



February 23, 2011

Testimony - Public Health Committee

**S.B. 533 An Act Establishing a Uniform State Licensing Process for Private Community-Based Providers**

I am Ray Gorman, President & CEO of Community Mental Health Affiliates. CMHA is a private non-profit provider of mental health and substance abuse treatment services, headquartered in New Britain, with 18 locations in 8 cities and towns throughout northwest and central Connecticut.

**I am pleased to testify in support of S.B. 533 on behalf of the Connecticut Community Providers Association.** CCPA represents organizations that provide services and supports for people with disabilities and significant challenges including children and adults with substance use disorders, mental illness, developmental, and physical disabilities. Community providers deliver quality health and human services to 500,000 of Connecticut's residents each year.

CCPA members have contracts with all of the state agencies that purchase health and human services. They also provide healthcare services on a fee-for-service basis through DSS, DDS, other state agencies and the Behavioral Health Partnership. Licensing is required for almost all of these services. Private providers are licensed by DCF, DDS and DPH. My own agency holds 23 licenses with three different state agencies. In addition we are accredited by the Joint Commission on the Accreditation of Healthcare Organizations.

As we look at ways to provide services more effectively and efficiently in this time of constrained resources, we should look at ways to streamline licensing. The proposed bill recommends a one-stop licensing process. **This would be a simplification, but we recommend that you expand that concept to require the development of unified licenses across all**

**CCPA**

35 Cold Springs Rd., Suite 522, Rocky Hill, CT 06067-3165  
(P)860-257-7909 • (F)860-257-7777  
[www.ccpa-inc.org](http://www.ccpa-inc.org)

**community-based services.** DMHAS and DPH have been working on this concept for a dual mental health and substance abuse license for several years. We need a faster process for consolidating licensing that will save money both at the community provider level and at the state level.

I was pleased last year to have been appointed as a member of the Commission on Nonprofit Health and Human Services and serve as the co-chair of the Work Group Achieving Administrative Efficiencies. This Commission will make important recommendations about the provision of community-based services in its final report due on April 1. My Work Group completed its work at the end of December, making recommendations to the full Commission that relate directly to the licensing issues identified in S.B. 533. I have attached them to the end of this testimony but wanted to highlight several of the key points.

These have been discussed at meetings of the full Commission but have not yet been adopted by the full group. However, I am advocating for your consideration of these recommendations as you consider amending S.B. 533 in my role in testifying on behalf of CCPA as well as my own organization.

- DCF, DDS and DPH should adopt standards allowing “deemed status” to be granted to a provider who has earned and maintained accreditation by a nationally recognized organization such as the Joint Commission on Accreditation of Health Care Organization (JCAHO), the Commission on Accreditation of Rehabilitation Facilities (CARF) or the Council on Accreditation (COA).
- Earning such “deemed status” would exempt the provider from routine state licensing and certification activities.
- Results and findings from all visits/audits should be shared among POS agencies (both licensure and compliance) to enable reduction in number of overall visits, and eliminating redundant visits from within the same agency.
- Consideration should be given to consolidating licensure requirements and authority into one state agency.
- The Department of Public Health should conduct a thorough review of the regulations that community-based providers are required to comply with. As a result of that review, existing regulations should be amended or repealed and, where appropriate, new

regulations developed that more accurately reflect the provision of community-based service.

Thank you for the opportunity of testifying on this important legislation. We look forward to working with your Committee to amend the proposed bill.

**Excerpts: Final Report - Commission on Nonprofit Health and Human Services - Work Group on Achieving Administrative Efficiencies, 12/10/10**

**State Licensing and Quality Assurance**

A) Finding:

Many nonprofit provider agencies are licensed to provide services by the Department of Public Health (DPH), Department of Developmental Services (DDS), or the Department of Children and Families (DCF). In some cases, such as clinical outpatient services, both compliance with licensure visits/reviews/audits are made by different staff at different times, yet collect similar data, which can be burdensome to the providers. Licensing reports and findings from the State are often 3-6 months post visit.

Recommendations:

- DCF, DDS and DPH should adopt standards allowing “deemed status” to be granted to a provider who has earned and maintained accreditation by a nationally recognized organization such as the Joint Commission on Accreditation of Health Care Organization (JCAHO), the Commission on Accreditation of Rehabilitation Facilities (CARF) or the Council on Accreditation (COA).
- Earning such “deemed status” would exempt the provider from routine state licensing and certification activities.
- Results and findings from all visits/audits should be shared among POS agencies (both licensure and compliance) to enable reduction in number of overall visits, and eliminating redundant visits from within the same agency.

Adoption of this recommendation would require:

Legislative Change     Regulatory Change     Policy Directive     Other

B) Finding:

Nonprofit provider agencies often find that the program model that they have contracted for is in conflict with the regulatory standards or interpretation of another state agency, i.e. community-based residential providers could be held accountable for nursing standards more appropriate for institutional vs. community care settings.

Recommendations:

- Regulations must be reviewed by POS agencies in collaboration with private providers to determine the appropriateness of the regulation for community-based settings.
- The Department of Public Health should conduct a thorough review of the regulations that community-based providers are required to comply with. As a result of that review, existing regulations should be amended or repealed and,

where appropriate, new regulations developed that more accurately reflect the provision of community-based service.

Adoption of this recommendation would require:

Legislative Change     Regulatory Change     Policy Directive     Other

C) Finding:

When state agencies adopt new regulations, interpret existing regulations differently, or revise a program model, insufficient consideration is given to the impact on nonprofit provider agencies. No additional funding is granted to providers for capture, e.g., changes in mandatory training for fire suppression, case load expansion, etc.

Recommendation:

- All new mandates must be appropriately funded.

Adoption of this recommendation would require:

Legislative Change     Regulatory Change     Policy Directive     Other – Exec Order

D) Finding:

Nonprofit providers are obligated by POS contract to comply with licensing and quality assurance standards and regulations. Oftentimes licensing and QA system are independent of each other, resulting in duplication of efforts and inefficient use of resources.

Recommendations:

- In cases where the licensing and QA/monitoring functions of a program are done by more than one state agency, the findings of any reviews will be consolidated into one plan of correction or compliance certification.
- Consideration should be given to consolidating licensure requirements and authority into one state agency.

Adoption of this recommendation would require:

Legislative Change     Regulatory Change     Policy Directive     Other