



Michael R. Pence, Governor
State of Indiana

Division of Mental Health and Addiction
402 W. WASHINGTON STREET, ROOM W353
INDIANAPOLIS, IN 46204-2739
317-232-7800
FAX: 317-233-3472

March 23, 2016

To: Recovery Works Providers and Referral Sources

From: Angela Boarman

Re: Memo 002

Subject: Services Definitions, Training, Prior Authorizations, WITS

As we approach the five (5) month marker in the Recovery Works program, we would like to take the opportunity to share some exciting opportunities, changes, and offer reminders. All of this is based on the invaluable feedback that our Recovery Works agencies continuously give us so that Recovery Works is able to improve. Without all of our excellent providers, we would not be able to serve the 1,459 clients across 92 counties in Indiana that we have to date. Thank you for your dedicated and continued service to this vulnerable population. We acknowledge that this memo is lengthy; however there is very pertinent information in regards to how your agency can continue to be successful in the program. We strongly encourage you to read its entirety.

Service Definitions:

Recovery Works is continually reviewing provider feedback, best practices, and models of service delivery in order to improve the scope of services that can be paid for using Recovery Works funds. We would like to share several new services that have been added to our service list.

1. Medically Monitored Inpatient Detoxification
2. Clinically Managed High-Intensity Residential Services
3. Clinically Managed Low-Intensity Residential Services
4. HIP Power Account Contribution
5. Telepsychiatry

Clear definitions for these additional services as well as the reimbursement rate will be posted to the program website on April 1st. The new rates and units will be effective April 1, 2016.

Training:

Providers will note that in the Recovery Works Policies and Procedures Manual (which can be found at www.RecoveryWorks.fssa.in.gov), the Recovery Works program has required trainings that must be completed by June 30, 2016. The Recovery Works staff team has developed a training guideline to assist all Recovery Works agencies in identifying which providers within their agencies need to attend/view the mandatory trainings and at what level of participation. The Training Guideline and the dates for remaining trainings will be posted to the program website on April 1st.



In the meantime, please be sure to begin the process of viewing the recorded webinars that are available and be sure to mark your calendar for the webinar next Wednesday, March 30, 2016 @ 1pm. We have found that those that join us for the live webinars have the added benefit of participating in the live Q & A sessions, and don't have to wait to have their questions answered.

1. Recovery Model (presented on March 23, 2016 @ 1:00PM, available online by March 30, 2016) - Mandatory for ALL providers working with Recovery Works clients
2. Working with the Justice Involved (webinar on March 30, 2016 @ 1:00PM, will be available online April 6, 2016) - Mandatory for ALL providers working with Recovery Works clients
3. ANSA Training - (<https://canstraining.com/lshmidt/indiana-ansa-1>) – necessary only for those utilizing ANSA in assessments
4. DARMA/WITS Training – available on the Program Website – necessary only for those utilizing DARMHA and/or WITS

Technical assistance and additional training is always available. Trainings can be requested by emailing Recovery.Works@fssa.in.gov and providing a description of your request.

Prior Authorizations Form:

The Prior Authorization form has been updated based on feedback from Recovery Works providers. The updated Prior Authorization form guides providers completing the form through the questions that are required. The purpose of the Prior Authorization form is to create a way of thinking about the services that Recovery Works clients are receiving. The questions provide the reviewer with an understanding of the client and where they are at in the recovery process. It is critical that the primary clinician completes the Prior Authorization. **Prior authorizations must be emailed to Recovery.Works@fssa.in.gov in order to ensure receipt.**

Clinicians may bill up to a maximum of 30 minutes (2 units) of case management when completing Prior Authorizations. When completing a Prior Authorization please note that answering all the questions completely is required and not an optional part of the process. It will expedite the approval process and reduce the likelihood of a denial if all the directions are followed. Should you need to select multiple services for a prior authorization, you will need to complete individual prior authorization forms for each service that you are requesting.

A webinar on how to complete the Prior Authorization, along with case examples, will be offered on April 20, 2016 at 1:00 pm. Providers can follow the link posted on the website to access the webinar. As with all of the Recovery Works webinars, it is limited to 100 viewers and it will be recorded and available for later viewing if you are unable to attend at the original date and time.

See Appendix 1 for an explanation of the updated form.

Prior Authorization Setting Form:

In response to provider's feedback, Recovery Works has moved to allow providers to submit Prior Authorization requests for specific settings. When approved through Prior Authorization these settings are:

1. Services provided in Community Corrections and/or Work Release facilities and;
2. 21 Day Pre-release Services in Jail

The Prior Authorization Settings form guiding the individual completing the form through the questions that are required. The purpose of the Setting Specific Prior Authorization form is to ensure that

Recovery Works Providers request all the services that they are wanting to provide in the setting. Providers will see that an explanation must be provided for the services, frequency, and duration when completing a Setting Specific Prior Authorization. The questions provide the reviewer with an understanding of the setting and/or client and where they are at in the recovery process. It is also critical that the primary clinician completes the Prior Authorization. Prior authorizations must be emailed to Recovery.Works@fssa.in.gov in order to ensure receipt.

WITS:

As more providers begin using WITS, some great questions and concerns have come up that we would like to address, as well as some tips that we feel will prove valuable as providers acclimate to the billing system.

Pushing to WITS:

Every Recovery Works client needs to be pushed from DARMHA into WITS, even if you do not foresee them using Recovery Works funding. The only way for us to count enrollments is through WITS. This is especially crucial if your client is a Medicaid participant, as this is the only way that we know how to count that individual as enrolled for the program and to assist our agencies with their Medicaid Match.

DARMHA & WITS Manual:

There is a Recovery Works [DARMHA & WITS Training Manual](#) on the Recovery Works' website. This will be the most useful tool for you to review while familiarizing yourself with the WITS billing system. On the website, you can also find a webinar on DARMHA & WITS Training. Please take time to view both of these, prior to reaching out to staff for help.

Choosing a Referral Source: On WITS, when you are creating an episode for a client, it will ask you to indicate the referral source. It automatically fills in the box with "Criminal Justice Provider" but if you click on the drop down box, it will give you more specific referral sources to choose from. Please use the more specific option in the drop down box, instead of leaving it as "Criminal Justice Provider." If the referral source you used is not indicated in that drop down box, please let us know by emailing us at Recovery.Works@fssa.IN.gov.

Billing:

After much feedback, and in working within the WITS system, we are thrilled to announce that you now have up to **35 days** to release encounters for services rendered. Vouchers still must be built for thirty (30) days at a time, and can only be backdated for ten (10) calendar days. Please refer to your DARMHA/WITS Manuals on how to build vouchers and bill encounters. Below is an example, however should you have further questions, please let the team know at Recovery.Works@fssa.IN.gov.

Example: Clinician Angie sees client Jon Doe on March 23rd. The billing department has until April 1 to enter a voucher for services that will be rendered for Jon Doe March 23- April 22. Clinician Angie and other staff in the agency can then provide services to Jon from March 23-April 22. The Billing department may bill for all of those services rendered at any time after the voucher is created, up to April 27. Please keep in mind that the state pays for services 35 days after they are batched for billing (every Friday at 4pm), so if you decide to only do billing every 35 days, it will all be paid back at the same time, not depending on the date of the service. If it would be easier to continue billing weekly, please feel free to do so.

Now that the additional option is available, Recovery Works staff is asking that all agencies catch up on late billing. If your agency has outstanding bills from January, February, or March agencies have until

4pm on April 15, 2016 to enter all of those encounters. Recovery Works staff is available to assist as needed. Please email us as the Recovery Works email address.

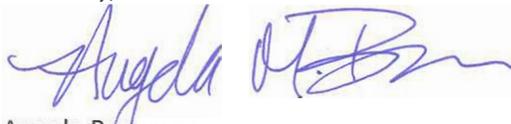
ACH client information:

As you begin receiving payment for services rendered, you will receive your ACHs. There has been a little confusion about which client each payment goes toward while we were still using paper vouchers. The unique identifying number for each client, the ID number you will see on your ACH is actually a combination of the individuals DARMHA number and the date of service.

For example: Client DARMHA No: 1234567 Service Date: December 15, 2015. The number that would appear on your ACH is: 1234567121515. Simply cross out the last 6 numbers and you will have the identifying number for each client/service. Again, this will only pertain to services rendered during our time with paper vouchers.

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
Program Manager
Recovery Works
Division of Mental Health and Addiction
Family Social Services Administration

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

APPENDIX 1: Prior Authorization Form (See Sample PA)

Below you will find an explanation of the fields in the updated PA:

1. Name of Designated Agency
 - a. The official name of the Recovery Works approved agency should be provided here
 - b. Ex. Philosopher's Stone Counseling Services, LLC
2. Date (Month/Day/Year)
 - a. The date that the Prior Authorization is being completed should go here.
3. Name of Designated Provider
 - a. The clinician name should go here along with any credentials.
 - b. Ex. Giordano Bruno, MSW, LCSW
4. WITS ID
 - a. The complete WITS ID number for the participant should go here.
 - b. It is NEVER acceptable to use the participant's full name or social security number.
5. Type of Prior Authorization
 - a. Prior Authorization Service
 - b. Participant Cap Increase (if applicable)
6. Prior Authorization Services
 - a. Medication Assisted Treatment (OTP Bundle) Monthly PA
 - b. Medically Monitored Inpatient Detoxification
 - c. Clinically Managed High-Intensity Residential Services
 - d. Clinically Managed Low-Intensity Residential Services
 - e. Telepsychiatry
 - f. HIP Power Account
 - g. Medication Exceeding \$500 Maximum
 - h. Other
7. Narrative
 - a. What distinctive characteristics make this participant a good candidate for the recommended services?
 - i. Here I should see unique information that notes that stage of change and why this is the most viable course of treatment (i.e., think what you have learned from the client through person centered treatment planning and motivational interviewing).
 - b. What resources have you already utilized to assist the participant
 - i. You should explain the clinical approach you are taking and how you have already used interventions (i.e., individual therapy with a focus on cognitive restructuring to help client develop distress tolerance skills.)
 - c. What plan is in place to address the participant's recovery needs in the future?
 - i. Best practice would be to give me an idea of what your plan is for holistic treatment (i.e., Case Management, Individual Therapy, Group Therapy, etc.) I expect that you indicate the amount of resources that will be used and the remaining resources that will be available to the client after the resources are used.
 - d. How will action on this affect the participant's recovery?
 - i. I must see your assessment of how this action will clinically benefit the client. You must argue the efficacy of the intervention and how it will support their recovery.
 - e. What plan is in place to get the participant Insurance Coverage, either public or private?
 - i. This is a question that I expect to always see an answer to, because the program is resource limited and recovery is non-linear. For these reasons, having a plan

for helping the participant find insurance coverage is critical to ensuring continuity of care and supporting the efficacy of the Recovery Works program.

- f. Service Duration/Frequency
 - i. Ex. 30
- g. Rate/Unit
 - i. Ex. \$22 (rate) 1 Day (Unit)
- h. Total
 - i. Ex. \$660