

Redesigning the System Stakeholder Ideas

January 21, 2014 Conference Call

- Allow counties to manage the DMC program similar to the mental health system.
- Allow for additional health practitioners – more than just the medical director.
- Provide a real continuum of care.
- Remove the barriers to residential such as the IMD exclusion.
- Recognize sober living environments (SLE) as a reimbursable service.
- Include residential detox services in more locations than just current “general acute care” settings.
- Include recognized screening and referral tools.
- Adopt Evidence Based Practices (EBP).
- Remove the limits to individual counseling.
- Provide culturally competent services.
- Remove the group size limits for Outpatient Drug Free.
- Add case management services conducted at any location.
- Adopt SAMSHA’s “Good and Modern” service system recommendations.
- Remove same day billing restrictions.
- Expand medication assisted treatment benefits.
- Add tele-health coverage for DMC counseling.
- Require all systems to have data, performance, and quality assurance systems.
- Allow counties to maximize their resources and increase program integrity.
- Increase beneficiary involvement.
- Allow “care integration and coordination” at the provider site.