



March 25, 2019

To: Members
Public Health Committee of the General Assembly

From: Susan Walkama, LCSW President and CEO
Wheeler Clinic, Inc.

Re: S.B 1035 “An Act Authorizing Deemed Status License Renewals for Certain Nonprofit
Community Service Providers”

My name is Susan Walkama and I am the President and Chief Executive Officer of Wheeler Clinic, Inc. Wheeler Clinic is a comprehensive behavioral health, special education and prevention/wellness services provider serving over 30,000 individuals each year in communities across Connecticut. We provide an integrated life span continuum of care for children, families and adults that diverts unnecessary stays in inpatient settings and residential care. We employ 1,000 clinical and support staff.

I am submitting written testimony in support of S.B. 1035 “An Act Authorizing Deemed Status License Renewals for Certain Nonprofit Community Service Providers.” The passage of deemed status regulations in Connecticut would reduce the state budget while simultaneously reducing costs for nationally accredited behavioral healthcare providers. State licensure requirements are often duplicative with national accreditation requirements. Deemed status for services where the national accreditation requirements meet or exceed state standards would reduce staffing costs for both community providers and the state licensing agency. Wheeler Clinic recognizes that not all community providers currently seek out accreditation through CARF, COA or the Joint Commission. Actual fees vary depending on the number of sites and volume of clients served with higher fees for large community providers. Allowing community providers to choose to seek deemed status or continue to seek licensure through the state licensing agency grants community providers the decision making power to determine what while simultaneously reducing costs for nationally accredited behavioral healthcare providers.

The federal government has realized cost savings by accepting Joint Commission accreditation in place of the Centers for Medicare and Medicaid Services (CMS) certification. In 2007 CMS, recognizing their backlog, recommended that new providers looking for the quickest route to certification seek out accreditation from federally-approved accreditation agencies.

Numerous states have adopted deemed status regulations. A summary of some of those states followings:

Alabama

The Alabama Department of Mental Health/Mental Retardation (DMH/MR) may accept a certification, license or accreditation for applicable DMH/MR providers, as issued by “other generally accepted recognized state or national organizations” (instead of applying through the DMH/MR certification



process). Alabama's regulations on deemed status initially went into effect in November 2001. (See Alabama DMH/MR Administrative Code, Chapter 580-3-23, Certification of Community Programs.)

DMH/MR reserves the right to apply DMH/MR certification standards to areas it determines are not sufficiently addressed in these alternate standards, and also to conduct monitoring and reviews, where significant deficiencies are indicated.

Programs are certified as agency-specific (where all requested and approved services are covered under one certificate) or location-specific. Deemed status can be requested and conferred for all services falling under the administrative code for DMH/MR certification, including:

- Community Mental Health Centers (CMHC), which must at a minimum include:
 - Emergency Services
 - Outpatient Services
 - Consultation and education
 - Partial hospitalization/intensive day treatment/rehabilitative day services

- Mental Health, Mental Retardation, or Substance Abuse Service Providers for one or more of the following services:
 - Emergency Services
 - Outpatient Services
 - Consultation and education
 - Substance abuse prevention activities
 - Partial hospitalization/intensive day treatment/rehabilitative day services/habilitation
 - Residential services, including residential crisis and detoxification facilities, as well as therapeutic group homes and group foster homes

Psychiatric hospitals are licensed by the Alabama Board of Health and are not eligible for deemed status. A hospital can request to be designated as a Mental Health Facility as certified by DMH/MR. These hospitals must be also be accredited by the Joint Commission.

Arizona

The Arizona Department of Developmental Disabilities offers deemed status to qualifying agencies providing programming in community residential settings (i.e., group homes for the individuals with developmental disabilities). Deemed status is granted to providers who have current accreditation from a nationally recognized agency that maintains standards that meet the standards established by the Arizona Department of Developmental Disabilities. The Department reserves the right to conduct a site-visit to an agency when there are questions regarding adherence to programmatic or contractual requirements. Arizona accepts accreditation from CARF, COA and the Joint Commission.

Iowa

Substance abuse treatment programs interested in applying for the distinction of “licensure through deemed status” must be accredited by CARF, COA, the Joint Commission, or American Osteopathic Association (AOA). Substance abuse licensing is overseen by the Iowa State Board of Health, and administered by the Division of Behavioral Health. Eligible services (as per Admin Code 641, Chapter 641-155.18), for both youth and adults, include:

- Outpatient programs
- Detoxification
- Partial hospitalization
- Residential programming

The Division may conduct site follow-up visits as deemed appropriate, and reviews and acts upon deemed status, as necessary. Programs must submit copies of all behavioral health accreditation reports to the Division as a condition for continuation of deemed status. Services which are not covered by the national accreditation body’s standards, but which fall within a nationally accredited program, are subject to licensing requirements by the Division of Behavioral Health. As of February 2007, 23 percent of the licensed substance abuse treatment programs in Iowa were licensed through deemed status.¹

Mental health and developmental disabilities programs are *accredited* (not licensed) by the Division of Mental Health/Disability Services (MH/DS) within the Department of Human Services, under Iowa Administrative Code 441-24, as regulated by the Iowa Mental Health, Mental Retardation, Developmental Disabilities, and Brain Injury Commission. Organizations and/or programs are instructed to contact the Bureau of Accreditation (within the Division of MH/DS) if they wish to apply for *deeming*. All MH/DS services that require state accreditation are also eligible for deemed status, and include:

- Case Management
- Supported Community Living Services
- Intensive Outpatient/Day Treatment
- Psychiatric Rehabilitation Services
- Outpatient Psychotherapy/Counseling Services
- Partial Hospitalization Services
- Emergency Services
- Evaluation Services

Approved accrediting bodies include CARF, COA, the Joint Commission, and a Medicaid Home and Community-Based Services review option. The Division of MH/DS staff may conduct surveys or reviews

¹ Jamie F. Chriqui et al. Does State Certification or Licensure Influence Outpatient Substance Abuse Treatment Program Practices?, *The Journal of Behavioral Health Services and Research*. July 2007 (34:3) pp. 309-328.



jointly with these national accrediting bodies (or alone for initial accreditation), and may also perform random sampling functions, as they deem appropriate.

Maryland

The Maryland Department of Health and Mental Hygiene allows agencies providing community mental health programs deemed status if they are accredited under relevant behavioral health care standards of the Joint Commission or the Commission on Accreditation of Rehabilitation Facilities (CARF).

New requests for deemed status must be submitted 90 days before the expiration of the program's current approval. Applicants must include:

- Application for deemed status
- Accreditation body's full report including the program's status and any conditions placed on the program
- Most recent report by Maryland's Department of Health and Mental Hygiene's designated approval unit
- Program improvement plans, if any
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Applicants wishing to renew their requests for deemed status must submit applications at least 60 days before the expiration of their current approval.

- Application for deemed status renewal
- Most recent accreditation body's full report, including the program's status and any conditions placed on the program
- Program improvement plan, if any
- Documentation of verification from the Maryland Core Services Agency of program compliance with the conditions

The state evaluates each request for deemed status and reserves the right to meet with the program director or conduct an on-site visit to the program. The state also compares the standards used by the accreditation body with state regulations regarding the program covered. Programs are notified of the decision to grant or deny deemed status. Programs denied deemed status are provided an explanation for the denial.

North Carolina

North Carolina's Administrative Code (NCAC) allows deemed status and license for agencies that are certified or accredited by an approved nationally recognized agency. The standards of the national certification or accreditation body must meet or exceed the standards established by the state and the agency seeking deemed status must provide proof of certification or accreditation. Agencies granted deemed status are subject to inspection by the Division of Mental Health, Developmental Disabilities and Substance Abuse Services (DMH/DD/SAS) or other state licensing bodies. North Carolina's regulations on deemed status first went into effect in 1996 (see 10A NCAC 27G .0403 DEEMED STATUS, Effective May 1, 1996).



Deemed status regulations cover inpatient rehabilitation facilities or units, mental health and substance abuse services facilities and facilities serving those with developmental disabilities. Child placing agencies and child care facilities may also apply for deemed status if they are in compliance with a national accreditation body.

Ohio

The state of Ohio requires community mental health agencies to seek accreditation from a nationally accredited body (Joint Commission, CARF, or COA) prior to seeking state certification for the following services:

- Behavioral health counseling and therapy
- Mental health assessment
- Pharmacologic management
- Partial hospitalization
- Crisis intervention mental health
- Community psychiatric supportive treatment (CPST)

Community providers are not required to but may also seek accreditation for the following services:

- Intensive home-based treatment services
- Assertive Community treatment (ACT) services.

Mental health agencies may choose the accrediting body that is most appropriate for their agency and service continuum but agencies must be accredited under the survey standards recognized by the Ohio Department of Mental Health (ODMH):

Accrediting Body	Survey Standards
CARF	Behavioral Health Standards Manual
The Joint Commission	Standards for Behavioral Health Care <i>or</i> Comprehensive Accreditation Manual for Behavioral Health Care

The state of Ohio requires mental health agencies to obtain state certification for each service provided and each site where services are provided. Accreditation by a national body does not replace state certification but it does reduce the application requirements for certified agencies seeking deemed status.



The major accreditation organizations have the following standards in place. They will work with states to conduct cross walks to ensure all state regulatory requirements are covered within a deemed status arrangement. They will also report all survey results to a deemed status state regulatory entity.

The Commission on Accreditation of Rehabilitation Facilities (CARF), Council on Accreditation (COA) and the Joint Commission all accredit behavioral health and human service organizations but each has a different focus. CARF uses a rehabilitative model; COA a community-based social services model, and the Joint Commission, a medical model. The standards employed by each accrediting body are listed below.

The Joint Commission

- Environment of Care (EC)
- Emergency Management (EM)
- Human Resources (HR)
- Infection Prevention and Control (IC)
- Information Management (IM)
- Leadership (LD)
- Life Safety (LS)
- Medication Management (MM)
- National Patient Safety Goals (NPSG)
- Provision of Care, Treatment and Services (PC)
- Performance Improvement (PI)
- Rights and Responsibilities of the Individual (RI)
- Waived Testing (WT)

There are also additional standards specific to the unique needs of Opioid Treatment Programs and Foster Care Programs. Some standards cover services that support a recovery-oriented philosophy and approach to care, treatment and services. These standards apply only to behavioral health care organizations offering case management/care coordination, community integration, employment services, family support, peer support, or vocational rehabilitation services.²

CARF

CARF accredits behavioral health programs for both adults and children, including³:

- Assertive Community Treatment
- Assessment and Referral
- Business Networks
- Intensive Family-Based Services
- Intensive Outpatient Treatment
- Out-of-Home Treatment

² http://www.jointcommission.org/assets/1/18/Behavioral_Health_Care_Accreditation.pdf

³ <http://www.carf.org/Programs/BH/>



- Case Management/Services Coordination
- Community Housing
- Community Integration
- Crisis and Information Call Centers
- Crisis Intervention
- Crisis Stabilization
- Day Treatment
- Detoxification
- Drug Court Treatment
- Employee Assistance
- Inpatient Treatment
- Integrated Behavioral Health/Primary Care
- Outpatient Treatment
- Partial Hospitalization
- Prevention/Diversion
- Residential Treatment
- Service Management Networks
- Supported Living
- Therapeutic Communities
- Opioid Treatment Programs
- Criminal Justice
- Juvenile Justice
- Home and Community Services

COA⁴

COA SERVICE STANDARDS	
<i>Administrative and Management</i>	
<ul style="list-style-type: none"> ➤ Ethical Practice (ETH) ➤ Financial Management (FIN) ➤ Governance (GOV) ➤ Human Resources Management (HR) ➤ Network Administration (NET) 	<ul style="list-style-type: none"> ➤ Performance and Quality Improvement (PQI) ➤ Performance and Quality Improvement Program (PQI-OLD) ➤ Risk Prevention and Management (RPM)
<i>Service Delivery Administration Standards</i>	
<ul style="list-style-type: none"> ➤ Administrative and Service Environment (ASE) ➤ Behavior Support and Management (BSM) 	<ul style="list-style-type: none"> ➤ Client Rights (CR) ➤ Training and Supervision (TS)

⁴ <http://www.coastandards.org/standards.php>

Service Delivery Standards

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| <ul style="list-style-type: none"> ➤ Adoption Services (AS) ➤ Adult Day Services (AD) ➤ Adult Guardianship (AG) ➤ Adult Protective Services (APS) ➤ Case Management Services: Case Management; Care Coordination; Intensive Case Management (CM) ➤ Child and Family Development and Support Services (CFD) ➤ Child Protective Services (CPS) ➤ Community Change Initiatives (CCI) ➤ Counseling, Support, and Education Services (CSE) ➤ Crisis Response and Information Services: Crisis Intervention; Crisis Hotline Services; Information and Referral Services (CRI) ➤ Day Treatment Services: Social Adjustment Services; Intensive Outpatient Treatment; Partial Hospitalization (DTX) ➤ Disaster Recovery Case Management Services (DRCM) ➤ Domestic Violence Services (DV) ➤ Early Child Care and Development Services; Child Care Centers; Family Child Care Homes (ECCD) ➤ Early Childhood Education (ECE) ➤ Employee Assistance Program Services (EAP) ➤ Employee Assistance Programs (EAP-OLD) ➤ Family Preservation and Stabilization Services (FPS) ➤ Financial Education and Counseling Services (FEC) ➤ Foster Care Services (FC) ➤ Group Living Services (GLS) ➤ Guardianship Services for Minors (GSM) ➤ Home Care and Support Services: Home Health Aide Services, Personal Care Aide Services, and Homemaker Services (HCS) ➤ Immigrant and Refugee Resettlement: Resettlement Practice with Separated and Unaccompanied Children; Transition Services; Immigration, Citizenship and Naturalization | <ul style="list-style-type: none"> ➤ Legal Assistance Services (IRR) ➤ Intercountry Adoption Services (ICA) ➤ Juvenile Justice Case Management Services (JJCM) ➤ Juvenile Justice Corrections Services (JJC) ➤ Juvenile Justice Day Services (JJD) ➤ Kinship Care Services (KC) ➤ Opioid Treatment (OTP) ➤ Out-of-School Time Services (OST) ➤ Outdoor Activities Supplement (OAS) ➤ Outpatient Mental Health Services (MH) ➤ Outreach Services (OS) ➤ Pregnancy Support Services (PS) ➤ Psychiatric Rehabilitation Services: Psychosocial Rehabilitation Services; Assertive Community Outreach Services (PSR) ➤ Residential Treatment Services (RTX) ➤ Respite Care (RC) ➤ Services for Individuals with Developmental Disabilities (DDS) ➤ Services for Substance Use Conditions (SA) ➤ Shelter Services (SH) ➤ Social Advocacy (SOC) ➤ Social Development and Enrichment Services for Children and Youth (SDE) ➤ Supplement for Developmental Disabilities Programs (SDD) ➤ Supported Community Living Services (SCL) ➤ Vocational Rehabilitation Services Skill Development Training; Vocational Evaluation; Work adjustment; Job Development and Placement; Supported Employment; and Work Services (VOC) ➤ Volunteer Mentoring Services (VM) ➤ Ways to Work (WtW) ➤ Wilderness and Adventure-Based Therapeutic Outdoor Services (WT) ➤ Workforce Development and Support Services; and Financial Asset-Building Services (WDS) ➤ Youth Development Services (YD) ➤ Youth Independent Living Services (YIL) |
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Connecticut should once again investigate the feasibility of deemed status for behavioral health providers. State regulatory agencies should consider changes that have demonstrated to create cost savings while ensuring the safety of the public.

Thank you for this opportunity to be heard. I am happy to answer any questions that you have. I can be reached at 860-793-3568.

Sincerely,

A handwritten signature in black ink that reads "Susan Walkama". The signature is written in a cursive style with a long, sweeping underline.

Susan Walkama, LCSW
President and CEO, Wheeler Clinic
swalkama@wheelerclinic.org

