

March 12, 2021

**Re: NCPC Comments and Questions: ASAM Training Requirements**

Mr. Anthony,

As part of the Substance Use (SU) Demonstration Waiver, it is the understanding of providers that all licensed clinicians will be required to have a specific ASAM training in order to complete and bill Comprehensive Clinical Assessments (CCA).

Providers across the state are lacking in significant ***clarity***.

Our understanding is that clinical coverage policy/service definitions will be edited to include this requirement.  Initially, some providers were under the impression that this new training requirement would be specific to SU clinicians. But in fact, it seems that ALL licensed clinicians – anyone who completes a CCA for a Medicaid client – will be required to have completed this additional training.

Furthermore, there has been conflicting communication from LME/MCOs. Specifically, that the certified ASAM training is not required, but that providers are required to assure staff are competent in completing ASAMs and recommending appropriate levels of treatment. This communication is consistent with language in the SU Demonstration Waiver.

Implementation of this new requirement will be problematic in a variety of ways….

Initially, there is considerable financial burden associated with simply obtaining the training license and material. In addition, Providers are responsible for funding the time required in order to train our staff. And a third hit, we will not be able to bill for the time that our staff is receiving training – which becomes time lost and therefore an ***access to care*** issue. In short, this is a three-fold unfunded mandate.

The financial burden is delineated in the table below:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Per 1 Clinician - Reduced Training Rate | Per 1 Clinician - Ongoing Training Rate |  | State Estimate Impact |
| Staff | 1 | 1 |  | 5000 |
| Training | 75 | 215 |  | 215 |
| **Training Cost** | **$75** | **$215** |  | **$1,075,000** |
|  |  |  |  |  |
| Staff | 1 | 1 |  | 5000 |
| Avg Rate | $25 | $25 |  | $25 |
| Hours | 16 | 16 |  | 16 |
| **Labor Cost** | **$393** | **$393** |  | **$1,967,246** |
|  |  |  |  |  |
| Fringe & Benefits | $79 | $79 |  | $393,449 |
| Annual TO Expense | $153 | $192 |  | $961,995 |
| Productivity | $600 | $600 |  | $3,000,000 |
| **Total $ Impact** | **$700** | **$1,480** |  | **$7,397,691** |

* Another Example:
* Assuming $90/clinician for the required training
* Each clinician will lose 2 days of billing to complete the required training (- $500 per clinician)
  + For PFS, that provides mostly enhanced services, that dollar amount would be closer to $1,000
* Then let’s assume that a single agency employs 80 licensed folks
* That’s a cost to the agency of $47,200 – ***Is this a*** ***Recurring cost*?**

A discounted rate has been presented to Providers. While this effort is appreciated, the end result does not address the considerable financial burden in a way that makes this noble initiative any more realistic. For instance, what happens after June? Any staff hired after the June date will be required to be trained – without any discount or relief. Creating an ongoing, additional financial burden for which providers are not receiving reimbursement of any kind. This is a significant problem.

*One potential solution:*

Utilize the forthcoming influx of COVID funds - as well as the state’s considerable purchasing power, to obtain a statewide license for the ASAM training. Should providers be given unencumbered access to ASAM training for a given time period - a year, for instance – the desired results become far more realistic.

This appears to be an option according to ASAM documentation:

*“In Spring 2019, The ASAM Criteria copyright and permissions process was updated to include agreements to enable public entities, providers, and other stakeholders to reference their use of The ASAM Criteria. The changes are part of a range of programs designed to support effective implementation of The ASAM Criteria and protect ASAM’s intellectual property from misuse. These programs include an ASAM Level of Care certification program delivered by CARF, a robust training program on The ASAM Criteria, and ongoing enhancements to the ASAM CONTINUUM software – a clinical decision support tool used to assist in treatment planning for individuals with addiction. All of these initiatives have the end goals of protecting patients and preserving the credibility of providers accurately implementing the evidence-based standards found in The ASAM Criteria.”*

<https://elearning.asam.org/products/webinar-the-asam-criteria-copyright-and-permissions-process-for-states#tab-product_tab_overview>

ASAM Website

**Health Care Provisions of the American Rescue Act**

*Mental-health and substance-abuse funding*: The legislation provides substantial new funding for mental health and substance-abuse programs, including:

* $3.5 billion for the Substance Abuse Prevention and Treatment and Community Mental Health block grant programs;
* $80 million for mental and behavioral health training for health professionals;
* $80 million to develop a new grant program for community-based and behavioral health organizations supporting mental-health and substance-use disorder services;
* $10 million for the National Childhood Traumatic Stress Network;
* $50 million for existing youth mental health services and suicide prevention programs; and
* $100 million to the Behavioral Health Workforce and Education and Training Program in order to train additional behavioral health workers.

Source: <https://www.americanactionforum.org/insight/the-american-rescue-plan-and-health-policy/>

It is important to note that The North Carolina Provider Council both understands and appreciates the objectives of an ASAM training requirement and the addition of ASAM levels of care being added to North Carolina beneficiaries. Our providers see no need for redundant assessments to be performed, especially when SU issues are present. The intent is good. Given the opportunity, Providers will adjust and adapt to these new conditions. But as it has been presented – the additional cost to providers is simply too much to sustain.

Thank you for your consideration of the above comments.

Joel Maynard

919.633.0753

joel.maynard@gmail.com