

Substance Use Disorder Provider Reimbursement Workgroup Additional Issues

1. The adequacy of reimbursement provisions for both outpatient and residential treatment,

The struggle we have encountered relates to our commitment to integrated services. We know an integrated assessment and treatment works well for clients. We save clients from obtaining multiple assessments and treatment appointments but these services are paid consistent with other appointments that are not integrated. We have more expensive staff (fully licensed) and invest more in training by completing these yet we cannot obtain additional funding. These are diagnostic evals not just screening for possible MH issues within a SA evaluation.

There are broad concerns about reimbursement for SUD services. Reimbursement is low to non-existent for many services. Some providers don't even know if reimbursement exists for what reimbursement rates are applicable.

Prior authorizations remain problematic. Prior authorization is denied or only authorized for a minimal amount of hours.

Co-occurring continues to present problems. For example, detox is needed for a neuro-surgery. Detox is continually denied in these types of co-occurring situations.

Overall lack of outpatient services. Detox beds are unavailable, patients are waiting 6 to 8 weeks for residential beds

2. Whether it is appropriate to rebase reimbursement,

From what I understand about rebasing, I think it can be very beneficial. This is something similar we did for CCBHC. Even if we started with a few services, it could be helpful. If we can add a new level around integrated services that would be great.

3. Whether there is equity in reimbursement compared to reimbursement methodologies for providers of similar behavioral health services, and

As a SA and MH treatment agency we are not paid consistent with CMHC's. Our SW Iowa Region does consider us equal with CMHC's and pays us consistently. The biggest discrepancy is in our psychiatric care. Our SA clients need psychiatric care. We have psychiatrists to see them, but for an initial evaluation the floor rate for Medicaid the

reimbursement rate is \$128.30 and the CMHC rate is \$279.20. I know we have CMHC's as part of our SA network, but if you don't have this designation your rates are substantially lower.

I am not aware of reimbursement besides CMHC and Medicaid but it is our understanding that hospital reimbursement is higher.

4. Access to substance use disorder services providers, including whether the designated number of community mental health centers in the state is sufficient.

I think the network can use more SA providers and I think we all of us as current providers can do more to serve this population. Access could improve in terms of hours for instance. Can we do more to offer evening or weekend appointments? How do we improve access by offering walk in evaluations? Can we do more in tele-health? I would love to see an increase in CMHC's in the state, I am not sure one is sufficient in certain parts of the state.