

2026 Behavioral Health Division Substance Use Disorder Priorities

1. Streamline and reduce various audits to address administrative burden.

- Introduce and pass a two-year DDAP licensure statute;
- Identify and implement achievable opportunities to align Single County Authority (SCA) policies and procedures across all SCAs; and
- Streamline behavioral health managed care organization audits, policies, and procedures.

2. Reform outdated and unnecessary regulations.

- Decrease frequency of treatment plan updates at all levels of care, aligning outpatient frequency with mental health regulations;
- Enable additional flexibility in clinician-to-patient ratio and change primary care staff definition to better reflect the realities of current SUD treatment; and
- Clarify and codify how telehealth can be used in calculating regulatorily required physician on-site hours for narcotic treatment programs.

3. Improve provider opportunities to influence and address decisions affecting them.

- Ensure meaningful and timely consideration of provider input on regulatory reform; data management systems; implementation of Medicaid work requirements and bi-annual redeterminations; and ASAM outpatient alignment.
- Ensure commensurate accountability among all SUD treatment system stakeholders beyond providers.

4. Champion efficacy, safety, and quality in SUD treatment while acknowledging the changing treatment landscape.

- Ensure emerging AI technology does not create new administrative burden, complements and supports clinician expertise and responsibility, and enhances and protects patients' experience;
- Support continued integration and implementation of evidence-based treatment practices; and
- Maintain and advance high standards of clinical integrity and quality.

5. Advocate for increased funding for treatment providers and transparency in Medicaid capitation rate-setting.

- Better educate key stakeholders on the challenges and realities of providing treatment in the current system and how those can negatively impact patients;
- Increase awareness of ramifications of inadequate capitation rates relative to costs to provide services; and
- Ensure adequate funding to support increasing expectations and mandates placed on providers.