



Recovery Works

INDIANA'S FORENSIC TREATMENT PROGRAM

New Provider Training - Policy & Procedure

Background



- Implemented in **November 2015**
- Goal: to reduce the number of individuals with substance abuse and mental health disorders entering the criminal justice system in Indiana by providing services in the community
- Design: voucher program to cover mental health and/or substance abuse treatment costs for individuals without insurance or Medicaid

Funding



- House Enrolled Act **(HEA) 1006**: Criminal Justice Funding
 - Gap funding intended to support services for those without insurance coverage who are involved in the criminal justice system
- Two Funding Priorities:
 - Pre-incarceration diversion services
 - Post-incarceration re-entry services

Eligibility



Eligibility Questions	Yes	No
Is the individual a resident of Indiana?	Eligible	Ineligible
Is the individual at least 18 years old?	Eligible	Ineligible
Is the individual a member of a household with an annual income not exceeding 200% of the federal income poverty level?	Eligible	Ineligible
Has the individual entered the criminal justice system as a felon or with a prior felony conviction?	Eligible	Ineligible



Eligibility Examples

- Individual has a current **felony charge** and no other criminal history = **qualifies**
- Individual has a current **felony charge**, which is *reduced* to a misdemeanor = **does not qualify**
- Individual has a past **felony conviction** with current **misdemeanor charge** = **qualifies**
- Individual committed a felony in a neighboring state, but is a resident of Indiana, and has had his/her probation/parole transferred to Indiana = **qualifies**



Referral Policy

- CJP MUST initiate the referral process - DSP may not send referral to CJP for signature
 - CJP sends referral form AND necessary collateral information
 - Ex: court documentation, arrest records, legal information, etc.
 - Responsibility of **both DSP and CJP** to verify eligibility
- Services provided without valid referral form will be disallowed
- Participant has a gap in treatment for **more than 30 days** – NEW referral is required



Referral Policy

- Within **2-5 business** days, the DSP will:
 - Accept the referral
 - Contact the participant
 - Schedule an appointment with participant
 - Complete assessment **within 10 days** from the date of referral acceptance
- If DSP is unable to set an appointment within 10 days of contacting the participant, the referral should not be accepted.

Services



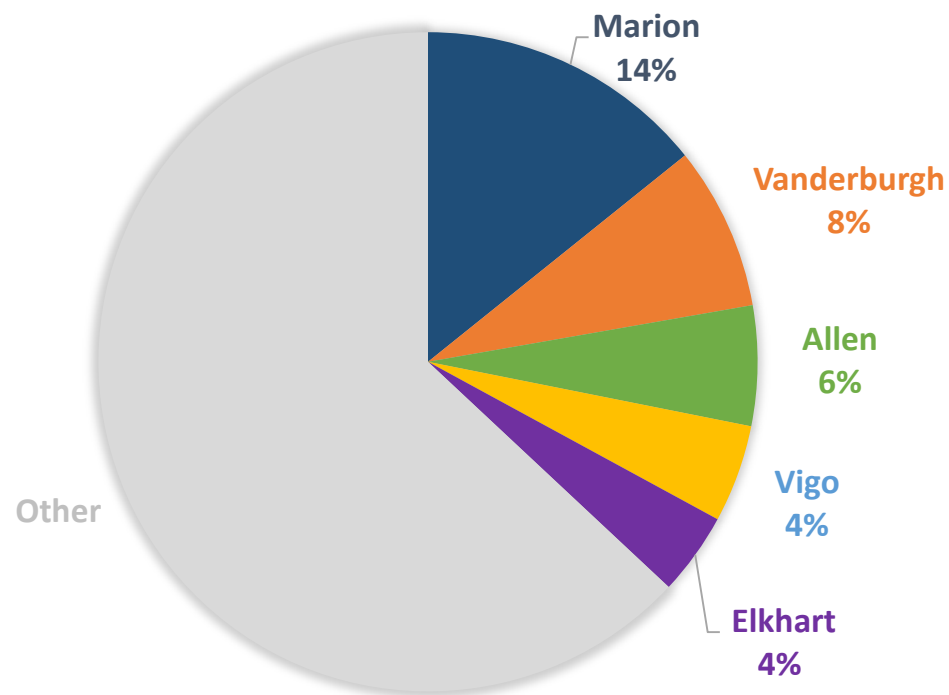
- Mental Health Therapy (Group/Indv.)
- Substance Abuse Therapy (Group/Indv.)
- Case Management
- Skills Training and Development (Grp./Indv.)
- Transportation
- HIP Power Account Contribution
- Medications
- Medication Assisted Treatment
- Family Support Counseling
- Peer Recovery Support
- Clinically Managed High Intensity
- Clinically Managed Low Intensity
- Recovery Residence (Housing)



Recovery Works Facts

- Top 5 Billed Services FY 2020
 - Recovery Residence
 - Skills Training and Dev.
 - Substance Use Disorder – Group
 - Mental Health Counseling – Indv.
 - IOT

CLIENTS ENROLLED





Designated Service Provider (DSP)

- **DMHA Certified** as CMHC, ASO, ASR, PIP, or OTP
- Meet federal, state, and local regulations
- Categories:
 - Licensed Professional
 - Qualified behavioral health professional (QBHP)
 - Other behavioral health professional (OBHP)

Scope of Work

The Criminal Justice Provider (CJP) determines participant's eligibility for Recovery Works

CJP completes referral form and sends to the Designated Service Provider (DSP)

Upon receipt of referral, DSP completes assessment with participant. Based on results, DSP prepares a recovery plan for the client and sends to CJP.

Receipt of the recovery plans, begins the communication between the CJP and the DSP during the participants involvement in Recovery Works.

DSP begins providing all recommended services, or makes referrals to other DSPs for services not offered through the assessing DSP

Each time the participant receives Forensic Treatment Services (FTS), the DSP submits a billing claim through WITS, the voucher management system

Participant actively engages in FTS with the DSP, per the recovery plan, and continues necessary check-ins with CJP

The CJP and DSP continue collaborative partnership and communication regarding any recommended revisions to participant's progress toward recovery goals



Motivational Interviewing (MI)

- Providers are **required to utilize MI** techniques
- Benefits:
 - Empowers participants in their own recovery
 - Helps participants realize discrepancies in internal thought process
 - Guides participants to reach goals
 - Focuses on exploring and resolving ambivalence to bring about change



Participant Assessments

- **Face-to-face** comprehensive assessment completed by a licensed professional
 - Results in Substance Use Disorder, Mental Health Disorder, or Co-Occurring Disorder diagnosis
 - **No diagnosis = not eligible – (Even if the individual is referred by a CJ provider, if they do not have a diagnosis, or do not meet the other qualifying criteria, Recovery Works cannot be utilized).**



Medicaid Acceptance

- All RW treatment providers, who are DMHA certified, must be enrolled as a **Medicaid/HIP Provider (July 1, 2019)**
- Required to bill Medicaid/HIP for all covered services
- *Intention* – conserve a client's overall funding



Insurance

- RW is a **payer of last resort** – insurance is billed first
 - Client must go to a provider that accepts his/her insurance
 - Recovery Works does not pay for out of network services or pay for services due to a client not wanting to go where his/her insurance is accepted.
- Requirements:
 - Assist client with submitting application within **10** business days of intake
 - Within 45 days – client is connected and utilizing insurance
 - Client does not follow through = **not eligible** for RW
 - Barriers with connecting client should be expressed to RW as they occur
- RW assists with **non-covered** services only*

*This is on a short term basis only, as non-covered services can not be utilized as the participants primary service method.



Fund Designation

Funds are split into 3 categories:

1. Re-Entry Services
2. Community-Based Treatment
3. Recovery Residence

Each group has a max amount – individual service caps are removed.

Although RW is not designed for Re-Entry Services, we recognize the value of said service, and have allotted funding to assist individuals prior to release



Services

- RW is a payer of last resort – utilize insurance first for all covered services
- Rate Sheets determine list of reimbursable services
- DSP's must ensure staff are qualified to provide services



Re-Entry Services

- Intended for individuals to use while in a correctional facility prior to being released into the community
 - Aim for as close to release as possible
 - Unsure of release date – still provide services
- **Total allocated = \$1,500**
- Specific Re-Entry rate sheet developed
- Includes work release – Work Release facility must apply with Medicaid to determine if the individuals in their facility qualify for Medicaid– There are WR facilities whose clients qualify for insurance, the facility must take the first step to determining their level. The Medicaid level is determined by the freedom of movement clients have

Community Services



- Intended for use while the individual is in treatment after release from a correctional facility – but still involved with the criminal justice system (individuals still in work release do not qualify as community services).
- **Total Allocated = \$2,500**
- Specific Community rate sheet developed
- For DSP's that go into a Work Release or jail facility, you must utilize the Re-Entry funds for services. Community funds can only be used when a person is no longer in work release, jail or any other institution.



Recovery Residence

- Intended for those in need of housing assistance
 - Includes recovery residence daily cost as well as a daily per diem
- **Total Allocated = \$4,000**
- Number of days varies based on INARR level of home and service type (room only vs room & board)
- Per Diems:
 - Level II = \$6/day/client
 - Level III = \$7/day/client
 - Level IV = \$7/day/client



Recovery Residence Guidelines

- Initial assessment is no longer required prior to participants receiving housing from the recovery residence
- Recovery residence will have 7 business days to refer participant to a treatment provider
- Recovery Residence must collaborate with the service provider to ensure services are being rendered to the participant (minimum of 30 days)
- All Recovery Residences must ensure the participant meets all guidelines of Recovery Works
- Recovery Works cannot be billed for participant utilizing a “home pass” overnight.



Clinically Managed Care

- Clinically Managed High-Intensity or Low-Intensity Residential Services require a PA
- Approved funds are separate from the community-based funds
 - Community funds cannot be used for clinically managed care
- Enrollment Fee and Admin Fee may be billed on the first day of intake only.
- Services provided under this level of care are **all inclusive. No additional services can be billed in conjunction with this service.**

Questions?

