

Residential treatment should be an essential benefit under the ACA

by Sushma Taylor

One of the fundamental goals of the Affordable Care Act (ACA) is to deliver patient-centered cost-effective care and outcomes that are achieved through evidence-based solutions. After reading the August 15, 2011 article entitled “Future of Private Residential Treatment Called into Question by CMS Official,” however, it is clear that if Dr. Jeffery Buck’s vision of the post-ACA MH/SUD world comes to pass, costs and not appropriateness of care will determine how patients are treated.

As the Affordable Care Act is implemented, it will take extensive advocacy and education by the entire SUD treatment community to ensure that the full continuum of care is available for patients in need of addiction treatment under the essential benefit. Treatment Communities of America (TCA) and our colleagues in the field have spent too many years building up a comprehensive approach to treating addiction in the United States to allow it to be dismantled and patients to be disenfranchised in name of expanding access to care. We are compelled to share our concerns with the broader SUD treatment community and clarify the record so as to guard against such a narrow but influential view predetermining the fate of SUD treatment under the essential benefit.

Substance use disorders are one of the ten elements of essential health benefits defined in the ACA and it is essential MH/SUD benefit must include all of the services, interventions and supportive care that is necessary to achieve long term wellness. TCA strongly believes that patients require access to a coordinated continuum of services which are clinically appropriate in intensity, duration and frequency.

TCA understands that the SUD treatment system will need to evolve, including integration of Medicare and Medicaid systems, State Substance Abuse Agencies, primary care physicians, private insurance providers, outpatient SUD treatment and federally qualified health centers to implement the ACA. However, eliminating residential treatment as part of the continuum of care

ignores decades of evidence-based medicine, and doing so would deny treatment that is effective and cost-effective for a significant group of patients.

Leaders at the Substance Abuse and Mental Health Services Administration have spoken favorably of the effectiveness and value of residential treatment — even as the agency has indicated that cost and expense will play a factor in ultimate decisions about what services will be covered under the essential health benefits. TCA members know that residential treatment in a community-based setting is one of the most cost-effective treatment methods available; at an average rate of \$50 to \$80 dollars a day, it is far less expensive than inappropriate treatment, such as hospitalization or incarceration. Policymakers should recognize this value and take it into account when making decisions about the essential health benefits.

TCA further believes that the importance of the federal Substance Abuse Prevention and Treatment (SAPT) Block Grant will endure rather than diminish. Even after implementation, the ACA will not provide coverage for many of the critical and supportive services necessary to ensure optimal outcomes, nor will it provide access to care for populations that will continue to be uninsured. Only by combining funds through ACA and the SAPT will a full continuum of services and supports be available for individuals and families with SUD. TCA recommends that the SAPT be maintained and aligned with the ACA to ensure that all populations have access to a comprehensive range of services and supports necessary to achieve recovery.

TCA is committed to preserving the full continuum of care so that each patient receives the treatment that is most appropriate and effective for their own individual health needs, and looks forward to working with the federal government and all of the SUD treatment community to achieving this goal.

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product to health plans, employers, and unions, called OnTrak. Investment in this system is featured on the website. In a filing to the Security and Exchange Commission last week from Catasys, the company said it has “incurred significant net losses and negative operating cash flows since our inception” and that

this could continue for 12 months. From the SEC filing: “If we do not immediately obtain additional capital, there is a significant doubt as to whether we can continue to operate as a going concern and we will need to curtail or cease operations or seek bankruptcy relief. If we discontinue operations, we may not

have sufficient funds to pay any amounts to stockholders. We have received loans from two of our large shareholders to fund operations for the last few months while we seek additional capital, but there is no assurance that they or anyone else will continue to provide additional capital.” •