NORTH DAKOTA
NDATPC
ADDICTION TREATMENT PROVIDERS COALITION

IMD Report Response

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Chairman Nelson & Members of the Committee,

On the behalf of the private IMD providers in this state, we write in strong opposition of the research process and testimony provided by the State of North Dakota in regards to the IMD Report.

When developing the report, the State of North Dakota did not consult with any of the IMD providers in North Dakota, except for the State Hospital. Given there was not one question asked to Prairie St. Johns, ShareHouse, or Summit PRC about their current demand for residential beds, utilization of beds, and/or systemic problems with deflections of Medicaid patients, we felt as though the process could have been handled in a more professional manner.

When presenting the information to the House Appropriations Human Resources Division Committee, no providers were given an advanced copy of the report. Given the formal presentation about their opinion of the report and subjective statements provided by Rosalie Etherington, we felt the need to provide this written response.

Though we have great respect for the ND Dept. of Human Services, some of the comments provided in testimony about the valuable services provided by SUD IMD providers in the State of North Dakota were inaccurate. Specific comments included;

1. "A weak process of medical necessity."
   - Every IMD provider utilizes licensed clinicians overseen by state licensing boards to conduct Chemical Use Assessments based on ASAM criteria. Providers carefully assess medical necessity for each patient and then an authorization process to ensure they are compliant with all contractual guidelines. Furthermore, ShareHouse, Prairie St. Johns, and the State Hospital are all accredited entities, meaning they operate under very strict operational guidelines.

2. "Reluctance to take the hard cases."
   - Every residential case is a hard case. These patients are the sickest of the sick. Quite often IMD providers take patients directly from ICU's, ER's, jails, psychiatric hospitals, detox facilities, etc.. Structurally nothing could be farther from the truth as noted by the Medical Directors, Psychologists, Nurse Practitioners, Nurses, LAC's, LSW's, Behavioral Health Techs, and Mental Health Counselors deployed to care for these patients by IMD providers. To say anything about reluctance would be factually incorrect.

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3. "Knee jerk reaction that causes residential placement."
   - Chemical Use Assessments (CUA) lead the process of determining level of care and they based upon American Society of Addiction Medicine Criteria. These assessments are carried out by Licensed Addiction Counselors (LAC) overseen by the North Dakota Board of Addiction Counselor Examiners. To mention any other factor in regards to residential placement would be factually incorrect. Furthermore, when reviewing placements of IMD providers like ShareHouse, only 25-30% of potential patients are diagnosed at a residential level of care.

4. "Lack of coordination of care amongst residential and outpatient providers."
   - On a weekly basis, IMD providers may interact with over 200 + licensed providers and entities from around the region. These include everything from psychiatric hospitals to outpatient clinics. Given the volume of interactions and careful consideration given to properly transitioning patients to the community, any comments regarding anything else would be factually incorrect.

5. "There are enough beds in the state."
   - Given the report and testimony by the state did not present any figures on the volume of patients needing residential care, this is factual inaccurate. Hundreds of patients are deflected monthly from IMD providers due to having Medicaid/Medicaid Expansion. Without any statistics to show the patient demand for residential care, any comment regarding enough beds would be factually incorrect.

The IMD providers of North Dakota take on the toughest cases and the sickest patients. Legislation from 1965 could have never foreseen an Opioid Crisis, Mental Health Crisis, and the potency/availability of current addictive substances. In addition, the Medical Services Division stated there would not be a problem with this waiver being budget neutral. The time has come for North Dakota to join with the tens of states who have already applied for an IMD Waiver, so the sickest of the poor in the state can have a fighting chance.

Thank you for your time.

Ty Hegland
Chair, NDATPC

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