



Frequently Asked Questions - Substance use disorder treatment

If you or someone you care about is considering treatment for a substance use problem, these FAQs can help you decide what type of treatment is best. These are common questions about substance use treatment options and how to make the most of health care benefits.

Substance use treatment options

Q: How do I know if a substance use treatment is effective?

A: Certain factors are critical to successful recovery. When determining if a treatment program is likely to benefit you or your loved one, be certain that any treatment you choose includes three essential components:

1. Effectiveness
Treatment should be designed for the specific problem you are experiencing. It should be scientifically proven to be effective.
2. Support
Friends, family and support groups can be vital connections for support. Participating in treatment in your community gives you the benefit of long-term family and peer support.
3. Planning
A recovery and relapse prevention plan is a list of your individual triggers for using or patterns of use, and aims to resist, avoid, fight or change those triggers. This could involve changing behavior or seeking support by reaching out to family, friends or peers when you are vulnerable.

Q: How do I determine which substance use treatment program is right for me?

A: With so many options to choose from, it can be hard to decide which treatment program to use. To help you select a treatment program, we recommend asking the following five questions, which are based on recommendations by the National Institute on Drug Abuse¹:

1. **Is the treatment program supported by science?**

When treatments are backed by science, they are considered to be “evidence-based.” Evidence-based treatment approaches for substance use disorders include: cognitive behavioral therapy, relapse prevention planning, peer support and medication-assisted treatment.

2. Is the program one-size-fits-all, or will it be personalized to my needs?

Much like treatment for other chronic medical conditions, treatment for SUDs should be individualized. The interventions and options offered should be flexible and customized to meet your unique needs based on your condition, strengths and limitations.²

3. Will the treatment program be adjusted when my needs change?

An effective treatment plan must be continually assessed and modified to meet your evolving needs. The intensity of services, the strategies and interventions, and the recovery and support services offered may need to be changed throughout the treatment process.

4. How long will the treatment take?

The duration of treatment should be based upon the priority treatment needs for your specific level of care. The 24-hour levels of care are designed to stabilize and address priority issues that will enable success in outpatient levels of care. Participation in treatment, in the least restrictive level of care, facilitates the application of recovery skills to daily living. Outpatient substance use rehabilitation (IOP/PHP/OP) is designed to deliver treatment and education, and address critical issues, while allowing you to implement recovery techniques into your everyday life. Integrating recovery skills and behaviors into everyday life offers the best outlook for long-term recovery.

5. Will peer support recovery programs fit into the treatment process?

Studies have shown the importance of social support in successful recovery.³ Peer recovery support services are designed and delivered by people who themselves have been successful in recovery. These peers offer non-clinical assistance to other people to help them become and stay engaged in long-term recovery from alcohol and/or other drug-related problems. A 12-step program and other peer support groups are an important part of the recovery process.

Q: What are my options for substance use treatment?

A: Treatment options depend in part on your provider’s recommendations. Treatment recommendations may be expressed as “levels of care.” The levels refer to the intensity, frequency, structure and types of services offered in the treatment. There are five common levels of care, subject to the benefit plan of the member. Not all levels of care are offered in all benefit plans:

1. Outpatient
2. Intensive outpatient programs
3. Partial Hospital or Day treatment
4. Residential Substance Use
5. Inpatient

The following list describes the levels of care in detail:

Outpatient treatment

Outpatient treatment involves meeting privately with a therapist and/or psychiatrist face-to-face. A therapist can assist you with topics like emotional wellness, substance use, concerns about eating or relationship challenges. Your therapist will spend one or two sessions determining whether they have the right services to help you. You and the therapist will decide the frequency of the sessions. Weekly sessions are a typical starting point. Your sessions may be one-on-one or the therapist may request that family members or your support system attend the sessions with you.

A psychiatrist will most often help you decide what medications may be best for you. Your visits with a psychiatrist may not be as frequent as visits with a therapist. You can choose whether to see a therapist or psychiatrist only, or you can see both types of providers at the same time.

Intensive outpatient programs

Intensive outpatient programs offer frequent services and support. An IOP offers individual and group therapy sessions. They often involve nine to 15 hours of treatment weekly. Sessions will be at the provider's office or facility for care. You will remain living at your home during treatment. Your provider will offer guidance on how to get their support if you are in crisis.

Partial hospital or day treatments

Partial hospitalization programs are the most intensive type of outpatient treatment. PHP services may be offered five to seven days per week for six or more hours per day. You will live at home and visit the provider's office or facility for care. Your treatment team will include a physician, such as a psychiatrist, who will oversee your sessions. The program is often offered as an alternative to hospitalization. If your symptoms are not able to be managed well in less intense programs, a PHP may be the best program for you.

Residential substance use

Residential treatment involves temporarily living at a treatment facility. These services are appropriate when the symptoms of a behavioral health problem are severe and interfering with your ability to function in numerous areas of your life. This care may also be best when your living environment requires improvements to make recovery more likely, or when treatment in outpatient settings have not been successful. Residential treatment is recommended when a person's condition is deteriorating to a point where hospitalization may be the next step. Treatment can be six to seven days per week. Medical professionals will be available for consultation and support. Involvement of family members and support systems are vital at this level of care.

Inpatient

Inpatient hospitalization is the highest level of behavioral health treatment, and provides 24-hour care in a hospital setting. This level of care is appropriate when you are at risk of harm due to the onset or exacerbation of symptoms that interrupt your ability to function. This care is typically short-term and designed to prevent harm to yourself or others. Your care will include regular assessment and treatment by psychiatric and medical doctors. The doctors will assist

with observation, diagnosis and medication adjustments. Additionally, your support system will be involved in your care.

Q: Is there anything I should avoid when choosing a substance use treatment program?

A. Yes. Some treatment programs are not appropriate. Unfortunately, some are even operating illegally. Here are some warning signs, according to experts and law enforcement officials⁴:

- Generic websites or advertisements that don't clearly identify what treatment programs the site or advertiser represents. They may just be collecting phone numbers and email addresses for patient "brokers," who will then try to connect you with whichever treatment center is paying them.
- Whether the person you're speaking to receives referral fees from the treatment center. "Brokers" are paid by the head to get you or your loved one into a particular treatment center, whether or not it's the right one for you.
- Offers to pay for travel. If someone is offering to cover travel, call the treatment facility or your insurance company to confirm that the person is an employee. In certain states, paying for travel may also be considered an illegal inducement.
- Offers to pay for insurance coverage or to waive co-pays or deductibles. See above.
- Offers free rent for "sober homes" — the offsite homes where addiction patients are often housed — in exchange for attending a particular drug treatment program.
- Daily or near-daily lab tests that cost thousands of dollars.
- A treatment center that doesn't ask for in-depth information about the patient or doesn't ask for information about any therapists or counselors previously used by the patient. Without this information, the center won't be able to assess whether the patient is a good fit.
- Unsolicited referrals from marketers or hotlines to treatment centers out of state. Treatment centers that aren't in your state may be considered out of network by your insurance company, meaning the centers will be able to bill the insurers more.

Q: What are other factors I should consider to be successful?

A: There are many routes to successful recovery. Though it may be challenging, recovery is possible. Having a treatment plan is critical. The treatment plan should be designed specifically for you and your substance use condition, history, medical status, support system, stressors, strengths, etc.

Developing a treatment plan that's unique to you should start with an assessment. A substance use professional can provide an assessment, then review appropriate treatment options with you. It is important to review all of your options with the substance use professional and your family. Consider the professional's recommendations for treatment, the risks and benefits of the proposed treatment plan, and any other options. Understanding your treatment options, their risks and their benefits is known as **informed consent**. It is your opportunity to learn about your options and be involved in your care decisions and treatment plan.

Q: What is detoxification? Is it the same as withdrawal?

A: Detoxification and withdrawal are related, but different. Detoxification refers to the process that a person with a substance use disorder goes through to remove the substance from their body. Withdrawal means the physical and emotional responses that a person goes through when they stop using the substance. This group of symptoms varies. Depending on the type and intensity of the symptoms, safe and effective withdrawal may need to be managed by a professional. This is called withdrawal management.

Q: What is medication-assisted treatment or MAT?

A: Medication-assisted treatment (MAT) is the use of medications and counseling to treat substance use disorders. Many people with Opioid Use Disorder (OUD) or Alcohol Use Disorder (AUD) can benefit from MAT. In fact, it is the most effective way for some individuals to recover long term.

MAT may help people:

- get back to life activities such as parenting, work and school
- lower the risk of relapse and overdose
- reduce cravings
- improve the ability to recover
- increase the chance of gaining and keeping a job

MAT reduces cravings which lead to relapse and overdose. MAT has been effective in increasing a person's ability to stay in treatment. MAT medication can save lives by preventing overdose deaths.

Q: Should I get MAT?

A: MAT can be highly effective in treating substance use disorders. It can be beneficial at every stage and may reduce the need for inpatient services.⁵ MAT can help people get back on their feet again and live life to the fullest.

However, MAT is not for everyone, so seek the opinion of a trained provider. MAT services are offered in a number of settings, including the provider's office, outpatient treatment programs and facilities.

To find a MAT provider nearby, please call New Directions at the number on the back of your insurance card.

Making the most of your benefits

In-Network or Out-of-Network

Q: To save money, what questions should I ask before receiving care?

A: First, find out if the facility or provider participates in New Directions' network. Providers who are "in-network" have contracted with your health plan to provide care. This means they typically cost you less than an out-of-network "non-participating" provider. In-network providers are sometimes referred to as "participating" providers.

Second, find out if the provider is qualified. Is he or she appropriately licensed? In-network facilities have passed NCQA credentialing standards with license verification and background check as a minimum threshold.

Finally, determine what recourse you will have if something goes wrong with your care or financial arrangements. Participating providers have agreed to not charge covered members beyond the contracted rates.

Q: How do I find out if a facility is in-network?

A: Please call the phone number on the back of your health insurance card if you have questions about your behavioral health benefits or to determine if a facility is in our network.

Q: Won't the out-of-network facility let me know what they charge in advance?

A: Not necessarily. Though it's required, the facility may not explain all your expenses to you before you sign up. That means an out-of-network facility or provider can:

- charge anything they want and make you pay for everything above the negotiated rates
- charge you for services even if they are not able to show that the services are medically necessary (this can happen when your symptoms and progress show that you can be successful at a less restrictive level of care, but the facility keeps you in the higher level of care)
- decide not to pay for your return airline ticket if you do not complete their whole program

Q: Is there something wrong with the care I'd receive at out-of-network facilities?

A: It's hard to know. Out-of-network facilities do not go through the same rigorous credentialing process as in-network facilities do. That means that New Directions or your health plan has not performed a license verification or background check, at a minimum. Until very recently, even

the government had little oversight authority over certain treatment centers called “sober homes.”

When you need to choose a facility or other provider, you benefit from picking one that participates in your health plan’s network. Our experience is that members who go to out-of-network facilities have to go back into treatment more often than members treated at in-network facilities.

Q: How do out-of-network facilities treat substance use?

A: It varies. Generally speaking, the programs at many out-of-network facilities do not address substance use disorder as a chronic condition, like diabetes or multiple sclerosis. Rather, it’s treated as an acute disease that appears suddenly and will not last long. Unfortunately, that is not how substance use disorders behave. As a result, individuals are more likely to relapse because they have not been taught skills needed for long-term substance abuse recovery.

Q: How do I know I’ll receive higher quality care at an in-network facility?

A: Facilities in the New Directions network have passed NCQA credentialing standards. NCQA is a not-for-profit organization that seeks to improve health care quality in part by setting standards. To be credentialed, facilities must go through license verification and background check, at a minimum. If your out-of-network facility does not meet the minimum requirements, your insurance company will not reimburse for treatment. Your insurance company also has limited abilities to address any member concerns with out-of-network facilities.

Q: I received a call from someone who offered me free treatment for substance use. Should I try it?

A: If someone offers you free treatment, be skeptical. Substance use treatment is rarely free of costs.

Though most insurance plans do not cover 100% of costs, in-network benefits cover more of the cost than out-of-network benefits. In fact, after you’ve paid your deductible, you may not be required to pay for any of your treatment services at an in-network provider, depending on your health plan. Be aware that if you go to an out-of-network facility, you may incur major out-of-pocket expenses. To keep this from happening to its members, your insurance company makes agreements with in-network facilities to charge only a set, contracted rate.

Out-of-network and out-of-state providers often recommend boarding options to allow less intense treatment at their facilities. These boarding options, sometimes called sober homes, are typically not covered and may be completely out-of-pocket expenses.

Residential treatment

Q: I like the idea of going far away from home to get treated. It seems like a good idea to leave and come back when I'm better. Am I right?

A: Though it may sound helpful to remove yourself from your situation, it's actually better to be treated near home. Spending 10-30 days in a residential treatment center that is far away from your community is not a long-term solution. It may help for a little while, but not permanently. In contrast, getting care in in your local community gives you a chance to practice new skills near your home. Also, by staying in your home community for treatment, you can receive the support of your friends and family. You will also have access to local recovery support, including SMART Recovery, 12-step support groups such as local Alcoholics Anonymous or Narcotics Anonymous. Integrating newly learned recovery skills into daily living offers people a better chance for long-term success. Managing your condition long-term requires adjusting your lifestyle in the places you live and work.

Q: I understand the benefit of living near my support group, but my neighborhood is part of the problem.

A: Where you live and who you spend time with affects your recovery. Your neighborhood may be where you obtain drugs, so it's natural to think you need to go somewhere else if you want to stop using.

Case managers can help you get local treatment and stay out of areas that are troublesome for you. New Directions can help you find the care that is best for you. Substance use programs can also help by addressing barriers to recovery such as housing. In many communities, there are recovery housing options that are designed to support people who need positive housing options to be successful. When you are ready to come back to your neighborhood—or settle into a new one—our care managers can also find local treatment step-down options.

Q: What is the benefit of receiving treatment in my home community?

A: The challenge of recovery is staying sober in your daily life— where you live, who you live with, where you work and where your daily activities occur. For this reason, changing the people, places and things that led to your substance use is best done where you live and work. Being surrounded by people and groups that support you can help you meet the challenges that present themselves every day.

Participating in treatment in your community makes it easier to include and educate family and friends. It is important they understand your recovery plan so they can be a positive and active part in supporting you. Staying in your home community also gives you the benefit of making connections with long-term peer support and recovery support groups.

For these reasons, comprehensive substance use treatment works best in your local area.

Q. Why do I need a support system?

A: Research shows that people who do not feel alone and are connected with others are more likely to feel hopeful and optimistic about change. Support from people who have experienced similar struggles has been shown to be one of the most successful factors in overcoming addiction. This is known as peer support or a sponsor. Connecting with support groups that can provide you with a long-term community of support can be highly beneficial in the recovery process. Having family and friends who have been educated about recovery and how they can support your recovery plan is also valuable.

¹ <https://www.drugabuse.gov/publications/seeking-drug-abuse-treatment-know-what-to-ask/introduction>

² Mee-Lee, D. (Ed.). (2013). The ASAM criteria: Treatment criteria for addictive, substance-related, and co-occurring conditions. Rockville, MD: American Society of Addiction Medicine.

³ McLellan, A. T., Hagan, T. A., Levine, M., Gould, F., Meyers, K., Bencivengo, M., & Durell, J. (1998). Supplemental social services improve outcomes in public addiction treatment. *Addiction*, 93(10), p. 1489-1499.

⁴ <https://www.nbcnews.com/feature/megyn-kelly/how-find-good-drug-treatment-program-avoid-bad-ones-n776101>.

⁵ <http://www.samhsa.gov/medication-assisted-treatment/treatment>