maximum of thirty (30) minutes (2 units) of Case Management for completing Prior Authorizations (PAs). Please note that if the PA requires less than thirty (30) minutes to complete, you may only bill for the actual time spent, not the full two units.

Who may claim for this service:

Licensed professionals, QBHP's, and OBHPs' are eligible to submit claims for this service.

Exclusions:

- Training in daily living skills
- Therapy services
- Training in social and employment skills
- Crisis intervention services
- Grooming and other personal services
- Informal or brief interactions discussing the participant's case
- Training in housekeeping, doing laundry, or cooking
- Services that go beyond assisting the participant in accessing needed services (e.g., court-ordered reports, paying bills)
- Transportation services

- Meeting the participant for a “talking session,” except for the initial continuity-of-care meeting

Billing Guidelines:

Organizations billing for reimbursement of this service must document via electronic/paper file with the following:

- Date service was rendered.
- Start time and end time of service.
- Report on the participant’s status on the identified outcome measures.
- Description of what happened in the session.
- How this interaction will assist the participant in moving forward in their recovery.
- What is the specific plan for next steps, including the participant’s actionable items, include date, time, and type of next contact.
- Rendering staff name

Clinical Managed High-Intensity Residential Services - \$516.07/unit (unit = 1 day); requires Prior Authorization after 7 days – maximum of 15 days

Participants shall have a diagnosis of substance use disorder as determined by the Diagnostic and Statistical Manual of Mental Disorders current edition. This service is equivalent to the American Society of Addiction Medicine (ASAM) Level 3.5. Clinical Managed High-Intensity Residential Services programs offer room, board, and interpersonal support to intoxicated individuals and individuals in substance use withdrawal. All programs at this level rely on established clinical protocols to identify individuals who need medical services beyond the capacity of the facility and to transfer such individuals to more appropriate levels of care. This service is delivered under a defined set of physician-approved policies and procedures or clinical protocols.

Clinically Managed High-Intensity Residential Services are restrictive on the participant and involves medications and/or close, regular monitoring, such as Medically Monitored Inpatient Detoxification. Participants using substances other than those outlined for medical detoxification are typically put into this modality of treatment to be observed and monitored for stability before entering a traditional residential treatment program. This program is monitored and supervised by a medical director.

Minimum service requirements:

- Length of stay in clinically managed high-intensity residential services shall be determined utilizing the American Society of Addiction Medicine (ASAM) level of care criteria and requires prior approval of DMHA.
- Clinically Managed High-Intensity Residential Services shall have separate living areas for women and men. Separate living quarters means living spaces that are located on different floors, in different buildings, or in a distinct and separate area of the same building (excludes hallway separation).
- Eligible participants shall have significant impairment in physiological, social, occupational, and/or psychological functioning due to substance use. Participants may have a co-occurring disorder, defined as concurrent diagnosis of mental illness, and shall receive treatment for substance use and co-occurring disorders concurrently.
- Treatment services shall be based on individual need and diagnosis. Criminal Justice Partners and outside entities cannot make a determination of treatment; however, they can refer an individual to receive an assessment to determine treatment. Treatment services shall support participant self-sufficiency, decision making, empowerment, and disease self-management principles. Services include 24-hour supervision, observation, and support for individuals who are intoxicated or experiencing withdrawal.
- All services shall utilize evidence-based practices (EBP) and gender specific care. Evidence based practice is defined as programs or practices that are proven to be successful through research methodology and have produced consistently positive patterns of results; show the greatest levels of effectiveness and have been replicated in different settings with different populations over time; and can include but are not limited to “treatment manuals.” Evidence based practices for substance abuse are supported by the Substance Abuse and Mental Health Administration (SAMHSA): National Registry of Evidence-based Programs and Practices (NREPP).
- Provider shall have individualized, holistic, and comprehensive recovery/discharge plans for all participants utilizing community resources, recovery support services, and clinical interventions in the community of the participants’ primary residence.

- All Clinically Managed High-Intensity Residential Services shall be designed to practice and utilize recovery-oriented environment, philosophy, and practices to include participant empowerment, self-sufficiency, and recovery options as defined by the participant.
- Ability to refer to hospital providing 24-hour medical backup.
- Clinically Managed High-Intensity Residential Service must include preparation for discharge
- Recognition of the chronic nature of disease of substance dependence and the fact that some participants will require multiple admissions.

Who can may for this service:

Licensed Providers, OBHP's and QBHP's. Providers with ASAM 3.5 certification must ensure employees meet the required criteria to render services.

Exclusions:

Provider may voucher for admission day in clinically managed high-intensity residential service but not day of discharge. Services are all inclusive. On the day of admission, the provider may voucher for the enrollment fee and administrative fee only. No additional services shall be provided during the duration of the participants' Recovery Works stay.

Billing Guidelines:

Organizations may bill for services for up to 7 days without obtaining a Prior Authorization. Any days beyond the initial 7 require Prior Authorization. Recovery Works funding may be used starting on day one for any participant who does not have insurance. If insurance later pays back to the service dates, providers are responsible for reimbursing the corresponding Recovery Works funds.

- Date service was rendered
- Start time and end time of service
- Report on the participant's status on the identified outcome measures
- Description of what happened in the session
- How this interaction will assist the participant in moving forward in their recovery
- What is the specific plan for next steps, including the participant's actionable items, include date, time, and type of next contact
- Rendering staff name

Clinically Managed Low-Intensity Residential Services (Treatment Bundle) - \$180.46/unit (unit = 1 day); requires Prior Authorization – maximum 21 days

Participant shall have a diagnosis of substance use disorder as determined by the Diagnostic and Statistical Manual of Mental Disorders current edition. This service is equivalent to the American Society of Addiction Medicine (ASAM) Level 3.1.

Clinically Managed Low-Intensity Residential Services program offers room, board, and interpersonal support to individuals in substance use recovery. Clinically Managed Low-Intensity Residential Services provide an ongoing therapeutic environment for participants requiring some structured support in which treatment is directed toward applying recovery skills; preventing relapse; improving emotional functioning; promoting personal responsibility; reintegrating the individual into the world of work, education, and family life; and building adaptive skills that may not have been achieved or have been diminished during the participant's active addiction. Services may be offered in an appropriately licensed facility located in a community setting, such as a halfway house, group home, or other supportive living environment. Clinically Managed Low-Intensity Residential Services is provided by a health care institution other than a hospital or a nursing care institution which provides resident beds or residential units, supervisory care services, personal care service, directed care services or health related services for persons who do not need a higher level of service according to ASAM criteria.

All programs at this level rely on established clinical protocols to identify individuals who need medical services beyond the capacity of the facility and to transfer such individuals to more appropriate levels of care. This service is delivered under a defined set of physician-approved policies and procedures or clinical protocols. The purpose of Clinically Managed Low-Intensity Residential Services is to support, stabilize and rehabilitate individuals so they can return to independent community living. Clinically Managed Low-Intensity Residential Services provide a structured environment on a 24-hour basis

Minimum service requirements:

- Eligible participants shall have significant impairment in physiological, social, occupational, and/or psychological functioning due to substance use. Participants may have a co-occurring disorder, defined as concurrent diagnosis of mental illness, and shall receive treatment for substance use and co-occurring disorders concurrently.
- Treatment services shall be based on individual need and diagnosis. Treatment services shall support participant self-sufficiency, decision making, empowerment, and disease self-management principles.

Services include 24-hour supervision, observation, and support for individuals who are intoxicated or experiencing withdrawal.

- Length of stay in Clinically Managed Low-Intensity Residential Services shall be determined utilizing the American Society of Addiction Medicine (ASAM) level of care criteria and requires prior approval of DMHA. Clinically Managed Low-Intensity Residential Services shall have separate living areas for women and men. All services shall utilize evidence-based practices (EBP) and gender specific care. Evidence-based practice is defined as programs or practices that are proven to be successful through research methodology and have produced consistently positive patterns of results; show the greatest levels of effectiveness and have been replicated in different settings with different populations over time; and can include but are not limited to “treatment manuals.” Evidence-based practices for substance use are supported by the Substance Abuse and Mental Health Administration (SAMHSA). National Registry of Evidence based Programs and Practices (NREPP). The provider shall have individualized, holistic, and comprehensive recovery/discharge plans for all participants utilizing community resources, recovery support services, and clinical interventions in the community of the participants’ primary residence.
- All Clinically Managed Low-Intensity Residential Services shall be designed to practice and utilize recovery-oriented environment, philosophy, and practices to include participant empowerment, self-sufficiency, and recovery options as defined by the participant.
- Ability to refer to hospital providing 24-hour medical backup.
- Use of Clinically Managed Low-Intensity Residential Services as preparation for referral to another level of care. • Recognition of the chronic nature of the disease of substance dependence and the fact that some participants will require multiple admissions.
- Facilitates application of recovery skills, relapse prevention, and emotional coping skills. • 24-hour structure and support provide residents with the opportunity to develop and practice interpersonal/group living skills, reintegrate into the community/family, and begin or resume employment and/or academic pursuits.
- Treatment Bundle must include a minimum of five (5) hours of planned, clinical services of professionally directed treatment per week; the specific services and supports must be listed on the individualized plan and include a projected schedule for service delivery, including the

expected frequency and duration of each type of planned therapeutic session or encounter and type of personnel that will be furnishing the services.

- Clinical services must be individualized for each participant; services available for the treatment bundle should include, at a minimum:
 - Case Management
 - Individual, family, and group Skills Training and Development
 - Individual, family and group Counseling
 - Alcohol and other substance use screening tests
 - Peer recovery support services
 - Medication monitoring/review; and/or access to medications

Who may claim for this service:

DMHA Certified service providers with Clinically Managed Residential ASAM 3.5 designation; Licensed Providers, OBHP's and QBHP's. Providers with ASAM 3.5 certification must ensure employees meet the required criteria to render services.

Exclusions:

Provider shall voucher for admission day in Clinically Managed Low-Intensity Residential Service but not day of discharge. Services are all inclusive. On the day of admission, the provider may voucher for the enrollment fee and administration fee only. No additional services shall be provided during the duration of the participants' Recovery Works stay.

Billing Guidelines:

Organizations may bill for services for up to 7 days without obtaining a Prior Authorization. Any days beyond the initial 7 require Prior Authorization. Recovery Works funding may be used starting on day one for any participant who does not have insurance. If insurance later pays back to the service dates, providers are responsible for reimbursing the corresponding Recovery Works funds.

- Date service was rendered
- Start time and end time of service
- Report on the participant's status on the identified outcome measures
- Description of what happened in the session
- How this interaction will assist the participant in moving forward in their recovery

- What is the specific plan for next steps, including the participant's actionable items, include date, time, and type of next contact
- Rendering staff name

Comprehensive Mental Health and Substance Use Assessment (unit = 1 assessment)

➤ **Comprehensive Mental Health and Substance Use Assessment: \$96.21/unit**

➤ **Comprehensive Mental Health and Substance Use Assessment CJI: \$171**

Designated Recovery Works Providers agree, upon acceptance of the referral, to begin the treatment process with a Comprehensive Mental Health and Substance Use Disorder Assessment. The assessment must include a DSM 5 or ICD 10 Diagnosis of Mental Health, Substance Use Disorder, or Co-Occurring; clear medical necessity for ongoing treatment; and the participant's statement of his/her individualized treatment goal. Organizations providing clinical assessment are expected to provide each participant with an in-depth analysis of strengths and needs regarding the participant's mental health disorders and/or substance use disorders, and any other co-occurring medical or developmental disorders. Such analysis must be conducted using an evidence-based peer-reviewed standardized assessment tool in general use for mental health populations in the State of Indiana. Upon completion of the clinical assessment, the organization shall discuss the results of the assessment and recommendations of the clinician with the participant. When documenting a claim for Recovery Works funding for a comprehensive mental health and substance use disorder assessment, the organization must document each of the following:

- A completed Biopsychosocial Assessment
- Outcome of the assessment with recommended services

Who may claim for this service:

Licensed Professionals, including an LCAC with documentation of commensurate training and work experience; Qualified Behavioral Health Providers.

Exclusions:

Telemedicine does *not* include:

- Use of a telephone transmitter for trans-telephonic monitoring
- Telephone or any other communication method used solely for provider-to-provider consultation
- Audio-only delivery methods
- Non-voice methods (emails, faxes, text messages)

Service Delivery Requirements

- To bill the criminal justice rate, the provider must be physically present at the criminal justice institution's location.

- All telehealth services must comply with HIPAA standards, including requirements related to technology and service delivery.

Service Sites

- The originating site is the location where the participant is physically located. The distant site is the location from which the provider delivers the tele-mental health (TMH) service.
- All distant sites must be directly approved by Recovery Works providers.

Billing Guidelines:

Organizations billing for reimbursement of this service must document via electronic/paper file of the following:

- Date service was rendered
- Start time and end time of service
- Completed Biopsychosocial Assessment
- Outcome of Assessment (i.e., Treatment Plan)
- Rendering staff name

Intensive Outpatient Treatment - \$186.35/unit (unit = 3-hour group): Lifetime maximum \$4,472.40

Intensive Outpatient Treatment (IOT) is a treatment program that operates at least three (3) hours per day, at least three (3) days per week, and is based on the Individualized Recovery Plan. IOT is planned and organized with Substance Use professionals and clinicians providing multiple treatment service components for rehabilitation of alcohol and other drug abuse or dependence in a group setting. IOT includes group therapy, interactive education groups, skills training, random drug screenings, and counseling. IOT is limited to forty (40) three (3) hour sessions; Prior Authorization (PA) is required for consumers requiring additional units of service. IOT may be provided for eligible participants with a substance-related disorder and:

- Minimal or manageable medical conditions.
- Minimal or manageable withdrawal risk.
- Emotion, behavioral, and cognitive conditions that will not prevent the consumer from benefiting from this level of care.

IOT program standards include the following components:

- Regularly scheduled sessions, within a structured program, are at least three (3) consecutive hours per day, and at least three (3) days per week.
- Referral to 12-step programs, peers, and other community supports (12-step programs are not Recovery Works billable).

- Education on Substance Use disorders.
- Skills training in communication, anger management, stress management, and relapse prevention.
- Individual, group, and family therapy (provided by a licensed professional or QBHP only).
- IOT must be offered as a distinct service.
- IOT must be individualized and a service necessary for the individual participant.
- Access to additional support services (e.g., peer support, case management, 12-step programs, aftercare/relapse prevention services, integrated treatment, referral to other community supports) as needed.
- The participant is the focus of the service.
- Documentation must support how the service benefits the participant, including when the service is in a group setting. Individual contribution to the session is not optional documentation.
- Services must demonstrate progress toward, or achievement of consumer identified treatment goals. Service goals must be rehabilitative in nature.
- Up to twenty (20) minutes of break time is allowed during each three (3) consecutive hour session.

Who may claim for this service:

Licensed Professionals; Qualified Behavioral Health Providers; Other Behavioral Health Providers. A licensed professional is responsible for the overall management of the clinical program. At least one (1) of the Direct Service Providers must be a LAC or an LCAC.

Exclusions:

- Participants with withdrawal risk/symptoms whose needs cannot be managed at this level of care or who need detoxification services.
- Participants are at imminent risk of harm to self or others.
- IOT will not be reimbursed for consumers receiving Group Substance Use Counseling services throughout the duration of IOT.
- IOT sessions that consist of education services only are not reimbursable. Skills Training sessions cannot be billed or utilized solely as IOT services.
- Any service that is less than three (3) hours, three (3) times a week may not be billed as IOT.
- Individuals involved in other intensive or weekly services (excluding individual mental health counseling) are ineligible for this service.

Billing Guidelines:

Organizations billing for reimbursement of this service must document via electronic/paper file the following:

- Date service was rendered
- Start time and end time of service
- Report on the participant's status on the identified outcome measures
- Description of what happened in the session
- How this interaction will assist the participant in moving forward in their recovery
- What is the specific plan for next steps, including the participants actionable items, include date, time, and type of next contact
- Rendering staff name

Medications for Treatment of Mental Health and/or substance use disorders – (unit = \$1)

Actual pharmacy expense will be reimbursed for this service.

Who may claim for this service:

Psychiatrist; Licensed Physician; AHCP. For MAT prescribers' data must be waived under Indiana and Federal law. If physicians are not tied to the organization, providers may list individual who assisted in securing the medication from the pharmacy.

Exclusions:

Medications that do not assist in the progression of the participant's mental health and/or substance use disorder.

Billing Guidelines:

Organizations billing for reimbursement of this service must document via electronic/paper file the following:

- Date service was rendered
- Start time and end time of service
- How this interaction will assist the participant in moving forward in their recovery
- Rendering staff – individual who dispensed medication to participant or individual who assisted in securing medication from pharmacy

Medication Training and Support – Multiple Billable Options (unit = ¼ hour)

- **Medication Training and Support Individual Only - \$18.62/unit**
- **Medication Training and Support Group Session - \$3.35/unit**

- **Medication Training and Support Individual with Family Member \$18.62/unit**
- **Medication Training and Support Family Group without individual \$18.62/unit**

Medication Training and Support consists of face-to-face interactions with the participant and/or family members or non-professional caregivers in an individual setting. The purpose of this service is to monitor medication compliance; provide education and training regarding prescribed medications; assess and monitor potential side effects; and conduct other nursing or medical assessments as clinically indicated. This service may also include observing and monitoring the participant's self-administration of prescribed medications and evaluating any related side effects.

Who may claim for this service:

Licensed physician, AHCP, RN, LPN, MA who has graduated from a two (2) year clinical program.

Exclusions:

- If Clinic Option medication management, counseling, or psychotherapy is provided and medication management is a component, Medication Training and Support may not be billed separately for the same visit by the same provider.
- Coaching and instruction regarding participant self-administration of medications is not reimbursable under Medication Training and Support but may be billed as Skills Training and Development depending on the amount of time the task takes.
- Medication Training and Support may not be provided for professional caregivers.

Billing Guidelines:

Organizations billing for reimbursement of this service must document via electronic/paper file the following:

- Date service was rendered
- Start time and end time of service • Report of the participant's status on the identified outcome measures
- Description of what happened in the session
- All group sessions must include the individual's contribution to the session
- How this interaction will assist the participant in moving forward in their recovery
- What is the specific plan for next steps, including the participant's actionable items, include date, time, and type of next contact

- Rendering staff name

Mental Health Counseling – Multiple Service Levels – 1 unit = ¼ hour

- **Mental Health Counseling Individual – \$28.65/unit** – Individual and rendering staff only
- **Mental Health Counseling Group - \$7.16/unit** Participant plus one (1) other individual (non-family related)
- **Mental Health Counseling Family Group w/o individual - \$28.65/unit** - Participant is not present for service. The provider is meeting with the family to help provide a necessary skill or training pertinent to the participant's recovery. (i.e., Family wants to understand how to calm their family member down when he has episodes pertinent to mental health. The provider may want to meet with the family separately, to ensure they are fully trained and understand their role in the process)
- **Mental Health Counseling Family Group w/individual - \$28.65** – Participant is present with the family. The provider meets with all parties to help provide a necessary skill or training pertinent to the participant's recovery. The members are also present to provide feedback

Mental Health Counseling is a planned and organized service with the participant, where mental health professionals and clinicians provide counseling intervention that works toward the goals identified in his/her recovery plan. The participant is the focus of Mental Health Counseling. Documentation must support how Mental Health Counseling benefits the participant, including when the participant is not present. Mental Health Counseling requires face-to-face contact with the participants. Mental Health Counseling consists of regularly scheduled sessions.

- Mental Health Counseling may include:
 - Education on mental health disorders; however, Mental Health Counseling sessions that consist of education services only are not reimbursable.
 - Skills training in communication, anger management, stress management, and relapse prevention; however, Mental Health Counseling sessions that consist only of skills training, without process work, should be billed under Skills Training and Development.

****Batterer's Intervention Program and similar programming is not a covered service under Recovery Works.***

- Mental Health Counseling must demonstrate progress toward and achievement of participant treatment goals.
- Mental Health Counseling goals are rehabilitative in nature.

- A licensed professional must supervise the program and approve the content and curriculum of the program.
- Mental Health Counseling must be individualized, and person centered.
- Referral to available community-based support services is expected.

Who may claim for this service:

Licensed Professionals with documentation of commensurate training and work experience, who meet all requirements of IPLA; Qualified Behavioral Health Providers

Exclusions:

Services provided by non-licensed IPLA approved staff are not reimbursable. The billing agency must have the DMHA designation to bill for services.

Billing Guidelines:

Organizations billing for reimbursement of this service must document via electronic/paper file the following:

- Date service was rendered
- Start time and end time of service
- Report on the participant's status on the identified outcome measures
- Description of what happened in the session
- How this interaction will assist the participant in moving forward in their recovery
- What is the specific plan for next steps, including the participant's actionable items, include date, time, and type of next contact
- Rendering staff name

Peer Recovery Services - \$12.65/unit (unit = ¼ hour)

The Indiana Certified Peer Support Professional (CPSP) credential recognizes individuals with lived experience in recovery who are trained to support others navigating substance use or mental health challenges. All services must be facilitated by Certified Peer Support Professionals, credentialed by one of the following:

- **DMHA: Certified Peer Support Professionals (CPSP)**
- **ICAADA: Certified Peer Recovery Coaches (CPRC)**

Who may claim for this service:

Peer Recovery Services must be provided by an individual with one of the above credentials and supervised by a Certified Peer Recovery Coach – Supervisor.

Exclusions:

Peer Recovery Services that are purely recreational or diversionary in nature, or have no therapeutic or programmatic content, may not be reimbursed.

- Interventions targeted at groups are not billable as Peer Recovery Services
- Activities that may be billed under Skills Training and Development or Case Management services are not billable as Peer Recovery Services.
- Peer Recovery Services are not reimbursable for children under the age of eighteen (18).
- Peer Recovery Services that occur in a group setting are not reimbursable. Peer Recovery Services provide individual service support only.
- Certified RCO provider should follow the standards listed under Section 11.

Billing Guidelines:

Organizations billing for reimbursement of this service must document via electronic/paper file the following:

- Date service was rendered
- Start time and end time of service
- Report on the participant's status on the identified outcome measures
- Description of what happened in the session
- How this interaction will assist the participant in moving forward in their recovery
- What is the specific plan for next steps, including the participants actionable items, include date, time, and type of next contact
- Rendering staff name

Psychiatric Evaluation - \$30.62/unit (unit = ¼ hour)

Psychiatric Assessment consists of a face-to-face activity that is designed to provide psychiatric assessment, consultation, and medication services to participants. Symptom assessment and intervention to observe, monitor, and care for the physical, nutritional, behavioral health, and related psychosocial issues, problems, or crises manifested during a participant's treatment. Monitoring a participant's medical and other health issues that are either directly related to the mental health or substance-related disorder, or to the treatment of the disorder (for example: diabetes, cardiac and/or blood pressure issues, substance withdrawal symptoms, weight gain and fluid retention, and seizures). To be a

billable activity, consultation must be goal-oriented, focused on addressing barriers to fulfilling the participant's recovery plan, and documented in the clinical record in a way that reflects the complexity of the interaction.

Who may claim for this service:

Licensed Physician; AHCP; Psychiatrist

Exclusions: N/A

Billing Guidelines:

Organizations billing for reimbursement of this service must document via electronic/paper file the following:

- Date service was rendered
- Start time and end time of service
- Report on the participant's status on the identified outcome measures
- Description of what happened in the session
- How this interaction will assist the participant in moving forward in their recovery
- What is the specific plan for next steps, including the participant's actionable items, include date, time, and type of next contact

Recovery Residence – Multiple Levels of Care (\$1 = 1 unit)

Organizations providing the Recovery Residency Level of Care shall offer residential housing that supports participants' recovery and is free from relapse triggers. All organizations must maintain certification and registry requirements through the Division of Mental Health and Addictions Certification and Licensure department throughout the duration of billing for Recovery Residence Housing. Recovery Works recognizes the Level II, II & IV Recovery residence designations.

Recovery Residences shall provide a safe, clean, and sober living environment for adults with mental health and/or substance use disorders. Organizations may also assist families in identifying and securing affordable and safe housing, as needed. Such assistance may include accessing housing referral services, relocation support, tenant-landlord counseling, repair mediation, and other approved housing-related services.

Housing providers are required to work with each participant to develop a plan for transitioning to more stable housing. This plan shall be based on an evaluation conducted by the provider, including measurable goals, and outline a projected timeline for achieving those goals.

Recovery Works vouchers will authorize payment for housing services only when they directly support the participant's recovery activities as specified in their individualized recovery plan. Recovery residences may not be billed for activities related to supervision on behalf of the criminal justice system or for housing services to

Recovery Residence housing rates:

Billing Tier	Daily Allocation	Meals Provided	All prescribed medication accepted
A	\$26	No	No
B	\$30	Yes	No
C	\$34	Yes	Yes
Tier A: Minimal support offered – provides room only, does not provide food or allow all medications Tier B: Offers meals, but restricts some prescribed medications Tier C: Provides comprehensive support, including meals and accepts all prescribed medication			

Recovery residences must:

- Track participant expenditures
- Provide services for the purposes of treatment only. It is not appropriate to bill Recovery Works for housing services for an individual who is no longer in need of treatment and/or for supervision purposes.
- Ensure participants complete the Recovery Residence Log weekly to validate their stay
- Adhere to all Recovery Works Policies and Procedures as it relates to voluntary participant involvement.

Room only Definition:

A Recovery Residence that provides room-only accommodation must include a kitchen equipped with all necessary cooking tools and eating utensils for resident use. Room only providers must adhere to all DMHA Certified Recovery Residence standards.

Room and Board Definition:

DMHA Certifications Team Certified Recovery Residences wishing to provide room and board services must provide all their services listed above under Room Only definition, and: one (1) prepared meal per day, and resources for one (1) additional meal.

Meal Guidelines

- Meals may be cooked on a rotating schedule by participants
- Chef and/or cook not required
- Participants may document declinations on the residence log.
- The agency may use donated food but are required to purchase food with agency funds.

Medication Guidelines

To be recognized as a provider that accepts all prescribed medications, the Recovery Residence must comply with the following requirements:

1. The provider shall not restrict, limit, or deny admission or continued residency to any participant based on the use of any medication that has been prescribed or approved by a licensed physician or clinician in the state of Indiana.
2. The provider shall not coerce, require, pressure, or otherwise influence a participant to discontinue, modify, or substitute any prescribed medication. Recommendations for changes in medication may only be made by a licensed physician or clinician and must be based solely on medical necessity.
3. The provider shall not engage in any form of discrimination, differential treatment, or adverse action against participants based on any medication they are prescribed.
4. These requirements apply to all medications prescribed in the state of Indiana, including but not limited to those used for Medication Assisted Treatment (MAT).

Who may claim for this service:

DMHA-certified Recovery Residences that have completed the required application process and received approval to participate in Recovery Works billing.

Exclusions:

Providers who do not allow all forms of medication (including MAT) or provide meals may not bill for that specific designation. Organizations may bill on the first day of arrival but may not be billed for the day a participant leaves the residence.

Billing Guidelines:

Organizations billing for reimbursement of this service must document via electronic/paper file the following:

- Date(s) service was rendered
- Participants must complete the weekly log to verify their stay
- Providers are required
- Rendering staff – house manager
- Providers are required to keep monthly documentation on each participant to include:
 - Recovery Resident assessment
 - Recovery Residence Treatment Plan
 - Progress on the participant's goals
 - Cash payments ledgers

Skills Training and Development – Multiple Levels – 1 unit = ¼ hr.

- **Skills Training and Development – Individual (\$26.14 per ¼ hour)** – Participant and Rendering staff present
- **Skills Training and Development – Group (\$4.71 per ¼ hour)** – Participant and one (1) or more individuals (non-family) are present for services at one (1) time.
- **Skills Training and Development – Family (\$26.14 per ¼ hour)** – Participant and one (1) or more family members are present.
- **Skills Training and Development – Family Group (\$26.141 per ¼ hour)** – Participant is not present for service. The provider is meeting with the family to help provide a necessary skill or training pertinent to the participant's recovery. (i.e., Family wants to understand how to calm their family member down when he has episodes pertinent to mental health. The provider may want to meet with the family separately, to ensure they are fully trained and understand their role in the process)

Skills Training and Development involves face-to-face contact with the participant and/or family or nonprofessional caregivers that result in the participant's development of skills (for example: self-care, daily life management, or problem-solving skills), in an individual setting or group setting directed toward eliminating psychosocial barriers. Development of skills is provided through structured interventions for attaining goals identified in the recovery plan and the monitoring of the participant's progress in achieving those skills. Participants are expected to show benefit from Skills Training and Development, with the understanding that improvement may be incremental. Skills Training and Development must result in demonstrated movement toward, or achievement of, the participant's treatment goals identified in the recovery plan. Skills Training and Development includes monitoring the impact of training acquisition (i.e., structured opportunities for participant to demonstrate skills acquisition and improved functioning as a result). Skills Training and Development aims to restore participant's abilities essential to independent living (i.e., self-care and daily life management skills). Provide skills training specific to illness self-management. Skills Training and Development should not be administered on an intensive basis and may not be used to substitute clinical services when needed.

May include, but not limited to the following types of services:

- Skills training in food planning and preparation, money management, and maintenance of living environment.
- Training in appropriate use of community services.
- Medication-related education and training by non-medical staff.
- Training in skills needed to locate and maintain a home; renter skills training including landlord/tenant negotiations, budgeting to meet housing and housing-related expenses, locating and interviewing prospective roommates, and understanding renter's rights and responsibilities.
- Social skills training is necessary for functioning in a work and/or community environment.

The participant is the focus of Skills Training and Development. Documentation must support how the service benefits the participant, including when the participant is not present. Skills Training and Development goals are rehabilitative in nature and time limited.

Who may claim for this service:

Licensed Professionals; Qualified Behavioral Health Providers; Other Behavioral Health Providers

Exclusions:

Skills Training and Development that is habilitative in nature is not reimbursable.

- Skill-building activities that are not medically necessary to address mental health and/or substance use disorder are not reimbursable.
- Activities purely for recreation or diversion are not reimbursable (see case management referrals and linkages).
- Job coaching is not reimbursable (see supportive employment services definition).
- Academic tutoring is not reimbursable (see case management referrals and linkages).
- Individual Skills Training and Development services are not reimbursable if delivered on the same day as AIRS or CAIRS.
- Skills Training and Development may not be provided to professional caregivers.
- Skills Training and Development cannot be used to build or employ participants within the provider organization.

Billing Guidelines:

- Organizations billing for reimbursement of this service must document via electronic/paper file the following:
- Date service was rendered
- Start time and end time of service
- Report on the participant's status on the identified outcome measures
- Group sessions must include the individual's contribution to the session
- Description of what happened in the session
- How this interaction will assist the participant in moving forward in their recovery
- What is the specific plan for next steps, including the participant's actionable items, include date, time, and type of next contact
- Rendering staff name

Substance Use Disorder Counseling – Multiple Levels – 1 unit = ¼ hour

- **Substance Use Disorder Counseling – Individual -14.58 \$/unit - Participant and rendering staff only**
- **Substance Use Disorder Counseling – Family - \$14.58/unit – Family member without participant**

- **Substance Use Disorder Counseling -Family Group - \$14.58/unit – Involves the participant and at least one (1) family member**
- **Substance Use Disorder Counseling – Group - \$14.58/unit – Participant plus one (1) other individual (non-family related)**

Substance Use Disorder Counseling is a planned and organized service with the participant, groups, family or family with/without participant, where substance use professionals and clinicians provide counseling intervention that works toward the goals identified in his/her recovery plan. Substance Use Disorder Counseling is designed to be a less intensive alternative to Intensive Outpatient Treatment. The participant is the focus of Substance Use Disorder Counseling. Documentation must support how substance use disorder counseling benefits the participant. Substance Use Disorder Counseling requires face-to-face contact with the participant. Substance Use Disorder Counseling consists of regularly scheduled sessions.

Substance Use Disorder Counseling may include the following:

1. Education on Substance Use Disorders may be incorporated as part of the counseling service; however, sessions that consist solely of educational content are not reimbursable. Skills training in areas such as communication, mood de-escalation, stress management, and relapse prevention may also be included. When a session is composed exclusively of skills training without therapeutic process work, it must be billed under Skills Training and Development rather than Substance Use Disorder Counseling.
2. Substance Use Disorder Counseling must demonstrate measurable progress toward the participant's identified treatment goals.
3. Counseling goals must be rehabilitative in nature and aligned with the participant's individualized treatment plan.
4. A licensed professional shall supervise the program and approve all program content and curriculum.
5. Substance Use Disorder Counseling must be individualized and person-centered, reflecting the unique needs, strengths, and goals of each participant.
6. Providers are expected to refer participants to appropriate community-based support services as part of ongoing recovery planning.

Who may claim for this service:

Licensed Professionals; Qualified Behavioral Health Providers

Exclusions:

- Participants with withdrawal risk or symptoms whose needs cannot be managed at this level of care or who need detoxification services are not eligible for this service.
- Participants at imminent risk of harm to self or others are not eligible for this service

Billing Guidelines:

Organizations billing for reimbursement of this service must document via electronic/paper file the following:

- Date service was rendered
- Start time and end time of service
- Report on the participant's status on the identified outcome measures
- Description of what happened in the session
- How this interaction will assist the participant in moving forward in their recovery
- All group services must include individual contribution to the session, in addition to the group goals.
- What is the specific plan for next steps, including the participant's actionable items, include date, time, and type of next contact
- Rendering staff

Supported Employment Services - \$9.17/unit (unit = ¼ hour)

Supported Employment refers to competitive work in integrated settings, or employment in integrated settings for individuals working toward competitive employment, that is consistent with the individual's strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choice. This service is intended for individuals with the most significant disabilities:

1. For whom competitive employment has not traditionally occurred; or
2. For whom competitive employment has been interrupted or intermittent due to the presence of a significant disability; and
3. Who, because of the nature and severity of their disability requires intensive supported employment services for a specified period, including any approved

extensions, and requires extended services after the transition described to perform such work.

Supported Employment also includes transitional employment for individuals with the most significant disabilities related to mental illness. Supported Employment Services are designed as a placement and support model for adult individuals whose mental health or substance use disorder has prevented or interrupted competitive employment. Due to the nature and extent of their disabilities, these individuals may require placement, ongoing support, and continued services to obtain and maintain employment. Supported Employment Services include concentrated assistance in developing and sustaining employer and community relationships that support long-term vocational success.

These services emphasize a holistic approach, focusing on the participant's strengths, talents, and abilities while ensuring alignment with the specific needs of employers and the participant's chosen vocational goal. Supported Employment Services should also assist participants with accessing necessary job-seeking resources such as phone and internet access, résumé development, interview preparation, workplace appearance guidance, and other related supports.

Essential Components

The essential components of Supported Employment include:

- Competitive employment (earning at least minimum wage)
- Work duties performed in integrated settings alongside employees without disabilities
- Ongoing support to help the individual maintain long-term employment

Definition of Supported Employment Services

Supported Employment Services encompass any service identified in the individualized plan for employment (IPE) that is necessary to assist an individual with a mental health or substance use disorder in preparing for, securing, retaining, or regaining employment aligned with their strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choice. Such services may include:

- Assessment activities conducted by qualified personnel to determine eligibility and vocational rehabilitation needs, including assessments involving rehabilitation technology when appropriate
- Counseling and guidance, including information and support services enabling informed choice consistent with 29 U.S.C. § 722(d)

- Referral and assistance in obtaining needed services from other agencies, consistent with agreements developed under 29 U.S.C. § 721(a)(11)
- Job-related services, including job search and placement, job retention support, follow-up services, and follow-along services
- Vocational and other training services, including personal and vocational adjustment services and related training materials, excluding higher-education training funded through these resources
- Maintenance services for additional costs incurred while participating in assessments or while receiving services under the IPE
- Transportation assistance, including training in the use of public transportation, when necessary to achieve an employment outcome
- On-the-job or related personal assistance services delivered while the individual receives other approved services
- Occupational licenses, tools, equipment, and initial stock and supplies needed for employment
- Technical assistance and consultation necessary for market analyses, business planning, and other support for individuals pursuing self-employment, telecommuting, or small business development
- Specific post-employment services needed to assist an individual in retaining, regaining, or advancing in employment

Who may claim for this service:

Licensed Professionals; Qualified Behavioral Health Providers; Other Behavioral Health Providers

Exclusions:

Services billed under other service descriptions are not billable at this rate

Billing Guidelines:

Organizations billing for reimbursement of this service must document via electronic/paper file the following:

- Date service was rendered

- Start time and end time of service
- Report on the participant's status on the identified outcome measures
- Description of what happened in the session
- How this interaction will assist the participant in moving forward in their recovery
- What is the specific plan for next steps, including the participant's actionable items, include date, time, and type of next contact
- Rendering staff name

Telepsychiatry - \$18.37/unit (unit = ¼ hour); requires Prior Authorization

Telepsychiatry refers to the delivery of acute mental health or substance use disorder services—including evaluation, diagnosis, and treatment—through secure, two-way, real-time interactive audio and video communication. Services are provided by a qualified health care provider located at a distant site to an individual receiving care at a referring site, known as the originating site.

Medical information exchanged during telepsychiatry may include text, graphics, still images, audio, and video. Exchanges may occur in real-time (synchronous) using interactive video or multimedia collaboration tools, or in near real-time (asynchronous) through “store-and-forward” applications.

Service Sites

- The originating site is the physical location of the participant receiving the service.
- The distant site is the location from which the provider delivers the telepsychiatry or tele-mental health (TMH) service.
- All service sites must be approved by Recovery Works providers.

Special Considerations

For individuals receiving ongoing services, the participant should be evaluated in person by a physician at least annually, unless otherwise specified in policy. The hub (distant site) physician should coordinate care with the participant's primary care physician to ensure continuity.

Documentation Standards

The following documentation requirements apply to all tele-mental health services

- Documentation must be maintained at both the hub and spoke locations to fully substantiate the services provided.
- Documentation must clearly indicate that the service was delivered via TMH.
- Documentation must specify the physical location of both the hub and spoke sites.
- All standard documentation guidelines for services provided via TMH apply.
- Documentation is subject to post-payment review.
- Providers must maintain written protocols describing circumstances in which a hands-on, in-person clinical encounter is required.
- The participant must be offered the choice between a traditional in-person visit and a telemedicine visit.
- Appropriate consent must be obtained from the participant at the spoke site and retained at both the hub and spoke sites.

Who may claim for this service:

Providers include Licensed Physician, Psychiatrist, AHCP. Providers must follow federal and state digital health information security guidelines.

Exclusions:

Telemedicine is not the use of the following: (1) Telephone transmitter for trans telephonic monitoring; or (2) Telephone or any other means of communication for consultation from one provider to another.

Billing Guidelines:

Organizations billing for reimbursement of this service must document via electronic/paper file the following:

- Date service was rendered
- Start time and end time of service
- Report on the participant's status on the identified outcome measures
- Description of what happened in the session
- How this interaction will assist the participant in moving forward in their recovery
- What the specific plan for next steps, including the participant's actionable items, include date, time, and type of next contact

Transportation Agency Vehicle – Multiple Options

- **Agency Vehicle:** \$10.00/unit (unit = round trip);
- **Public Transport** – Actual Expense

Organizations providing Transportation Services must ensure that participants are transported to and from recovery-related activities in the most appropriate and cost-effective manner. Transportation may be provided using either a properly registered and insured agency-owned vehicle or public transportation (such as bus passes or tokens).

A trip is defined as transportation from the participant's initial point of pick-up to the destination drop-off point. Providers must utilize the least expensive transportation option that still meets the participant's recovery needs. All transportation provided to the same participant on the same date of service must be billed as a single encounter. When a participant travels to multiple destinations in succession, providers may not bill for each leg of the trip separately.

The following examples illustrate the definition of a trip for billing purposes:

- **Example 1:** A vehicle picks up the participant at home and transports them to a psychiatrist's office. This constitutes a one-way trip (1 unit).
- **Example 2:** A vehicle transports the participant from home to the psychiatrist's office, departs, and later returns to transport the participant home. This constitutes a round trip (1 unit).
- **Example 3:** A vehicle transports the participant from the psychiatrist's office to a laboratory for a blood draw, waits during the appointment, and then transports the participant home. This is considered a one-way trip (1 unit), as stops along the route do not constitute separate trips.
- **Example 4:** A vehicle picks up Participant A at home and, enroute to the recovery center, stops to pick up Participant B at a recovery residence. Both are transported to the recovery center. The stop to pick up Participant B is not considered a separate trip. Participant A's transport is considered a one-way trip. If the participants are later transported back to their respective residences, this constitutes a round trip (1 unit).

When entering the encounter, for billing purposes, provider must list the initial point of pick-up and any destinations in the Note section of the encounter. Recovery Works will only reimburse the per trip unit, not mileage. Agencies providing transportation via agency owned vehicles must have on file: photocopies of driver's licenses, vehicle registration, and auto insurance coverage.

Who may claim for this service:

Recovery Residences level II, III and IV

Treatment Providers

Exclusions:

Uber, Lyft, cab or personal vehicles are not public/agency transportation. In addition, Recovery Works cannot be billed for taking participants to and from work

Billing Guidelines:

Organizations billing for reimbursement of this service must document via electronic/paper file the following:

- Date service was rendered
- Start time and end time of service
- Report on the participant's status on the identified outcome measures
- Description of where the participant was transported to and from
- A plan for continued transportation services to help participant become self-sufficient

2.0 Rates and Funding Categories

2.1. Community Based Funding Services and Rates

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-Based Services is **\$2,500**.

RW Code	Service	Rate	Unit
R1020	AOD Urine Screen	\$18.05	1 screen
R1030	Case Management	\$14.53	¼ hour
R1040	Comprehensive Mental Health and Substance Use Disorder Assessment	\$96.21	1 Assessment
R1100	Medication	\$1.00+	Actual Cost
R1220	Medication Training and Support – Individual	\$18.62	¼ hour
R1210	Medication Training and Support – Group	\$3.35	¼ hour
R1190	Medication Training and Support Family w/member	\$18.62	¼ hour
R1200	Medication Training and Support Family w/o member	\$18.62	¼ hour
R1280	Mental Health Counseling – Individual	\$28.65	¼ hour
R1270	Mental Health Counseling – Group	\$7.16	¼ hour
R1250	Mental Health Counseling Family w/member	\$28.65	¼ hour
R1260	Mental Health Counseling – Family w/o member	\$28.65	¼ hour
R1290	Peer Recovery Support	\$12.65	¼ hour
R1300	Psychiatric Assessment	\$30.62	¼ hour
R1370	Skills Training and Development – Individual	\$26.14	¼ hour
R1360	Skills Training and Development - Group	\$4.71	¼ hour
R1400	Skills Training and Development – Family w/member	\$26.14	¼ hour
R1410	Skills Training and Development – Family w/o member	\$26.14	¼ hour
R1430	Substance Use Disorder Counseling - Individual	\$14.58	¼ hour
R1420	Substance Use Disorder Counseling – Group	\$14.58	¼ hour
R1400	Substance Use Disorder Counseling - Family w/member	\$14.58	¼ hour
R1410	Substance Use Disorder Counseling Family w/o member	\$14.58	¼ hour
R1500	Tele-psychiatry	\$18.37	¼ hour
R1450	Transportation – Agency Vehicle	\$10.00	Per round trip
R1460	Transportation – Public	Actual Expense	1 day, 1 week or 1 month

2.2 Re-Entry Funding Services and Rates

The reimbursement rates for Re-Entry Services available through Recovery Works are listed below.

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

Re-Entry Services are claimed in WITS as one (1) service name:

Re-Entry Services – RW

Providers are expected to specify the service billed in the notes section of the specific encounter.

All services are 1 unit = \$1.

RW Code	Service	Rate	Unit
R1580	Comprehensive Mental Health and Substance Use Disorder Assessment - CJI	\$171	1 Assessment
R1580	Case Management	\$14.53	¼ hour
R1580	Medication	\$1.00+	Actual Cost
R1580	Mental Health Counseling – Individual	\$28.65	¼ hour
R1580	Mental Health Counseling – Group	\$7.16	¼ hour
R1580	Mental Health Counseling – Individual	\$28.65	¼ hour
R1580	Peer Recovery Support	\$12.65	¼ hour
R1580	Psychiatric Assessment	\$30.62	¼ hour
R1580	Skills Training and Development – Individual	\$26.14	¼ hour
R1580	Skills Training and Development - Group	\$4.71	¼ hour
R1580	Skills Training and Development – Individual	\$26.14	¼ hour
R1580	Substance Use Disorder Counseling - Individual	\$14.58	¼ hour
R1580	Substance Use Disorder Counseling – Group	\$14.58	¼ hour
R1580	Tele-psychiatry	\$18.37	¼ hour
R1580	Transportation – Public	\$1.00	Actual expense

Example: Incarcerated individual in need of substance use services for the month. Actual service name must be documented in the notes section of the encounter. An assessment has determined he will need the following services for the month:

- Case Management – 15 minutes a week
- Peer Support services – 3 hours a week

- Substance use Disorder Counseling – Individual - 2 hours per week

Case Management	Peer Support Services	Substance Use Counseling
= \$14.53/qtr. x 4 weeks	= \$12.65/qtr. X 12 units x 4 wks	= \$14.58/qtr. x 8 qtrs. (2 hours) x 4 wks.
= \$58.20 units per month	= 607.20 units per month	= \$466.56/units per month

TOTAL = \$1131 units of Re-Entry Services on VOUCHER for the month

2.3. Intensive Outpatient Treatment (IOT)

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 **\$4,472.40**

RW Code	Service	Rate	Unit
R1090	Intensive Outpatient Treatment	\$186.35	1 unit = 3 hours

2.4 ASAM Clinically Managed Residential Services

****PA required for services beyond 7 days****

The reimbursement rates for ASAM Clinically Managed Residential Services are listed below.

The maximum lifetime cap: Clinically Managed High Intensity – **\$3,789.66**
Clinically Managed Low Intensity - **\$7,741.05**

RW Code	Service	Rate	Unit	Maximum
R1470	Clinically Managed High-Intensity Residential Services	\$516.07	1 Day	14 days
R1480	Clinically Managed Low-Intensity Residential Services	\$180.46	1 Day	21 days

2.5 Recovery Residence Services

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

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

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

Billing Tier	Daily Allocation	Meals Provided	All prescribed medication accepted
A	\$26	No	No
B	\$30	Yes	No
C	\$34	Yes	Yes
Tier A: Minimal support offered – provides room only, does not provide food or allow all medications			
Tier B: Offers meals, but restricts some prescribed medications			
Tier C: Provides comprehensive support, including meals and accepts all prescribed medication			

Example:

You are a Recovery Residence TIER C home providing room and board and welcome all forms of MAT

Calculate the units needed for the services.

1. Recovery Residence – RW
= \$34/day X \$1/unit X 31 days
= \$1054/month

Voucher dates: 01/01/2026 – 01/31/2026.

Service on Voucher: Recovery Residence

Voucher amount: \$1054 (monthly allotted maximum)

Encounter: \$238 (billed weekly in 7-day increments)

3.0 DARMHA Procedures – Treatment Providers

3.1 DARMHA Enrollment Overview

Recovery Works providers with the following DMHA Designation:

- Addiction Services Outpatient (ASO)
- Addiction Services Regular (ASR)
- Recovery Residence Level IV
- ASAM 3.1 or 3.5 Residential
- Community Mental Health Center (CMHC)

ASO, ASR, CMHC, Level IV, or Residential ASAM 3.1 or 3.5 designation are required to enter information into the Data Assessment Registry Mental Health and Addictions (DARMHA) system. Once a participant is enrolled in DARMHA, agencies may begin billing for the participant in the Web Infrastructure for Treatment Services (WITS) system.

The following steps are required for a Recovery Works participant to be fully entered into DARMHA and pushed to WITS:

- 1. Consumer is an adult (age 18+)**
- 2. Consumer record has SSN**
- 3. Consumer has an Open Episode**
- 4. The Open Episode includes:**
 - a. Consumer's zip code**
 - b. A Diagnosis record**
 - c. A NOMS &/OR SUD Treatment Admission Record**
- 5. Final Submission to WITS**

Follow the steps below to begin entering participants into DARMHA

3.2 Accessing DARMHA

1. To access the DARMHA website, visit <https://dmha.fssa.in.gov/DARMHA>
2. Log in using your unique log in information. This information was sent to your email address at the time your agency was registered with Recovery Works.
 - a. If you do not have a DARMHA log-in and believe you should, please complete a "DARMHA New User Form" and have your agency administrator submit a JIRA ticket for assistance.
 - b. If you believe your agency was not setup in DARMHA during your application process, please contact Recovery Works at Recovery.Works@fssa.in.gov.

DARMHA Data Assessment Registry Mental Health & Addiction

Login

Username:

Password:

☐ Remember username

[Log In](#) [Retrieve Password?](#)

HelpDesk
or
Support Center.
darmha@fssa.in.gov
(317)-232-7925

DARMHA
Version 4.8.0
Builds 6.9
v48.25.9559.22894
(3/4/2026 12:43:08 PM)

3.3 Create a Participant

1. Begin on the consumer search page. This is the page you will see after logging in to the DARMHA system.
2. Enter criteria in the fields to search for the individual you would like to add
3. If there are “No Records Found”, click **“New consumer”**.
 - a. If the consumer already exists, select their profile and move to 3.4

Consumer Search

Last Name : Picasso

First Name :

DARMHA ID :

Internal ID :

Medicaid ID :

Social Security No. :

Birth Date :

Default Network Provider : Division of Mental Health and Addiction

[Search](#) [Reset](#) [New Consumer](#)

No Records Found!

4. Enter all information on the consumer view page, and click **“Insert New Consumer”**
 - a. Note: SSN is a requirement for Recovery Works participants

New Consumer

The full name entered should mirror a government-issued identification, such as, driver's license or birth certificate. When part of the official name, hyphens can be used. There should be no spaces on either side of the hyphen. **No other punctuation is allowed** in names, e.g. no periods or apostrophes.

Internal ID:

Legal Last Name Legal First Name Legal Middle Name (if applicable)

Suffix Sex at Birth Birth Date

Social Security No. Medicaid/HIP ID

Gender Identity *Gender Identity self-describe text is required here.*

Ethnicity

Sexual Orientation (choose all that apply)

☐ Asexual	☐ Bisexual
☐ Gay	☐ Heterosexual/Straight
☐ Lesbian	☐ Not Sure/Questioning
☐ Pansexual	☐ Queer
☐ Prefer not to Answer	☐ Prefer to Self-Describe
☐ Not Required (Valid for Ages 12 and Under)	

Prefer to self-describe text is required here.

Race (Choose all that apply; at least one race is required) :

- ☐ Black or African American
A person having origins in any of the Black racial groups of Africa.
- ☐ American Indian or Alaska Native
A Person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.
- ☐ Asian
A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- ☒ White
A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- ☐ Native Hawaiian or Other Pacific Islander
A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- ☐ Other Single Race
None of the other race categories apply.
(*cannot be submitted in conjunction with any other race option)
- ☐ Unknown Race
Client preferred to not share race information.
(*cannot be submitted in conjunction with any other race option)

What is the consumer's primary language?

Does the consumer understand and communicate proficiently in English? ☐ Yes ☐ No ☒ Not Applicable

3.4 Begin Episode

1. While on the Consumer View page, click **“Create New Episode”** near the bottom

2. Complete the participant's information on the episode page out
 - a. Click the **"Recovery Works"** drop-down and choose **Enrollment**
 - i. Enrollment date is the date you received the referral
 - b. Finish by clicking **"Insert Episode"**

Pablo Picasso
DARMHA ID: 2637744 • Internal ID: • 44 Yrs

Episode	Assessment	Encounter	NOMS	Diagnosis	SUD Treatment	PHQ-9	SDO
---------	------------	-----------	------	-----------	---------------	-------	-----

New Episode

Internal Episode Code:

Episode Start Date: 07/01/2026

First Contact Date: 07/01/2026

Date of First Appt. Offered: 07/01/2026

DSC Status: Not a DMHA Supported Community

DSC Date:

County: Marion

Zip Code: 46204

Client's Health Insurance: HIP

Insurance Change Date: 07/01/2026

Veteran Status: No

Currently Serving: No

Department of Child Services (DCS) Case: No Referral

Recovery Works: Enrollment

Enrollment Date: 07/01/2026

Bloc
*Requi

Mari

Con

Refe

Legi

Fam

Fam

Prio

Dep

Med

Sen

SNA

TAN

3.5 Complete NOMS

1. Select the **"NOMS"** tab
2. Click **"Create New NOMS"**

Pablo Picasso
DARMHA ID: 2637744 • Internal ID: • 44 Yrs • Not a DMHA Supported Consumer • Consumer in Treatment

Episode Assessment Encounter **NOMS** Diagnosis SUD Treatment PHQ-9 SDOH MRO

No NOMS record(s) available. Please select options below.

[View Consumer](#) [Create New NOMS](#)

3. Complete the required fields

Pablo Picasso
DARMHA ID: 2637744 • Internal ID: • 44 Yrs • Not a DMHA Supported Consumer • Consumer in Treatment

Episode Assessment Encounter **NOMS** Diagnosis SUD Treatment PHQ-9 SDOH MRO

New NOMS

NOMS Date: 

Reason Code: ☒ Initial ☐ Re-Assessment ☐ Discharge *Limit 1 Initial and Discharge per episode

Employment Status:	Employed - Part-time	School Attendance Status:	Not applicable (use for infants and adults)
Living Arrangement:	Independent Living	Social Support:	No attendance in the past month
ROLES:	Not Applicable	Criminal Involvement:	0
Needle Use:	No, Consumer has not used a needle	Currently Pregnant?	☐ Yes ☒ No
Education Level :	High School Graduate		

4. Enter the information about substances and smoking

	Substance	Route	Frequency	Age First Used
Primary	Alcohol	Oral	Three - six times per week	21
Secondary				
Tertiary				

5. Enter the information regarding Medication Assisted Treatment (MAT)

Is the consumer receiving Medication-Assisted Treatment (MAT) for Opiate Use Disorder? ☐ Yes ☒ No

If yes, what medication is being prescribed :

If yes, is the prescriber a staff at your organization? ☐ Yes ☐ No

[Insert New NOMS](#) [Reset](#) [Cancel](#)

6. Click “Insert New NOMS” - NOMS is updated

3.6. Enter Diagnosis Information

1. Select the “**Diagnosis**” tab
2. Click “**Create New Diagnosis**”

Pablo Picasso
DARMHA ID: 2637744 • Internal ID: • 44 Yrs • Not a DMHA Supported Consumer • Consumer in Treatment

Episode	Assessment	Encounter	NOMS	Diagnosis	SUD Treatment	PHQ-9	SDOH	MRO
---------	------------	-----------	------	------------------	---------------	-------	------	-----

No Diagnosis record(s) available. Please select options below.

3. Complete the required information regarding the participant’s diagnosis
4. Click “**Insert New Diagnosis**”

Pablo Picasso
DARMHA ID: 2637744 • Internal ID: • 44 Yrs • Not a DMHA Supported Consumer • Consumer in Treatment

Episode	Assessment	Encounter	NOMS	Diagnosis	SUD Treatment	PHQ-9	SDOH	MRO
---------	------------	-----------	------	------------------	---------------	-------	------	-----

New Diagnosis

Diagnosis Date: 07/01/2026

Treatment Type: Substance Use Disorder Treatment

Primary Diagnosis: F10.14 - ALCOHOL ABUSE WITH ALCOHOL-INDUCED MOOD DISORDER

Diagnosis 2:

Diagnosis 3:

Diagnosis 4:

Diagnosis 5:

Currently Smoking/Using Tobacco Products ☐ Yes ☒ No

Tobacco Products: All forms of tobacco and nicotine delivery devices (other than FDA approved nicotine replacement therapy products e.g., nicotine patch), including but not limited to cigarettes, cigars, pipes, snuff, chewing tobacco, electronic cigarettes, vaping pens, and hookah/shisha.

Stopped Using Tobacco Products ☐ No ☐ Yes ☒ Never Used

3.7 Complete SUD Treatment

1. Click the “**SUD Treatment**” tab.
2. Click “Create New SUD Admission

Pablo Picasso
DARMHA ID: 2637744 • Internal ID: • 44 Yrs • Not a DMHA Supported Consumer • Consumer in Treatment

Episode Assessment Encounter NOMS Diagnosis **SUD Treatment** PHQ-9 SDOH MRO

No SUD record(s) available. Please select options below.

View Consumer

Create New SUD Admission

3. Enter the required SUD admission information

Pablo Picasso
DARMHA ID: 2637744 • Internal ID: • 44 Yrs • Not a DMHA Supported Consumer • Consumer in Treatment

Episode Assessment Encounter NOMS Diagnosis **SUD Treatment** PHQ-9 SDOH MRO

Admission

New SUD Admission

Admission Date: 07/01/2026

Service Setting Type:

DETOXIFICATION, 24-HOUR SERVICE, HOSPITAL INPATIENT

Service Setting Location:

1-001

Select

DMHA Test Facility 1

Internal SUD Admission ID:

Employment Status:

Employed - Part-time

Living Arrangement:

Independent Living

ROLES:

Not Applicable

Needle Use:

No, Consumer has not used a needle

Education Level :

High School Graduate

School Attendance Status:

Not applicable (use for infants and

Social Support:

No attendance in the past month

Criminal Involvement:

0

Currently Pregnant?

☐ Yes ☒ No

Substance

Route

Frequency of Use

Age First Use

Primary

Alcohol

Oral

Three - six times per week

21

Secondary

Tertiary

Is the consumer receiving Medication-Assisted Treatment (MAT) for Opiate Use Disorder? ☐ Yes ☒ No

If yes, what medication is being prescribed :

If yes, is the prescriber a staff at your organization? ☐ Yes ☐ No

Health Questions

Hepatitis A?

☐ Yes ☒ No

Hepatitis B?

☐ Yes ☒ No

Hepatitis C?

☐ Yes ☒ No

Tuberculosis (TB)?

☐ Yes ☒ No

Recent Tuberculosis (TB) Test?

☐ Yes ☒ No

Insert New SUD Admission

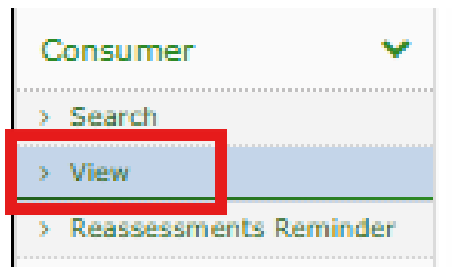
Reset

Cancel

4. Click **“Insert New SUD Admission”**
5. Please note: Upon participant leaving, **you must complete a SUD discharge**

3.8 Submit to WITS

1. This is the FINAL step for Recovery Works participants. You MUST push them to WITS to bill for their services.
2. You are currently on the “Episode” page, next we will move to the “Consumer View” page
3. On the left menu bar, hover over **“Consumer”**, then click **“View”**



4. Near the bottom of the screen, you should see a grey box with a dotted line around it that says, **“Recovery Works Program Eligible”** and button that says, **“Submit Now.”**

**Note: If you do NOT see this box, then you are missing required fields*

5. Click **“Submit Now”**



6. If successful, you should see the participant’s WITS ID listed.

Consumer data has been successfully submitted to **WITS ID: M059154IP558121**



7. Note the WITS ID in the red box

Consumer data has been successfully submitted to **WITS ID: M059154IP558121**

Create New Episode

Edit Consumer Record

Global Consumer Search

View Episode Records

8. Use this WITS ID to search for this client in WITS to complete the additional steps for submitting encounters and claims for billing purposes.
9. Refer to the Treatment Provider WITS User Manual for guidance on billing in WITS

4.0 Treatment Provider WITS User Guide

Treatment Providers: You must input information into DARMHA first, then push the participant to WITS.

4.1 Log in to WITS

1. Visit the WITS website: <https://dmha.fssa.in.gov/atr>
2. Log in using your unique log in information that was sent to you upon your agency becoming approved to bill for Recovery Works. If you do not have a log-in, please reach out to your internal Recovery Works administrator in your agency.

WITS Indiana Training
Web Infrastructure for Treatment Services

Login

User ID

Password

Pin

[Login](#) [Forgot Password?](#)

Powered by **WITS**

4.1.1 Home Screen

The Home screen is typically the first screen is the first screen you will see upon logging in. This screen provides general information, such as announcements, alerts and updates.

1. The announcement section will have helpful information from the State of Indiana and/or agency administrators. Hover your cursor over the pencil icon to click on the review.
2. Providers will use the left navigation pane to view clients, create episodes and bill for encounters (services rendered).

Indiana Training
Logout

User: Canham, Patty | Location: FTRW Agency, Facility 01
 Snapshot

Client: Dancer, Native | M619577AD738100 | 1
 Clear Client

Home Page
 ▶ Agency
 ▶ Client List
 ▶ System Administration
 Reports
 Support Ticket

Home

Announcements

Actions	Summary	Posted Date	Start Date	Priority
	Send questions on the Forensic Treatment \ Recovery Works process to Shannon Burnett	11/25/2015 10:20 AM	11/25/2015	H
Review				

Alert List
Search in Agency

Actions	Alert Type	Client Name; ID	Applies To Staff	Message	Facility	Date Due

Schedule for:
 Start Date: 11/25/2015
 End Date:
 Refresh
 Search Calendar
 Edit/Add Schedule

Actions	Start	End	Summary	Status

4.2 Search for Client - (Step 1)

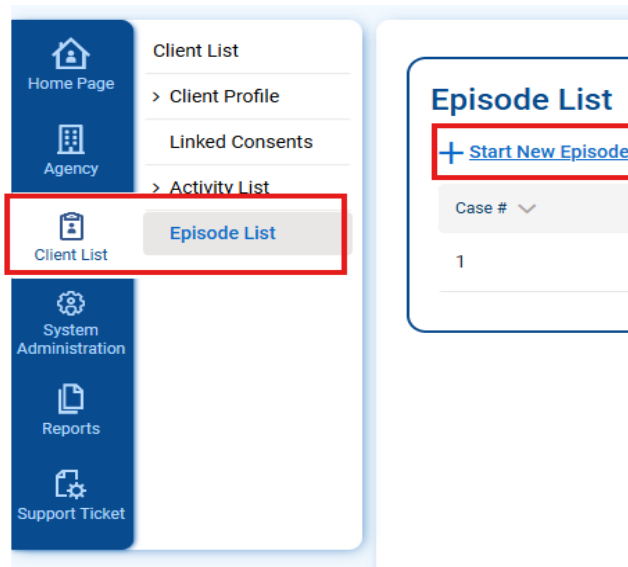
- On the left navigation window, click “Client List” in the left navigation menu. A blank client list screen will appear. Complete any of the fields, then click “Go.” You can complete 1 or more of the fields. The more fields you complete, the narrower your search will be.
 - You may enter the first name, last name or parts of the client’s name.
 - For date fields – you may use the client’s birthdate. If you put in the DOB field, it will return with a DOB equal to or greater than what you input.
 - Example: 01/01/1990 will return all DOB greater than 01/01/1990
- Hover your cursor over the “Action” pencil at the end of the client you selected and click Profile
 - If you do not find the client, you may want to search by the WITS ID that appeared when you input the participant in DARMHA
- The Profile Screen is prepopulated with the information you previously entered in DARMHA. Review this information for accuracy.
- The “**Record Created By**” field will have the value “**Web Provider, DARMHA.**” This indicates that the “**Client Profile**” was generated from the DARMHA information.
- Click “Finish” if everything is accurate.

4.3. Creating an Episode – (Step 2)

In order to bill for an individual, an Episode is the first step to setting up participant billing.

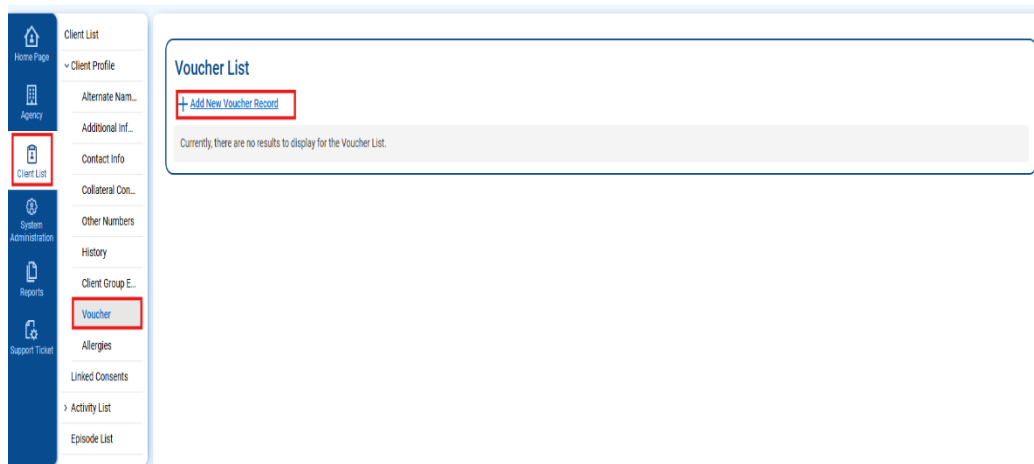
- Select “Client List” in the left navigation pane and click the ellipsis > **Activity List**

2. Click **“Start New Episode”**
3. Enter all the information with an orange line
4. The intake date **MUST** be less than 14 calendar days ago from the current date.
5. Hit **“Save & Finish”**



4.4 Create a Voucher – (Step 3)

1. In the left navigation pane, select “Client List – Client Profile – Voucher



2. Click **“Add New Voucher”**
3. Select the current Fiscal Year Agreement
4. Input the Start Date and End Date
 - a. The start date **MUST** be less than 10 calendar days from the current date. It cannot be prior to the intake (Episode) date.

- b. The end date must be the last day of the month. If a person begins on June 13th, the voucher will begin on June 13th and end on June 30th. Next month, you will begin a new voucher on July 1st – July 31st.
5. Click **“Add Service”**
6. Select the service (or services) you wish to add to the voucher. This is a projection of services the treatment plan has determined the individual may need. **DO NOT OVERESTIMATE**. It is better to underestimate a voucher than to over vouch. Services and units can be added throughout the month if something changes.
7. Click **“Save & Finish”**

4.5 Billing the Encounter – (Step 4)

Encounters are billed for each service rendered. Encounters must use the exact time the service was rendered. Encounters are only billed after the service is rendered. Bulk billing is not permitted.

1. On the left navigation pane, click **Client List – Activity List – Encounters**.
2. Click **“Add Encounter”**

The screenshot displays the software interface for managing encounters. On the left, a vertical navigation pane contains icons and labels for various system functions, with 'Encounters' currently selected. The main content area is titled 'Encounter Search' and includes a search bar at the top. Below this, there are several input fields: 'Start Date' (with a date picker), 'End Date' (with a date picker), 'Service' (a dropdown menu), 'Program' (a dropdown menu), 'Rendering Staff' (a text field), and 'Encounter Status' (a dropdown menu). There are also radio buttons for 'Allow Disclosure of Note' (Yes/No) and 'Search' and 'Clear' buttons. At the bottom of the main area, there is an 'Encounter List' section with an 'Add Encounter' button highlighted in orange, along with an 'Export' button.

3. Complete the required fields highlighted Orange
 - a. Start date is the date the service was rendered
 - b. End date is the ending time of the session
 - c. Number of Units – Refer to the service on the rate sheet for the number of unit calculations
 - d. The Notes Section is optional and may include a summary of the session. It is helpful to input notes here for auditing purposes.
4. Click **“Save”**
5. Review all information, if everything looks correct, click **“Release to Billing”** under Administrative Actions (bottom of screen).

4.6 Encounter Batching/ Adjudication and Payments

The Recovery Works adjudication process and batching is automatic, which means the Recovery Works team does not manually review each encounter that is submitted in the system. Encounters are auto approved unless the system finds an error, such as a duplicate or overlap of billing.

4.1.1 Review Payments

1. On the left navigation pane, click Agency – Billing – Payment list
2. On the Payment Search page, click **“Search”**
3. Hover your curser over the ellipsis for the payment you would like to further review and click **“Profile”**
4. Click **“Show Payment Application”** to review the specific encounters included in the payment
5. Export data to Excel to sort and filter the data for your records.
6. Service Request Type

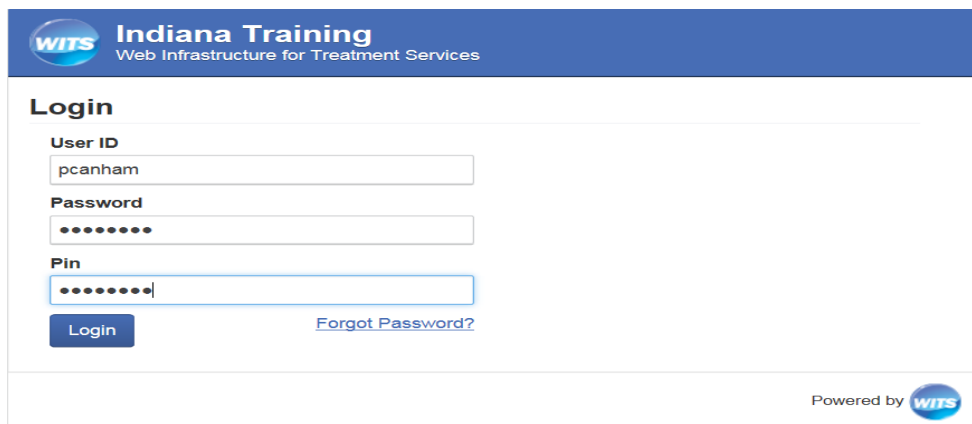
5.0 Recovery Residence & RCO WITS User Guide

The following steps must be followed in its entirety, in order to bill for a Recovery Works participant:

- Step 1: Log in to WITS
- Step 2: Add Client
- Step 3: Begin the Episode
- Step 4: Create a Voucher
- Step 5: Submit the Encounter

5.1 Log in to WITS

1. Visit the WITS website: <https://dmha.fssa.in.gov/atr>
2. Log in using your unique log in information that was sent to you upon your agency becoming approved to bill for Recovery Works. If you do not have a log-in, please reach out to your internal Recovery Works administrator in your agency.



WITS Indiana Training
Web Infrastructure for Treatment Services

Login

User ID
pcanham

Password
.....

Pin
.....

Login [Forgot Password?](#)

Powered by **WITS**

5.1.1 Home Screen

The Home screen is typically the first screen is the first screen you will see upon logging in. This screen provides general information, such as announcements, alerts and updates.

1. The announcement section will have helpful information from the State of Indiana and/or agency administrators. Hover your cursor over the pencil icon to click on the review.
2. Providers will use the left navigation pane to view clients, create episodes and bill for encounters (services rendered).

Indiana Training
Logout

User: Canham, Patty | Location: FTRW Agency, Facility 01
Snapshot

Client: Dancer, Native | M619577AD738100 | 1
Clear Client

Home Page
Agency
Client List
System Administration
Reports
Support Ticket

Home

Announcements

Actions	Summary	Posted Date	Start Date	Priority
	Send questions on the Forensic Treatment \ Recovery Works process to Shannon Burnett	11/25/2015 10:20 AM	11/25/2015	H

Alert List

Actions	Alert Type	Client Name; ID	Applies To Staff	Message	Facility	Date Due

Schedule for: Start Date: 11/25/2015 End Date: Refresh
Search Calendar | Edit/Add Schedule

Actions	Start	End	Summary	Status

5.2 Client Creation – (Step 1)

1. On the left navigation pane, click “Client List”
2. Click “Add Client”

Home Page
Agency
Client List
System Administration
Reports
Support Ticket

Client Search

Facility
First Name
Last Name
Unique Client Number

Search
Advanced Search
Clear

Client List

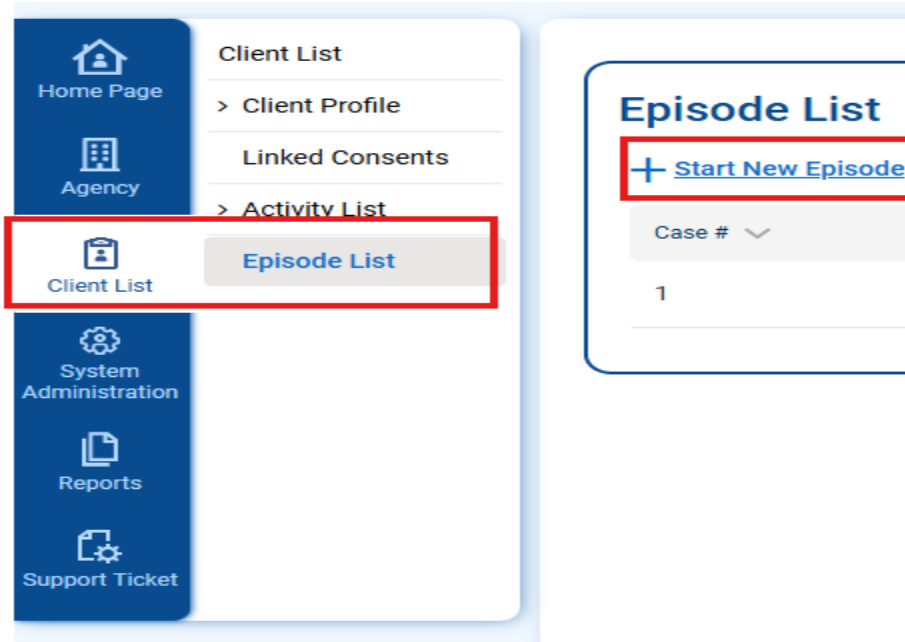
Add Client
Export

Currently, there are no results to display for the Client List.

3. Complete all information with an orange highlight.
4. In the DARMHA Client field, enter “RR” for ALL clients.
*** RCO’s enter “RCO” in the DARMHA field**
5. Click “Save and Finish” when all fields are complete.

5.3. Begin Episode – (Step 2)

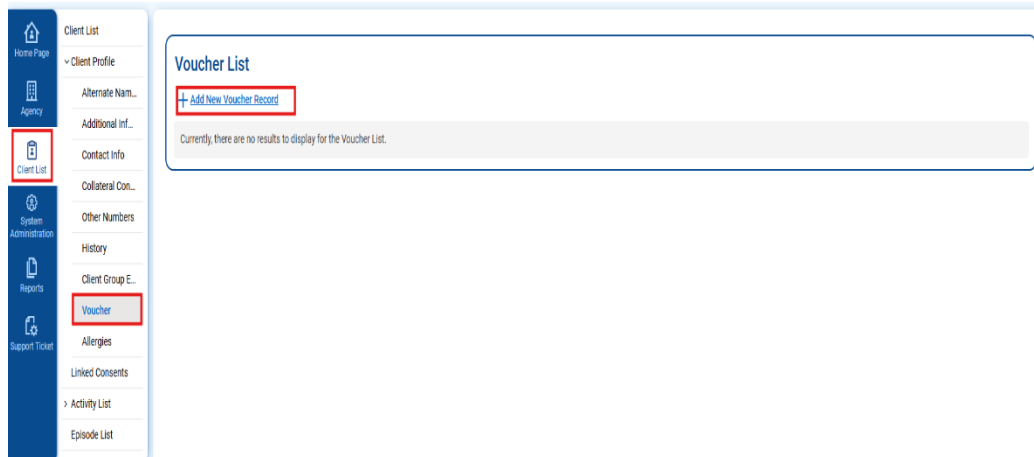
1. From the left Navigation pane, click Client List – Activity List – Episode List
2. Click “Start New Episode”



3. Enter all information highlighted in orange
 - * Remember the intake date must be less than 14 calendar days ago from the current date.
4. Click **“Save and Finish”**

5.4 Create a Voucher – (Step 3)

3. In the left navigation pane, select “Client List – Client Profile – Voucher



4. Click **“Add New Voucher”**
5. Select the current Fiscal Year Agreement
6. Input the Start Date and End Date
 - a. The start date **MUST** be less than 10 calendar days from the current date. It cannot be prior to the intake (Episode) date.

- b. The end date must be the last day of the month. If a person begins on June 13th, the voucher will begin on June 13th and end on June 30th. Next month, you will begin a new voucher on July 1st – July 31st.
7. Click **“Add Service”**
8. Select Recovery Residences -RW to add to the voucher. *RCO agencies will choose the group and/or individual RCO service. This is a projection of 30 days’ worth of housing services. Your daily billing rate will dictate how many to estimate for the month (30 days). **DO NOT OVERESTIMATE**. It is better to underestimate a voucher than to over vouch. Additional units may be added via a JIRA ticket submission throughout the month.
9. Click **“Save & Finish”**

5.5 Billing the Encounter – (Step 4)

Encounters are billed for each service rendered. Recovery Residences may be billed in 1-day or 7 day increments only. Additional days at the end of the month may be added to the last week of billing.

3. On the left navigation pane, click **Client List – Activity List – Encounters**.
4. Click **“Add Encounter”**

The screenshot shows a web application interface. On the left is a vertical navigation menu with icons and labels: Home Page, Agency, Client List, Intake, Program Enrollment, Encounters (highlighted with a red box), Profile, Consent, Referrals, and Episode List. The main content area is titled 'Encounter Search' and contains a search form with the following fields: Start Date (6/26/2025), End Date (6/26/2026), Service (dropdown), Program (dropdown), Rendering Staff (text input), and Encounter Status (dropdown). There are radio buttons for 'Allow Disclosure of Note' (Yes/No) and a 'Search' button. Below the search form is a section titled 'Encounter List' which contains a red box around the '+ Add Encounter' button and an 'Export' link.

6. Complete the required fields highlighted Orange
 - a. Start date is the date is the first date of the week you are billing for
 - b. End date should be left blank
 - c. Start time should be 12:01am. End time should be 11:59pm. Duration will auto populate
 - d. Number of service units coincides with the amount you are billing for. For example, if you are billing for 7 days at a rate of \$30, the number of service units is 210.
 - e. In the Notes section, you **MUST** specify the dates you are billing for: *Example: Recovery Residence Services from 7/1/2026-7/6/2026 (7 days).*
****RCO’s will use the exact start and end date and times for all services.**
7. Click **“Save”**

8. Review all information, if everything looks correct, click **“Release to Billing”** under Administrative Actions (bottom of screen).

5.6 Encounter Batching/ Adjudication and Payments

The Recovery Works adjudication process and batching is automatic, which means the Recovery Works team does not manually review each encounter that is submitted in the system. Encounters are auto approved unless the system finds an error, such as a duplicate or overlap of billing.

5.1.1 Review Payments

5. On the left navigation pane, click Agency – Billing – Payment list
6. On the Payment Search page, click **“Search”**
7. Hover your curser over the ellipsis for the payment you would like to further review and click **“Profile”**
8. Click **“Show Payment Application”** to review the specific encounters included in the payment
9. Export data to Excel to sort and filter the data for your records.

6.0 JIRA Help Desk System

JIRA is the helpdesk system used for Recovery Works. All certified Recovery Works providers have designated staff who are granted access to the system. If you are a current provider and do not have JIRA access, please reach out to your agency's internal Recovery Works administrator for assistance. All certified Recovery Works providers must utilize JIRA as the method of communication for all questions, requests and updates.

6.1. Creating a Help-Desk Ticket

1. Access the JIRA Helpdesk at: [JIRA Helpdesk](#)
2. Enter your email address into the space and click "create ticket"
3. Customer name, division and related provider should auto populate. If you are registered with multiple agencies, please ensure you choose the agency for which you are submitting a request for.
4. **Related Application** – select WITS-Recovery Works-DMHA
5. **Service Request Type** – select the request type that is most like your request
 - a. **Access Problem or Password reset** – use for log in issues or reset requests
 - b. **Account Creation** – use for new WITS or JIRA account set up.
 - c. **Billing Issues** – use for voucher, encounter or general WITS/billing issues
 - d. **Information Request** – Use when requesting information regarding participants
 - e. **Question** – use for general Recovery Works programmatic questions
 - f. **Training** – use for clarification on training guidelines
6. **Summary** – Summarize what your request is in a few words.
7. **Description** – Input specific details of your request, including all necessary information
8. **Attachment** – Attach pertinent documents to the ticket (WITS/JIRA form, screen shot etc.).

Please note, do not re-open closed JIRA tickets. When a ticket is resolved, it is closed by Recovery Works. If you have additional requests, please create a new ticket with the requested information.

6.2. Voucher Creation Templates

VOUCHER CHANGE REQUEST

SERVICE REQUEST TYPE	Billing Issues
SUMMARY	Voucher Request
DESCRIPTION	Include participant WITS ID, voucher #, and services to be added/removed/edited

ACCOUNT CREATION or CHANGE

SERVICE REQUEST TYPE	Account Creation
SUMMARY	WITS Account Setup
DESCRIPTION	Include employee's name, email address, and account type

ATTACHMENT	Attach the WITS Setup Spreadsheet with the employee's name, email address, and account type (rendering, data entry, or release to billing), add or delete employee
-------------------	--

RCO ELIGIBILITY

SERVICE REQUEST TYPE	Information Request
SUMMARY	RCO Eligibility Request
DESCRIPTION	Include participant first/last name, DOB

CHANGES IN WITS/JIRA

SERVICE REQUEST TYPE	Account Creation
SUMMARY	WITS Account Setup
DESCRIPTION	Include employee's name, email address, and account type
ATTACHMENT	Attach the WITS Setup Spreadsheet with the employee's name, email address, and account type (rendering, data entry, or release to billing). Remember to ONLY include individuals whose profiles need to be changed (added/deleted/changed).

INSURANCE DENIALS

SERVICE REQUEST TYPE	Question
SUMMARY	Insurance Denial
DESCRIPTION	Include participant WITS ID, service name & date, insurance denial reason (explained thoroughly)
ATTACHMENT	Attach the insurance denial from the insurance company. Please highlight the date of service and denial reason on the form.

CAP INCREASE REQUEST

SERVICE REQUEST TYPE	Information Request
SUMMARY	Participant Cap Increase Request
DESCRIPTION	Include participant WITS ID, funding category, and brief information about the request – such as why the participant needs more funding <i>**note** For cap increase requests, you want to ensure to include the extenuating circumstances that warrants a request, what services the participant has received in the past, how the participant has responded to services, how the participant will maintain beyond Recovery Works and any other information you feel may be pertinent.</i>

CHANGE IN DESIGNATION/LEVEL

SERVICE REQUEST TYPE	Information Request
SUMMARY	Agency moving from Level II to Level III
DESCRIPTION	Explain the access level change. Be sure to include your new DMHA Certificate reflecting the change, a new Agency Profile Packet, WITS/JIRA Form and DARMHA Forms (if applicable). <i>**note** Please ensure you include all information. Recovery Works cannot process incomplete requests. If you are unable to attach all documents, please send an email referencing your JIRA ticket number, with the additional documents attached to the email.</i>