

How to Choose a Good Substance Abuse Residential Rehab Provider: Consumer Guidelines for Families with Private Insurance or Out-Of-Pocket Resources

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With the increase in opiate addiction and the implementation of behavioral health parity, addiction treatment centers have been opening at an alarming rate; promising no out-of-pocket expenses, transportation arrangements, sunny locations, and high-end amenities. Before going online and searching for a treatment provider it's important to be aware of the following and to ask some important questions.

1. Where is your facility located?

This may seem obvious, but with increased marketing online from out-of-state treatment centers it's possible you think you are calling a treatment center in your local area; but, you are calling a Florida or California call center for example. This "bait and switch" tactic has at times been employed by facilities that are concerned with filling beds with patients who have the right insurance. If you reach a call center or facility in a state that you didn't call and/or they say they are from a different facility than where you called, you may want to hang up.

2. Is the facility IN NETWORK with your insurance?

Many facilities will say they "take" your insurance. However, what that means is that they will bill your insurance out of network for multiple levels of care, at times exhausting all the substance abuse benefits available. Billing out of network can also mean additional costs to the policy holder. Some families have reported additional billed costs in the 10's of thousands of dollars. The best resource to find an in-network provider is to call your insurance carrier or go online to your insurance company's website and search for a provider.

3. Is the facility accredited and by whom?

If the treatment center has passed the above questions, it's now time to ask questions about the actual treatment.

What is your detox process?

What medications are given for withdrawal symptoms? Is medication assisted treatment used on a maintenance basis after detox? The facility should be able to discuss their detox process and policies. They should be able to tell you if they use comfort medications for detox or specific medications for opiate withdrawal (i.e. Methadone, Suboxone) and they should be able to tell you whether medication assisted treatment is offered and/or continued on a maintenance basis (Methadone, Suboxone, Vivitrol).

What type of treatment do you offer?

The facility should be able to speak to specific therapies that may include group, individual, and family therapy. Various methods should also be provided to you, e.g. Cognitive Behavioral Therapy (CBT), Motivational Interviewing, Trauma Informed Care, etc. Be mindful of treatment facilities who don't answer this but focus instead on the high-end amenities such as "yoga on the beach", massage, "meals prepared by our executive chef". Additionally, while a treatment center should be clean and comfortable, most out-of-network providers will try and upsell the aesthetics, i.e. "single rooms", "full-size beds", "professional gym". Some of these amenities may be important to the patient and shouldn't be ignored when choosing a facility. However, beware of facilities that talk more about the "fluff" and less about the actual treatment.

What medical professionals are available, what medical professionals will see my loved one, and how often will they see my loved one?

A treatment facility should provide 24-hour nursing care by registered nurses, provide a full health and physical by a medical doctor and have on-call support for any medical needs that may arise.

Is a psychiatric evaluation provided?

A good treatment center will have a psychiatrist available, either on staff or contracted to come in and see patients, for psychiatric evaluations and management of any psychiatric conditions, including medication management. If the patient has a co-occurring mental health need, it is important to pick a facility that has psychiatric support.

Do you have the patient schedule to view?

The facility should be able to speak about their daily schedule and/or provide you with a copy of that schedule. If the answers given seem vague, request they send a copy via email.

How long does treatment last?

Each facility is different with regard to what programs are offered, length of stay, and type of insurance accepted. Depending upon your insurance and whether you choose an in-network provider or not, lengths of stay can vary vastly. Ideally length of stay should be clinically driven, i.e. determined by each patient's unique clinical needs and how this matches up with the medical necessity criteria for any given level of care. The majority of private insurance offered in Pennsylvania is covered under PA Act 106 which typically requires:

- Up to seven days of detoxification per admission; (hospital or non-hospital inpatient detoxification);
- A minimum of 30 days of residential treatment services; (non-hospital residential);
- A minimum of 30 sessions of outpatient/partial hospitalization services; (outpatient/partial hospitalization);
- Family counseling and intervention services; and
- 30 additional outpatient/partial hospitalization sessions, which may be exchanged on a two-to-one basis to provide 15 additional non-hospital, residential treatment days, are also available.

To better understand your individual coverage, you should contact your insurance company directly, or ask an admissions staff member of the provider you are calling about your insurance benefits and the plan's eligibility under Act 106.