

Frequently Asked Questions (FAQ): Recovery Works

**Disclaimer* The FAQs below are common questions regarding the program. If you have more in-depth or specific questions, they should be addressed with the Recovery Works team through the help desk or at Recovery.Works@fssa.in.gov.*

1. Who qualifies for Recovery Works?

- a. The individual must meet the following requirements to be eligible:
 - i. Is the individual a resident of Indiana?
 - ii. Is the individual at least 18 years old?
 - iii. Is the participant a member of a household with an income not exceeding 200% of the federal income poverty level?
 - iv. Has the participant entered the criminal justice system as a felon or with a prior felony conviction? (see policy & procedure manual pg. 41 for some examples)
 - v. Has the individual been diagnosed with a mental health or substance use disorder through a comprehensive assessment?
 1. This is up to the designated service provider to determine after the criminal justice provider has sent over a referral.

2. How does a qualifying individual get a referral form?

- a. An individual must contact their criminal justice provider, who will complete the referral form and send the completed referral to a Recovery Works designated service provider.
- b. Referral forms should not come to the State.

3. Who is eligible to make a referral?

- a. Only criminal justice providers (CJPs), who are directly involved with the eligible individual's criminal case, may make the referral.
- b. Examples of CJPs include:
 - i. Probation Officer
 - ii. Parole Officer
 - iii. Community Corrections Officer
 - iv. Judge
 - v. Court Liaison
 - vi. Public Defender
 - vii. Prosecutor
 - viii. Private Attorney
 - ix. Jail Staff

4. When can a designated service provider begin accepting referrals?

- a. The agency must complete the Recovery Works application process, which means they have received, signed and returned an Agency Agreement, in addition to receiving access to the data management and billing systems (WITS/DARMHA).
- b. Additionally, the agency must complete all training requirements prior to accepting referrals.

5. What training is required by the designated service provider?

- a. *Policy and Procedure* – In-person (Webex during Covid)
 - i. This occurs every other month. Email Recovery.Works@fssa.in.gov to get the registration information for any upcoming trainings.

- b. *WITS Training* – In-person (or Webex)
 - i. Occurs at same time as policy and procedure training.
 - ii. Can also schedule on individual basis if extra assistance is needed.
- c. *DMHA Online: Recovery Model webinar*
- d. *DMHA Online: Working with the Justice Involved Webinar*
- e. *Motivational Interviewing*: most effective in-person, but due to lack of availability, online webinar is acceptable.
- f. *Personal Safety or Non-Violent Intervention Training*: In-person and up to the agency to offer to staff

6. What services does Recovery Works cover?

- a. Recovery Works covers a wide range of services (see pages 55-90 of policy & procedure manual), all of which fall into one of the funding categories below:
- b. Recovery Works does not reimburse for any other services than what’s listed in the policy and procedure manual.

Recovery Residence (Transitional Housing)	Up to \$6,500
Community (Outpatient) Services	Up to \$2,500
Re-Entry Services	Up to \$1,500
Intensive Outpatient Treatment	Up to \$4,701.24 (12 week)
Low-Intensity Residential Inpatient Services (ASAM 3.1)	Up to \$2,655.66 (21 days) with PA
High-Intensity Residential Inpatient Services (ASAM 3.5)	Up to \$5,422.50 (15 days) with PA

7. How does the agency/provider submit claims and receive reimbursement?

- a. Recovery Works utilizes the WITS billing system for providers to submit claims. It is a voucher-based system. The provider will render services, submit claims for reimbursement, and the state will process and pay out those claims.
- b. Reimbursement typically arrives via direct deposit to the provider within 35 days from submission.

8. How often do claims need to be submitted to WITS?

- a. Once services are rendered, the claims can be submitted for reimbursement. It’s recommended to do this weekly to avoid missing deadlines, but claims can still be submitted at any time during the voucher’s date range.

9. How does a provider know when an individual’s funding is maxed out?

- a. Providers are responsible for tracking individual’s expenditure.
- b. Requests can be submitted through the help desk, Jira, to check a client’s previous expenditure.
- c. Providers can potentially receive error messages in the WITS billing system when a client has maxed out their funds for a particular funding category.
 - i. Ex: individual could be at their recovery residence cap but could still have funds for community services.

10. Can Recovery Works be billed if the individual’s services are billed to insurance, but later, the provider finds out that the coverage wasn’t active, or the insurance denies the service?

- a. All insurance denials or situations similar to this should be submitted to the help desk. A Recovery Works clinical director will review the information to determine if the program can pick up the services.

11. Can individuals be enrolled in more than one state-funded program (such as Gambling)?

- a. Yes, an individual can be enrolled in more than one program. However, Recovery Works is a payer of last resort, so other programs should be billed first for intersecting services.
- b. Additionally, Recovery Works cannot be used to supplant other programs, so if an individual uses all their funds in a different program, they cannot enroll in Recovery Works for the same services they received under a different program.