

Mark Donovan

Below is a statement created by myself and four other small private providers. Please consider these issues as we work toward integration,

Maryland's Privately Owned, Certified, Addictions Treatment Providers

As we pursue the integration of addictions and mental health services in Maryland, of primary importance is the quality of care our clients receive and the cost of those services. Regrettably, cost is an important factor in providing any service.

Our State of Maryland Certified, Private, Non-Funded Addiction Treatment Programs provide quality services to thousands of Maryland residents each day at absolutely no cost to the State of Maryland. We provide needed, effective services while creating jobs that provide revenue to the State of Maryland. In order to continue providing these services to Maryland residents in need there are a few things we as providers need:

- 1) We recognize that a national accreditation process could be useful and cost effective to the State of Maryland. However, national certification will reduce the number of available programs and the availability of programs. In order to reduce this impact, we recommend the following options:
 - a. The State of Maryland may offer some financial support to smaller programs in order to reduce the cost of certification for those programs and allowing them to continue providing services.
 - b. The State of Maryland may allow some programs to continue to be State of Maryland inspected and certified while other programs are nationally certified. This would only be cost effective if nationally certified programs did not also have to be State of Maryland inspected but would be granted State of Maryland Certification upon receipt of national certification. Programs might be divided by size, revenue, level of care, or funding sources.
 - c. The State of Maryland may decide to adopt national regulations while inspecting and credentialing programs itself. A working example of this policy can be seen in the National Electrical Code that Maryland utilizes. While the State of Maryland inspects and licenses electrical work and electricians, the code is set by a private national organization.
 - d. The combined use of options A, B, and C may meet the State of Maryland's goals best. These combined options would allow the State of Maryland to utilize National Codes that are effective and more quickly adaptive to the needs of treatment providers and consumers. This combination would also help to maintain smaller programs that cannot afford national certification by allowing the State of Maryland to certify these programs at no or low cost. This combination would also allow all programs to meet the same national code despite certification by the State of Maryland or a nationally certifying organization.
- 2) Currently, all programs are required to have an Approved Supervisor as defined by the State of Maryland Board of Professional Counselors. Any Approves Supervisor should be able to clinically supervise any level of certification or licensure regarding appropriate clinical issues. i.e. An Approved Supervisor who is a CAC should be able to clinically supervise a psychologist regarding addiction issues. Additionally, any

program serving clients with addictions issues needs to have a State of Maryland Approved Supervisor Certified or Licensed in Addictions. While the treatment of addictions may be in the scope of service of many licensures (LCPC, PhD, LCSW), this scope does not represent appropriate proficiency in addictions to clinically supervise addictions treatment.

- 3) No program should be forced to accept any type of funding. As privately owned companies it is within our rights to accept payment from insurances, public funding, or clients as we see fit. Similarly, if we find a funding source is no longer appropriate, we should have the right to drop that funding source without threat to our licenses. There are many reasons why programs might choose to not accept public funding or Medicaid. Some of these reasons include:
 - a. Clients who utilize Medicaid or PAC often have significantly more and chronic financial, housing, and work issues than clients who have a better financial standing. These increased needs require increased staff time and often become the focus of treatment and education. Clients with increased financial standing may not need to spend time discussing these issues and can benefit more by exploring other issues.
 - b. PAC and Medicaid can be difficult to receive authorization and billing. As noted above, privately owned programs should be allowed to choose which funding sources are appropriate for their programs.
 - c. Clients who pay for treatment believe they are more vested in their treatment and feel they are getting what they pay for or they may choose to leave treatment. Similarly, clients who pay nothing often believe that their treatment is worth nothing.
 - d. The typical show rates for clients utilizing Medicaid or PAC is lower than clients using cash or other insurances. One reason for this may be that clients paying privately for treatment can be charged no show charges for missing sessions. They are penalized for not showing. We can keep them in treatment provided they pay for their time. Even no show fees as small as \$10 shows sufficient reinforcement to increase a clients show rates. Given time, clients who show become more invested and show more improvement. The only option to encourage Medicaid or PAC clients is discussion and discharge. Both of these options show little increase in client show rates.

- 4) No program should be required to provide any form of data reporting to any organization or the State of Maryland for clients who do not receive public funding. Similarly, it is understood that if a program agrees to accept public funding, that program will provide appropriate data to the State of Maryland or appropriate organizations. Programs who accept both public funding and private pay or private insurance will only provide date for clients who receive public funding and not clients who pay privately. This reduces the cost of data collection for providers and the State of Maryland while providing the data needed for the State of Maryland to show how public monies are being spent.

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