



Driving Excellence in Addiction Care

PATIENT SERVICES AND SUPPORTS

Substance use disorder (SUD) is a chronic disease. This bill seeks to highlight those who need more support to sustain the gains they made during the treatment process and to align the system of care to one that treats substance use disorder as a long-term treatable disease rather than an acute illness.

Replace lost documents

- Waive reissue fees for critical identification documents that often get lost during active addiction (ex: birth certificate, driver's license, identification card).

Individual Counseling Access Post Treatment

- Allow patients to continue seeing their same counselor after they complete treatment, if deemed medically/clinically necessary up to 4 sessions per month. Eliminates need for weekly treatment plan reviews for these clients.

Transition Support Service Package Post Treatment Completion

- Form a workgroup to make recommendations for funding a stipend for housing, transportation, childcare, and food support for people transitioning from intensive treatment. The workgroup must equitably represent providers and current/former clients geographically and culturally.

Reporting Required by Commissioner

- Require the DHS Commissioner to provide basic performance data in an accessible format available to SUD providers at least annually.

WORKFORCE

The shortage of counselors, mental health, and nursing staff has hit the substance use disorder field particularly hard. This bill seeks to keep wages on par in the health care field, offers a path to employ interns immediately after they graduate, and eases workloads related to documentation that drive counselors from practicing in the field.

Continuity of Work Between Internship and Licensure Approval for Alcohol and Drug Counselors

- Allow interns to continue to practice during the 90-day window between their practicum hours and issuance of license as an Alcohol and Drug Counselor.

Provide Current Training on HIV for Treatment Staff

- Require the commissioner to outline the content required. This would allow providers to have clarity on up to date information for the mandated HIV training for staff.



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Flexibility in Residential Treatment Hours and Co-occurring Credentialed Staff

- Allow residential programs—which provide more frequent and intensive services to the neediest patients—flexibility to be paid for the level of service delivered. Reduce hours needed in a treatment week in observance of federal holidays. Allow the program to determine adequate mental health staffing for co-occurring programs, as long as basic requirements are met.

Temporary Rate Increase Until Rate Methodology Implemented

- Since the current SUD rates were implemented in 2011, they have only increased 3%. This temporary provider rate increase of 24% would expire when the new rate study is completed and methodology is implemented. This increase will help providers stay open through the period of change.

Rate Increase for Direct Care Staff

- This proposal directs 33% of the temporary rate increase to go to direct care staff. This would ensure that counselors, technicians, nurses, and other staff that work directly with clients receive benefits directly.

SERVICE PRESERVATION AND ACCESS

MARRCH member surveys consistently show that counselors dedicate 25-40% of their time to documentation rather than patient care. This section provides relief in unnecessary documentation requirements and unreasonable timelines for counselors; the paperwork burden is contributing to counselor burnout with little value added to positive patient outcomes.

Permit Withdrawal Management to also operate with SLF-Class A license

- Currently, withdrawal management program operation is limited to Supervised Living Facility Class B licensure standards for non-ambulatory patients. SLF Class A licensure standards are for ambulatory patients. The physical plant requirements (width of hallways, size of bedrooms) is preventing existing programs to open, because of the capitol expenses to renovate existing sites that would meet Class A requirements.

Extends Documentation Completion Requirement for Significant Events

- Allows license holder to document significant events within 24 hours rather than “on the day” to allow more time for patient care.

Provides Documentation Relief for Treatment Plan Review Requirements

- Extend timeline requirements for treatment plan updates from weekly to 28 days or if there is a significant change (whichever comes first) and eliminates the duplicative need to document patient responses to each service.