Board of Behavioral Health and Therapy

LADC Tiered Licensure Working Group Meeting

10 AM, Wednesday, June 26, 2013

MINUTES

Board Members Present: Judi Gordon, Marlae Cox-Kolek

Staff Present: Kari Rechtzigel, Executive Director; Samantha Strehlo, LADC Licensing Coordinator

Working Group Members Present: **Jonathan Lofgren**, Minneapolis Community and Technical College/Adler Graduate School/Minnesota Association of Resources for Recovery and Chemical Health; **Julie Rohovit**, University of Minnesota; **Charlie Mishek**, Minnesota Department of Human Services/ADAD; **Roy Kammer**, MSU-Mankato; **Naomi Ochsendorf**, MARRCH and ATCW; **Dustin Chapman**, Fairview Behavioral Services; **Ted Tessier**, MARRCH; **Elizabeth Reid**, Turning Point, Inc.; **Nelson Perez**, CLUES/Century College.

Duties of the Working Group:

Sec. 43. REPORT; BOARD OF BEHAVIORAL HEALTH AND THERAPY.
(a) The Board of Behavioral Health and Therapy shall convene a working group to evaluate the feasibility of a tiered licensure system for alcohol and drug counselors in Minnesota. This evaluation shall include proposed scopes of practice for each tier, specific degree and other education and examination requirements for each tier, the clinical settings in which each tier of practitioner would be utilized, and any other issues the board deems necessary.
(b) Members of the working group shall include, but not be limited to, members of the board, licensed alcohol and drug counselors, alcohol and drug counselor temporary permit holders, faculty members from two- and four-year education programs, professional organizations, and employers.
(c) The board shall present its written report, including any proposed legislation, to the chairs and ranking minority members of the legislative committees with jurisdiction over health and human services no later than December 15, 2015.
(d) The working group is not subject to the provisions of Minnesota Statutes, 59.22section 15.059.

1. Intro members. 4. Creation of timeline for work to be done. Chair Gordon called the meeting to order at 10:12 AM and asked working group members to identify themselves. Chair Gordon reported that the working group will meet every fourth Wednesday at 10:00 AM. The overall goal is to finish gathering information by October 2014 so the staff and board members can write the report to the Legislature by December 2014. There are 12 meetings scheduled

between now and then. Kari Rechtzigel noted that the report is not due until December 2015, in the event more time is needed to complete the report.

2. Members summarize the information they have collected

3. General discussion of the pros and cons discovered in our information

Chapman: (New Mexico; New York, Ohio, Oregon, North Dakota). North Dakota regulations are the most similar to Minnesota. The other states have levels of practice with work experience and training required to advance to the next level. There is a reduction in the number of work experience hours based on the degree obtained (e.g. master's degree). A master's degree is the highest degree level for licensure; master's level practitioners can do all functions, especially assessment. Additional education and experience is required to be a supervisor. Ohio has six levels.

Mishek: The states he reviewed all require work experience hours. Supervision requirements were minimal. He found that receiving supervision during required practice hours was necessary to be a supervisor. He would like to see LADCs in Minnesota able to be billable providers. Right now a mental health license is required to be reimbursed for assessment services. None of the states he reviewed had a CD license that could get third party reimbursement.

Rohovit: Lobbying by the profession will be needed on the reimbursement issues.

Tessier: Tessier reported similar findings: practice hours required and a "career ladder." Again, the number of supervised practice hours was reduced if a higher degree was obtained. The lowest requirement was 135 hours of training and a high school diploma. We need to link what we do to the health care initiative so LADCs can receive reimbursement.

Mishek: DHS is supportive of LADCs receiving reimbursement. However, payment requirements are coming from CMS; we have no control over what the federal government is doing. It is disturbing to find that state requirements vary so greatly.

[Ms. Rechtzigel left the meeting to make additional copies of the agenda]. Discussion followed with respect to a future goal of LADCs being independent practitioners who can receive reimbursement for their services.

Cox-Kolek: Raised the issue of marketing the ADC specialized training to mental health professionals.

Rohovit: It is happening already. U of MN and Century College are seeing this as well as Metro State. The add-on is not necessarily the same as having a specialty in chemical dependency treatment.

Gordon: People already in the field did not set out to get a master's degree. Many have no way to get connected to new model. Many clinics are run by one or two people. There is going to be a lot of attrition.

Mishek: Does not see it that way. No practice rights will be taken away from LADCs in Rule 31 facilities. The Affordable Care Act will expand services to other domains – in-home services for example. That is where the tiered levels come in, not under Rule 31.

Gordon: Changes will take away the power of persons currently running small clinics.

Mishek: There are currently 350 licensed facilities and 244 certified health homes.

Gordon: We need to keep the field viable while change is occurring.

Mishek: We need to be adaptable. If not, the field will be taken over by mental health professionals with the add-on CD training.

Lofgren: In the states he reviewed, two had licensure at the master's level with certification/levels building up to that. Colorado (CAC; levels); Delaware (certification plus levels with the master's at the top to achieve licensure).

Ochsendorf: Licensure is already complicated. We don't want to get bogged down so no one can qualify. High-end education seems to be the focus, but there is a need for education at lower levels for people to provide CD services.

Lofgren: There is a move toward creating a credential for recovery support.

Mishek: ADAD is working on recovery support peer specialists in other mental health areas. Mental health professionals supervise peer specialists. Legislation will be needed to get reimbursement for peer specialists for CD recovery. Minnesota Recovery Connection and Southern Minnesota Recovery Connection are training volunteer recovery coaches. No pay is provided. The volunteers are not always reliable, but the training is good. We need both paid personnel plus volunteers to expand this service throughout Minnesota.

Gordon: This is an opportunity for retirees and persons new to the field to end or begin in recovery coaching.

Mishek: Supervision and structure are needed with respect to the care plan.

Kammer: There is a danger to adding coaching to the career ladder; coaching is not counseling.

Chapman:: A recent article described a system in which new college graduates were being hired by medical clinics to call patients to follow up on medications (Were patients taking their meds? Side effects? Appointment needed? Etc.)

Rechtzigel: Noted that there are multiple levels of social work practice in Minnesota. A study of those practice scopes might be useful.

Strehlo: If a recovery coach credential is created in law, a scope of practice will have to be defined.

Lofgren: Moved on to the subject of requiring a degree related to counseling. The 270 clock hours of specific CD coursework seems to be a basic standard.

Gordon: There are gaps in the current law with respect to a field-related degree. With respect to the mental health piece, an increase in education in this area could be added to the education requirements in the licensure regulations. Do we need tiers?

Chapman: Look to CMS. There is no mention of CD in the CMS manual. Need master's/mental health or other state-approved licensure.

Gordon: HealthPartners, Medica, and Blue Cross are also part of the Medicare delivery system.

Mishek: In New Jersey there is an effort in the State Plan Amendment to get care coordinator payment. Health plans tend to follow what the Consolidated Fund requirements are for payment.

Rohovit: Should the working group include a stakeholder from a health plan?

Gordon: Our task is to write a good report to the Legislature.

Rohovit: We need to lobby/educate legislators as all this is occurring or all our effort is for nothing.

Lofgren: Levels: permit, LADC, master's/graduate level

Kammer: NAADAC IN-CASE guidelines include 3 levels

Gordon: Set baseline scopes of practice for AA, BA, and master's degree.

Rohovit: Clinical supervision is missing from the ADC profession requirements in Minnesota. Recommends including levels of licensure, degree requirements, defined scopes of practice, and supervision requirements.

Strehlo: If we go to the Legislature for changes in the law, we need documentation for why change is a good idea. What is to be done with the people already licensed? There is always a cost (fiscal impact) for change.

Discussion followed with respect to sources of information that already exists regarding practice scopes: TAP 21, SAMHSA, core functions.

Gordon/Lofgren: Locate states that use TAP 21. Goal for August meeting will include draft language for 3 levels of licensure. Working group members should use the month of July to study and complete previous assignments (identify states with a master's level practice; formulate arguments that will be persuasive to the Legislature; examine supervision requirements; identify what changes will be required in education programs, etc.). Lofgren noted that the working group is to include a person with a temporary permit. He recommends Peter Feeney from River Ridge Treatment Center. Gordon will work on adding a health care representative to the working group. The next meeting is scheduled for August 28, 2013, at 10:00 AM.

The meeting adjourned at 11:35 AM.