

A Guide to the Core  
Competencies for the Delivery  
of Addiction Treatment Services



# THE ADDICTION TREATMENT PROVIDER QUALITY ASSURANCE GUIDEBOOK



**NATIONAL ASSOCIATION**  
OF  
**ADDICTION TREATMENT PROVIDERS**

VOICE | VISION | LEADERSHIP

# TABLE OF CONTENTS

<b>CONTRIBUTORS</b>	<b>3</b>		
<b>EXECUTIVE SUMMARY</b>	<b>4</b>		
<b>THE GUIDELINES</b>	<b>6</b>		
<b>A. Operations</b>	<b>6</b>	<b>E. Discharge and Continuing Care</b>	<b>30</b>
Guideline A-1: Treatment Philosophy	7	Guideline E-1: Continuum of Care	31
Guideline A-2: Licensing	9	Guideline E-2: Discharge Planning	32
Guideline A-3: Accreditation	10	Guideline E-3: Atypical Discharges	33
Guideline A-4: Governance, Management, and Leadership	11	<b>F. Outcomes Measures</b>	<b>34</b>
Guideline A-5: Policies and Procedures	12	Guideline F-1: Tracking Patient Outcomes	35
Guideline A-6: Strategic Planning	13	<b>G. Community Engagement, Public Relations, and Public Policy</b>	<b>36</b>
Guideline A-7: Facilities	14	Guideline G-1: Participation in the Community	37
<b>B. Admissions and Patient Screening</b>	<b>15</b>	Guideline G-2: Public Relations Strategy	38
Guideline B-1: Admissions Process	16	Guideline G-3: Public Policy Position	39
Guideline B-2: Patient Screening and Assessment	17	<b>H. Marketing, Advertising, and Visibility</b>	<b>40</b>
<b>C. Employment, Training, and Credentialing</b>	<b>18</b>	Guideline H-1: Marketing	41
Guideline C-1: Staff Training	19	Guideline H-2: Transparency	42
Guideline C-2: Professional Staff Credentials	20	Guideline H-3: Financial Remuneration	43
Guideline C-3: Salaries	21	Guideline H-4: Brand Integrity	44
Guideline C-4: Hiring Former Patients	22	Guideline H-5: Third-Party Marketing	45
<b>D. Billing</b>	<b>23</b>	<b>I. Code of Ethics</b>	<b>46</b>
Guideline D-1: Calculating Cost of Service	24	Guideline I-1: Code Compliance	47
Guideline D-2: Reasonable Billing Margins	25		
Guideline D-3: Usual, Customary, and Reasonable Rates	26		
Guideline D-4: Balance Billing and Receiving	27		
Guideline D-5: Toxicology	28		
Guideline D-6: Deductibles and Copays	29		

This Guidebook is produced by  
National Association of Addiction  
Treatment Providers (NAATP)<sup>™</sup>



**NAATP**  
1120 Lincoln Street  
Suite 1104  
Denver, CO 80203  
naatp.org  
info@naatp.org  
888.574.1008



## CONTRIBUTORS

### NAATP Staff

**MARVIN VENTRELL, JD**  
CEO  
**PETER THOMAS**  
Quality Assurance Officer  
**MARK DUNN**  
Director of Public Policy  
**CHELSEY CUSIMANO, MEd**  
Executive Administrator

### NAATP Quality Assurance Committee Members

**CARL KESTER**  
Committee Chair  
Lakeside-Milam Recovery  
Centers  
**JAY CROSSON**  
Cumberland Heights  
Foundation  
**EDWARD DIEHL**  
Seabrook  
**PHILIP EATON**  
Rosecrance Health Network  
**GARY FISHER**  
Cirque Lodge  
**MARK MISHEK**  
Hazelden Betty Ford  
Foundation  
**CATHY PALM**  
Tully Hill Treatment  
& Recovery  
**DOUG TIEMAN**  
Caron Treatment Centers  
**ART VANDIVIER**  
La Hacienda  
Treatment Center

### Guideline Commentary Writers

**PAUL BACHARACH**  
Gateway Rehab  
**STAFF**  
American Society of  
Addiction Medicine (ASAM)  
**THOMAS BRITTON, DrPH**  
Gateway Foundation Alcohol  
& Drug Treatment Centers  
**JAY CROSSON**  
Cumberland Heights  
Foundation  
**MARK DUNN**  
NAATP  
**PHILIP EATON**  
Rosecrance Health Network  
**REBECCA FLOOD**  
Ashley Addiction Treatment  
**PAUL HACKMAN**  
Pavillon  
**SHERRI LAYTON**  
La Hacienda  
Treatment Center  
**SCOTT MUNSON**  
Sundown M Ranch  
**CATHY PALM**  
Tully Hill Treatment  
& Recovery  
**ANNIE PETERS, PhD**  
Harmony Foundation  
**CADE SAURAGE**  
La Hacienda  
Treatment Center  
**KATHY STEADMAN, JD**  
Coppersmith Brockelman  
Lawyers  
**MARV SEPPALA, MD**  
Hazelden Betty Ford  
Foundation  
**PETER THOMAS**  
NAATP  
**DOUG TIEMAN**  
Caron Treatment Centers  
**ART VANDIVIER**  
La Hacienda  
Treatment Center  
**MARVIN VENTRELL, JD**  
NAATP



# EXECUTIVE SUMMARY

Since its founding in 1978, The National Association of Addiction Treatment Providers (NAATP and The National Association) has served as the national professional membership society and trade organization for addiction treatment providers. In this role, The National Association serves the field of addiction treatment through convening, education and training, the provision of resources, member visibility, and public policy advocacy. During its 41-year existence, NAATP has nurtured the evolution of addiction treatment from a small cottage industry to a professional healthcare discipline.

---

## EXECUTIVE SUMMARY

This publication, *The Addiction Treatment Provider Quality Assurance Guidebook: A Guide to the Core Competencies for the Delivery of Addiction Treatment Services* (The Guidebook and The Guidelines) is an important next step in that evolution. It identifies and provides an implementation strategy for the core competencies of addiction treatment program operation, thereby empowering addiction treatment providers with clear direction for the proficient and ethical delivery of addiction treatment services.

The Guidebook is the product of NAATP's Quality Assurance Initiative (QAI), which was created to set a strong standard for treatment service delivery, below which no provider should fall, and at which level proficient services will be delivered. The QAI objectives are to promote best business practice, deter problematic business practice, assist payers in the discernment of services, inform law and policy makers, educate and protect the consumer, and train and educate the provider. The QAI is The National Association's response to the need for clear and centralized professional industry guidelines. Absent such guidance, the addiction treatment field had been inadequately defined, less effective in-service delivery, and susceptible to problematic business practices that have damaged the reputation of the discipline and, most importantly, harmed the consumer.

The Guidebook identifies the core competencies of addiction treatment service through the nine categories of Operations; Admissions and Patient Screening; Employment, Training, and Credentialing; Billing; Discharge and Continuing Care; Outcomes Measures; Community Engagement, Public Relations, and Public Policy; Marketing, Advertising, and Visibility; and Ethics. Within these categories are 32 specific Guidelines, each accompanied by an explanatory Commentary from an industry expert, followed by a list of Resources referenced to aid the provider in understanding and implementing the Guideline.

NAATP and its members want membership in The National Association to be viewed as an indication of high-quality, reliable care. NAATP members agree to adhere to The Guidelines as a condition of membership. Taken together with the additional membership requirements of licensing, accreditation, and Ethics Code compliance, The Guidebook and The Guidelines outlined in this publication allow consumers, payers, and industry professionals to use the NAATP Addiction Industry Directory (The AID) with the confidence that the members listed therein are committed to the provision of reliable, proficient, and ethical addiction treatment.

At its core, NAATP is its membership. As a membership organization, we are comprised of our parts, our members, and together we form a society that is stronger and more effective than the sum of its parts. As such, this is our Guidebook, written by NAATP members for NAATP members. Additionally, this First Edition of the Guidebook will not be its last. As the field of addiction treatment continues to evolve, so will this publication with future editions. ■

# THE GUIDELINES

## SECTION A: **OPERATIONS**

Operations are a foundational element in the effective and ethical provision of addiction treatment services. From organizational culture, leadership practices, and the physical space in which services are provided, to the values and philosophy that define an organization and map its trajectory, operations form the physical and cultural environment in which recovery happens.

With these considerations, operations are a core component of the Quality Assurance Guidebook and are a container in which other components of addiction treatment are developed and implemented. Treatment Philosophy forms the overarching principles for the model of services; licensing, accreditation, and policies and procedures enhance quality, guide best practice, and ensure the safety of patients; governance and leadership practices are the basis of organizational culture and, ultimately, the guide for patients as they learn and develop relational skills; facilities are the physical environment in which recovery can happen and are the public face of treatment facilities.

Mature organizations that have operated in the field for many decades have helped guide the field and set an example for the ways addiction treatment providers should operate. However, with changes in the field, insurance, and reimbursements for addiction treatment, the field has grown, and many organizations not grounded in the philosophical values-based legacy of recovery have devalued our work, undermined trust, and tarnished the reputation of the many quality providers.

The purpose of this section is to provide a basis upon which treatment providers can develop and enhance operational systems within their organizations and supply guidelines for the development and implementation of a minimum standard for treatment provider operations.

## GUIDELINE A-1: TREATMENT PHILOSOPHY

Addiction Treatment providers should develop a treatment philosophy that includes their mission, values, services, and ethics. The treatment philosophy should be stated in their materials and made available to consumers. The treatment philosophy should recognize addiction as a multifaceted disease requiring multiple interventions provided along a continuum of care. The philosophy should describe the provider's role or roles along the continuum of recovery and its use of best practices.

### Commentary

Addiction treatment is a complex disease that is stigmatized, misunderstood, and difficult to treat. To guide its own operation and to assist in the consumer's search for appropriate care, treatment providers must be accurate and transparent in describing the disease and the services available to address it.

The National Association of Addiction Treatment Providers recognizes Substance Use Disorder as a treatable disease. Addiction is a primary and chronic disease of the brain characterized by biological, psychological, social, and spiritual manifestations. Without treatment, addiction is progressive and can be fatal. With treatment, individuals recover. A provider's treatment philosophy should articulate these concepts and describe how the provider's services address the disease and contribute to recovery as a process of change toward wellness and a life of potential.

Addiction is best treated by an integrated and comprehensive model of care that addresses the medical, biological, psychological, social, and spiritual needs of individuals impacted by the disease of addiction. Best practices in the treatment of addiction occur along a continuum of care wherein an individual's needs are addressed from assessment and diagnosis to stabilization and detoxification, primary residential and outpatient treatment, and the options for long-term recovery maintenance.

NAATP values should guide the provider in stating its philosophy of care. NAATP values:

- The history of significant contributions made by Twelve-Step abstinence-based treatment to the sobriety of over twenty million Americans in recovery
- Residential treatment's vital, necessary, and essential place in the full continuum of care as a viable choice for the treatment of the disease of addiction
- A comprehensive model of care that addresses the medical, bio-psycho-social and spiritual needs of individuals and families impacted by the disease of addiction
- Outcomes data that assesses the efficacy of treatment interventions
- Education and training that promote understanding of a continuum of care that embraces these values
- Abstinence from all abusable drugs as an optimal component of wellness and lifelong recovery. Depending on bio-psycho-social and economic factors, there may be persons who might require medication assisted treatment for extended periods of time and perhaps indefinitely. However, medication alone is never sufficient to maintain long-term recovery
- Research-driven, evidence-based treatment interventions that integrate the sciences of medicine, therapy, and spirituality including:
  - Pharmaceutical interventions including medications for reducing craving and withdrawal symptoms
  - Psycho-social interventions including cognitive behavioral therapy and motivational interviewing
  - Spiritual interventions including Twelve-Step facilitated therapy and mindfulness meditation
  - Behavioral interventions including nutrition and exercise

Treatment philosophy statements should also include the provider’s commitment to conduct itself in all facets of business and clinical service pursuant to high ethical standards and should reference those standards. NAATP members must comply with the NAATP Code of Ethics and should state their commitment to the NAATP Code. ■

### Resources

---

ASAM Public Policy Statement: Definition of Addiction

---

SAMHSA Definition of Recovery

---

NAATP Public Policy Statement

---

NAATP Code of Ethics

---

ASAM Treatment Placement Criteria

---

NIDA Principles of Drug Addiction Treatment

---





## GUIDELINE A-2: LICENSING

Treatment providers should be state licensed at all locations for all services they market and provide. When state licensure is not available, providers should seek credentialing and support development of effective oversight that protects the patient and serves to professionalize the field.

---

### Commentary

Licensing is used by regulatory agencies in city, county, and state jurisdictions to provide agencies in the behavioral health field the assurance that they have met certain predetermined standards of operating. These standards generally cover a wide array of categories such as safety, risk, outcomes, quality, treatment, etc. The process of licensing helps ensure the provider and its staff are trained, knowledgeable, and experienced to provide the licensed services. Being licensed for all services is a formal recognition by the regulatory agency that the provider has reasonably passed all required qualifications to provide the services in that city, county, or state.

Licensing means that the organization, agency, or program was able to demonstrate evidence of implementation of all required standards. Licensure generally reduces risk to individuals served and assures minimum standards of quality care will be met. ■

### Resources

---

[NAATP List of State Licensing Agencies](#)

---



### GUIDELINE A-3: ACCREDITATION

Treatment providers should obtain national accreditation through a recognized accrediting body for all services provided at all locations. Providers should be transparent about their accreditation status and the services and locations that have been accredited.

#### Commentary

The two most widely recognized and used accrediting bodies in the substance use disorder treatment field are The Joint Commission and the Commission on Accreditation of Rehabilitation Facilities (CARF). The Joint Commission is a non-profit, tax-exempt U.S. based company that accredits more than 21,000 healthcare organizations. It also has an international branch that accredits medical services around the globe. CARF is also a tax-exempt U.S. company that provides global accrediting services in the area of health and human services. CARF accredits 50,000 programs in 25,000 locations. Over 10 million individuals are served annually by 7,000 providers.

In general, accreditation is a process that provides a framework for any behavioral healthcare organization to manage risk and improve quality, safety, treatment, and services. The accrediting organizations above are recognized by state regulatory and licensing bodies, and in some states are used for the licensing process or are mandated by state regulatory bodies. Additionally, for many third-party healthcare payers, accreditation is required or seen as an esteemed status that can increase your reimbursement rates.

The accreditation process allows for a customized, intensive review of all of a provider's programs and services and enhances staff recruitment, development, and retention due to its human resources standards. Accreditation is recognition by an independent organization or non-government agency that a behavioral healthcare agency has met predetermined standards. In short, accreditation stands for quality, something we all strive for and want to represent. ■

#### Resources

The Joint Commission

CARF

## **GUIDELINE A-4: GOVERNANCE, MANAGEMENT, AND LEADERSHIP**

Addiction treatment providers should develop and implement a governance structure and leadership practices that provide a framework for the operation of the company, within which management can effectively pursue the organization’s mission for the benefit of its patients.

### **Commentary**

Member organizations of all complexities need structured leadership. The organization’s mission, vision, and values should first be embraced at the highest level of governance, e.g., a governing body, board of directors, or owners. On-site executives and managers whose leadership responsibilities encompass the provision of care and treatment are the next leadership level. They direct the services required to operate a licensed, accredited facility. Monthly operational meetings with a governing representative and quarterly board meetings satisfy accountability from the organization.

How well leaders work together is the key to effective organizational performance. Value-centric leadership philosophies have replaced autocratic ones. The best leaders exhibit both core values and ethics in their leadership style and actions. The goal is to provide employees with the resources needed to be successful, share organizational vision, encourage the exchange of ideas, and be continuously seeking new and better ways to achieve success.

Offering patient satisfaction questionnaires at discharge, and compiling and sharing them monthly with department managers, is an excellent way to measure patients’ perceptions of care quality. Similarly, an annual questionnaire through which employees can evaluate their jobs and benefits may be equally valuable.

Again, every organization must have a leadership structure that supports its particular operation. In some organizations, leaders have distinct roles. In others, one person may perform several leadership functions. What they have in common is that leadership is essential to the success or failure of the organization. ■

### **Resources**

Jim Collins, *Good to Great: Why Some Companies Make the Leap and Others Don't*

Simon Sinek, *Start with Why: How Great Leaders Inspire Everyone to Take Action*

The Arbinger Institute, *Leadership and Self-Deception: Getting Out of the Box*

Jeff Sutherland, *Scrum: The Art of Doing Twice the Work in Half the Time*

Gino Wickman, *Traction: Get a Grip on Your Business*

### GUIDELINE A-5: POLICIES AND PROCEDURES

Addiction Treatment Providers should develop, maintain, and adhere to policies and procedures in compliance with licensing and accreditation requirements, which govern the operation of the treatment facility, inform staff activity, and protect the patient. Policies and procedures should be regularly reviewed and updated to reflect changes in best practice and the evolution of licensing and accreditation standards.

#### Commentary

The provision of healthcare services continues to increase in complexity and, as a result, risk potential. Formalized policies and procedures mitigate this risk by promoting workplace safety, regulatory compliance, and the delivery of safe, high-quality care.

Well-written, up-to-date policies and procedures reduce practice variability and facilitate adherence to industry-recognized professional practices. A major source of error and oversight can result when employees rely on memory, which can be overtaxed and flawed. Formalized written policies and procedures serve as resources for all staff, particularly new employees. Outdated or non-existent policies and procedures may result in patient harm or malpractice claims.

Creating and maintaining comprehensive written policies and procedures is challenging in light of ever-increasing demands on healthcare managers, but it is critical in providing quality patient care. ■

#### Resources

[PSQH Policies and Procedures for Healthcare Organizations](#)

[AHIMA Practical Advice for Effective Policies, Procedures](#)

## GUIDELINE A-6: STRATEGIC PLANNING

Addiction treatment providers should engage in periodic strategic planning within their organizations and produce written strategic plans that define the organization’s mission, vision, values, goals, objectives, and actions. The strategic plan should include implementation and accountability mechanisms that inform organizational activity, priorities, and staff efforts.

### Commentary

The strategic plan is both a process and a product. It is a process through which organizational leadership teaches itself, through honest and transparent evaluation, its current identity and its future potential. The product of this process is a comprehensive, high-level strategic plan: a roadmap to success, which permeates the entire organizational structure. The strategic plan begins with vision and mission and concludes with measurable implementation actions. It, in turn, informs the daily operations of the organization through shorter-term and granular operating plans.

Strategic plans vary in term. Whereas such plans were once five to even ten years in term, the modern ever-changing business climate, and the addiction treatment climate in particular, suggest that such plans be in the range of one to three years in term.

Addiction treatment entities are businesses, regardless of entity form. For-profit, public, and not-for-profit entities are all business operations formed as sole proprietorships, partnerships, and various corporation types. Not-for-profit operations, typically formed as state not-for-profit corporations and so designated by the IRS for tax purposes, are no less business operations than the others. Likewise, all such entities can and should be mission-driven. NAATP member organizations, pursuant to NAATP values and ethics, should be grounded in the fundamental mission to serve the patient through the provision of best practice addiction treatment. Mission should dictate business practice and not the converse.

Strategic planning sessions should be facilitated by outside individuals or organizations that specialize and have demonstrated proficiency in strategic planning. Organizational effectiveness is dependent on both internal and external perspective.

Organizations should devote adequate time and resources to this process and not view strategic planning as merely a necessary box to check.

The strategic planning process and product should consider organizational administration, service, and development, and may include the following components:

1. Executive Summary
2. Mission and Vision
3. Environmental Analysis
4. SWOT Analysis (Strengths, Weaknesses, Opportunities, and Threats)
5. Goals, Priorities, and Strategies
6. Finance
7. Evaluation
8. Staffing
9. Operational Tasks

Integral to strategic plan effectiveness is accountability. The plan should not only contain measurable objectives, but those objectives should be reviewed for implementation outcomes at timely intervals. ■

### Resources

---

NAATP Strategic Plan

---

Sushma Raman, *How to Write a Strategic Plan*

---

National Council of Nonprofits, *Strategic Planning for Nonprofits*

---

Harvard Business Essentials: *Strategy*

---

## GUIDELINE A-7: FACILITIES

Treatment providers should operate, maintain, and utilize facilities in a way that is consistent with zoning and intended use, enhances the therapeutic environment, conveys a safe and professional setting, and integrates within the surrounding community.

### Commentary

Clarity of purpose and use is important for an addiction treatment facility. It should align with the stated purpose of the zoning. Only the licensed addiction services for the zoning permit should be housed at that site.

Addiction treatment is a medical professional service and the facilities and the accompanying grounds should be conducive to professional treatment and create a professional environment. Facilities and the accompanying grounds should be clean, safe, secure, confidential, amenable to effective clinical interventions, and should honor and respect the dignity of the persons served.

Continued stigmatization of addiction treatment and individuals with Substance Use Disorder can lead communities to resist addiction treatment providers operating within their neighborhoods. Appropriate use and maintenance of facilities mitigates stigma and community resistance. Addiction treatment is a community service. Treatment providers, in their facilities and operations, should function as a part of the community and have a positive impact on the community. ■

### Resources

Facility Guidelines Institute, 2018 Guidelines for Design and Construction

Joint Commission 2019 Comprehensive Accreditation Manual for Behavioral Health Care

CARF 2019 Standards Manuals & Workbooks



# THE GUIDELINES

## SECTION B: **ADMISSIONS AND PATIENT SCREENING**

Admissions and Patient Screening are critical components of quality, ethical, evidence-based treatment. Appropriate screening prior to admission and throughout treatment helps to ensure that the facility is capable of meeting patient needs, identifies co-occurring physical and behavioral health conditions, and offers a means of monitoring progress throughout treatment.

This process should begin with the initial patient contact, where information is gathered to identify whether the facility is capable of effectively meeting patient needs or if the patient would be better served through referral to an alternate provider.

Upon admission, a comprehensive assessment identifies patient needs and diagnosis, assesses for appropriate care recommendations, and helps develop initial treatment plans. Research shows that over- and under-providing leads to less favorable outcomes, so care should be taken in appropriately assessing and placing patients within the spectrum of care.

Ongoing assessment and screening throughout treatment helps to identify patient progress, areas of continued need, and areas within the treatment plan that should be amended.

The purpose of this section is to provide guidelines for admissions and patient screenings at addiction treatment facilities.

### GUIDELINE B-1: ADMISSIONS PROCESS

Addiction treatment providers should follow a written admissions process that governs admission criteria, decision making, and intake procedure at the facility. The process should include informed consent for treatment that provides information on the anticipated length, intensity, and cost of treatment, as well as levels of care and treatment modalities available at the facility.

#### Commentary

The addiction treatment field believes that provision of services is based on the identified needs, preferences, strengths, and goals of the individual served, and that the agency is professionally and ethically responsible for providing care that is within its capability and mission, in accordance with applicable laws and regulations.

A preliminary assessment is conducted prior to admission, where a diagnostic impression of substance use and/or mental illness is made based upon the Diagnostic and Statistical of Mental Disorders, as well as a recommendation for level of care. A structured interview may take place over the phone, via video conference, or face-to-face. A complete face-to-face assessment should be completed upon every admission to services. For Substance Use Disorder clients, treatment placement should reference established placement criteria like ASAM PPC-2R.

Additionally, so that clients may make knowledgeable decisions and choices about their care, the client and family (if applicable) should be provided with information regarding the nature and goals of care, the hours of service, the cost of care, and client and family rights and expectations for the level of involvement in their own care. These elements should include forms identifying client rights and responsibilities, HIPAA Notice of Privacy Practices, and financial responsibility. The client should acknowledge their receipt and understanding of this information to verify informed consent. ■

#### Resources

ASAM Treatment Placement Criteria

ASAM Screening & Assessment Tools



## GUIDELINE B-2: PATIENT SCREENING AND ASSESSMENT

Addiction treatment providers should conduct screenings with patients before admission, at intake, and throughout treatment to determine if the facility is equipped to treat the patient, assess patient needs, inform treatment planning, and measure progress throughout treatment. Assessments and screening tools utilized by addiction treatment providers should be normed and validated for their intended use.

### Commentary

Addiction Treatment providers have a responsibility to provide initial screening and ongoing assessments for all patients in programming. Prior to admission, conduct a brief screening to ensure the facility is capable of meeting the specific needs of the prospective patient. If the screening results in a decision that the provider is not capable of meeting the patient's needs, the provider must refer to the appropriate level of care.

Upon admission into programming, a thorough and complete assessment of the patient's history across all functional areas is required to determine applicable diagnoses, make an appropriate recommendation for level of care needs, and assist in developing an initial treatment plan based on that patient's specific needs and problem areas. Cross-functional areas to be assessed should include: thorough use history, including DSM-5 diagnostic criteria for each substance used; detox history; withdrawal potential; biomedical concerns, including medications; history of behavioral health concerns, including medications; readiness to change; internal and external motivation factors; treatment and recovery history; relapse risks and recovery assets; legal history; employment history; and home environment.

Continual reassessment, at least weekly, is essential to ensure proper recommendations continue to be made regarding length of stay and level of care placement and that current needs are being addressed via the treatment plan. ■

### Resources

---

ASAM Treatment Placement Criteria

---

PHQ-9 (Depression)

---

GAD-7 (Anxiety)

---

ADHD Self-Report Scale (ADHD)

---

MDQ Scale (Mood disorders)

---

# THE GUIDELINES

## SECTION C: EMPLOYMENT, TRAINING, AND CREDENTIALING

In many respects, an addiction treatment provider's staff is its product. Whether implementing programming, overseeing the patient milieu, dispensing medications, or ensuring the safety and well-being of patients, the staff are a primary resource within the treatment environment. With this consideration in mind, appropriate staff credentialing and training are critical to ensuring appropriate care is available to patients, that patients are safe and receiving quality treatment, and that the facility is capable of offering the services it markets.

Staff also represent the programs they work for and, in some respects, the treatment field generally. If a patient has a negative experience with a staff member, it may create a negative impression of the treatment facility and of the field more broadly, undermining the facility's ability to build therapeutic rapport and the patient's potential treatment outcomes.

As a professional healthcare service, it is important that treatment providers hire, train, and compensate staff in a way that furthers professionalism and raises standards within the field. Historically, treatment providers have hired from within, promoting former patients into staff positions. While there may be value in this practice, special care and consideration must be taken to promote well-being for both former and current patients.

The purpose of this section is to provide guidelines that assist treatment providers in developing and enhancing systems for employment, staff training, and credentialing.

### **GUIDELINE C-1: STAFF TRAINING**

Addiction treatment providers should ensure that all personnel receive adequate training around their individual roles, responsibilities, and organizational expectations in the provision of safe, ethical, and high-quality services.

#### **Commentary**

Addiction treatment providers should provide ongoing training and continuing education at the providers' expense and offer incentives for staff to seek additional education that expands their competence and serves to further professionalize the field.

Training opportunities should be reviewed and updated regularly to match organizational goals and scientific research, and to ensure continuous organizational improvement based on identified areas for growth. Clinical staff should receive training in evidence-based practices and complete regular assessments of clinical competencies.

Non-clinical or support staff should receive basic information on addiction, the nature of the services provided, and general information about the patient population, including the existence of co-occurring mental health issues and trauma histories. All staff should receive training in customer service, empathic communication skills, field ethics, organizational culture and values, cultural competence, sexual harassment prevention, and self-care. ■

#### **Resources**

---

[NAADAC Education Resources](#)

---

[NAATP Webinar Series](#)

---



## **GUIDELINE C-2: PROFESSIONAL STAFF CREDENTIALS**

Addiction treatment providers should employ professional staff who have obtained appropriate credentials for the services they provide. Clinical and medical staff should be licensed and have the appropriate educational background and credentials to effectively and professionally carry out their job duties.

### **Commentary**

For all clinical staff, a Primary Source Verification must be completed to ensure they have the required credentials to provide services. Primary Source Verification means verifying credentials through direct contact with an issuing organization. Education, certification, and licensure should be verified online with the issuing institution or agency, or their official designate. A job applicant's highest level of education, area of study, and graduation date should be verified, as well as any certification and licensure, and the corresponding issuance and expiration dates. It is a field imperative that organizations support ongoing education and development in their employees by providing opportunities to obtain advanced education and licensure. It is critical for organizations to have an internal or external system that will verify credentials annually.

Uncertified or unlicensed employees hired or promoted into a position that provides clinical services who have not previously provided clinical services, should become certified or licensed within two years of the date of hire or promotion. A clinical staff member may not work in any supervisory capacity until the certification or license requirements as stated are met.

Certified employees are responsible for maintaining their certification by completing the required continuing education hours as required by the applicable certification authority. Licensed staff, including Licensed Psychologists, must be licensed prior to employment and are responsible for maintaining their licensure for continued employment. Nursing staff, including Licensed Practical Nurses, Registered Nurses, Nursing Supervisors and Intake/Nursing Managers, must be licensed prior to employment and are responsible for maintaining their licensure for continued employment.

Any employee not meeting the qualifications set forth above will not provide direct clinical or medical services until the certification and licensure qualifications are met. ■

### **Resources**

[NASADAD State Regulations on Substance Use Disorder Programs and Counselors](#)

[National Association for Alcoholism and Drug Abuse Counselors](#)

[NAATP List of State Licensing Agencies](#)

[American Society of Addiction Medicine](#)

[American Medical Association](#)

[National Association of Social Workers](#)

[American Psychological Association](#)

[American Counseling Association](#)

### GUIDELINE C-3: SALARIES

Addiction treatment providers should compensate and offer benefits to their staff at competitive levels that support professionalization of the field and help to recruit and retain competent staff with credentials and experience to perform their job functions.

#### Commentary

Ensuring that salaries are competitive is critical in attracting and retaining qualified staff, particularly as the need for SUD counselors continues to grow. The increase in employment of SUD counselors is one of the highest projected growth increases of any occupation listed in the U.S. Occupational Outlook Handbook. A 22 percent rise in employment opportunities is predicted between 2014 and 2024.

Before determining salary, it is important for addiction treatment providers to assess the value of the position. Developing a detailed job description that outlines all expected duties and responsibilities is a helpful starting point. Think critically about the value the position provides to the organization. What level of education and experience, and which certifications, are necessary to get the job done? What would someone reasonably expect to be paid in that role?

A key component to determining salary is offering payment that is competitive. The going rate for a job will be influenced by location. Researching wages in the area, as well as within the addiction treatment field, may help determine what an employee will expect to be paid. Researching wages can indicate whether or not the treatment organization will be able to sustain the salary for the position being filled, while providing valuable insight about how qualifications, experience levels, and education influence salary.

The NAATP National Addiction Industry Salary Survey is a great resource that provides salary and benefits information for a wide range of positions typically found among addiction treatment providers. Data is collected from NAATP Provider Members and can assist in benchmarking for the organization. Addiction treatment providers may also reference salary information websites, classified job listings, or data on the Bureau of Labor Statistics website to research what competitors are paying for similar positions.

Beyond salary, providers should also consider offering a competitive range of benefits. Employee benefits typically refer to retirement plans, health insurance, life insurance, disability insurance, vacation, sick time, etc. Benefits are increasingly expensive for businesses to provide to employees, so it is important to carefully consider the range and options of benefits being offered. Offering low-cost or no-cost perks such as development opportunities, flexible hours, or working remotely may help with workforce retention.

Employer surveys have shown that the value of benefits accounts for, on average, about 30 percent of an employee's total compensation. Benefits like health insurance and a retirement plan could be worth a few thousand dollars. Providers should consider cost-sharing with employees. Certain benefits like health insurance are often paid, at least in part, by employees because of the high costs of health insurance. Providers must ensure that the total compensation offered, including salary and benefits, fits the financial capabilities of the organization and is commensurate with local employment offerings and within the broader treatment field. ■

#### Resources

[NAATP Salary Survey](#)

### **GUIDELINE C-4: HIRING FORMER PATIENTS**

Addiction treatment providers should have a written policy governing the hiring of former patients that protects the former patient from exploitative relationships, prevents them being placed in a position of power over former peers, and ensures that the facility and treatment staff are not placed in a position of dual relationships with former patients.

---

#### **Commentary**

The addiction treatment field has a practice of employing treatment alumni. There is a belief that this enhances the cultural integrity of the organization, provides an opportunity for patients to give back, helps them to develop employment-related skills, and places former patients in a position where their personal experience in recovery can benefit others. However, in a healthcare model this practice generates ethical considerations related to the well-being of the patient, which must be the primary concern of the treatment provider, even after the initial treatment episode ends. While personal experience in recovery can be a great asset in peer and social support systems, this experience is not a professional credential and, in itself, does not provide the training or qualifications needed to deliver services in a professional setting.

Within addiction treatment, employing alumni is inherently a conflict of interest, and must be carefully managed. The practice places providers in a position of balancing therapeutic goals established during treatment with the financial and business interests of an employer. For the patient-cum-employee, these become inexorably linked, potentially leading to the loss of therapeutic and social support systems in the event of relapse or termination from employment.

The dual relationship created by employing alumni also establishes a power differential between the patient and their now-colleagues, as well as between the patient and their former peers in treatment. The disparities in interpersonal knowledge and power between the alumnus-employee, fellow staff, and former peers increases the potential for inappropriate and exploitative relationships.

Finally, employing alumni may place clinical staff in a position where they must maintain a professional relationship with former patients, a practice that may be in violation of the clinicians' own professional ethics.

With these considerations, addiction treatment providers should develop and adhere to a written policy related to the hiring of former patients, which will serve to protect patients, staff, and the institution. ■

#### **Resources**

---

[Social Work Today, Hiring Former Clients](#)

---

[APA The Principles of Medical Ethics](#)

---

# THE GUIDELINES

## SECTION D: BILLING

Billing practices in addiction treatment have changed rapidly in recent years. Historically, many addiction treatment providers operated through cash pay models. Changes in insurance regulation and a better understanding of addiction as a disease have increased access to insurance-based payment models. Now, most providers operate largely on revenue from private insurance. In the most recent NAATP Salary Survey, NAATP Members reported that approximately 60% of revenue came through insurance reimbursements.

Despite this being the primary source of revenue for addiction treatment providers, some providers remain ignorant of regulations governing insurance billing at the policy, state, and federal levels, and continue to engage in inappropriate billing practices.

Billing practices vary from state to state and between policies. It is important that addiction treatment providers understand the regulatory environment and underlying policy language when billing insurance.

Better enforcement of parity law and inclusion of coverage for substance use disorders as an essential benefit under the Affordable Care Act have enhanced access to addiction treatment services and significantly expanded the addiction treatment field. Along with the expansion came greater opportunity for profit, and some addiction treatment providers have responded by exploiting the system, billing unconscionable rates, and over-utilizing toxicology and treatment services.

These practices are shifting the pendulum and have caused some insurers to drastically reduce allowable rates, restrict authorized days, and increase premiums and out-of-pocket costs for patients. This damages patients financially, reduces access to care, and harms the credibility of quality addiction treatment providers. Continued problematic practices in billing undermine provider and trade group efforts to effectively advocate for parity enforcement and reasonable reimbursements for providers.

It is the purpose of this section to provide guidelines that assist providers in developing policies, procedures, and best practices for billing, receiving, and collection of patient responsibility.

### **GUIDELINE D-1: CALCULATING COST OF SERVICE**

Addiction treatment providers should understand the cost of providing the services offered at their facility and have a methodology for calculating these costs. Providers should utilize the cost of providing a given service when calculating their billed rates, developing network contracts, and forecasting business operations.

#### **Commentary**

The field of addiction treatment has evolved structurally over the past fifty years with changes in clinical models, staffing expectations, and reimbursement opportunities. Evolution in payment and reimbursement has accelerated its change cycle dramatically from 2008 to 2018. Prior to 2008, treatment opportunities existed primarily in two domains. The first treatment opportunity was for those individuals and families with the assets and resources necessary to pay for high-dollar private treatment. The second treatment opportunity was available only to those individuals and families at or below 200% of the poverty level. The working poor, middle class families, and upper-middle-class families had extremely limited access to treatment without a mechanism to use private insurance to pay for treatment.

Parity laws and health care reform in the 1990s and 2000s led to a requirement that all insurance plans provide reimbursement for SUD residential and outpatient care. Consequently, many existing new providers moved to a business position where they were able to bill insurance, and a new market was created through private equity monies, which introduced large numbers of new providers and increased competition. As a result, providers have an imperative to manage and forecast cost if they want to remain viable and competitive in a managed care insurance environment.

Successfully forecasting costs provides many avenues of growth and sustainability for providers. The first benefit is related to the negotiation strength of providers with payers. Public and commercial payer reimbursement rates are often lower than cost, and payers are extremely resistant to increasing rates outside of annual riders. Demonstrating empirically the cost of service can lead directly to material market adjustments to rates. Strategically, cost forecasting is also critical when considering expansion. Underestimating expense may lead to an organization expanding into a market, service line, or population that costs more than it earns, threatening the entire organization. Providers should develop competency or partner with provider partners capable of forecasting expense and revenue for long-term success. ■

#### **Resources**

[Small Business Administration Learning Center](#)



## GUIDELINE D-2: REASONABLE BILLING MARGINS

Addiction treatment providers should utilize their calculated cost of providing services in the development of billed rates. Billed rates should reflect reasonable profit margins consistent with other healthcare areas.

### Commentary

With the emergence of the Affordable Care Act, better enforcement of parity, and more funding being directed toward addiction treatment services, treating substance use disorders has emerged as a profitable business, drawing the interest of private equity and other profit-driven providers.

A lack of clear standards for reasonable billing and continued separation from mainstream healthcare have led to billing practices focused on revenue, rather than reasonable profit margins based on the cost of goods sold. Unconscionable markups for toxicology and treatment services have damaged the field, led to greater scrutiny from regulators and insurance providers, and reduced consumer confidence in the quality and ethics of addiction treatment. These practices have led to difficulty receiving reasonable reimbursements from payers, and challenges securing adequate authorizations to provide the care that is clinically indicated.

Practices such as the “robin hood model,” i.e. overbilling in order to subsidize patients or services that underpaid or exorbitant billing for out-of-network services to capture allowable rates, may pay off in the short term. However, these practices devalue the field, cause financial harm to patients, and create greater difficulty in acquiring authorizations needed to serve patients effectively and fair reimbursements that sustain the field.

Amounts billed for services should be reasonable and based on a reasonable markup on the cost of providing services. ■

### Resources

Congressional Budget Office, Projecting Hospitals' Profit Margins



### **GUIDELINE D-3: USUAL, CUSTOMARY, AND REASONABLE RATES**

Addiction treatment providers should work with payers and trade groups to standardize and make public usual, customary, and reasonable rates, and understand the usual and customary rates for the services they provide. Addiction treatment providers should consider these rates when developing their billing policies and have justification for billing amounts that significantly differ from what is usual and customary.

#### **Commentary**

Within the addiction treatment field, there is little transparency with regard to billing. While many healthcare services and procedures have established expected billed rates based on geographic location, billed rates for addiction treatment services often remain opaque and vary widely, especially when billing out of network. Addiction treatment providers should work to standardize Usual, Customary and Reasonable (UCR) rates within a given geographic location and be able to justify their billed rates.

Unconscionable billing practices have been highlighted in national news media, especially in regard to toxicology and lab billing. While some of these loopholes have been closed, certain addiction treatment providers continue to manipulate their out-of-network billing practices and bill unreasonable rates. These practices damage patients and devalue the addiction treatment field. By developing reasonable fees for services, providers strengthen their ability to appeal denials of services and underpayments.

The NAATP Code of Ethics requires that “Fee structures must be reasonable, transparent, and available to the public.” When it comes to network contracts, providers may be prohibited from disclosing the rates negotiated under the contract. However, rates developed for private pay and out-of-network billing are not governed in this way, and should be made publicly available, and be Usual, Customary, and Reasonable. ■

#### **Resources**

---

[Find A Code, UCR Payment Pricing](#)

---

[Recovery Research Institute, Addiction Treatment Insurance Guide](#)

---

[Modern Healthcare, Transparency: Washington’s Healthcare Plan](#)

---



### **GUIDELINE D-4: BALANCE BILLING AND RECEIVING**

Addiction treatment providers should develop and adhere to a written policy regarding balance billing that complies with state law, network contracts, and insurance policy documents. Balance billing should be uniform for all patients and insurance policies, except if specifically addressed in an in-network contract or policy documents when billing out of network.

#### **Commentary**

Balance billing generally involves those amounts that are not otherwise covered by insurance or patient financial responsibility portions (e.g. copayments, deductibles, or coinsurance). These amounts often represent the difference between what is covered by insurance and the actual cost of treatment. In order to ensure clear and consistent communications with patients, treatment providers should clearly and conspicuously disclose the cost of treatment and any treatment modalities likely to be denied by a patient's insurance company. This will ensure that a patient and his or her family are properly informed about potential financial consequences at the inception of treatment. Additionally, many states have now adopted surprise billing laws that prohibit balance billing unless a medical provider adheres to very strict disclosure, notification, and patient signature requirements. Not all of these surprise billing laws will apply to addiction treatment providers; however, providers should carefully monitor such laws to ensure that if they are out of network for a particular insurer, then they are complying with surprise billing laws as applicable.

As an aside, HMO contracts generally prohibit in-network providers from balance billing their members. Thus, careful review of network contracts is also necessary to ensure that a provider is complying with a particular insurer's balance billing requirements. ■

#### **Resources**

[NAIC State Departments of Insurance Map](#)

## GUIDELINE D-5: TOXICOLOGY

Addiction treatment providers should have a written policy governing the use of and billing for toxicology provided at the facility. The type and frequency of testing should be decided based on disease severity, current best practices, and the clinical interests of the patient. Drug testing regimens should consider past toxicology results, length of sobriety, patients' stated history of recent substance use, and other bio-psycho-social-spiritual considerations that may influence the likelihood of substance use. Billing for toxicology should be reasonable and related to the actual cost of providing the service.

### Commentary

Drug tests are tools that provide information about an individual's substance use, and the decision to use any tool in healthcare should be grounded in the principles of improved patient care and outcomes. Any practitioner involved with the care of patients with addiction should understand what information drug testing can and cannot convey. Drug testing has been referred to as the "technology of addiction treatment," but, like any technology, its value depends on whether it is utilized correctly. Drug testing is only an effective technology when the right test is selected for the right person at the right time.

Test selections should be individualized based on patients' clinical needs and may be guided by patients' self-reported substance use. Individualization of a test does not mean that every patient will get a different test, but that he or she can, if the circumstances warrant it. Drug testing panels should be based on patients' drug of choice, prescribed medications, and drugs commonly used in patients' geographic location and peer group. Frequency of testing should be dictated by patient acuity and level of care. There is currently insufficient evidence that more frequent testing leads to decreased substance use. In general, it is not necessary to identify every instance of a patient's substance use to evaluate the patient's acuity or severity.

Providers should always consider cost, both to patients and insurers, when choosing drug tests. Smarter drug testing means careful consideration of the financial costs of testing in relation to the value and, in many cases, medical necessity of the test results. Examples of inappropriate and often costly drug testing practices include the routine use of large, arbitrary test panels; unnecessarily frequent drug testing, without consideration for the windows of drug detection; and the confirmation and quantification of all presumptive positive and negative test results. These and other inappropriate drug testing practices are harmful, not only because they waste valuable resources, but because they do not fit the standards of appropriate clinical care.

With these considerations, addiction treatment providers should develop and adhere to a written policy related to the use of and billing for toxicology provided at the facility. ■

### Resources

[ASAM Appropriate Use of Drug Testing in Clinical Addiction Medicine](#)

[SAMHSA Drug-Free Workplaces: Drug Testing](#)

### **GUIDELINE D-6: DEDUCTIBLES AND COPAYS**

Addiction treatment providers should, by policy, collect all patient responsibility under the insurance policy being billed, including deductibles and copayments, in alignment with the network contract or policy documents when billing out of network. Exceptions to the policy should be documented, comply with insurance policy or contract guidelines, and not be standard business practice. Routine waiver of patient financial responsibility related to deductibles and copays is prohibited. Waivers must not be provided except in the case of demonstrable financial hardship, based on written objective criteria in alignment with insurance policy guidelines.

#### **Commentary**

The addiction treatment field is marked by a desire to assist patients in the recovery process. In many instances, those patients have exhausted all financial resources, leaving them with limited access to treatment. Since the passage of the Mental Health Parity and Addiction Equity Act (MHPAEA), individual and group insurance policies should provide addiction treatment coverage(s) that are on-par with medical and surgical benefits. Thus, in theory, anyone who can afford the related premium should be able to procure insurance coverage with addiction treatment benefits. Of course, those benefits can vary greatly among and between insurance policies, but one constant is the requirement that the patient or insured meets the personal financial requirements of the underlying insurance policy. These generally come in the form of deductibles, coinsurance, and copays. Many insurance policies require that patients satisfy these financial responsibilities before claims are paid to treatment providers. For example, copays and fixed deductibles must be paid by patients in advance of any claim payments made to treatment providers.

The routine waiver of patient financial responsibility amounts has been held by courts to interfere with the contractual relationship between the patient and the insurance company. Since the underlying policy requires that such financial responsibility be assumed by the patient, the waiver of such amounts by the treating provider may be held to interfere with that contractual relationship.

In the event the insurance company believes that the waiver of patient financial responsibility amounts is occurring, they may pend or deny claims and request definitive evidence that those amounts are being properly collected. At a minimum, this could lead to a delay in the payment of claims and, if the addiction treatment provider is waiving such patient financial responsibility amounts, even a denial of claims and recoupment of any claims paid under such arrangement(s). Ultimately, the underlying insurance policy dictates the terms of collecting patient financial responsibility amounts and should be carefully reviewed and followed in order to ensure compliance. ■

#### **Resources**

[Review Individual Policy Documents](#)

# THE GUIDELINES

## SECTION E: **DISCHARGE AND CONTINUING CARE**

Addiction treatment has historically operated in the Minnesota Model, typically 28-days in intensive residential settings. As the field matured and the disease model of addiction became more widely accepted and understood, the continuum of care has expanded to more effectively treat the condition, based on disease severity and placement in clinically-indicated levels of care.

Despite this progress and understanding of Substance Use Disorder as a chronic disease, treatment has continued to focus on the acute stages and, in some cases, has not embraced the effective use of the continuum of care to address the disease's chronic nature.

The effective provision of addiction treatment should appropriately place patients within the continuum of care, recognizing that patients may move to a higher or lower level of care based on progress and clinical indication.

Providers should engage the patient in discharge planning throughout the treatment process in a way that facilitates continuity of care between discrete levels of treatment and transitions the patient to post-treatment resources.

The purpose of this section is to provide guidelines on effective utilization of the continuum of care and best practices for discharge planning.

### **GUIDELINE E-1: CONTINUUM OF CARE**

Addiction treatment providers should offer treatment along a continuum of care that recognizes addiction as a chronic illness requiring ongoing bio-psycho-social-spiritual treatment. Patients should be placed in the continuum based on normed evidence-based assessment tools. Providers that only offer specific levels of care should have resources to help patients obtain services through the full continuum.

---

#### **Commentary**

Addiction treatment should be delivered in a manner that matches the severity of an individual patient's addiction and the intensity of services required. Each discrete level of care should be viewed as representing a single point of treatment intensity along a broad continuum of care. Patients should move along the continuum as they progress through treatment, and the length of stay at each level should be determined by the patient's response to treatment.

To ensure patients are placed into the appropriate level of care, referral should be based on a careful, multidimensional assessment that captures all information relevant to treatment planning. For both clinical and financial reasons, the appropriate level of care is that which is least intensive while still meeting treatment objectives and maintaining patient safety and security. Research has shown that patients experience worse outcomes when referrals are made to levels of care that are more or less intensive than necessary.

Patients may begin treatment at one level and move to a more or less intensive level of care, depending on his or her treatment response and individual needs. However, most providers of addiction treatment do not offer all levels of care. Movement through levels may involve referring the patient out of the provider's own network of care. As such, it is important for providers to identify programs that are suitable for referral and be prepared to share pertinent information and coordinate with the new program so that transitions in care are effectively managed. ■

#### **Resources**

[ASAM Continuum of Care](#)

---

## GUIDELINE E-2: DISCHARGE PLANNING

Addiction treatment providers should engage in discharge planning for every patient with the goal that patients are supported through the continuum of care. Discharge plans should be updated throughout the treatment episode to reflect treatment goals, patient progress, and to enhance successful reintegration into the community.

### Commentary

Recognizing Substance Use Disorder as a chronic disease, providers should approach any treatment episode as one part of a continuum of care for the patient, allowing for an increase or decrease of service intensity in response to the needs of the patient. Multiple factors must be considered: clinical services needed, medical conditions, potential for ongoing withdrawal and/or post-acute withdrawal, financial resources, family and social support, and recovery capital. Most importantly, the patient's involvement in and commitment to the continuing care process is key.

Providers should have an eye toward discharge from the time of admission and begin consideration of next steps for the patient early in treatment. The plans may change over time as more information becomes available about the patient's circumstance and condition. Willingness to pursue ongoing support may also change as the patient gains awareness of the complexity of recovery. Involving the patient in discussions about what may come next should be a routine aspect of care.

Continuing care plans should allow for as seamless a flow as possible for the patient to the next level of care or service provider. Every attempt should be made to have connections established for the patient, along with timely and complete communication of services that have been provided and the recommendations for ongoing care for the patient. "Warm clinical hand-offs" are ideal in introducing the patient to the next provider to the extent possible.

It is the responsibility of the provider to develop a plan that meets the needs of and is financially accessible to the patient. Great referrals can be made, but if it has not been established that the patient has the financial resources to access them, the patient has essentially been left to fend for him/herself. Affordability for the patient should be a primary consideration. Providers should be prepared to develop continuing care plans that consider all levels of clinical services and affordability for patients of all economic means. ■

### Resources

SAMHSA, *Addiction Counseling Competencies: The Knowledge, Skills, and Attitudes of Professional Practice*

ASAM *Treatment Placement Criteria*

Joint Commission *2019 Comprehensive Accreditation Manual for Behavioral Health Care*

CARF *2019 Standards Manuals & Workbooks*



### **GUIDELINE E-3: ATYPICAL DISCHARGES**

Addiction treatment providers should develop and adhere to policies and procedures related to atypical discharges. Providers should work with each patient and, if appropriate, the patient’s family to develop a contingency plan in the case of a self-discharge Against Medical Advice (AMA), relapse, or significant behavioral symptoms outside of the provider’s scope of services in order to enhance patient safety, support them in obtaining clinically-appropriate services, and prevent the patient from being discharged to the street.

#### **Commentary**

A provider has a responsibility for competent continuing care planning, even when a patient leaves treatment unexpectedly. When a patient decides to leave treatment AMA, often the discharge happens very quickly. While recognizing the patient may not be a willing participant in the process at the time, providers need to have a plan in place. Having resources available to the patient and/or family members in the event of a crisis, even if they have to be non-patient specific, can be part of a standard “emergency” discharge packet that addresses suicide or self-harm prevention and overdose response.

Early identification of patients with AMA discharge potential can help providers evaluate resources and prepare for more patient-specific recommendations.

When a patient is discharged due to needs beyond the scope of the provider, every attempt should be made to assist the patient and/or family to identify and connect with a provider that offers the needed services and is financially accessible to the patient.

Patients discharged because they are unwilling to comply with program rules and/or expectations should be referred to another program where they may be better able to engage in the treatment process. These discharges must not occur too quickly so as to consider the best interest of the patient.

Recognizing that these can be very difficult situations and an ideal transition to another care provider may be impossible does not relieve the provider from the responsibility to make their best effort for the patient. ■

#### **Resources**

---

SAMHSA, *Addiction Counseling Competencies: The Knowledge, Skills, and Attitudes of Professional Practice*

---

ASAM Treatment Placement Criteria

---

Joint Commission 2019 *Comprehensive Accreditation Manual for Behavioral Health Care*

---

CARF 2019 *Standards Manuals & Workbooks*

---

# THE GUIDELINES

## SECTION F: **OUTCOMES MEASURES**

Outcomes research focuses on assessing results for individuals who have received an intervention, and determining the impact of that intervention. In substance use treatment outcomes research, programs define short- and long-term goals, and systematically track progress toward those goals.

For example, short-term outcomes include factors related to what happened in treatment, such as length of stay, services utilized, and program completion rate. Long-term outcomes focus on changes in condition after treatment and may include, but are not limited to, substance use, mental health, aftercare engagement, life satisfaction, and other indicators of well-being and improved health.

The primary function of outcomes data collection and analysis is organizational learning and improvement. As a healthcare field, it is critical that addiction treatment providers have metrics by which they can understand the value and efficacy of their services. These metrics serve as a tool to show that treatment works, justify access to and payment for treatment services, and as a means by which addiction treatment providers may refine and enhance the quality and efficacy of services.

The purpose of this section is to provide guidelines for the implementation of validated outcomes measurement at addiction treatment facilities.



### **GUIDELINE F-1: TRACKING PATIENT OUTCOMES**

Addiction treatment providers should engage in the collection, analysis, and publication of patient outcomes in a manner that informs program development, enhances the quality of addiction services, provides feedback on the efficacy of services, and informs the public.

---

#### **Commentary**

Addiction Treatment is recognized as a chronic medical condition, warranting bio-psycho-social-spiritual treatment. Public policy developments have implemented mandates for funding addiction treatment in parity with other medical surgical conditions. Despite this, the addiction treatment field has largely relied on anecdotal evidence in determining what treatment modalities work and which interventions to employ in treatment facilities. This practice has contributed to the view that addiction treatment is less valid than other medical and behavioral health services.

The collection and analysis of data on patient outcomes serves as both a tool to inform the continued enhancement of addiction treatment services and a means of demonstrating the value of these services to payers, patients, policy makers, and the public. Utilizing outcomes measures legitimizes the profession, while also offering a means to assess areas of continued improvement and, as such, is an important component of quality addiction treatment services. Providers should utilize an appropriate outcomes measurement protocol and tool. It is recommended that providers use the NAATP Outcomes Measurement Toolkit in the process of conducting outcomes measurement. ■

#### **Resources**

---

[NAATP Outcomes Measurement Toolkit](#)

---



# THE GUIDELINES

## SECTION G: **COMMUNITY ENGAGEMENT, PUBLIC RELATIONS, AND PUBLIC POLICY**

Community engagement, public relations, and public policy are important areas of work for addiction treatment providers that enhance the field's ability to treat individuals with substance use disorders. Public perceptions of addiction and treatment have shifted dramatically in recent decades, but unlike with other chronic health conditions, significant hurdles continue to restrict access to and provision of treatment services.

Providers face ongoing challenges like obtaining appropriate authorizations from insurers, parity violations in the way services are authorized and reimbursed, and resistance within the communities where they operate. Patients are still viewed as morally flawed, lacking in self-control, and as criminals deserving ostracization rather than as patients in need of care.

In combating continued stigmatization faced by patients and providers, organizations must work to enhance relationships within their local communities, with regulators, and media. Effective community engagement and public policy advocacy starts with the professional provision of quality ethical services, topics covered in other areas of this guidebook. Only from a foundation of quality can providers effectively advocate for themselves and their patients.

Community engagement and effective public relations strategies help providers integrate into their communities, which, in turn, furthers the work of ending stigmatization and shining a light on the value of treatment and realities of recovery. Development of and adherence to a public policy position and engagement in advocacy helps patients and the field by reducing barriers to care and furthering policies that promote access, funding and, ultimately, recovery.

The purpose of this section to provide guidelines for effective community engagement, public relations activities, and public policy advocacy.

### **GUIDELINE G-1: PARTICIPATION IN THE COMMUNITY**

Addiction treatment providers should integrate into and engage with the communities in which they serve and operate. As members of a professional healthcare community, addiction treatment providers should engage in collaborative, collegial relationships with other addiction providers and with the larger medical community.

#### **Commentary**

Even before Hippocrates, healers understood the importance and holistic nature of treating the mind, body, and spirit. The logical extension of this concept is the significance of restoring the community. Addiction treatment providers play a key role in healing and rebuilding the fabric of society, so it is paramount to engage at a community level. While the traditional understanding of addiction providers and the larger medical community is that of professional and clinical staff, to truly connect with a community, it is necessary to partner with the full spectrum of recovery assets, e.g. paraprofessionals, volunteers, and lay people. Frequently, this combination of efforts produces a result greater than any individual component.

At the professional and paraprofessional level in many communities, there is a vibrant and growing culture of Peer Recovery Support Services (PRSS). These services may take a variety of shapes and sizes, but typically, at their core, there is a currency of lived experience leveraged to support the recovery process at multiple points along the wellness continuum. Delivery points for PRSS can be Recovery Community Centers, emergency rooms, civic and government offices, or anywhere in the community. In addition to PRSS, many communities have developed complex social service infrastructures to handle the symptoms of addiction like unemployment, housing instability, child protection, probation, etc. It would be impossible for addiction treatment providers to interface with all of these, but where PRSS already exists, resource navigation is sometimes as simple as a single phone call.

Community volunteers and lay people can also be powerful allies for support and engagement. Frequently, alumni chapters are stocked with energetic, high-functioning people in recovery. These groups are often invaluable in supporting returning members to the community from treatment. Traditionally, addiction treatment and Twelve-Step communities have maintained working relationships. With the proliferation of secular recovery groups like Smart Recovery, LifeRing, and All-Recovery, an even broader base of community recovery supports is now available.

The key to connecting at the aforementioned levels is a keen awareness of the depth, breadth, and rich texture of the existing recovery infrastructure already present in a given community. As is public knowledge, only a small percentage of those who meet clinical criteria for Substance Use Disorder actually receive treatment, so in most communities there is and has been a functioning, community-based methodology that does not necessarily include formalized addiction treatment. The intersection of these two systems can prove to be a force multiplier in the battle against addiction. ■

#### **Resources**

[Faces & Voices of Recovery](#)

## **GUIDELINE G-2: PUBLIC RELATIONS STRATEGY**

Addiction treatment providers should have a public relations strategy that serves as a guideline for communicating the provider’s mission, values, and treatment philosophy, promotes a positive relationship with the community, enhances the public impression of addiction treatment, and works to destigmatize addiction and addiction treatment facilities.

### **Commentary**

Public relations, which often encompasses the disciplines of media relations, social media, and communications, is a powerful tool that can humanize and educate by using multi-channel media and direct communications with stakeholders. Used effectively, public relations will inform and influence its target audience, leading to long-term relationships with consumers, clinicians, legislators, and media representatives, to name a few.

Current media reporting about addiction and treatment often does not address the complexity of Substance Use Disorder. This can create confusion among the public about the true nature of this chronic disease, adding to the stigma associated with addiction.

Furthermore, the narrative surrounding SUD often does not effectively convey that there are millions of Americans living full lives in recovery. It must be a purpose of public relations to shift the narrative from one of despair to a more hopeful message.

A strategic public relations plan should outline how the organization will communicate and engage with stakeholders to address these barriers. Messaging should be clear and consistent, with a focus on the organization’s mission, its evidence-based practices, and the efficacy of SUD treatment. The plan should consider each stakeholder’s unique needs and the most effective delivery channel for each group. Finally, a public relations plan must be flexible in order to accommodate and optimize changes within the organization, the industry, and current events. ■

### **Resources**

[NAATP Policy Agenda](#)

[NAATP Values Statement](#)

### **GUIDELINE G-3: PUBLIC POLICY POSITION**

Addiction treatment providers should develop public policy positions guided by the provider’s mission, vision, values, and treatment philosophy, and that serve to promote access to high-quality addiction treatment services. Addiction treatment providers’ public policy positions should embrace SUD as a chronic healthcare condition best treated in an integrated and comprehensive continuum of care that addresses the bio-psycho-social-spiritual needs of the patient, utilizes best practices, and integrates within the larger healthcare field.

---

#### **Commentary**

In addition to providing addiction treatment services, providers have a duty to advocate for their organizations, the individuals they serve, and the field. Addiction treatment providers play a vital role in advocating for individuals diagnosed with a substance use disorder and their families, as well as providing education to stakeholders about addiction and what constitutes appropriate treatment for substance use disorders. Activities include but are not limited to community outreach and education, partnerships with other local healthcare providers, educating policy makers, participating in regulatory activities, participation in NAATP’s Political Action Committee, etc.

Whether it is done individually or collectively with other providers or organizations, each provider should participate in activities that advance the recognition and understanding of Substance Use Disorder as a treatable disease to reduce the stigma of addiction and its treatment. ■

#### **Resources**

---

[NAATP Policy Agenda](#)

---

[NAATP Values Statement](#)

---

# THE GUIDELINES

## SECTION H: MARKETING, VISIBILITY, AND ADVERTISING

Addiction treatment marketing practices have become a primary area of concern in recent years. Misleading marketing practices, regardless of intention, damage patients and undermine the credibility of the field at large. Marketing practices, especially those viewed as unethical by The National Association, are covered in detail in the NAATP Code of Ethics. Due to the harm some marketing practices have had on patients and the field, they are also covered in greater detail within this Guidebook.

With increased competition in the field, some providers have looked for ways to set themselves apart from competitors by utilizing unsubstantiated claims of treatment success, presenting as offering services they are not licensed for or able to provide, advertising as if located in regions where they do not operate, or drawing on the name recognition of other more established providers. These types of practices devalue the field, undermine collaboration, harm patients, and create liability for the providers engaging in deceptive and misleading practices.

Addiction treatment providers should foster collaboration between clinical and marketing activities to ensure that marketers understand and accurately reflect the types and levels of care provided at the facility. Similarly, medical and clinical staff members should understand the program that is being marketed, ensure they are able to uphold any claims made, and operate congruently with the service being sold.

The purpose of this section is to provide effective guidelines for the development and implementation of ethical and transparent marketing, branding, and advertising practices.



## GUIDELINE H-1: MARKETING

Addiction treatment providers should engage in marketing practices that promote transparency, foster trust, support consumer confidence, and focus on the best interest of the patient. Marketing activities and strategy should be developed and implemented in a way that aligns with a holistic bio-psycho-social-spiritual treatment philosophy, encourages collaboration among providers, and is integrous with the organization’s Mission, Vision, and Values.

### Commentary

Marketing is the public face of our agencies and the field. It is how treatment providers differentiate themselves, and help consumers identify services that fit their clinical needs. When marketing practices are employed that mislead or misrepresent the facility and available services, or deceive and exploit consumers, it becomes a liability for patients, the provider, and the field at large.

Individuals with substance use disorders and their families are often in a position of crisis, desperate to find resources for themselves or a loved one. This vulnerability, when compounded by a limited understanding of the addiction treatment field, makes this population easy prey for deception and exploitation by unscrupulous providers. These shortsighted practices, perpetrated for the provider’s financial benefit, violate consumer trust, cause harm to patients, and undermine the integrity of the field.

Because addiction treatment providers work with a vulnerable population, special care should be taken to ensure that all marketing and advertising clearly and accurately reflect the available programs and services. ■

### Resources

---

[NAATP Code of Ethics](#)

---

[NAATP Treatment Selection Guide](#)

---

[NAATP Treatment Program Discernment and Selection](#)

---

[American Marketing Association Ethics](#)

---

## GUIDELINE H-2: TRANSPARENCY

Addiction treatment providers should be fully transparent in all print, digital, and direct marketing performed by or on behalf of the provider. Marketing should make easily available the actual corporate identity of the treatment program being marketed or promoted, and accurately reflect the provider’s clinical competence, location, amenities, staff, and staff credentials.

---

### Commentary

Marketing materials should provide a true and accurate picture of the services being provided. The consumer should be able to rely upon that information in order to make an informed decision about which treatment provider may be best suited to their situation. Honesty and trust are hallmarks of the therapeutic relationship.

Marketing that omits key information about clinical competency, location, and expertise damages this relationship at best. Obtuse and deceptive marketing can sabotage the patient experience. Claims of unrealistic outcomes that are unsubstantiated by rigorous measures are deceptive and violate a sacred trust between the patient and the provider. ■

### Resources

---

[NAATP Code of Ethics](#)

---



### GUIDELINE H-3: FINANCIAL REMUNERATION

Addiction treatment providers should not provide or receive any form of remuneration—financial or otherwise—for patient referrals made to or by the treatment provider.

---

#### Commentary

Providing compensation for patient referrals, whether in the form of direct payment, bonuses, or other remuneration, creates a conflict of interest for the referent and the provider, making the best interests of the patient secondary to financial gain. In recent years, the development of state and federal legislation prohibiting patient brokering has validated concerns from within the field. Despite these laws and risk of criminal prosecution, some addiction treatment providers have continued to provide remuneration for patient referrals and leads.

Remuneration in any form devalues the field and harms patients. Referents are incentivized to provide leads to a specific treatment center for their own financial benefit, rather than facilitating the best clinical fit for the potential patient. Providers are then incentivized to admit patients, even if they are unable to address client needs, in order to obtain a return on the investment and recoup costs expended in acquiring the lead.

Even if a referral is made to a clinically-appropriate facility, financial remuneration for the referrals damage the image of the field and may damage the therapeutic relationship with and trust of the patient. Furthermore, payment for leads and referrals encourages unbranded, deceptive, and misleading marketing practices, which also violate the NAATP Code of Ethics.

Some addiction treatment providers engage in reciprocal referrals, with other providers offering to refer a certain number of patients, or patients with specific insurance policies, to a given provider in exchange for receiving referrals in return. This practice is also a form of remuneration and should be avoided. Addiction treatment providers may form referral relationships with other providers due to shared values, philosophy, and quality of care, and only when the referral is clinically appropriate rather than financially motivated. ■

#### Resources

---

[NAATP Code of Ethics](#)

---

### **GUIDELINE H-4: BRAND INTEGRITY**

Addiction treatment providers should conduct all marketing and business development activities in a way that clearly identifies and enhances their company brand and does not infringe upon the recognition or integrity of a third-party brand.

---

#### **Commentary**

Treatment providers develop their brand and reputation over time by providing the highest quality care to patients and their families. Valuable resources are allocated for trademarked logos, marketing materials, fonts, images, and tag lines, websites, designs, and content associated with each brand. Ethical providers do not use other brands in their marketing materials or ad search terms. ■

#### **Resources**

---

[NAATP Code of Ethics](#)

---



### **GUIDELINE H-5: THIRD-PARTY MARKETERS**

Addiction treatment providers may utilize third parties for certain marketing activities. However, the activities of a contracted or third-party marketer must adhere to all other provisions of the NAATP Code of Ethics, and Marketing, Advertising, and Visibility standards of the NAATP Quality Assurance Guidebook. As an extension of the company, treatment providers should be held accountable for all marketing efforts conducted on its behalf.

#### **Commentary**

Within the addiction treatment field, it is common practice for providers to outsource some marketing services. When doing so, providers should consider these contractors an extension of their organization and should, therefore, educate them on organizational values and treatment philosophy to ensure that they operate within the ethical standards established in the NAATP Code of Ethics. Marketing activities undertaken by contractors should adhere to the guidelines established in this guidebook, such as clear branding and full transparency in all marketing and marketing communications, not engaging in financial remuneration, not utilizing misleading or deceptive practices, and not infringing upon the brands of competitors. ■

#### **Resources**

Florida Statute Title XLVI Chapter 817.505: Fraudulent Practices: Patient Brokering

Tennessee Code, Title 4; Title 33; Title 39; Title 63 and Title 68, relative to treatment for alcohol and drug abuse.

# THE GUIDELINES

## SECTION I: **CODE OF ETHICS**

Professional ethics are the foundation of quality, values-based provision of addiction treatment services. As with all professional services, addiction treatment providers should understand and articulate basic values, ethical standards, and the principles by which the field operates. The NAATP Code of Ethics is a guide for conduct to which all NAATP members must adhere and to which all providers should aspire.

The NAATP Code of Ethics sets forth conduct requirements in the areas of Management, Facilities, Marketing, and Treatment. Addiction treatment service must be bound by ethical operation that requires both competence and honorable conduct. NAATP and its members hold us accountable by enforcing the Code of Ethics and reviewing violations through the NAATP Ethics Complaint Policy and Procedure.

The purpose of this section is to provide rationale for and guidance in implementation of professional ethics.

## GUIDELINE I-1: CODE COMPLIANCE

Addiction treatment providers should, and NAATP members must, adopt and adhere to the NAATP Code of Ethics (Code). Adherence to the Code promotes competence and professional conduct. Adherence to the Code also demonstrates competence and professional conduct to consumers, colleagues, healthcare payers, policy-makers, the press, and the public. The Code provides a framework for values-based service that furthers the provider’s mission and guides operational decision-making.

### Commentary

Adherence to a uniform code of ethics is a distinguishing feature of a profession. Professions, including law and medicine for example, demand that their workforces hold themselves to a higher standard of conduct than business operators in general. This is true because the work of a profession is complex, requiring specialized knowledge and training, and because the consumer of the services is vulnerable to harm in the event that the service is performed deficiently. Such is the case with addiction treatment.

Addiction treatment service must be bound by ethical conduct that requires both competence and honorable conduct. In addition to serving a patient, addiction treatment providers should serve the profession at large as exemplars of model behavior. Elements of a code of ethics typically include, as does the NAATP Code of Ethics, five essential principles: Integrity, Objectivity, Competence, Confidentiality, and Professional Behavior.

NAATP members must adhere to the highest levels of professionalism and ethical conduct through the entire continuum and spectrum of clinical and business services, including development and marketing, admissions, treatment services, management, human resources, and relationships with the public, press, and policy makers. To ensure that NAATP members adhere to such responsibility and accountability, NAATP adopted its Code of Ethics. All NAATP members agree to abide by all provisions of the Code as a condition of membership and further agree to removal from membership for violating the Code based upon such a determination by NAATP. NAATP also offers the Code as an ethical conduct guide for addiction treatment providers outside NAATP membership.

The NAATP Code of Ethics is comprised of the following four operational sections, with a particular emphasis on marketing ethics:

#### Section I: Treatment

#### Section II: Management

#### Section III: Facilities

#### Section IV: Marketing

- A. Financial Rewards for Patient Referrals
- B. Deceptive Advertising or Marketing Practices
- C. Exposing Clients’ Identities for Marketing Purposes

Failure to comply with the NAATP Code of Ethics may result in corrective action by NAATP ranging from a directive to change the problematic behavior to removal from membership. Grievances against an NAATP member for ethical violations may be filed with NAATP through the resource indicated below. ■

### Resources

[NAATP Code of Ethics](#)

[NAATP Ethics Complaint Process](#)



NAATP

1120 Lincoln Street | Suite 1104  
Denver, Colorado 80203

[info@naatp.org](mailto:info@naatp.org)

888.574.1008

