

Brooke McKenzie Twin Lakes Center Testimony

DEPARTMENT TASK FORCE

10/14/14 at 10:00 a.m. 414 Grant Street, Room 510, Pittsburgh, PA.

Representing Twin Lakes Center: Brooke McKenzie, LCSW, Executive Director

A. First Issue

- Authorization processes delay.
 - Many insurance providers create a time consuming process for receiving initial authorizations and continued stay authorizations. Reviews can require a 20-45 minute phone call to receive an authorization for seven days and then the process has to be repeated again the following week. In smaller facilities like Twin Lakes (which charge lower per day rates), these reviews are conducted by the client's counselor and this takes away time that the counselor could be working directly with the client. A counselor with an eight patient caseload can spend 8-16 hours per week performing insurance reviews and case management tasks. In addition, counselors at our facility are often being asked by the insurer to provide information outside of the 5-point guidelines and have been threatened with a denial of authorization if this information is not provided.
 - ✓ Facilities have a yearly inspection by DDAP. If a facility passes that inspection, DDAP is verifying that facility is meeting a standard of quality and fidelity. This should include accepting the facility is assuring that patients meet PCPC standards for the level of care and is accurately billing only for days used.
- **Take-aways:** Institute rules that short-term facilities (especially smaller facilities) are able to obtain a 28-day authorization at the time of admission to the 3B level of care and will inform the funding source of the correct length of stay at time of discharge. Create oversight in DDAP's inspection process to assure that fidelity is being maintained.

B. Second Issue

- Low Reimbursement Rates
 - Substance Abuse services reimbursement rates for Medical Assistance recipients in Pennsylvania are not sufficient to cover actual costs of providing services. Treatment facilities do not have other funding to support losses. Current residential and outpatient rates do not reflect the cost of services for individuals with complex issues that require evidence-based service models for treatment, which entails extensive training and supervision for staff to treat clients.
 - **Take-aways:** MA payment rates for residential and outpatient services should be increased to cover the true costs of providing care. MA must reimburse for essential, non-billable services such as case management and cross system coordination of care. Treatment facilities also need help addressing current recruitment and retention problems related to low salaries and benefits. Increased rates could help raise salaries and benefits, and provide funding for essential training in evidence-based treatment models.

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C. Third Issue

- Denials for Vivitrol Assisted Therapy (Naltrexone)
 - Since launching our Vivitrol program in 2016, we have had multiple instances of clients being denied authorizations to begin Vivitrol therapy before leaving residential care. The appeal process is very time consuming and requires resubmission of materials, additional reviews, etc. It has been our experience that the reasons for denial are usually clerical issues and not questions related to the individual's criteria and, when reviewed by our staff, the clerical errors claimed are not an error and the same materials are resubmitted. These resubmitted faxes are not responded to in a timely manner. It appears at times that all of this is being done to prolong the process and discourage facilities/clients to continue to pursue the authorization. Twin Lakes has experienced at least 5 instances where patients that want to be on Vivitrol are being discharged without their first injection with the hopes that they will stay clean while we continue to try to get authorizations. Clients with Medicare are always denied.
 - ✓ This process is made even more difficult because we cannot even start the pre-authorization process until the client has a clean UDS that can be sent to the funding source. With clients typically on a detoxification taper at the start of residential care, the UDS can take 14 days, which creates a short clock for obtaining the authorization before coverage days run out.

Take-aways: Ease restrictions to speed up the process for obtaining authorizations for this vital and very successful medication. Produce policies that limit/discourage the delaying tactics of funding sources

D. Fourth Issue - Placing Megan's Law Offenders in a halfway house program or sober living facility following residential care.

- In the past year, we have had 4 male clients and 1 female client that were Megan's Law Offenders. All of them would have benefited from being transferred to a halfway house program after successfully completing residential care; however, no halfway houses are willing to take Megan's Law Offenders. Likewise, sober living facilities and shelter programs refuse to accept Megan's Law offenders because they are fearful of backlash from their communities. In one instance, Twin Lakes made 70 contacts to a variety of facilities and programs to try to get an individual placed. This person was discharged to live alone in an apartment with no family supports and attend our partial program. He soon relapsed and was returned to the residential level of care only to have the same process repeat itself.
 - ✓ This system almost appears to set Megan's Law offenders up to fail and return to prison.
- **Take-aways:** Require that halfway house programs that accept Medicaid cannot deny admission based solely on an individual status as a Megan's Law offender or fund and build halfway house programs specifically for treatment of Megan's Law offenders.

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E. Fifth Issue

- Difficulty obtaining coverage for transfer to long-term care
 - We have encountered multiple instances when we present clients with a history of chronic relapse with multiple periods of treatment in short-term residential and outpatient but are denied coverage for a long-term facility. In one instance, it required court intervention to get the authorization, which wasted many days and put the client at a high risk while the process played out.
 - ✓ There are also a limited number of 3C long-term facilities available to place clients.
- *Take-aways:* When a facility is able to present a solid history, it should be an easier process to obtain authorizations. In the long run, making this level of care accessible can save lives and save money.