

February 16, 2018

VIA ELECTRONIC MAIL TO opioids@finance.senate.gov

Senator Ron Wyden
United States Senate
Committee on Finance
Washington, DC 20510-6200

Dear Chairman Hatch and Ranking Member Wyden:

CARF International thanks you and the Committee on Finance for your work to ameliorate the opioid epidemic and especially for the thoughtful solicitation of stakeholder input on how to best address this complex public health issue.

CARF has been a leading, independent, nonprofit accrediting body of health and human services programs since 1966. CARF has a longstanding track record of promoting high-quality care through the accreditation of post-acute care rehabilitation programs; long-term services and supports, including home and community-based services and assisted living services; and complementary programs, including behavioral health care, mental health, substance use disorders, children and youth, and employment and community services. CARF is one of only six accreditation bodies approved by the Substance Abuse and Mental Health Services Administration (SAMSHA) to accredit opioid treatment programs that provide medication-assisted treatment in combination with counseling and behavioral therapies in the treatment of opioid use disorder, currently accrediting the majority of all SAMHSA-certified opioid treatment programs. CARF's long history of quality oversight of service delivery that addresses the drivers and consequences of the opioid epidemic affords it a unique opportunity and duty to provide insight into the questions posed by the Committee.

This letter will highlight how independent accreditation can support the goals of the Committee through:

- Use of evidence-based practices in rehabilitation for chronic pain, substance use disorder services, and services to support the children and families of those with substance use disorders.
- Advancing practices designed to increase access to services.
- Accountability for organizational business practices and sound ethical and financial management.

In addition, this letter will demonstrate how federal and state payers can use payment incentives to implement an accreditation-based approach to address the opioid epidemic.

Accreditation Promotes Quality Health and Human Services

Accreditation demonstrates a provider's commitment to continuously improve service quality. Accreditation requires a provider to demonstrate that it satisfactorily conforms to comprehensive business and programmatic standards. Standards conformance is assessed through an on-site survey conducted by experts in the field through interviews of persons served and their supports, staff, community stakeholders, and

local regulatory bodies, as well as review of organizational documents and a representative sample of records of the persons served. The on-site survey specifically includes a review of the organization's annual independent financial audit or review, performance management practices, billing practices, and other business processes in accordance with the standards, to provide indication of sound and ethical management of the organization and administration of payer funds.

Accreditation has been a tool used by federal and state authorities to promote high-quality care for many years. For example, in 1996, the federal government sought to improve the quality of care provided in opioid treatment programs and moved toward accreditation as the model. From 1998 to 2002, and again in 2006, SAMHSA commissioned a study to examine the impact and it was noted that the shift to accreditation was beneficial for the field, particularly in ensuring more uniform standards of care across states.¹ Similarly, in 2013, the Association of Rehabilitation Nurses conducted a study partly funded by the Agency for Healthcare Research and Quality to examine the benefits of accreditation in short-term nursing homes. The study found that CARF-accredited nursing homes demonstrate better quality with regard to short-term stay quality measures; there are a number of benefits to accreditation, including performance and quality of care provided; and approaches beyond traditional regulation and governmental inspections (e.g., accreditation) are necessary to improve the quality of care.²

Accreditation Promotes Evidence-Based Practices in the Treatment of Chronic Pain

CARF maintains internationally recognized, field-driven standards for a variety of human services programs, including pain rehabilitation programs. These standards require an interdisciplinary approach to improving an individual's function as defined by the World Health Organization's International Classification of Functioning, Disability and Health. The interdisciplinary process described by the standards incorporates psychological services and integrative and complementary approaches to restoring function. All services must be provided using current evidence-based practices with an emphasis on non-pharmacological interventions. If pharmacology is deemed appropriate, strict standards apply related to ongoing assessment for addiction and preventing diversion of medications.

Accreditation Promotes Evidence-Based Practices in the Treatment of Substance Use Disorders

CARF also has internationally recognized, field-driven standards for programs providing treatment for opioid and other substance use disorders. The standards require evidence-based practices to be used in all treatment modalities and provide a framework for programs to design person-centered services to reduce wait times, prioritize those most in need of services (e.g., pregnant women, injecting drug users, and individuals at risk of contracting or transmitting infectious diseases), and develop community plans that provide education and reduce stigma related to substance use

¹ Opioid Treatment Program (OTP) Accreditation Evaluation; Northrop Grunman Information Technology Health Solutions submitted to Division for Pharmacologic Therapies Center for Substance Abuse Treatment Substance Abuse and Mental Health Services Administration (May 21, 2006).

² Impact of Voluntary Accreditation on Short-Stay Rehabilitative Measures in US Nursing Homes; Rehabilitation Nursing: The Official Journal of the Association of Rehabilitation Nurses (July 2013), 38, 167-177.

disorders. Among other areas of particular importance, the standards address appropriate assessments for level of care determinations and medical necessity.

Accreditation Promotes Human Services Efforts that Appear to be Effective in Preventing or Mitigating Adverse Impacts from Opioid and Other Substance Use Disorders on Children and Families

Unfortunately, the impact of the opioid epidemic reaches far into the community and has resulted in significant consequences to communities, children, and families. This has increased the demand for services to support families and to provide support for individuals in early recovery. High-quality and evidence-based practices are critical in supporting communities and families. CARF maintains internationally recognized, field-driven standards for a variety of programs that provide services to families, including, but not limited to, intensive family-based services; foster care (including kinship care); and specialized and treatment foster care. CARF also has standards for housing programs and employment services for individuals in recovery and returning to the community. As with programs for pain and opioid and other substance use disorder services, CARF standards require the use of evidence-based practices.

Medicare/Medicaid Incentives for Accreditation Promote Removal of Barriers and Enhancement of Access to Non-Pharmaceutical Therapies for Chronic Pain and Evidence-Based Prevention, Screening, Assessment, and Treatment for Opioid and Other Substance Use Disorders

Medicare and Medicaid have a long history of working with stakeholders to develop strategies to support high-quality service delivery. Examples include incentive payments for practices adopting health information technology and attaining meaningful use standards. A similar practice has been many states providing enhanced rates or incentive payments for practices that achieve Patient-Centered Medical Home (PCMH) Recognition. Because of accreditation's proven effectiveness at demonstrating an organization's commitment and ability to deliver high-quality care, many states have developed similar models to encourage accreditation of behavioral health and interdisciplinary pain rehabilitation.

Some models include:

- Mandatory accreditation as a condition of participation in the Medicaid program.
- Regulatory relief from some of the Medicaid application/credentialing processes for accredited programs.
- Enhanced Medicaid rates for accredited programs.

A similar model has been adopted by some state workers' compensation programs (one of the payers for pain rehabilitation):

- Enhanced rates for accredited programs
- Requirements to participate in accredited programs
- Relief from prior authorization processes for accredited providers

CARF is committed to being a partner in addressing this epidemic and welcomes the opportunity to provide more insight into its standards, its survey process, and how accreditation supports high-quality service delivery.

Sincerely,

A handwritten signature in black ink, consisting of a large, loopy 'D' followed by a horizontal line and a small flourish.

Debbi Witham
Managing Director, Public Policy
dwitham@carf.org
(202) 587-5001, extension 5003