

Stacey Brown

Manchester, MD 21102

443-289-5388

Stacey_md06@yahoo.com

Our 17 year-old son has been diagnosed with a substance use disorder as well as anxiety and depression. After overdosing on a cocktail of Benadryl and Zzzquill, he was admitted to the ER where he remained in a hallucinogenic psychotic state for over 48 hours, he then went into Sheppard Pratt. He stayed in Sheppard Pratt for two weeks. The treating clinicians at Sheppard Pratt said that our son required a long-term residential treatment program to address his co-occurring mental health and substance use disorder. In fact, the social worker and psychiatrist said that he needed long-term inpatient treatment or was at risk for another overdose or death. While we were looking for such a program and had reached out to our insurance provider for help identifying a facility, we were abruptly told by Sheppard Pratt that our insurer only would cover his stay until that night – we had to come get him. We knew that he was not safe to come home, despite what our insurer said, but we had not yet found a residential treatment facility for him to transfer to. I spent 10 ½ hours on the phone the next day pleading with both our insurer and Sheppard Pratt to keep him longer; we were finally approved for three more days.

Although we had reached out to our insurer for help identifying an appropriate facility, they provided none. I searched through our insurer's website and found in-network Maryland residential treatment centers **for adults only**. I had to start searching myself on the insurer's web site state by state to try to find an appropriate provider for my son. No luck. Finally, through the SAMHSA web site, after putting in the specific search criteria for my son, the web site came up with over 150 options across the country. By number 47 I was at a 400 mile radius of our home. Out of those 47, only 6 met the actual criteria he needed. Out of those 6, only 3 would consider him because the other three facilities would not accept youth from out of their state. Ultimately I found a residential treatment center in Pennsylvania that provided substance use treatment for teens – Gateway.

Gateway had a 28 day program, and this is what the Sheppard Pratt clinicians had recommended that he receive **at the very least**. Our insurer, however, would only approve 3-5 days of treatment at a time. Then, after our son was there 12 days, our insurer denied continued coverage. Our insurer's clinician had determined that inpatient treatment was no longer medically necessary. Gateway told us that we would need to give them our credit card number or he would be released immediately. I fought with the insurance company for two hours and got nowhere. Finally, after I obtained the phone number (with tremendous difficulty) for our insurer's physician who had denied continued care and pled with him, our son was approved for five more days. Then our insurer approved three more days because of a snow storm. In the end our son was released after just 20 days of treatment, with no arrangements in place for him to transition to an intensive outpatient program.

We felt strongly that throughout this process our insurer was in violation of insurance parity requirements. They would not deny coverage for a somatic condition after a clinician said, for example, that an individual required a number of chemotherapy treatments. They would not abruptly terminate treatment because **their** clinician determined that the individual no longer needed chemotherapy treatment, despite what the treating physician said. They would not re-determine medical necessity criteria every three days. They would have an adequate provider network.