



Leading Quality Addiction Treatment in the Northern Rockies

April 28, 2010

Centers for Medicare and Medicaid Services
Department of Health and Human Services
Attention: CMS-4140-IFC, Mail Stop C4-26-05
7500 Security Boulevard
Baltimore, MD 21244-1850

Re: Interim Final rules under the Paul Wellstone and Pete Domenici Mental Health
Parity and Addiction Equity Act of 2008

Thank you for providing this opportunity to comment upon the above rules. We are deeply appreciative of the work these rules represent on the part of many.

We are highly supportive of the need for the non quantitative limitation language and wish to see this retained in any future modifications.

What we are finding is that by limiting the language to either outpatient or inpatient in describing the treatment settings and levels of care, insurance companies are now excluding "residential" care from policies. They use the term residential to mean any 24 hour setting outside of an acute care hospital. In fact, most addiction treatment in our country is delivered in free-standing inpatient facilities or outside of acute care hospitals, because of the nature of the services required and because it is more cost-effective to deliver services in these settings. This includes the provision of medical services in these settings. We are, therefore, requesting that you include the term residential in your delineation of treatment settings.

We will appreciate your favorable response to this request.

Yours truly,

A handwritten signature in black ink, appearing to read "Mona L. Sumner".

Mona L. Sumner, MHA, ACATA
Chief Operations Officer