

## **Real Life Examples of the Problems Caused by the Existing Drug and Alcohol Confidentiality Regulation**

1. “Jane” is a teenager diagnosed with bipolar disorder and a co-occurring substance use disorder. Jane was being treated at an inpatient facility, where she had good relationships with treatment staff. Jane, however, was discharged to outpatient care because, under the existing drug and alcohol confidentiality regulation, the inpatient treatment provider could not disclose sufficient information to the third-party payer to show that Jane was receiving adequate treatment for both disorders, and that she met the ASAM criteria for continued inpatient treatment.
  
2. “Sam” has schizophrenia and a co-occurring substance use disorder. Sam’s treatment provider wanted to change his current psychotropic medications because these medications had not proven effective in treating his problems. Under the existing regulation, however, the treatment provider could not disclose sufficient information to his insurer to authorize use of a new medication.
  
3. “Jose” is fifteen years old and has a diagnosis of Attention Deficit Hyperactivity Disorder (ADHD) and heroin dependence. Jose was ordered to undergo a substance abuse evaluation after being found with drug paraphernalia on school property. The school’s Student Assistance Program referred Jose to the local Single County Authority for the assessment. The SCA wanted Jose to undergo inpatient treatment due to his co-occurring disorders, his current substance use pattern, withdrawal symptoms and for medication management for his mental health diagnosis. (In addition, Jose’s living environment was unstable, as his mother worked long hours to support the family as a single parent, and Jose was responsible for caring for his two younger siblings.)

Due to the existing confidentiality regulation, however, the SCA could not provide adequate clinical information to the insurer to support the SCA’s recommendation that Jose be

placed in an inpatient program. As a result, the insurer denied a residential placement for Jose based on the very limited information provided by the SCA. Instead, the insurer recommended intensive outpatient care. In the end, Jose was sent to an intensive outpatient program in his community where he continued to use drugs and had no coordination of care to address his co-occurring mental health disorder.

4. “John” is twenty-two years old and has a history of daily alcohol and episodic marijuana use. He also has a history of ADHD, bipolar disorder and treatment with multiple psychiatric medications. He was originally treated at an intensive outpatient drug and alcohol treatment program, but relapsed. He was subsequently arrested for DUI, and received inpatient detoxification services followed by inpatient treatment. John’s request for continued coverage of his inpatient treatment was denied by his insurer, and he appealed.

On appeal, John told the insurer that he had many issues that needed to be addressed and that the inpatient treatment facility was the first place where he had been able to address his multiple issues. During his stay at the inpatient facility, he was experiencing anger issues, cravings and tremors, and was on multiple medications. Although the insurer had this information from claims and from John directly through the appeals process, no treatment records were disclosed to the insurer by the inpatient facility. Due to the lack of clinical information in his treatment records demonstrating that John met the ASAM criteria for inpatient treatment, John’s appeal was denied.

5. “Jack” is thirty-eight years old and has a history of opioid dependence following an injury, as well as alcohol abuse for the past several months. He was originally admitted for acute inpatient detoxification and inpatient treatment. This was his first substance abuse treatment. While in inpatient treatment, Jack was diagnosed with ADHD and treated with Strattera and

Risperadol. He was discharged against medical advice when he found out his insurer was no longer going to cover his inpatient treatment. Jack appealed for continued coverage of his inpatient treatment.

Although the insurer had this information from claims and from Jack himself during the appeal process, no medical records were provided by the inpatient facility. Jack's appeal was denied because the treatment provider did not disclose any details regarding the extent of his symptoms, or any medical or nursing needs. Although Jack had a stable environment, supportive family and was motivated to seek treatment, absent clinical information providing treatment needs or acute symptoms, Jack did not meet the ASAM criteria for continued inpatient treatment.

6. "Robert" is thirty-eight years old, has a lengthy history of alcohol dependence, and has been drinking heavily for the past 5 years. He was in outpatient treatment two years ago, but relapsed. He was subsequently arrested for DUI, spent seven days in an acute detoxification program and was discharged to a 28 day inpatient program. Robert's claim for inpatient treatment was denied, and Robert appealed.

Although the insurer had this information from claims and from Robert and his mother during the appeals process, the only clinical information disclosed by the inpatient treatment facility was a letter that stated that Robert met three of the six ASAM criteria for inpatient treatment. The letter, however, did not state which three criteria were met, and did not provide justification for additional inpatient treatment. Robert's appeal was denied because the inpatient treatment facility did not provide an individual treatment plan or goals for the patient, and did not provide any documentation that justified the need for admission or continued stay in an inpatient treatment program.