

# It's 2014: Time to Renew Your Coalition Dues



WASHINGTON STATE COALITION OF  
MENTAL HEALTH PROFESSIONALS AND CONSUMERS

Advocates for Ethical Mental Health Care

www.wacoalition.org

Winter 2014

## Save the Date — HIPAA, HIPAA, HOORAY!

### New Changes to the HIPAA Rule for Mental Health Clinicians

Do you know if you are HIPAA compliant? Are you up-to-date on HOW to be HIPAA complaint (as of 9/23/13)?

If the answer to either of these questions is no, consider attending *HIPAA, HIPAA, HOORAY! Changes to the HIPAA Rule for Mental Health Clinicians* on **April 5, 2014**, sponsored by the Washington State Society for Clinical Social Work at Glaser Auditorium.

Most attorneys agree that HIPAA rules have become the standard

governing all privacy and security issues, whether you are a covered entity, i.e., have sent patient material electronically, or not.

Many LICSWs, LMFTs, LMHCs, ARNPs, psychologists, and psychiatrists think that HIPAA is not an issue that affects their practices. You should know that enforcement of the HIPAA rule has grown exponentially in the past year, with private practitioners as the single largest group of clinicians being sanctioned by the

Office of Civil Rights.

Laura Groshong, LICSW, and Keith Myers, LICSW, long-time HIPAA experts, will be the presenters at this excellent presentation on maintaining HIPAA compliance. Attorney Dave Schoolcraft, JD, at Ogden Wallace Murphy, who helped develop the HIPAA Mental Health Manual for the Clinical Social Work Association, the national organization with whom WSSCSW is affiliated, will

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### Coming Event

**HIPAA, HIPAA, HOORAY!**  
**New Changes to HIPAA**  
**Rule for Mental Health**  
**Clinicians**

**April 5, 2014**

Glaser Auditorium  
Swedish Hospital  
747 Broadway  
Seattle 98122

### From the Chair

Dear Coalition members,

I want to welcome the new Coalition members to our newsletter and invite those of you who share Coalition values to spread the word and invite others you know to join our ranks. This is a time of much change, as you know, in the mental-health delivery world.

Perhaps some of you attended Code Fried and the recent ACA presentation to learn a bit

**Sue Wiedenfeld, PhD**  
**Chair**

more how to navigate some of the new changes. There are brief summaries of both presentations in this newsletter.

We have another presentation coming up this spring. We are planning to have **Office Ally** present via webcam from California their program on setting up electronic medical records, which, as

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be available to answer any legal questions about HIPAA.

This conference will provide six CE hours of ethics for all Master's level

licensed clinicians. Registration information will be available in early February.

*continued from page 1*  
**From the Chair**

you know, will eventually be required. We will be pairing this presentation with a small "Frugal Practitioner" panel to present and discuss ideas for all of us to streamline expenses in our practices and to discuss ways to save money and reduce overhead. Do watch for more information, and join us if you can.

For your review, The

Seasoned Therapist in this issue discusses electronic health records and outlines HIPAA requirements for charting. Hopefully, this brush-up will be helpful.

While they can be overwhelming, the new changes in health care are much more manageable taken step by step.

Do stay tuned as we plan to include ways to help you navigate the new

changes as easily as possible in future newsletters.

Wishing all of you a good winter!

Sue Wiedenfeld  
Coalition Chair

*Join the Coalition*  
Dues

Member	\$65
Student	\$15
Consumer	Free

Mail to  
P O Box 30087  
Seattle, WA 98113-2087

**Want to be a Coalition board member?**

Are you interested in and following closely all the changes in mental health care delivery? ACA, new codes, HIPAA changes? Parity? Protecting quality mental health?

Think about joining our board. We meet the first Wednesday of the month, and it is a great group of dedicated individuals working to make a difference. Perhaps you would like to join us?

If you are thinking about it, have some time and energy to offer to a good cause, e-mail our Chair, Sue Wiedenfeld, and hear more about what is needed right now.

We would love to YOUR energy on our board. Just e-mail Sue at [swiedenfeld@me.com](mailto:swiedenfeld@me.com). Do it today!



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Newsletter  
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Publisher ..... The Word Shop

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**We're Going GREEN!**

Dear Coalition Members,

We have moved to an all electronic version of our newsletter. This will help us save valuable resources—financial and environmental! Although many of our members voiced a preference for this format, we will continue to send out a paper version of the newsletter, if requested.



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## Code Fried—Synopsis

"ICD -9 and -10-CM is the diagnosis, DSM (IV-TR and 5) explains the narrative and CPT (codes) is the procedure." So opened LG's training to more than 45 alert, a bit anxious, and eager-to-learn clinicians at the Good Shepard Center in Seattle. We learned the background of the ACA and CMS guidelines that are driving these changes impacting us now and in our near future. L started with the evolving changes of addressing the inherent conflict of the Medical Model and Biopsychosocial Model. The larger conceptions of health of a person's emotional life, medical well-being, social network, and daily needs are now in the ongoing and open dialogue that will become essential parts of reimbursable service by practitioners.

The nuts and bolts of changes of MH codes were presented: CPT Codes changed 1/1/2013; DSM IV R TR moved to DSM V on 5/22/2013; and the ICD9 will evolve to ICD10-11 hopefully by 10/1/2014.

**CPT** codes are reviewed every 5 years through the American Medical Association, then approved by CMS. Each code gets assigned an RVU, which determines reimbursement. RVU is based on the 'skill needed' (e.g., 90834 is 2.75; a broken arm is 10.9; heart surgery is 30). We have a way to go. CPTs have a range or session length and time rule. Parity laws are not designed to address reimbursement though they may offer some help to define diagnosis. Time was spent delineating the code changes, new time lengths, and the new 'interactive complexity' code. By now, most of us have undoubtedly familiarized ourselves with practicing these new understandings.

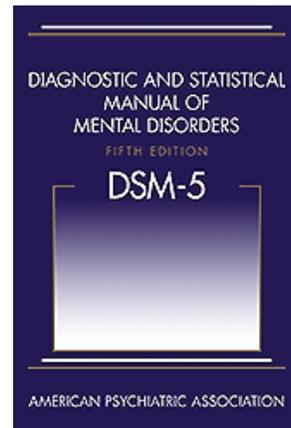
**ICD** codes (the International Classification of Diseases) began in 1893. Over the years, this international diagnostic tool has gone from 13,000 to

68,000 diagnoses! It is a tool that is world-wide and provides an international language for providers. There are about 500 MH diagnoses. ICDM is the reimbursement code for MH until October 2014. ICDM 10 will be required 10/1/2014 and promises significant differences for us to learn. Take deep breaths again.

**DSM-5** The DSM 5 is not the basis for insurance reimbursement. If one is using DSM diagnoses currently for reimbursement, make sure you are using DSM IV TR until 9/30/2014!!! The changes in the DSM 5: to remove 'silo' thinking of disorders; using intensity/severity of disorders as a range; new spectrums of Addictions, Gender Identity; Autism; Neurocognitive; Stress/PTSD; no more Axis II, Axis V; no more grief exclusion for Major Depression; delineation of Clusters of Personality (A, B, C); new names for childhood aggression, eating disorders are the highlights of these changes. There is a component of cultural considerations—questions are being reviewed to the understanding of cultural content for emotional problems and cultural views of self-help/professional help for emotional problems. Information shared about how the DSM V was reviewed and who was/was not consulted. There is a controversy surrounding its emergence. Objections by professional groups abound. All in all, it does not look at the holistic view of the person.

An appreciative group left the training. CEUs given, confidence increased, and another weathering in the new learnings. Please join us for future trainings to keep up to date, connect with your peers, and give us feedback of what you need.

OH YEAH, make sure to support and join the Coalition! ☺



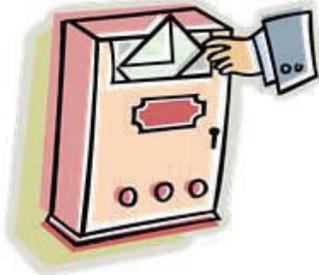
### CONTACT US

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Website:  
[www.wacoalition.org](http://www.wacoalition.org)

## Classifieds

Office space to rent? Job opportunities, trainings and workshops? . Coalition members, list your ad in our newsletter for only \$35! Please submit your ad to: Newsletter Editor, [wacoalition@frontier.com](mailto:wacoalition@frontier.com) .



*Dear Seasoned Therapist,  
I just spoke to a colleague and I heard the phrases 'electronic charting requirements,' 'record keeping practices,' 'HIPAA impact on EHR.' Then I started surfing the web and the waves of information almost drowned me. Can we have some guidelines in all of this?*

*Fighting the Current*

Dear Fighting the Current,

Take a breath and remember that these changes will happen over time and that change will be occurring from the top down. That means that large health care systems are the first group to require compliance, and we still don't know the details of what will be required of the private practice mental health practitioner. And I will assume that there is some rationality and that I won't have to have the same systems as Group Health or Swedish. Now is an excellent time to start looking at your practice and start making the changes that you know are required (i.e., complying

with the new HIPAA requirements) and exploring the more complex changes of the electronic health record.

Our job is to find the balance of keeping our contract of confidentiality and privacy with our clients and still address the medical record requirements of insurers and HIPAA. There are also the meta issues of the evolving technologies, the federal and state guidelines/laws, the planning of disposing/storing records, and client wishes for a more limited record. And in time, for those who choose to remain an integral part of our health care system, we will need to use electronic recordkeeping for charting and billing. These new reimbursement systems will replace the fee-for-service systems that we have traditionally used.

For those who will be working in the new integrated health care systems, they will need to use an electronic interoperable record (EHR). Some good news is that this ultimately will have patients

deciding what information is to be disclosed beyond the provider network that the patient uses. In early Spring 2014, a Coalition-sponsored training on The Frugal Practitioner will have one clearinghouse, Office Ally, presenting its EHR package: what it looks like, what it costs, how to get started/trained, etc. Here is an article I found that also looks at the issue: <http://www.tameyourpractice.com/blog/affordable-electronic-records-emr-ehr-mental-health-professionals>.

Ultimately, you will have to do your research to find out what works for you. There are currently about 50 such EHRs that have been certified by the agency created for this purpose in HITECH, the Office of the National Coordinator (ONC). The advent of EHR will challenge all of us, and we need to understand how it works, how to protect digital info, how to maintain our technical competence, how to store the records adequately,

*(Continued on page 5)*

**MEMBERSHIP POLICY** Your Coalition membership is January 1 to December 31. If you join before June, your dues will be for the full year. Those joining in the last quarter of the year, dues will be applied to the upcoming calendar year. **RENEW YOUR COALITION MEMBERSHIP ONLINE** at <http://www.wacoalition.org/renew.php>

# The Seasoned Therapist

Continued from page 5

and how to see the repercussions of helping our clients make good choices to share their mental health information. Another good website for all things techie and mental health is:

<http://www.personcenteredtech.com>.

There are free articles; I can vouch for his webinars and consultation.

And because we can all use the reminder: here is an up-to-date, comprehensive guideline for medical record documentation that you need to be using right now: *From HIPAA Seven Years Later: The Impact on Mental Health Practice*, Groshong, Myers, and Schoolcraft (2011, p. 17)

- Intake information;
- Billing information;
- Formal evaluations;
- Notes of collateral contacts;
- Records obtained from other providers;
- Counseling sessions start and stop times;

- The modalities and frequencies of treatment furnished;
- Medication prescribed, if known;
- Any summary of diagnosis, functional status, treatment plan, symptoms, prognosis, and
- Progress to date.

Outcome tools may be required in the future to document progress in mental health treatment.

Psychotherapy Notes: If dual records are kept of the medical record and psychotherapy notes (i.e., process notes), the process notes are not part of the medical record. If there is one record, process notes are included in the medical record.”

Fighting the Current, you have articulated huge issues. We will make sure that in future newsletters we will keep jumping into the deep end with topics related to this complex issue: having a security plan for records; retention

of records; multiple client record issues; outcome tools (e.g., PQRS); disclosing record-keeping information (such as mandated cases and litigation); the need to join or contract with health homes/medical homes in order to continue to receive third-party payments; the concept of integrated health care systems which will replace the fee-for-service systems that we have used; and understanding what the new systems will be based on: i.e., pay for performance; patient-centered care; and integrated care. Lots of unknowns, but we do know we are all in this together and we will figure it out!

Thank you for your question and reach-out. Keep breathing. We can stay afloat.

Yours,

The Seasoned Therapist

*Have a practice question?  
Let us know!*

**Who Ya Gonna  
Call !?!?!?!?**

**Coalition Helpline:  
206-444-4304**

**Who's My Legislator:  
1-800-448-4881  
(State and Federal)**

**Legislative Hotline:  
1-100-562-6000**

## Coalition members and friends!

Renew your membership today! Keep yourself up to date regarding changes in mental health related to health care reform, and state issues like the changes in the Uniform Medical Plan. Read the several articles in this newsletter about these topics. Don't miss a future Newsletter! This is a time when you will want to track what the Coalition is doing to preserve and protect quality psychotherapy.

Invite a friend to join the Coalition. Forward the on-line newsletter that describes what we do. Remember, The Coalition represents all disciplines. **More members strengthen our message.** <http://www.wacoalition.org/renew.php>

## RENEW TODAY!!

Be sure to give us all your information so we can update your membership for the new directory. Renewal form, page 8

## Meet Suzanne Roberts, MSW, LICSW Member Profile

I recently joined the Coalition, and I am excited to be membership chair of our board. The current climate for mental health providers and consumers is tenuous and can produce anxiety as we try to navigate our way through tremendous policy and practice changes.

I have been working in this field since graduating from the University of Denver in 1992. I majored in Psychology from the University of Colorado and worked with adolescent boys in a group home. That was challenging, given that I was only a few years older than the clients! In addition to the group home, I worked as a clinic assistant and counselor for Planned Parenthood, which supported my interest and passion in women's health issues and reproductive rights. I continued this work throughout graduate school and concentrated on direct practice with children, youth, and families. After graduating with an MSW, I worked as a school social worker in Denver before relocating to Seattle in 1993.

Soon after moving, I began working as a children's therapist at Renton Area Youth and Family Services, providing counseling and advocacy to

children and families in Renton and Tukwila. In the years that followed, my partner was accepted to graduate school in Southern California. I learned quickly how portable an MSW degree was! I worked in a family counseling agency serving low income adults and families for a year before working with ESL students at a local community college. Ironically, I became licensed in California shortly before we decided to move back to WA. This was significant given that CA is the only state that has an oral component to their licensing policies for social workers.

After moving back to the Seattle area, I worked at the Adolescent Center, which is a specialty clinic at Group Health Cooperative in Factoria. I consider the years spent at the AC a launching of sorts for me to begin a private practice. As with previous jobs, I worked with a multi-disciplinary team serving adolescents with mental health and learning challenges.

In August 2008, I opened my private practice and began seeing children as young as 4 and across the lifespan. I was excited to strike a balance between play therapy with



my younger clients, and CBT, EMDR, and other client-centered approaches with my older clients. My passion is working with families, supporting parents, strengthening the parent-child relationship. My approaches include family systems, interpersonal neurobiology and, more recently, a new somatic approach called CIMBS (complex integrative multiple brain systems). I attribute my success in private practice to collaboration and support from close colleagues. I actively seek consultation and see the tremendous value of continued support and outreach with other professionals. This support must include the macro world of politics and policies that directly impact our ability to practice effectively. I see our collective participation with the Coalition as an ethical

issue. Our representatives at the state and national levels have tremendous power and influence on how we practice; they will continue to create laws and policies that can either support our efforts and hold our profession in high esteem or devalue our work, which inevitably will harm our most vulnerable populations. We must continue to advocate in any way we can.

If you are a current member, I wish to thank you for your support and encourage you to join us for a board meeting, or register for one of our upcoming trainings that help us stay current on local and federal mental health policy issues such as insurance, billing, DSM V, and how the Affordable Care Act will impact our profession. If you are not yet a member, I urge you to join today!

If you are not getting E-mails about our events, please E-mail us with your CURRENT E-mail address: [wacoalition@frontier.com](mailto:wacoalition@frontier.com). This is the best way to get Coalition news.

# The New Alphabet for Mental Health Clinicians

## PQRS, ONC, EHRs, and ACOs

### Summary of 12/13/13 Presentation

On December 13, 2013, Coalition Lobbyist Laura Groshong, LICSW, gave a two-hour presentation on the changes that are occurring to mental health care treatment through the overall shifts in health care delivery as a result of the Affordable Care Act, changes to HIPAA, implementation of mental health parity, and several other federal laws passed in the last seven years.

The audience of about 65 private practice clinicians of all disciplines were eager to hear about these changes, if somewhat anxious about the way they will affect the way clinicians are used to practicing. Probably the biggest concerns were the possibility that 1) sole practitioners may have to become part of a group practice to continue receiving third-party reimbursement in the next two to five years; 2) out-of-network payment will probably be ending, with practitioners reimbursed only for in-network treatment in the next one to two years; and 3) the new Physician Quality Reporting System (PQRS) will be necessary for LICSWs, psychologists, and psychiatrists, to avoid a cut in Medicare reimbursement in 2016, a process that will probably be extended to other insurance models.

The only certainty is that the way mental health practitioners have worked for the past 30 years or so will be changing, unless a practitioner is entirely private pay. The reasons for these changes, which affect all health care providers to some extent, is that health care costs have risen to the point that care is unsustainable. There are basically three systems being implemented to try to control costs. The first is focusing more on prevention and good outcomes, which is how



*Laura Groshong*

PQRS started. The second is the creation of an 'integrated' electronic health record, with these records certified by a new agency, the Office of the National Coordinator for Health Information Technology. The third is the creation of new delivery systems that are also 'integrated' virtually or literally, called health homes, medical homes, and accountable care organizations. Most insurance as we have known it will be morphing into one of these systems in the next five to ten years.

These changes are unpredictable and inevitable. The Coalition will do its best to keep members informed about the way these changes occur and how to adjust to them successfully. Any Coalition member who could not attend the presentation and would like to see the slides used in this presentation, please contact Laura Groshong, [lwgroshong@comcast.net](mailto:lwgroshong@comcast.net).

# It's Time to Renew Your Membership

## The Coalition

of Mental Health Professionals and Consumers

P. O. Box 30087 • Seattle, Washington 98113-2087

206-444-4304 • <http://www.wacoalition.org>

Your dues support the Coalition's efforts to preserve ethical mental health treatment. Your dues also provide funding that supports legislative efforts, continuing education programs, our website, a Helpline, the newsletter, brochures, and our on-line member directory.

**Thank you for your continued support! It makes possible what we do. Please renew promptly. With this year's renewal, you will be included in our on-line directory.**

Send this form to:

THE COALITION, ATTN: MEMBERSHIP

P. O. Box 30087 • Seattle, WA 98113-2087

NAME \_\_\_\_\_ Degree \_\_\_\_\_ Type of License \_\_\_\_\_

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### LOCATION OF PRACTICE

City \_\_\_\_\_

Neighborhood \_\_\_\_\_

### PROBLEMS TREATED

- \_\_\_ Abuse
- \_\_\_ Addiction
- \_\_\_ Anxiety/Depression
- \_\_\_ Bipolar
- \_\_\_ Grief and Loss
- \_\_\_ LBGTQ
- \_\_\_ Learning Issue
- \_\_\_ Medical Issues/Pain Managements
- \_\_\_ PTSD
- \_\_\_ Relationships
- \_\_\_ Stress
- \_\_\_ Work/Career

### SPECIALTIES

- \_\_\_ Elders
- \_\_\_ Adults
- \_\_\_ Adolescents
- \_\_\_ Children
- \_\_\_ Infants
- \_\_\_ Family
- \_\_\_ Couples

### PREFERRED TREATMENTS

- \_\_\_ Psychoanalytic
- \_\_\_ Cognitive-Behavioral
- \_\_\_ Interpersonal
- \_\_\_ Eclectic
- \_\_\_ EMDR
- \_\_\_ Somatic Transformation

\_\_\_ Please check if you do not want to be included in the directory

\_\_\_ Please check if you are willing to volunteer for the Coalition

\_\_\_ occasional time-limited tasks

\_\_\_ I will help with political efforts

\_\_\_ ask me about other needs you have

\_\_\_ I will help with newsletter or membership (circle)

Legislative District: WA: \_\_\_\_\_ National: \_\_\_\_\_ Don't know? Call 1-800-448-4881

I/WE can support the Coalition at the following level:

#### Professional Membership:

\_\_\_ \$65    \_\_\_ \$115    \_\_\_ \$250

#### Student Membership:

\_\_\_ \$15    \_\_\_ \$25    \_\_\_ \$65

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Renew Online at <http://www.wacoalition.org/renew.php>

**THANK YOU** for supporting **THE COALITION**

**The Coalition** of Mental Health  
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