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### Ideas of Reference

is the newsletter of the Minnesota Psychiatric Society, a district branch of the American Psychiatric Association.



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[www.mnpsychsoc.org](http://www.mnpsychsoc.org)

# Legislative Update

Dominic Sposeto, MPS Lobbyist

The 2016 legislative session is nearly three weeks old and mental health issues have clearly become a priority at the state capitol. Apparently our failing mental health system has gotten the attention of the governor and state legislature.

Governor Dayton is leading the charge with both his state bonding bill and his supplemental budget proposal. The governor has request \$1.4 billion is state bonds to complete various construction and renovation projects around the state. He is recommending \$70 million to renovate the Minnesota Security Hospital in St. Peter. The governor is also recommending \$2.25 million in bonding to fund smaller renovations at the Anoka Regional Treatment Center to ensure safety and security for those working at the facility.

In his supplemental budget, he is seeking \$32 million for increased funding to several HHS mental health programs. Governor Dayton recommends a stand-alone inpatient competency restoration program in an attempt to take some pressure off the backlog at the Anoka RTC and private hospitals. He is also proposing funding to increase staffing at Anoka and increase capacity at community behavioral health hospitals.

The governor is recommending \$25 million for enhanced staffing at the Minnesota Security Hospital. This is based upon the recommendations of the Forensic Services Work Group aiming to improve patient and staff safety and achieve a more therapeutic environment.

The governor recommends establishing certified community behavioral health clinics (CCBHCs) that provide comprehensive care to children and adults with complex mental and chemical health conditions. This is part of a national demonstration project that tests a new model of care and payment method to improve patient outcomes. Minnesota is competing with several other states for this federal project.

Dayton is recommending the closing of the Child and Adolescent Behavioral Health Services program, a state-operated children's psychiatric hospital located in Willmar. The governor is proposing grants to private hospitals to ensure services are available for those in need of the level of care previously provided by the Child and Adolescent Behavioral Health Services program.

The recommendations of the governor on bonding and additional state spending are merely the beginning of the discussion. The House and Senate will hear the governor's recommendations but will come up with their own bonding and budget bills that may or may not contain Governor Dayton's requests. Finally, the three will need to agree on a final version of bonding and spending to end the session in May. ■

## Ethical Issues in Mental Health 2016:

What would YOU DO?

Saturday, April 16, 2016

American Swedish Institute

Keynote presentations from state & national experts



Steven Miles, MD

Ruth Martinez, MA

Colleen Coyle, JD

Rebecca W. Brendel, MD, JD

Register online at [www.MnPsychSoc.org](http://www.MnPsychSoc.org) or call 651-407-1873.



### Ideas of Reference

The newsletter of the Minnesota Psychiatric Society is published bi-monthly: Jan-Feb, Mar-April, May-June, July-Aug, Sept-Oct and Nov-Dec for members of MPS and others on request. Signed articles express the opinion of the author and do not necessarily reflect policies of MPS. Articles submitted are subject to review by the editors.

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#### Ideas of Reference

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#### Editors

Allison Holt, MD  
Matt Kruse, MD

#### Managing Editor

Linda Vukelich



### Editor's Column

Allison Holt, MD

The Netherlands, Luxembourg, and Belgium have extended legal physician-assisted suicide to include those who do not have a terminal illness, but who have unbearable and untreatable psychiatric conditions. Psychological suffering, regardless of whether it is from a mental or somatic disorder, serves as a valid legal basis for euthanasia or physician-assisted suicide in those countries. This issue is being discussed in psychiatric societies across the nation and there is a group of psychiatrists who may propose an action paper to the APA in the near future regarding this issue in the United States.

According to the Belgian euthanasia law, a physician and patient have to come to a mutual understanding about what unbearable pain means. Untreatable seems to be a more objective term, but there are still many points on which there could be disagreement. According to the guidelines of the Dutch Psychiatric Association, to be deemed treatable a condition must meet the following three requirements: (1) it must offer a real prospect of improvement, (2) it must be possible to administer adequate treatment within a reasonable period of time, and (3) there must be a reasonable balance between the expected treatment results and the burden of treatment consequences for the patient.

Ethics is the topic of the MPS spring conference. As far as I know, the issue of psychiatrists being involved in physician-assisted suicide is not specifically in any of the presentations. However, the council will welcome your opinions on this issue so that our APA Assembly Representatives are informed by the thoughts and comments of MN psychiatrists, as well as the testimony given and their own research, if they are asked to vote on this issue. If and when an action paper is submitted we will circulate it among our members. I look forward to seeing many of you at the spring conference. ■

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## Congratulations!

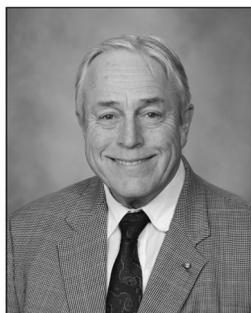
### 2016 Election Results:

**MPS President-Elect Paul Goering, MD**  
**Councilors Matt Kruse, MD & Marie Olseth, MD**

### 2016 Award Winners:

**Psychiatrist of the Year Gorge Realmuto, MD**  
**Distinguished Service Maurice Dysken, MD**  
**Gloria Segal Scholarship Winners**  
**Keith Miller, Nikhil "Sunny" Patel, Junao Wang**

**Join us on April 16, 2016 to honor our award winners!**  
**Go to [www.MnPsychSoc.org](http://www.MnPsychSoc.org) or call 651-407-1873 for information.**



## Reflections

Lloyd A. Wells, MD, PhD  
MPS President

Over the past eleven months, I have encountered many psychiatrists in the state who are not members of the American Psychiatric Association or the Minnesota Psychiatric Society. When I ask why they are not members I hear many replies. The most common is, "It costs too much." Others include, "It's not relevant to me and my practice," and "I used to be a member but it became totally irrelevant." The saddest one is, "I don't really think I'd be welcome." After many years in both groups, I let my own membership lapse, largely because I thought APA had become too ingrown and irrelevant, and then I re-joined. I am very glad that I did, because times have changed.

The APA has a new infrastructure and executive leadership, and at all levels it is much more responsive to the needs and concerns of members. Even the web-site is becoming user-friendly. Dr. Levin is an e-mail away, and I have found the leadership staff to be extremely responsive and helpful. The organization is heavily involved in advocacy for patients and for psychiatrists. For example, if you have a patient who is being denied his or her rights under the Parity Act, the APA will be immediately available and helpful, to the point of filing lawsuits to help the patient. Furthermore, the APA provided a letter to assist a Minnesota psychiatrist member whose program was in danger of being closed by the state. APA has become notably responsive. The resources of APA are available to all members and are prodigious. In addition, there are discounts for meeting registration, CME, and the journal.

Membership in the APA confers membership in the district branch: the Minnesota Psychiatric Society. I have been involved in the Society since 1974, sometimes in major ways and sometimes not. I have rediscovered it as a great organization in recent years. In many ways, its primary thrust is advocacy for patients, and also for psychiatrists. We have made some headway in recent months in the imbroglio of public patients who are committed but have no place to go, and who are keeping non-public hospitals from admitting patients and causing terrible back-up in emergency departments. We lobby a great deal and reach out to those who can help. We work with many advocacy groups.

The collegiality of the Society is noteworthy. Our many committees include residents and resident involvement is helpful to us and to the residents' learning experiences. One member said she thinks of the Society as a family; I don't, but I think of it as an amazingly collegial group. One can learn so much from colleagues around the state, especially as we face similar issues.

Importantly, every psychiatrist is welcome, believe me.

For psychiatrists who have never joined, give it a try! Yes, it is expensive but it is worth it and it is possible to pay in monthly installments, which demonstrate that the amount is not as great as it may seem. For those who left, return and see the differences! The APA has done away with the senseless need to pay back-dues for the years you were not a member. The experience right now is very good and can be very helpful to you and especially to patients. Is it ethical not to be a member? When I was a young psychiatrist and the organization was far different, the question was,

Is it ethical to be a member? Questions such as these will certainly be addressed at our annual spring meeting, which promises to be wonderful. The topic is ethics? and it will be presented by many disciplines, largely in a case format which promises to be thought-provoking and useful.

Ethics are a major focus of APA and our state society. Our Society's Ethics Committee has broadened its scope beyond infractions by members to questions of what is ethical in the current arena of psychiatric practice, and there are few guidelines. Psychiatric ethics have become far more complex as they embrace genetic and genomic research, and the whole complexity of neural imaging findings. Indeed, the ethical issues in the publication of modern studies in psychiatry can be huge: neural imaging studies require the collaboration of psychiatrists, radiologists, physicists, statisticians and others, and the designs are so complex that it is unlikely that any one author even understands the entire study. For all these reasons, I am delighted that our spring meeting is devoted to the topic of ethics, with some outstanding experts as speakers.

There is a problem with this essay: those reading the newsletter are members of the APA and the Society, and are likely to attend the meeting. But I am hoping that each of you will share this column with colleagues who are not members – my thanks! ■

**Did you know?**

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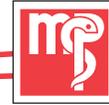
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# Children's Mental Health Clinical Care Consultations: *Part 2 in a series*

Sherri Zacharias, Certified Professional Coder  
Manager, Billing and Coding Services, HealthPartners Regions Behavioral Health

**SCOPE:** Mental health clinical care consultation is communication between a treating mental health professional and other providers or educators, who are working with the same recipient. These professionals use the consultation to discuss the following:

- Issues about the recipient's symptoms
- Strategies for effective engagement, care, and intervention needs
- Treatment expectations across service settings
- Clinical service components provided to the recipient and family

**Eligible Providers in Behavioral Health Who May Be the Consultant:** Psychiatrist, CNS, LICSW, LMFT, LPCC, NP

### Providers and Agencies Who May Receive a Consultation

Adoption or Guardianship Workers, After-School Program Staff, Child Care Providers, Child Protection Workers, Children's Mental Health Case Managers, Educators, Guardians Ad Litem, Home Health Care Agencies, Mental Health Providers\*, Mentors, Nurses, Probation Agents, Pediatricians

\* Two mental health professionals treating the same client (even if employed at the same agency/facility) may consult; however, they need to split the time into two billable amounts comprising the total amount of time. If the consulting mental health providers consults with 3 different providers one claim is submitted with the cumulative time, in addition, 3 different chart notes are required.

### Location and Delivery of Services

The consultations may be done either face to face, telemedicine or by telephone. Written or email communications between providers are not covered.

### Patients Eligible For Service

Between ages 0-21 years of age  
Have a mental illness diagnosis determined by a diagnostic assessment which includes:

1. Meets the definition of complex, see MN Rule 9505.0372, Subpart 1, C, or the patient has other complex and chronic health conditions
2. Requires consultation to other providers working with the child to effectively treat the condition

### Documentation - Medical Necessity

Document the medical necessity for mental health clinical care consultation in the diagnostic assessment.

The diagnostic assessment must describe how the child meets criteria for a complex mental health condition or which complex or chronic health conditions co-occur with the child's mental health condition.

This description may be included in the initial assessment, in an addendum to the diagnostic assessment, or within the narrative portion of the individualized treatment plan (ITP) review process. Submit this information with any request for authorization.

### Individualized Treatment Plan

Document in the ITP the specific interventions, describing how the mental health professionals will use mental health clinical care consultation to treat the child's mental illness.

### Progress Notes

Document all mental health clinical care consultation in progress notes, including the following information:

- Mode of performance (phone or face-to-face)
- Date of service
- Start and stop time of service
- Intervention
- Person consulted (name, position, relationship to recipient)
- Reason for consultation
- Plan and action for next steps
- Date documented in the client's record

**Prior Authorization** is required after 15 hours of services are provided

**Covered by:** The following insurance plans cover this service:

- Medical Assistance Fee For Service
- Medical Assistance PMAP
- Minnesota Care

### CPT + Modifier Description of Service - Clinical Care Consultations - Face to Face

90899 U8	Clinical Care Consultation - Face to Face	5-10 minutes
90899 U9	Clinical Care Consultation - Face to Face	11 - 20 minutes
90899 UB	Clinical Care Consultation - Face to Face	21 - 30 minutes
90899 UC	Clinical Care Consultation - Face to Face	31 or more minutes

### CPT + Modifier Description of Service - Clinical Care Consultations - Non Face to Face

90899 U8, U4	Clinical Care Consultation - Non Face to Face	5-10 minutes
90899 U9, U4	Clinical Care Consultation - Non Face to Face	11 - 20 minutes
90899 UB, U4	Clinical Care Consultation - Non Face to Face	21 - 30 minutes
90899 UC, U4	Clinical Care Consultation - Non Face to Face	31 or more minutes

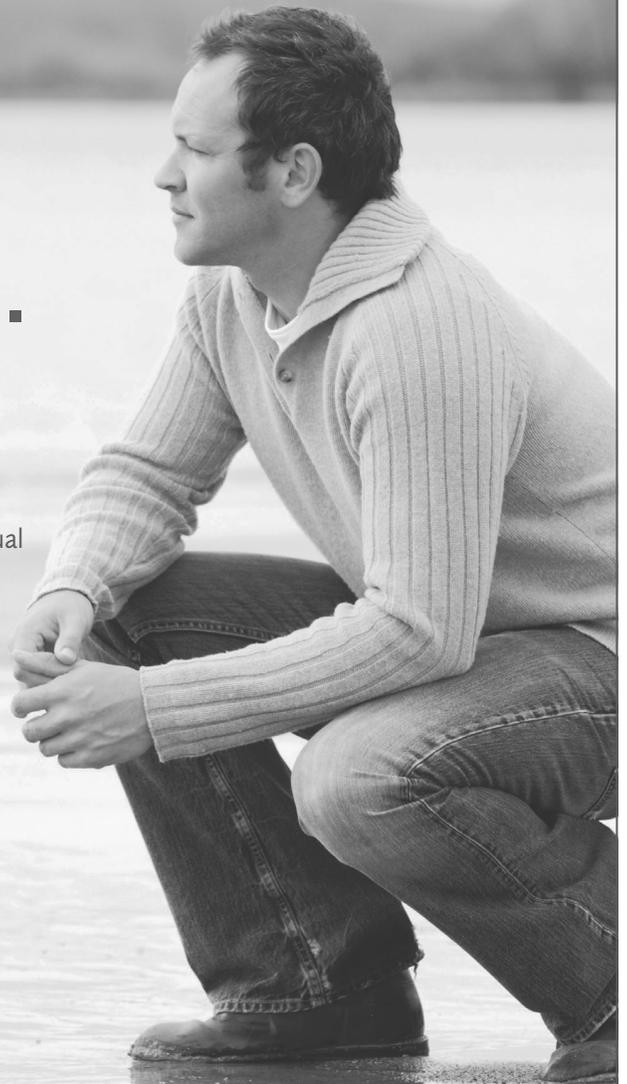


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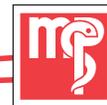


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## CALENDAR

### MNsure and Health Insurance Basics

Dara Larson, NAMI Minnesota MNsure Project Coordinator

In late 2015 NAMI Minnesota received another MNsure grant to help people with mental illnesses and their family members obtain health insurance. In addition, NAMI Minnesota is working to educate individuals on how insurance works and how to utilize the benefits offered. Two fact sheets on health insurance basics have been written, are on our website, and can be sent on request. Presentations are also being offered. Here are some health insurance terms that you or your clients will learn with these fact sheets and at these presentations:

**Premium** – Monthly amount paid for health insurance plan. This amount must be paid whether or not you actually use your health insurance.

**Deductible** – Amount you pay out of pocket for healthcare services before your health insurance starts to kick in. For example, with a \$1000 health care bill and a deductible of \$500, you would pay \$500 before your health insurance begins to pay.

**Co-Payment** – Fixed amount you pay on the day of service. This amount can vary by type of covered service. For example, you might pay a \$35 co-pay for prescriptions and \$25 for primary doctor's visits.

NAMI Minnesota is also working to educate people on the differences between primary and emergency care and what typically happens when you go to each type of provider. The hope is that people will be more informed of their health care

April 16, 2016 **MPS Spring Scientific Meeting**  
**Ethical Issues in Psychiatry for 2016: What Would You Do?**  
American Swedish Institute, Minneapolis, MN [www.MnPsychSoc.org](http://www.MnPsychSoc.org)

April 30, 2016 **MPS Women Psychiatrists Committee Brunch**  
Hosted by Karen Dickson, MD - North Oaks, MN 651-407-1873

May 4, 2016 **MSCAP Dinner Event - MSCAP Monthly Dinner Event**  
Center for Neurobehavioral Development, Minneapolis, MN  
[www.MSCAP.org](http://www.MSCAP.org) 651-407-1873

May 5-6, 2016 **Mayo Clinic at the Guthrie - Science and Stories: Depression and Bipolar Disorder** [ce.mayo.edu/node/5243](http://ce.mayo.edu/node/5243)

May 5-8, 2016 **SSPC - Transforming Policy & Practice for Culturally Competent Mental Health Care** Hubert H. Humphrey School of Public Affairs, Minneapolis, MN <https://psychiatryandculture.org>

May 15, 2016 **MPS Get-Together at the APA Annual Conference - 7-9 pm** at Stats Restaurant (following the Opening Session) Atlanta, GA  
[www.MnPsychSoc.org](http://www.MnPsychSoc.org) 651-407-1873

Monday, May 16, 2016, 7-9 pm **Reception for Mayo Clinic Alumni & Friends** Marriott Marquis, 11th floor Skyline RSVP to 507.255.4400

*For Calendar Updates, go to [www.mnpsychsoc.org](http://www.mnpsychsoc.org)!*

options and feel ownership of the health care choices they make.

To sign up through MNsure, if you would like a presentation on health insurance basics, or if you would like to request copies of the health insurance basics fact sheets, please contact NAMI Minnesota's MNsure Project Coordinator, Dara Larson, at [dlarson@namimn.org](mailto:dlarson@namimn.org) or call 651-645-2948, ext. 117. ■