

NCC AP Update: A Focus on National Credentialing

By Jerry Jenkins, MEd, MAC, NCC AP Chair

The National Certification Commission for Addiction Professionals (NCC AP) continues to work hard to promote national credentialing and its many benefits to addiction professionals, third-party payors, community and government stakeholders, and the public at large.

NCC AP and NAADAC are working hand-in-hand to promote national credentialing through a multidimensional approach at both the state and the national levels. At the state level, we are reaching out to states directly to provide information about why using a system of national credentials is important and how the state, the practitioners, and the addiction community all benefit from the use of national credentials. NAADAC has also hired a top-rated health government relations firm in Washington, D.C. to assist in the promotion of NAADAC's legislative agenda, which includes national credentialing and higher rates of reimbursement for addiction treatment services. We have also contributed to a variety of reports at the federal level regarding the need for national credentials, such as the National Workforce Report, published Fall 2017 by the Addiction Technology Transfer (ATTC) Network, and through testimony to Congress.

NAADAC's Executive Committee supports national credentialing as a solution to the issues of transportability of credentials that is affecting our workforce and the ability for facilities to be reimbursed equally to other disciplines. Medicaid and 3rd party organizations have difficulty comparing the addiction profession and its credentials to the other counseling disciplines that they reimburse largely because there is such a diverse set of addiction/substance use disorder credentials used from state to state. Because the credentials, and their respective requirements, vary from state to state, the funders are unclear as to the appropriate scope of practice of each practitioner. This is further complicated by the fact that states are changing their credentials and the respective requirements, both to raise and lower their standards. Reimburseors are not going to spend hours of time and effort to map out the credentialing system of each state, or to understand the nuanced differences between the various credentials.

Many reimburseors still see the addiction professional as a “paraprofessional” and will not recognize or reimburse for treatment provided; however, there are funders that recognize and reimburse for NCC AP's Master Addiction Counselor (MAC). In 2011, the Substance Abuse & Mental Health Services Administration (SAMHSA) worked with the United Behavioral Health Care Association to conduct a survey of counseling disciplines and insurance company's recognition and reimbursement of levels of credentials. In the addiction field, only the MAC credential was found to be recognized and reimbursed as a specific credential. When credentials are not recognized by reimburseors, this then often translates to the individual counselor not receiving sufficiently high salaries and benefits due to a reduced revenue stream at the agency level. By having national credentials that represent specific education and training, levels of care, and scope of practice, addiction professionals allow payors to easily see and understand the various levels of practitioners and provide reimbursement accordingly.

The lack of parity has greater implications than decreased revenue streams for addiction treatment providers. The largest issue is that the decreased revenue streams and the resulting limited salaries compared to other counseling disciplines causes the next generation of would-be addiction counselors to instead seek careers in other counseling fields. According to the U.S. Department of Labor, employment of addiction counselors is projected to grow by 23% by 2026 (compared to an average growth rate of 7% for all occupations). The current system of state-specific credentialing, as opposed to national credentialing, results in lower wages and lack of portability from state to state. This is an unattractive prospect to a recent graduate. Without some other compelling reason (self, family or friend with SUD) to entice a young person to come into this profession, the workforce will simply diminish, despite the need for it to grow. There are other disciplines who would happily provide addiction treatment to those who need it; however, practitioners in these disciplines lack the specialized education and training that individuals with substance use disorders and



co-occurring disorders need to have the best chance at maintaining recovery. There needs to be a concerted effort among the national organizations to rally around the issue of national credentials and put aside the fears and territoriality of the past and move the addiction profession into the next phase of our development.

As a result of NCC AP's efforts to expand the reach of its credentials, Maryland, Virginia, and Wisconsin have contracted with NCC AP in the past year to use its tests at the state level, allowing the examination scores from those states to be used for NCC AP national credentialing. NCC AP has also been working in unison with two credentialing bodies in California, California Association of DUI Treatment Programs (CADPT) and California Association of Alcohol/Drug Educators (CAADE), to bring unification of the addiction counselors in California. It is exciting to see that more states are coming "on board" to build the national credential system and enjoy the benefits of both NCC AP's menu of testing services and NAADAC's workforce development initiatives.

NCC AP is also in discussions with several other states regarding their use of the National Peer Recovery Support Specialist (NCPRSS) credential, NCC AP's newest national credential. Most states that permit peer recovery support have lower requirements than NCC AP's NCPRSS credential. By adopting the NCPRSS, states can use their credential as a baseline and add the national peer credential for those peers who want to take advantages of the benefits of this higher national peer credential. The adoption of this credential by states is a great opportunity to create transportability for this credential and grow the peer support specialist workforce both state-by-state and nationally. We are excited to be working with a variety of states at this time in the preparation and implementation of this new opportunity.

We are also excited to announce a collaboration between NCC AP and

the American Psychological Association (APA)'s Division 50: Society of Addiction Psychology that has resulted in allowing the transfer of holders of APA's Certificate of Proficiency in the Treatment of Alcohol and Other Psychoactive Substance Use Disorders (APAPO) to NCC AP's Master Addiction Counselor (MAC) national credential. Those who currently hold the APAPO certificate will be eligible to apply for NCC AP's MAC national credential during a six-month, one-time test-exempt offer period that will close on August 31, 2018. This collaboration brings together Master's leveled credentialed professionals in a unified effort to bring growth in the areas of reimbursement, transportability, and public recognition. A special "thanks" to Dr. Kirk Bowden, Immediate Past President of NAADAC for helping facilitate this relationship.

In closing, by working to expand the use of its national credentials, NCC AP is working hard to serve the addiction profession and protect its future. We believe the move toward national credentialing is vital to the profession's growth, success and ability to meet the increasing needs of the public and will ultimately result in better and more accessible treatment being provided to those who need it the most.



Jerry A. Jenkins, MEd, MAC, has been Chair of NAADAC's National Certification Commission for Addiction Professionals (NCC AP) since 2016. He retired in January 2018 as the Chief Executive Officer of Anchorage/Fairbanks Community Mental Health Services after 15 years. Jenkins currently is the Chief Operations Officer for the Alaska Behavioral Health Association, serves as Board President for the Alaska eHealth Network and does behavioral health care consulting. As an addiction treatment professional, he has over 35 years of experience in treating substance use disorders and mental illness. Jenkins has worked in and managed community based, outpatient, halfway and residential treatment services. He is an advocate for safe, affordable and accommodating housing for consumers as well as recovery as the expectation for behavioral health care with particular emphasis on being trauma informed.



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