



October 2022

Brian J. Boon, Ph.D.,
President/CEO,
Commission on Accreditation of Rehabilitation Facilities
1775 I Street, Suite 1150
Washington, DC 20006-2435, USA

Dear Dr. Boon:

On behalf of the undersigned provider organizations, which represent the majority of providers, who are the backbone of the publicly-funded behavioral health delivery system, we write to express our concerns about the growing inconsistencies between the Commission on Accreditation of Rehabilitation Facilities (CARF) Behavioral Health Standards Manual and the billing/documentation reduction strategies implemented by the California Department of Health Care Services (DHCS). As you are aware, the provider community in California is actively implementing the 2022 extension to the CMS waiver, CalAIM, and is finding that these new requirements do not match what CARF requires. As state-certified providers, we are seeking your guidance to resolve these issues.

Documentation reform is critical for sustaining and expanding the behavioral health workforce. Workforce shortages have reached a crisis stage, and too many workers are leaving the field due to documentation and paperwork burdens. Reforms must ensure that staff can spend more time directly serving beneficiaries and doing less paperwork. The burden of documentation presents considerable financial strain on our providers as more time is spent working on charts than caring for clients.

An excellent example of this documentation issue is whether a problem list can supersede the requirement for a treatment plan. In California, the State and County departments overseeing SUD/MH services have moved away from treatment plans to problem lists as part of "CalAIM" (California Advancing and Innovating Medi-Cal). The majority of counties participating in CalAIM ("the waiver") and most Medi-Cal providers are complying with the DHCS problem list mandate and, like the Los Angeles County Department of Mental Health, have made treatment plans obsolete effective 7/1/2022 and require using problem lists. These conflicting requirements between DHCS and CARF will require providers with CARF accreditation to complete both a problem list and a treatment plan, exacerbating an already untenable documentation problem.

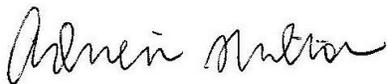
Our organizations see issues like this as symptomatic of more significant long-term problems and conflicts between the requirements of our mandatory licensing and funding sources and those of the accreditation bodies. The State and its licensed providers would like to see a reduction in paperwork but providers also accredited by CARF feel they must still maintain a treatment plan, which will now add to the documentation burden rather than lessen it. We would like to have official guidance on CARF's efforts to address duplicative and unnecessary paperwork in the short term, with the example of the problem list vs. treatment plan, and how this will affect the accreditation process. We are already aware that there has been some language change around the treatment plan to indicate that accredited organizations document the person-centered planning process in alignment with all standards in sections 2.C.1 and 2.C.2. Even with this adjustment, the required standards in those sections may not be captured with the new State requirements and as already mentioned, would increase documentation requirements, ultimately having a negative impact on the clients we serve.

Thank you for your guidance and we look forward to your response.

Sincerely,



Chad Costello, CPRP
Executive Director
California Association of Social Rehabilitation Agencies



Adrienne Shilton
Director of Public Policy and Strategy
California Alliance of Child and Family Services



Robb Layne
Executive Director
California Association of Alcohol and Drug Program Executives



Le Ondra Clark Harvey, Ph.D.
Chief Executive Officer,
California Council of Community Behavioral Health Agencies

cc: Jason Elliot, Senior Counselor, Office of Governor Newsom
Richard Figueroa, Deputy Cabinet Secretary, Office of Governor Newsom
Tam Ma, Deputy Legislative Secretary, Office of Governor Newsom
Kim McCoy Wade, Senior Advisor, Office of Governor Newsom
Dr. Mark Ghaly, Secretary, CalHHS
Marko Mijic, Undersecretary, CalHHS
Stephanie Welch, Deputy Secretary of Behavioral Health, CalHHS
Corrin Buchanan, Deputy Secretary for Policy and Strategic Planning, CalHHS
Michelle Baass, Director, Department of Health Care Services (DHCS)
Jacey Cooper, Chief Deputy Director and State Medicaid Director, DHCS
Tyler Sadwith, Deputy Director, Behavioral Health, DHCS