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To: Recovery Works Providers and Referral Sources

From: Angie Boarman, Project Manager

Re: Memo001

- Assessments, 21 Day Pre-release, Services within Criminal Justice facilities, Clarification of Medicaid/HIP 2.0

Assessments

If a Recovery Works Participant is already receiving services from a designated Recovery Works agency prior to receiving a referral, the provider may choose to skip the initial comprehensive assessment and continue services. We ask that you fill out the Individualized Recovery Plan (IRP) based on the current Treatment Plan and send the IRP over to the participant's Criminal Justice Provider (CJP). If you feel that the participant has had a significant change since the last comprehensive assessment, or it has been longer than 6 months, we are asking that a new assessment be done. The new assessment can be claimed for under Recovery Works.

21 Day Pre-Release:

Participants who are being released from jail within 21 days are eligible for Recovery Works services. All participants are eligible for an initial comprehensive assessment WITHOUT a prior authorization. However, if it is determined that the participants needs services while in jail, ALL SERVICES MUST RECEIVE A PRIOR AUTHORIZATION. Prior authorization forms can be found on the Recovery Works website, www.RecoveryWorks.fssa.IN.gov. and should be turned into Recovery.Works@fssa.IN.gov. Depending on volume, we will do our best to have a determination to you with in 2-4 business days.

Services within Criminal Justice Facilities:

We would like to offer clarification on the following points:

1. Participants who are within 21 days from release are eligible for payment of an initial assessment while in Jail, without prior authorization. They are also eligible for additional services while in jail, with a prior authorization.
2. Participants are eligible for payment of treatment services at a Community Corrections facility in the event that the Recovery Works provider's primary office is located within the same facility (this is primarily for those ASO's embedded in CC organizations).
3. Participants are eligible for payment of treatment services while participating in a work release program. A participant may receive an initial assessment at the Work Release facility without prior authorization. After the initial assessment, if the participant can only receive treatment services at the work release facility, a prior authorization for those services must be submitted. If the participant can attend the recommended treatments outside of the work release facility, no prior authorization is necessary.



4. Participants receiving treatment within the walls of a jail, work release, or community corrections facility are expected to be referred to a community based treatment provider at the conclusion of his or her jail/work release stay or community corrections case.

Clarification on Medicaid/HIP 2.0

As you are aware, the Recovery Works program is a payer of last resort. This means, if a participant has any other payer source (i.e. private insurance, Medicaid, HIP 2.0, etc) he/she must go to a provider that accepts his/her insurance coverage. Just like with my insurance, if I choose to go to a provider that is outside of network, I have to pay for those services out of my own pocket. The same goes for our Recovery Works Participants. If they choose to go to a provider that does not take their insurance, they must pay for those services.

We acknowledge this might not have been 100% clear in our initial instructions and expectations. Therefore, we want to provide this clarification and ensure everyone has a clear understanding moving forward. Please consider the following scenarios:

1. **Participant has Medicaid, HIP 2.0, or other insurance coverage:** he/she will need to select a provider who accepts his/her coverage.
2. **Participant is eligible for Medicaid or HIP 2.0:** he/she will need to sign up for coverage. The provider receiving the referral shall connect the participant with a navigator or provide assistance to get the participant enrolled. Upon approval, the participant will need to receive services from a provider who accepts his/her coverage.
3. **Participant is "pending" coverage for Medicaid or HIP 2.0:** he/she will need to select a provider who accepts his/her pending coverage. The provider will bill the insurance for retro payment, and recovery works funds can be used to cover any claims for eligible services that are denied for the pending period. If the individual is denied coverage from Medicaid, HIP 2.0, or other insurer, Recovery Works funds can be used to pay for eligible services provided by a designated Recovery Works agency.
4. **Participant is ineligible for insurance coverage through another payer source, or has been denied:** Recovery Works funds can cover eligible services provided by a designated Recovery Works agency.

We greatly appreciate each and every one of you, and we thank you for your patience and flexibility, as we continue to work through the kinks of a new program. If you have any questions or concerns, please feel free to contact the team at Recovery.Works@fssa.IN.gov. Thanks for all of your efforts as we grow the Recovery Works program.

Sincerely,

Angela Boarman
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Recovery Works
Division of Mental Health and Addiction
Family Social Services Administration

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