Dear Colleagues,

Yesterday, you received a letter sent to your Harrisburg office from the Department of Drug and Alcohol Programs seeking to justify elimination of Pennsylvania's Client Placement Criteria (PCPC) and replacing it with a national tool. (American Society of Addiction Medicine Criteria-ASAM)

This seems an esoteric debate. However, it is imperative that we get this right. Placing addicted individuals in the right level of care for the right length of time are the critical factors in assisting recovery from drug and alcohol addiction. As we have learned through tragic experience, without such appropriate care, people die, health care costs accelerate and crime rates go up.

I am writing to put the record straight on inaccuracies and to alert you to the disruption this change is causing. In summary, the Department's changes are not required to obtain a Federal 1115 waiver, are disrupting current operations and are costing millions of dollars in training and productivity losses through an unfunded mandate to counties and others. Over the last several months, I have received many calls from practitioners about this transition who are concerned about the impact on patient care.

A quick history. Pennsylvania's locally tailored Pennsylvania Client Placement Criteria is a direct result of a legislative mandate. Act 152 of 1988 was unanimously enacted by the PA General Assembly and explicitly directed the drug and alcohol agency to develop, not adopt, patient placement criteria for use with Pennsylvania's Medicaid recipients. The Pennsylvania Client Placement Criteria (PCPC) has been in place for over 28 years and is updated regularly at no cost to the state. Currently, there are between 6,000 and 8,000 intake specialists, counselors, practitioners, county staff and MCOs already trained in and utilizing the PCPC across the state.

In its letter to you, the Department of Drug and Alcohol Programs claims that the ASAM "would strengthen Pennsylvania's treatment landscape". This is not accurate. In fact, most of the items listed are descriptive of the strengths of the Pennsylvania Client Placement Criteria that has been in place for over 28 years.

The Department's justifications for making the transition to ASAM have changed repeatedly. This is telling. First, the Department advised that

the change was required in PA's 1115 Waiver application to the Center for Medicare & Medicaid Services. There never was such a requirement. In fact, peer states have preserved their flexibility and some are using their own locally tailored tools. Next, we were advised that the state's data system is not set up to handle the Pennsylvania Client Placement Criteria. However, the data system does indeed accommodate the PCPC and in fact, it is being used with the PCPC even as I write these words. Finally, we have been told repeatedly by the Department that it is too late to stop the process. It is not too late. 8,000 people are already trained and using the PCPC.

I have been unable to obtain a clear, common sense reason for this change from the Department of Drug and Alcohol Programs.

The Department has been less than candid about the cost of this change. The PCPC is available online and updated at no cost to the state while the ASAM process requires the purchase of an expensive, 460 page book and 2 to 5 days of in-person training for 6,000 to 8,000 people in the state. Estimates of the cost for the required 2-day initial training are over $2 million, plus an additional $2 million in productivity losses to treatment facilities as practitioners leave the job to attend the sessions. Most of these costs must be borne by the already underfunded counties and treatment programs at the local level. In addition, the Department chose not to mention that this training must be purchased from a single vendor that has already been selected by the Department with no known open bidding or public discussion whatsoever.

In summary, the Department is requiring 6,000-8,000 people to be trained at the cost of millions of dollars with these costs shifted down to the counties, addiction treatment programs and behavioral health managed care firms. This is an unfunded mandate. Plain and simple.

In her letter, Secretary Smith intimates that failure to use the ASAM criteria will result in a loss of $55.6 million in Federal funding to the state. This is not accurate. Nothing in the 1115 waiver application required or requires Pennsylvania or any other state to abandon state-specific, state-developed and state-tested criteria.

There are significant differences between the PCPC and the ASAM. The Pennsylvania Client Placement Criteria was developed in Pennsylvania to match up perfectly with the addiction treatment service

system that is already in place in the state. The PCPC is specific to the greater physical, mental and economic deterioration that we see among people on Medicaid compared to the commercially insured. The Substance Abuse & Mental Health Services Administration (SAMHSA) raises this issue directly, *"However, the ASAM criteria were not as applicable to publicly funded programs as to hospitals, practices of private practitioners, group practices, or other medical settings.*" (TIP Series 13, U.S. Department of Health & Human Services)

In a FAQ (Frequently Asked Questions), the Department admits that there are gaps and deficiencies in the ASAM criteria that will need to be remedied and supplemented if the criteria were to be used in Pennsylvania. In the letter that you received, Secretary Smith chose not to tell you that the Department is now in the process of drafting an additional 20+ page guidance document that will be needed to assist practitioners in using the 400+ page ASAM criteria to help translate it specifically to the state of Pennsylvania. This comes in addition to the millions of dollars spent for the initial training on the ASAM. It seems only fair to ask if there will be yet additional training required to ensure proper use of the guidance document that is being prepared to assist with the use of the ASAM.

Why are we starting over? Why now? Why in the middle of a truly frightening epidemic here in our state?

I am utterly baffled that the state would have us start over now with a new, less appropriate criteria that is expensive and will require supplemental materials – all in the middle of Pennsylvania's raging drug epidemic.

I expect to send a cosponsorship memo out shortly to address this problem.