Behavioral Health Treatment Road Map

Addiction, Mental Illness and Other Behavioral Health Diagnoses

buckeye health plan

GETTING STARTED

The first step is to ask for help.

Do you have a concern about your (or a loved one's) mental health or alcohol or drug use? Has someone in your life, such as a judge, probation officer, lawyer, family member or friend told you to get an assessment or to get help?

Take one of these simple first steps.

- Call your local behavioral health service line or your county Alcohol, Drug And Mental Health (ADAMH) Board.
- Call your local social service help line 2-1-1.
- If you have insurance, call your insurance company for a list of covered providers.
- If you are referred by the justice system, ask if they are referring you to a specific provider.

UNDERSTANDING WHAT IS HAPPENING AND WHY

Why is this happening?

It is important to remember that mental illness and substance use disorder can affect anyone: rich or poor, male or female, employed or unemployed, young or old, and any race or ethnicity. A person's family and family history, living environment, psychological traits and current life stressors all contribute to the use of alcohol or drugs and mental health struggles. It is not a character defect or moral weakness; it is an illness. Substance use disorder is treatable. You or your loved ones are not at fault for the disease, but like other chronic illnesses, everyone is responsible for getting treatment. There is *hope*.

When will life feel "normal" again?

You will work with your provider to develop a treatment plan that is just for you. It usually includes an overall goal of how you want your life to be better and objectives/outcomes as steps toward achieving your goal. Your recovery is a journey; it's about living one day at a time.

PREPARING FOR THE FIRST APPOINTMENT

There are three components of your first appointment. It is helpful to understand each so that you can be prepared.

- **Screening** involves questions about the current challenges you are facing to determine the appropriate services for you. During screening, you will talk with a behavioral health clinician about your situation and individual needs.
- **Intake** includes your assessment and also gathering information necessary for billing. It is helpful to take items with you such as insurance card, ID (driver's license or state ID), and list of medications and information on other health care providers. If you are a guardian or have a guardian, it is important to bring proof of this relationship to the first appointment.
- **Assessment** is more in-depth with information about your symptoms and your personal history to establish diagnoses and a treatment plan.

Who will know what I shared in my assessment?

This information is protected and will only be made available to your Treatment Team and the utilization reviewer for your Health Insurance. Only information that supports your receiving this level of treatment will be shared. Information cannot be shared with anyone else unless you specifically sign a consent to have the information released to them. Utilization review is a process in which the provider and your health insurance plan coordinate your care and payment for your services.

How long will my first appointment take?

A screening, intake and assessment can usually take anywhere from two to three hours. This may also include time spent on completing intake paperwork to get you started.

STARTING A TREATMENT PLAN

Before beginning your treatment plan, you will participate in an orientation.

Orientation is when the provider educates you about the services and how treatment generally progresses. This is also a time where a provider may ask if you have other needs, such as housing assistance, need for primary care, family counseling/support, etc. and the provider will help you identify where you may go for those services. This would usually involve a connection or link to services in your community. Those services may be included within an agency, while others may have community partners that you could contact.

Your provider will also verify that your health insurance plan will cover the necessary services for you. The provider will work to get any prior authorization that may be required before services begin.

TREATMENT PLAN — COMMON QUESTIONS

What is a Treatment Team?

Your care will be provided by a full Treatment Team. This team may include counselors, clinical supervisors, physicians and nurses. The team will be responsible for making sure all areas are addressed.

How long is treatment?

This is determined by the complexity of your needs. Just like when doctors prescribe medicine in certain amounts, treatment services work in a similar way. It will be recommended for you to participate in a number (as well as the frequency) of services that you and your provider will agree meet your needs. This program is evaluated as you progress to ensure that your needs are being met or to determine if adjustments need to be made. This is referred to as your Level of Care.

What does Level of Care mean?

The Level of Care describes the intensity, frequency — and at times — the duration of your treatment. There are specific criteria for placement at each Level of Care to ensure that your treatment plan best matches the symptoms and challenges that you are experiencing. These criteria are nationally recognized and used by you and your provider to guide treatment decisions that will make you successful. The results of your assessment, combined with your personal goals and preferences, will be matched with these criteria to identify your optimal Level of Care:

- **Outpatient Treatment** — This may include group counseling, individual counseling and/or family counseling. Services will be provided for one to nine hours per week.
- **Intensive Outpatient Services** — This is a structured program that will meet three to seven times per week and include all of the services outlined above. You will receive between nine to 20 hours of services per week.
- **Partial Hospitalization** — This is an outpatient program with daily services. You will receive 20+ hours of service per week.
- **Residential Treatment** — This is treatment provided in a safe, drug-free setting. You will reside in the residential center until your condition stabilizes, and you can be stepped down to one of the lower Levels of Care described above.
- **Detoxification/Crisis Stabilization** — This is an inpatient Levels of Care to assist in stabilizing an individual medically and emotionally. Once stable, an individual will be stepped down to one of the lower Levels of Care described above.

What kinds of services does treatment include?

- Counseling requires the use of special skills to assist individuals, families and groups in achieving goals through the exploration of a problem, the examination of attitudes and feelings, the consideration of alternative solutions and decision making. The person providing this service must be licensed.
- Case management includes the activities that connect the client with services, agencies, resources or people designed to achieve goals.
- Crisis intervention includes services that respond to a client's needs during a time of intense difficulty, trouble or danger.
- Education includes providing information concerning alcohol and other drug use and its consequences, as well as available services and resources created to help people overcome their addictions.

I met my treatment goals, now what? How do I stay on the right track?

Formal treatment may stop because of successful progress on treatment plan goals. In this case, a discharge plan will include things you can do on your own to maintain your well-being with referrals or a return to treatment, as necessary.

In other instances, the level or kind of treatment may change. A discharge plan will include a recommendation for what treatment and other steps for you to continue your progress.

Who will pay for my treatment?

Our provider will verify that your health insurance plan will cover services, which are recommended at the completion of an assessment and if any prior authorization may be required before services begin. If not, they will determine if other resources are available.

What if my insurance plan disagrees about my treatment?

There may be times when your health insurance plan disagrees with the recommendation of the Treatment Team. In those cases, your health insurance will deny payment for any future services or recommended services. The appeals process is how a person challenges an insurance claim that has been denied. Usually, each insurance company has its own process and not all plans use the same terms for their appeals processes. Here are some examples of types of appeals:

- A **Medical Necessity Appeal** can be filed when the health insurance plan has denied or reduced the Level of Care based on what the health insurance plan's medical director determines is medically necessary. It can also be called a utilization management appeal.

- A **Parity Appeal** can be filed with an insurance plan when the plan's decision to deny or restrict coverage may be in violation of the Federal Parity Law or state parity law, which require that behavioral health benefits be parallel to physical health benefits.
- A **Grievance Appeal** is a complaint by a person about an insurance company's coverage of his/her care.
- **External Review** is one of the last steps in the appeal process. A person may ask for an external review once they have completed all of the insurance plan's appeal processes. Usually, a group of people that aren't part of the insurance company will review everything and decide whether or not the insurance company must pay for treatment. External reviews are usually done by an independent review organization.

What if I disagree with my plan's decisions about covering my care?

If you have any questions about your plan's coverage, please contact the number on your member ID card.