



The Maryland Addictions Directors Council

The Ideal Substance Use Disorder Treatment System in Maryland

Every Marylander, with or without insurance, needing substance use disorder treatment must have easy access to all appropriate levels of care based on their assessed needs.

An ideal treatment system will contain the following important elements:

- A comprehensive continuum of care that is available at all levels of care based on clinical necessity.
- Use of screening and prevention services in primary care settings.
- An environment that supports technology and innovation.
- A culture that is responsive to change.
- A strong, professional, well-trained and culturally competent workforce.
- Increasing numbers of professionals in the workforce at all levels to meet the needs of the community.
- High quality services provided to patients demonstrated by high quality outcome data.
- Access to quality substance use disorder treatment for all those in need of treatment.
- The ability of an individual to maintain their provider even when insurance changes.
- High-quality, integrated behavioral health services (*substance use disorder and mental health*).
- Seamless integrated behavioral health and somatic health services.
- Information sharing among health providers to support quality patient care.
- The ability of a patient to self-refer into substance use disorder treatment.
- Consumer choice is acknowledged and incorporated into treatment.

Important elements that serve as the foundation of an ideal treatment system:

- Medication assistance for mental health and substance use disorder problems should be available to all clients, based on an individual assessment in the local jurisdiction.
- Every jurisdiction should provide the basics of evidence-based recovery practices.
- Health Departments and publicly funded services must be allowed to provide direct and contractual services based on local decisions regarding the best manner to meet the needs of their citizens.
- Citizens with private insurance must be able to access Health Department programs offering a sliding scale.
- Development of an easy to use system for collecting and sharing useful outcome data.
- Transparency and open access to data and the ability to produce useful reports at the provider, local and state level.
- Regulations that support the provision of quality services and not create unnecessary barriers.
- Professional credentialing requirements should support the expansion and growth of substance use disorder professionals at all levels of care.
- Availability of small substance use provider practices, as well as, larger treatment providers.

Elements related to the implementation of the Affordable Health Care Act

- Person Centered Health Care Homes for persons with substance use disorders and other health needs should be implemented to support integrated care.
- Behavioral health benefits must be provided in parity with medical and surgical benefits.
- The Essential Benefit Package should include coverage for all levels of care.
- The Health Benefit Exchange should be robust and provide referral services, as well as, standards for participation.
- Strong participation in the Health Benefit Exchange by a variety of insurers should be encouraged.
- Individuals who move from Medicaid to Health Benefit Exchange insurance should be able to maintain the same treatment provider and level of care without disruption.
- Block grant funding should be maintained for the safety-net population and services that are not covered by Medicaid.
- Behavioral health should fully participate in the development of the Health Information Exchange.
- Electronic record systems should meet meaningful use criteria.

Specific Funding Recommendations and Considerations:

- Outpatient/intensive outpatient substance use disorder services, covered by Maryland's Medicaid program, should be provided on a fee-for-service basis, with additional fee-for-service dollars available for the uninsured.
- Creating/continuing a "hybrid" model with both grant funding and fee-for-service is essential to treatment access at all appropriate levels of care and to assure quality of care.
- All providers accessing public funds in a hybrid model (*combination of grant funding and fee-for-service*) should be required to access all other funding before paying for needed services via grant dollars.
- Residential care must continue to be offered at current levels, as an important component of the system.
- The state must expand its commitment to adolescent substance abuse programs.
- Tele-psychiatry programs, and other similar technology-based services, must be reimbursed in a manner consistent with traditional counseling approaches.
- Treatment providers should be given substantial input into the rates established for services; and rates for all levels of care must enable providers to adequately cover the costs of providing each level of care.
- Standardized clinical placement criteria should be used by the ASO to authorize services for each level of care and providers should have a significant voice in length of stay decisions.
- Investments should be made in purchasing electronic record and billing systems that meet meaningful use requirements that allow access to federal incentive funds.
- Investments should be made in Person Centered Health Care Homes.
- Primary Adult Care (PAC) funding should be retroactive to the day of application.
- Patients who receive PAC should have a way of accessing substance use services delivered by physicians.
- Government providers should be funded to reflect the higher level of accountability and expectation of duties that are not fee for service.

Accountability Recommendations & Considerations:

- State agencies and insurance providers must be held to the same level of accountability as treatment providers, including; similar data collection, publishing requirements, and objective measures that demonstrate success in accomplishing the goals of the treatment system in Maryland.
- Regulations developed to integrate behavioral health should not create additional burdens on current providers of behavioral health services.

For more information on this document or other MADC activities, please contact Executive Director Tracey Myers-Preston at madcexecutivedirector@comcast.net or 443.834.5866

		Local Access	Regional Access	State Access
Level of Care				
Prevention		X Should occur at the local level and be consistent with the indentified needs of the community		
Level .05	Early Intervention	X		
Level I	Outpatient Services	X Offered to both adolescents and adults		
	Opioid Maintenance Therapy	X		
	Outpatient Detox	X		
Level II.1	Intensive Outpatient Services	X Offered to both adolescents and adults		
Level II.5	Partial Hospitalization Services	X	X Based on local and regional assessment of needs	
Level III.1	Clinically Managed Low Intensity (Half-way Houses)		X Minimally based on population	
Level III.3	Clinically Managed Medium Intensity (Long-term Residential)		X	X Can be regional or state-wide with access from every jurisdiction
Level III.3 Adult	Clinically Managed Medium Intensity (Long-term Residential)			X
Level III.3	Clinically Managed		X	

Adolescents	Medium Intensity (Long-term Residential)			
Level III.5 Adult	Clinically Managed High Intensity			
Level III.5 Adolescent	Clinically Managed High Intensity			
Level III.7	Medically Monitored Intensive Inpatient (Intermediate Care Facility)		X Offered both to adolescents and adults	
Level III.7 D	Medically Monitored Inpatient Detox		X	