

MPS NEWS

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Deadline to submit articles to *MPS News* is the 15th of the month preceding publication. Please email heidi@mdpsych.org.

MPS News Design & Layout
Meagan Floyd

The next MPS Council meeting will be held at 8 PM Tuesday, November 8 in the MPS office (no October meeting).

President's Column

Let's Support Diversity

The MPS is excited that Dr. Doris Balis has taken charge to revitalize the Diversity Committee. I would like to join her in putting a call out to colleagues who have an interest in cultural psychiatry. Our hope is that this important committee will once again host educational programs and other events to encourage much needed discussions in our community and spark an interest in new trainees in the field. Preliminary suggested topics are how best to serve the LGBT community, challenges in the interface of Baltimore police and inner city minority communities and how community psychiatrists might be useful, or exploring the impact of refugee communities on Maryland's psychiatric system. The first meeting was held on September 15 [see update on [page 4](#)]. Please contact her at THEODORA.BALIS@bshi.org or Kery Hummel at khummel@mdpsych.org for more details.

The APA has been focusing on the importance of diversity for psychiatry as well, having designated July as Diversity Mental Health Month, with a theme of "Cultural Competence and Inclusive Excellence." The Director of their Division of Diversity and Health Equity (DDHE) is Dr. Ranna Parekh, and they are willing to provide support and educational materials for our members. The DDHE has prepared seven fact sheets on minority and underrepresented populations, available by [emailing the MPS](#). They contain compelling facts:

Among Hispanics with a mental disorder, fewer than 1 in 11 contact a mental health specialist, while fewer than 1 in 5 contact general health care providers. One national study found that only 36% of Hispanics with depression received care, compared to 60% of whites. Videos that explain best

practice highlights for Latino/a patients and others are available [HERE](#).

Most research suggests that LGBT people, likely due to the stigma and minority stress they experience, are at high risk for depression, anxiety, suicidality and substance use disorders. Members of the LGBT community who are also members of ethnic and racial minorities may experience additional prejudice. The risk for suicide is especially high for transgender individuals. LGBT individuals are more likely to be victims of violence in general, especially considering harassment and ill treatment in school settings.

People of color are less likely to receive mental health services, receive poorer quality of care and are underrepresented in mental health research. One national study found that African Americans, Latinos and Asian Americans were all less likely than whites to receive any mental health treatment. Compared to whites with the same symptoms, African Americans are more frequently diagnosed with schizophrenia and less frequently diagnosed with mood disorders. Only 1 in 3 African Americans who need mental health care receives it.

All of this information reinforces the need for our profession to work together to improve access for minorities to mental health treatment. Lack of diversity among mental health care providers and lack of culturally competent providers are acknowledged barriers. The need to educate providers about mental health issues in diverse population groups remains high. All psychiatrists in Maryland need to take these concerns seriously. (Please browse the APA's [Cultural Competency](#) webpage.)

I urge you to support Dr. Balis's efforts on our behalf and consider joining the MPS Diversity Committee.

Merle C. McCann, M.D.

2016 MPS Member Survey Results

Thanks to the 190 MPS members who took time to respond to the annual survey! We received input regarding their CME needs, including suggestions for future programming, and what parts of the MPS website are most interesting. Some of the requests for future MPS offerings are already in place, now that phase 3 of the MPS website has launched. Members can now pay dues online and log in to their member accounts to update information and view an online membership directory. In addition, those who requested combined MPS and APA dues billing will be pleased when invoices arrive this month. Other frequent suggestions include more, less expensive CME and more networking opportunities. Over 95% are satisfied or very satisfied overall with the MPS. *MPS News* and influencing how psychiatry is practiced in Maryland continue to be what those who responded value most about being a member. The [complete results](#) are posted on the MPS website.

Congratulations to Drs. Dora Logue, Alla Sverdlik and Vikram Shah who are the respondents chosen randomly to receive a \$100 credit toward MPS dues or events!

Survey participation was down 24 from last year, but it's not too late to share your ideas. The MPS always welcomes member input. Please contact [Kery Hummel](#) any time during the year with suggestions, complaints and questions.

New MPS Billing Practices

With some exceptions, this month members will receive their first bill from APA for both APA and MPS membership dues. Paper invoices for 2017 dues will be mailed in October. The combined dues must be paid by March to avoid being dropped by both organizations. Dues can be paid by check, credit card or other arrangement with the APA.

The **exceptions** are members who have reached life status and Affiliate Members, who will both continue to be billed directly by the MPS for MPS dues only. Look for an invoice this month.

Please call the MPS office at 410-625-0232 with questions.

NAMI Maryland Annual Conference

October 14-15, 2016
The Conference Center at Sheppard Pratt

There will be workshops on veterans and military, specific disorders, benefits, suicide prevention and more. Visit the [conference website](#).

Think Cultural Health Website

The HHS Office of Minority Health launched a redesigned [Think Cultural Health](#) website. The site offers practical tools to increase awareness and understanding of Culturally and Linguistically Appropriate Services (CLAS). The resources and information can help in delivering respectful, understandable, and effective services to all:

- [National CLAS Standards](#) includes an explanation of CLAS, a printable list of the Standards, and the comprehensive technical assistance document ([Blueprint](#)).
- [Education](#) features e-learning programs, including a **9 credit CME** for physicians.
- [Resources](#) has a searchable library of over 500 online resources, recorded presentations, and educational video units on CLAS.

New Member Accounts on MPS Website

Last month, the MPS announced the launch of new website features for members only:

- Pay MPS membership dues and other charges,
- Access an up-to-the-minute online membership directory,
- View/change their member profile, and more.

To use these features, members need to register on the site and create an email ID and password. Please look for the email message entitled "**MPS Rolls Out Online Member Profile, Directory and Bill Pay – Register Today!**" that explains how to register and includes your MPS Member ID.

Once logged in, users can see their personal information, payments and contributions, and check the directory to find contact information for other MPS members.

Profile includes tabs with biographic information, practice information and addresses. Click "Edit" to make changes.

Payments displays payment history for dues, meetings, etc., current balance and a link to pay if there is an amount outstanding. To pay online, click the "Pay Now" button.

Contributions to the Maryland Foundation for Psychiatry and/or the Maryland Psychiatric Political Action Committee are listed with the most recent shown first.

Membership Directory is the place to find colleagues. The directory includes **all** active MPS members, which is different from the [Find A Psychiatrist](#) search that is open to the public and appears on the home page of the site.

So far 66 members have logged in to create an account. We hope this will become a highly valued benefit for most members as they gain familiarity with the new features.

September 13 Council Highlights

Executive Committee Report

Dr. McCann provided an update on Centralized Billing with the APA. The contract for 2017 has been signed and MPS dues information has been provided to the APA Membership Department. The first statement of combined 2017 dues for both APA and MPS will be sent in October. Members will have until March, 2017 to make arrangements to pay their dues, after which they will be dropped for non-payment. The MPS will continue to bill separately for all members with life status, as well as Affiliate Members. He reminded Council to encourage MPS members to pay their July – December 2016 dues, which transition the dues cycle to a calendar year.

He noted that phase 3 of the redesigned MPS website has launched. Members who register for an account will be able to update address and phone numbers, add insurance information and pay for CME activities, dues and other fees. The Find a Psychiatrist feature is fully operational and enhancements will be considered in the future.

Dr. McCann announced that there will be no October Committee Chairs meeting. Instead, the Executive Committee has chosen to invite chairs to attend an Executive Committee meeting to discuss their committee and future plans.

Executive Director's Report

Mr. Hummel reported that the annual MPS membership directory is nearing completion and will be mailed to the membership in October. The Nominations and Elections Committee meeting will be scheduled for late September or early October. He requested that Council members and committee chairs complete the Conflict of Interest forms.

APA Assembly Representatives' Report

The September 10 Area 3 meeting included three MPS Assembly representatives, Drs. Daviss, Hanson, and Roca, as well as Mr. Hummel. Drs. Daviss and Hanson reported that Area 3 has over \$80K in reserve, some of which will be spent for projects in the Area 3 District Branches that provide or enhance member benefits. The MOC project that the MPS managed two years ago is an example of Area 3 augmenting APA funding to expand a project. Only one Action Paper was reported; it addresses the effects of children's hunger and their mental health. It will be presented at the Assembly in November.

Secretary/Treasurer's Report

Dr. Triplett began his report with the June 30, 2016 year end statements that were reviewed by Norman Feldman, CPA. Total MPS assets are down \$35K from last year to \$293K, and current assets of \$229K are down \$24K. This reflects less dues collected due to the new billing practices and a net loss for the year. Net book value of property and equipment is also down \$11K to \$64K, mainly due to deprecia-

tion, the disposal of the old copy machine and the database. Our investment reserve fund is valued at \$85K up \$1K from last year. Net assets of \$266K are \$7K lower than last year, with \$4K of that restricted for legal advocacy. MPS liquid reserves are \$222K, which equals 62% of MPS annual expenses.

The Statement of Activities compared to FY15 shows advertising up and administrative support also up, but that includes funding for the amicus brief. Total expenses of \$356K are \$23K more than last year. Office expenses including database and website hosting are up \$14K from last year. Net assets reflect a \$7K loss; however, this is \$17K better than budget. Compared to the FY16 budget, dues were \$3K higher and total advertising was \$11K higher. The email forwarding option has been a success. Regarding Cash Flows, there is a \$22K decrease in cash from last year. Investments include the last payment of \$4K for the database, and \$5K for the new copier. The report was unanimously approved by Council.

Dr. Triplett next asked Council to review the Form 990 and 990T for submission to the IRS. He asked if anyone had any comments or changes for the form before it is submitted to the IRS. There was a question about how the forms were continued on other pages, however there were no changes. Approval was unanimous.

The last item for discussion was the renewal of a two-year warranty on three 3 year old workstation computers. Council authorized the Executive Committee to spend up to \$1K for the warranties pending more research by staff.

Free Kolodner Memorial Lecture

On October 20 from 5:30 to 8 PM, the KOLMAC Outpatient Recovery Centers, MedChi and the MPS will jointly sponsor the Louis J. Kolodner Memorial Lecture. Robert DuPont, M.D. will present [Benzodiazepines and Addiction — New Thinking About Old Drugs](#). This free dinner lecture will take place in MedChi's Osler Hall 1211 Cathedral Street Baltimore, MD 21201. It has been designated for up to 1.5 Category 1 CME credits. [Click here to register now.](#)

Free Pain Management CME

"Updates in Pain Management: A Focus on Effective Pain Management and New Safety Concerns" is a free 4 CME credit program co-sponsored by DHMH, the Maryland Medicaid Pharmacy Program, St. Agnes Hospital and Health Information Designs. It will be held Saturday, October 22 from 8:30 AM to 1 PM at St. Agnes Hospital. [Click here](#) for more information and registration, which ends October 7, or call 410-767-5945.

MPS Diversity Committee Update

The Diversity Committee had its first meeting on September 15. There were several people present, including members who were active in the committee in the past, as well as new members. We had a robust discussion about endeavors to focus on this year and decided on three main areas:

First, we plan to encourage psychiatry residents to make diversity and cultural psychiatry a focus in their career. We believe that this is a very pertinent topic in clinical work and want to spark a renewed interest. We are considering ways to engage residents in the discussion of cultural issues through movie nights, invited speakers, and mentorship. We discussed options for grants specifically to provide ongoing mentorship. We also want to encourage trainees to join the committee to contribute to our discussions and planning.

Second, we plan to reach out to early career psychiatrists in the community to provide a forum to address topics in diversity, specifically as it relates to work in community psychiatry. We are considering topics that are "real world" issues and welcome ideas from other early career psychiatrists.

Third, we plan to work to make real changes in our field and are considering putting forth legislation to possibly be considered by the Maryland General Assembly. We welcome ideas for this and are currently considering recommendations around enhancing the BEST police training in order to better serve people with severe mental illness in Baltimore City.

Our next meeting will be October 20 at 7:00pm-8:00 pm at the MPS office, and we plan to focus on further planning for resident events. We welcome anyone interested to attend. Please [email me](#) with any questions.

*Theodora Balis, M.D., Chair
Diversity Committee*

Are You Helping Combat Opioid Abuse?

The AMA would like to interview and gather information from front-line physicians who have changed their approach to prescribing opioids and addressing the stigma surrounding substance use disorders. If you want to be a part of the national effort to end this epidemic and share what you are doing through a formal series on [AMA Wire](#)® contact Kery Hummel at khummel@mdpsych.org.

Membership

The following individuals have applied for membership with the MPS. Unless any current members have evidence that an applicant does not meet the criteria for ethical and professional standards, these actions will be approved 14 days after publication.

Heather J. Bellis-Jones, M.D.
Brittney S. Boykin, M.D.
David Y.J. Chung, M.D.
Benjamin Ehrenreich, M.D.
Jill A. Kelly, M.D.
David C. Mancini, M.D.
Olga Ponomareva, M.D., Ph.D.

Transfers From Another District Branch

Uche Achebe, M.D.
Sarah R. Andrews, M.D.
Emily Bomasang-Layno, M.D.
Jason Emejuru, M.D.
Kimberly A. Gordon, M.D.
Liwei L. Hua, M.D., Ph.D.
Harsh K. Trivedi, M.D., MBA

Upgraded to General Member Status

Yetunde O. Akins, M.D., MPH
M. Haroon Burhanullah, M.D.
Lauren D. Cashion, M.D.
Joy Chang, M.D.
Megan Della Selva, M.D.
Kirsten C. George, M.D.
Kristen J. Gialo, D.O.
Mariel Herbert, M.D.
Joseph Hobelmann, M.D.
Benjamin S.P. Israel, M.D.
Lisa Kebejian, M.D.
Asheena Keith, M.D.
Brian C. Lerner, M.D.
Zina Meriden, M.D.
Alainia N. Morgan-James, M.D.
Di Mu, M.D.
Parvathy Nair, M.D.
Kathleen M. Patchan, M.D.
Alexandra K. Rice, M.D., M.A.
E. Jane Richardson, M.D.
Matthew H. Taylor, M.D.
Stelios Vantelas, M.D.

Maryland News

Consumer Brochure on Coverage for Mental Health and Substance Use Disorders

The Maryland Insurance Administration (MIA) [announced](#) that it has produced a new guide to help educate consumers on health insurance as it relates to coverage for mental health and substance use disorders. The brochure originated from work that MIA staff did as part of the State's Inter-Agency Coordinating Council on Heroin and Opioid Use. This council provided information and assistance to the Heroin and Opioid Emergency Task Force created by Governor Hogan, and focused on access to treatment and overdose prevention. One of the challenges noted by this workgroup was insufficient information available to families or individuals as they try to access treatment. (To read the final report of the Heroin and Opioid Emergency Task Force, click [here](#).) The "[Consumer Guide to Understanding Your Health Insurance Coverage for Mental Health & Substance Use Disorders](#)" is a direct result of this workgroup. The guide helps consumers navigate the system with information on selecting a health plan, key terms, obtaining pre-authorization, patient rights and more.

Register with PDMP for New or Renewed CDS Registration

Beginning **October 1, 2016**, practitioners must be registered with the [PDMP](#) prior to obtaining a new or renewal Maryland State Controlled Dangerous Substances (CDS) Registration (issued by the Office of Controlled Substances Administration – *formerly the Division of Drug Control*.) [Click here](#) for more details. Beginning July 1, 2018 PDMP use by CDS prescribers will be mandatory.

MedChi has prepared a useful [timeline](#) of PDMP registration, as well as PDMP query requirements for prescribing opioids and benzodiazepines.

Maryland CDS Renewals

MPS members with home offices have encountered unusual requests from DHMH when [renewing](#) their Controlled Dangerous Substance registrations recently. For example, DHMH has asserted that a special entrance and sign are needed, or that a business license is required. The Office of Controlled Substances Administration (OCSA) is aware and actively working to resolve this concern. OCSA Chief Audrey Clark is available to answer any questions at audrey.clark@maryland.gov or 410-764-2400.

Maryland Medicaid Initiative to Incentivize Counseling in Drug Treatment

DHMH [announced](#) that, effective March 1, 2017, it will implement a new payment policy for community-based Medication Assisted Treatment (MAT) – a clinical intervention that combines the use of medications and substance use disorder counseling. Maryland Medicaid will provide a re-bundled methadone reimbursement rate to include a \$63 per-week-per-patient bundle for methadone maintenance, and the ability for Opioid Treatment Programs (OTP) to bill for outpatient counseling separately, as clinically necessary.

Currently methadone maintenance providers are reimbursed using a bundled weekly rate (\$81.60) and require a weekly face-to-face visit in order to receive reimbursement for that week. The services required per COMAR 10.09.80.05.E are all -inclusive under this rate, and counseling is to be delivered by the provider from outpatient treatment up to intensive level of treatment.

MAT providers are required by federal law to provide counseling along with medications, and these changes are intended to move treatment toward more evidence-based practice and in line with stakeholder recommendations, according to DHMH Secretary Van Mitchell. Although the State funds an array of medication options to treat opioid use disorders, the legacy payment policy does little to incentivize the counseling component of MAT.

In the coming months, the State will amend its regulations to reflect this change and will seek federal approval to implement these improvements. There will be an opportunity for additional comment on the regulations, along with a six-month period for providers to prepare for these important changes. For updates on the re-bundling proposal, please see the [Behavioral Health Administration page](#).

For information on many efforts underway to fight addiction and overdose in Maryland, see [this site](#). Marylanders who need help finding substance-use-disorder treatment resources should visit [this page](#), or call the Maryland Crisis Hotline, which provides 24/7 support, at 1-800-422-0009. The [certified treatment directory](#) can be searched by location and program characteristics.

From [September 12 MedChi News](#)

Maryland News

September MedChi House of Delegates Meeting Highlights

MedChi's House of Delegates (HOD) met on September 24 and covered a lot of ground; documents are available at medchi.org/HOD. There are four important highlights for MPS members.

1. End of Life/Physician Assisted Suicide/Aid-in-Dying

A CME event was held, entitled "Aid-in-Dying? Physician-Assisted Suicide? Challenges to the Physician's Compassion and Conscience," with a panel discussion of end of life options from the physician's perspective, featuring a summary of findings from a 2016 MedChi physician survey and opportunities for interaction with the learners. The speakers were Michael Strauss M.D. and G. Kevin Donovan M.D. Slides will be made available. [Email me](#) if you want a copy.

There were also two Resolutions proposed on this topic. One (Res. 15-16) was from the Ethics Committee, resolving that MedChi should continue to oppose "*legislation proposed to legalize physician assisted suicide*." The other (Res. 16-16) was from the Montgomery County Medical Society, resolving that '*MedChi change its policy on physician assisted suicide (aid-in-dying) from "oppose" to a position of "neutral" on Maryland aid-in-dying legislation.*' The HOD voted to adopt the Montgomery County resolution that MedChi change its position on the matter to "neutral" in light of the fact that there is a significant split, and so, like abortion, the state society should not pick a side. It is unclear what fallout may occur as a result of this shift.

2. Specialty Society Introduction of Resolutions

A bylaws change was passed that now allows Specialty Society Sections (such as MPS) to introduce resolutions at the semi-annual HOD meetings. Currently, resolutions can only be introduced by the geographic sections (eg, Baltimore City Medical Society, Montgomery County Medical Society) or by five MedChi members. The Board is expected to accept this change, allowing those specialty societies that have 100+ MedChi members (like MPS) to write and introduce resolutions. This will be helpful to us.

3. Res. 28-16: Health Care for Residents and Fellows

This resolution passed and calls for the health insurance for trainees to provide options to receive health care outside of the training program. For example, some hospital training programs will only cover mental health care provided by attendings at the same hospital, which may deter trainees from seeking care for sensitive conditions.

4. Res. 7-16: MOC/MOL

There was general support for this resolution that calls for a prohibition against "*discrimination by hospitals or employers, by any state board of medical licensure and supervision, insurers, Medicare, Medicaid, and any other entities, which*

might restrict a Physician's right to practice medicine without interference (including economic discrimination by varying fee schedules) due to lack of certification or participation in ABMS/AOA/FSMB prescribed corporate programs including Maintenance of Licensure or time limited Board certification." The resolution was referred to the Board for further tweaking.

Other MPS members participating in the HOD meeting were Alternate Delegate Bob Roca, Past MedChi President Tom Allen, and Kim Jones-Fearing.

There are a lot of [reasons to join MedChi](#), including the advocacy work they do and the expanded influence psychiatrists have by our alliance with them. You can join MedChi without joining AMA, if that is an issue. It costs about the same as MPS dues.

*Steve Daviss, M.D., DFAPA
MPS Delegate to MedChi*

Suicide Prevention Resources

In connection with National Suicide Prevention Week last month, DHMH [announced](#) two new, free resources to combat suicide.

The first is an online, suicide-prevention training called [Kognito](#), available to K-12 educators, college students and staff, veterans, LGBTQ individuals and primary care physicians. Through the use of avatars, trainees practice having a conversation with an individual experiencing psychological distress – with the goal of getting the person referred to services.

The other resource is an app called "There Is Hope," available now on the iTunes App Store, as well as the Google Play store for Android devices. The app provides fast and easy access to crisis intervention and suicide prevention support through a suicide risk self-assessment. It is designed to link people experiencing suicidal thoughts to services, or to help guide someone who is concerned about suicidal thoughts expressed by others.

Suicide remains one of the leading causes of death in Maryland. While Maryland's rate remains below the national rate of 12.3 per 100,000 in 2014, suicides in Maryland have continued to increase from 561 in 2013 to 593 in 2014, or an increase of 9.6 percent. Marylanders grappling with suicidal thoughts can contact the 24/7 Maryland Crisis Hotline at 1-800-422-0009.

Maryland News

Where Are the In Network Psychiatrists?

Mental health parity is supposed to mean that if you have insurance, you can access the providers you need for your mental health condition. After all, what good is having health insurance if you can't find a psychiatrist in your insurance network? The [Care for your Mind website](#) has a post on this parity issue that describes the important role of state insurance regulators.

The Maryland Insurance Administration (MIA) is in the middle of a series of public hearings on network adequacy, as mandated by [HB1318](#). The [Network Adequacy Regulations webpage](#) includes meeting dates and agendas, information from other states, testimony, questions to stakeholders, and outside studies.

Steve Daviss, M.D. [testified](#) on August 4 on behalf of the MPS, requesting that the MIA develop recommendations for patient-centered provider directories that empower patients to find care while collectively giving them the power to fill the information gap needed to improve the healthcare marketplace. He pointed out that the network adequacy problems of accuracy, availability and accessibility have been longstanding and unmovable. In 2007, the Maryland Psychological Association found that 44% of directory listings for mental health providers were unreachable. In 2014, the Mental Health Association of Maryland found that 57% of psychiatrist provider directory listings were unreachable. And 6 out of 7 attempts to get an appointment within a reasonable time period failed. Including patient feedback in provider directories completes the loop, allowing participants in the healthcare marketplace to adapt based on the availability of this information.

Deputy Commissioner Grodin stated that the regulations will likely be promulgated following the final meeting of the workgroup on February 2, 2017. Stay tuned!

License Renewal Update

This month, [HB 185- State Board of Physicians - Licensed Physicians - Continuing Education Requirements](#) takes effect. If a physician has completed the most recent full cycle of licensure, the Maryland Board of Physicians can no longer require the physician to complete a *specific course or program* as a condition of renewal. In other words, CME mandates, such as the required one hour credit on opioid prescribing with the last renewal cycle, can no longer be a condition of renewal of a Maryland medical license. The MPS worked with MedChi in support of this legislation during the 2016 session.

Medicaid PDL: Follow Up on Suboxone

As of July 1, [Maryland Medicaid removed Suboxone Film from its Preferred Drug List](#) (PDL), replacing it with Zubsolv sublingual dissolvable tablets. One of the catalysts for this change has been the ease in which the Film strips can be pasted onto an envelope, letter, book, or drawing, and smuggled into corrections facilities. This has resulted in more contraband Suboxone in jails and prisons, where an 8-mg strip can sell for \$100.

Effective July 1, patients on Suboxone Film must be transitioned to Zubsolv, or a prior authorization must be obtained. DHMH worked hard to notify patients and prescribers about this change, but there were still problems with the transition. Some have found that the recommended Zubsolv dosing equivalence was inadequate, leading to withdrawal symptoms and sometimes relapse. Others have had problems with prior authorizations being incorrectly entered, resulting in some patients being turned away at the pharmacy. Despite the ability for pharmacists to provide an emergency 72-hour supply of the prior film prescription, most have not provided this to patients. A recent [NPR story](#) highlighted the problems, which are occurring at an unfortunate time for the current opiate epidemic, when we should be removing barriers to treatment, not adding new ones. Adding to the problem is that most jails and prisons do not provide medication assisted treatment (MAT) for addiction, creating a natural demand behind the walls.

The [Joint Committee on Behavioral Health and Opioid Use Disorders](#) held a hearing on this topic on August 24, where Dr. Steve Daviss testified in support of automatically grandfathering in all people on Suboxone Film prior to July 1, noting that these changes will not end the prison contraband problem. Other comments addressed the lack of treatment in corrections facilities and the recommendation that all MAT medications should be on the PDL.

Dr. Daviss met with staff, including psychiatrist and CMO Dr. Lisa Burgess, from the Medicaid Pharmacy Program two days later to further discuss policy changes that may improve these situations. They committed to performing further analysis of the problems, indicating that Health Secretary Mitchell did not support modifying the current policies.

Steven R. Daviss, M.D.

APA News & Information

Important Changes in DSM-5 Effective October 1

Each year on October 1, the International Classification of Diseases, Tenth Edition, Clinical Modification (ICD-10), is updated to reflect diagnostic changes in medicine. Since 2010, no major updates have been permitted so that physician practices, facilities, and payers in the United States could update their systems during the transition from ICD-9 to ICD-10, which went into effect on October 1, 2015.

APA has advocated that changes be made to ICD-10 to reflect the updated diagnoses in *DSM-5*. These include changes to align the terminology used in *DSM-5* with that used in the mental health chapter of ICD-10. In response, the Fiscal Year 2017 version of ICD-10, which takes effect October 1, will include most of *DSM-5*'s terminology.

In some cases, new codes have been added to ICD-10 corresponding to the new diagnoses that were added to *DSM-5*. The new codes will allow more accurate diagnostic recording, improved communication among clinicians, and better means for collecting prevalence data.

As of October 1, the codes for the *DSM-5* disorders in the chart below will no longer be valid. The new codes listed in the chart must be used in their place. A printable version of the list is [available HERE](#) and includes the diagnoses in both alphabetical order and the order in which they appear in the *DSM-5* classification.

Alphabetical Listing of *DSM-5* Diagnoses and New ICD-10-CM-Codes

Disorder	Original Code for use through Sept. 30, 2016	New Code for use beginning Oct. 1, 2016
Avoidant/Restrictive Food Intake Disorder	F50.8	F50.89
Binge-Eating Disorder	F50.8	F50.81
Disruptive Mood Dysregulation Disorder	F34.8	F34.81
Excoriation (Skin-Picking) Disorder	L98.1	F42.4
Gender Dysphoria in Adolescents and Adults	F64.1	F64.0
Hoarding Disorder	F42	F42.3
Obsessive-Compulsive Disorder	F42	F42.2
Other Specified Depressive Disorder	F32.8	F32.89
Other Specified Feeding or Eating Disorder	F50.8	F50.89
Other Specified Obsessive-Compulsive and Related Disorder	F42	F42.8
Pica, in adults	F50.8	F50.89
Premenstrual Dysphoric Disorder	N94.3	F32.81
Social (Pragmatic) Communication Disorder	F80.89	F80.82
Unspecified Obsessive-Compulsive and Related Disorder	F42	F42.9

From [September 1 Psychiatric News Alert](#)

APA Resource and Request

[Choosing an Electronic Health Records \(EHR\) System: FAQs](#)

The current EHR landscape encompasses a broad spectrum of products, including e-prescribing tools and various mobile health (mHealth) technologies, which complicates the task for physicians and practices evaluating these systems. In light of Federal programs requiring the use of electronic systems, the APA has released a series of FAQs to guide psychiatrists who are looking to adopt an EHR into their practice. These FAQs, developed by APA's Committee on Mental Health Information Technology (CMHIT), cover a range of topics, and will be updated regularly by the CMHIT.

Do You Work in Collaborative Care?

The APA is interested in identifying practices and/or physicians that have experience performing or have direct professional knowledge of psychiatric collaborative management services (as defined by the IMPACT, DIAMOND, COMPASS, AIMS, and other models). If you are working in such a practice or are such a physician, please contact Becky Yowell at byowell@psych.org. Include your name and contact information, including your current email address.

New EHR Resource

In September, the HHS Office of the National Coordinator for Health Information Technology released an updated [guide](#) for health care professionals seeking to buy new EHR systems: *EHR Contracts Untangled: Selecting Wisely, Negotiating Terms and Understanding the Fine Print*.

Free APA Members' Course of the Month

Try the APA Learning Center's free online CME. Each month, members have access to an on-demand CME course on a popular topic. Less than 30 minutes in length, this course can help you brush up on a trending topic over lunch.

October's course of the month is "Advances in Medications Development to Treat Alcohol Use and Psychiatric Disorders: Assessing the Efficacy of Varenicline Tartrate for Alcohol Dependence." For more information please [click HERE](#).

Medicare News

2015 PQRS Feedback Reports and 2015 Annual QRURs

2015 Physician Quality Reporting System (PQRS) feedback reports and 2015 Annual Quality and Resource Use Reports (QRURs) were made on September 26:

- PQRS feedback reports for individual Eligible Professionals (EPs) and PQRS group practices will provide the **final determination on whether or not participants met the PQRS criteria for avoiding the 2017 PQRS negative payment adjustment**
- QRURs will show how groups with 2 or more EPs and solo practitioners performed in 2015 on the quality and cost measures used to calculate the 2017 Value Modifier

Authorized representatives of groups and solo practitioners will be able to access these reports on the [CMS Enterprise Portal](#) using an Enterprise Identity Data Management account with the correct role. Visit [How to Obtain a QRUR](#) and find out how to access the reports. See the [announcement](#) for more information.

Psychiatry and Psychotherapy Documentation

Proper payment and sufficient documentation go hand in hand. CMS has created a video [series](#) to help providers improve in areas identified with a high degree of noncompliance. The [CMS Provider Minute: Psychiatry and Psychotherapy](#) video includes pointers to properly submit documentation for these services. In about three minutes, the video explains:

- Use of add-on codes when billing for same day evaluation and management and psychotherapy services
- Three factors needed for sufficient documentation

Updated HIPAA Information

In August, CMS revised its publication, [HIPAA Basics for Providers: Privacy, Security, and Breach Notification Rules](#). This document describes basic legal requirements of the privacy, security and breach notification rules under HIPAA. It explains who must comply, covered entities and enforcement, and includes several resource links for more details.

Meaningful Use Gets a Meaningful Change

In its [Outpatient Prospective Payment System proposed rule](#), CMS announced it may grant a 90-day reporting period for Meaningful Use for 2016, rather than maintaining the current full-year reporting period, which will make it less difficult for physicians who are currently experiencing a number of other practice changes.

Yet, there is still one major concern. The proposed change to the reporting period may not be finalized until November, which would leave physicians with less than 90-days left in the year to report on. In a [comment letter to CMS](#), the AMA recommended that CMS issue guidance notifying physicians of the 90-day reporting period and begin educating physicians about the change as quickly as possible so they will still have enough time.

The lack of alignment between Meaningful Use and the Physician Quality Reporting System (PQRS) in 2016 is also cause for concern. "If a physician would like his or her Meaningful Use electronic clinical quality measure requirement to count towards PQRS," the AMA said in the comments, "the physician must report for a full 2016 calendar year, as opposed to taking advantage of the flexible 90-day reporting period." To address this concern, CMS should allow the Meaningful Use 90-day reporting period to count toward successfully reporting quality for both PQRS and the Meaningful Use in 2016.

Also included in the proposal is a hardship exemption for first time Meaningful Use participants to report once in 2017 to satisfy both Meaningful Use and the Advanced Care Information performance category in the upcoming Merit-based Incentive Payment System (MIPS).

Another recent CMS change gives physicians [more flexibility and allows for an easier transition to MACRA in its initial year](#).

From [September 12 AMA Wire post](#)

Medicare Symposium October 19

The 2016 Medicare Symposium will be presented on Wednesday, October 19 in Annapolis at the Double Tree. Participants learn how to bill Medicare, gain knowledge on documentation and coding, and explore recent CMS initiatives. Space is limited – click to [register](#).

Medicare News

2017 Medicare Quality Payment Program: Avoid Penalties

Recognizing the wide diversity of physician practices, [CMS intends](#) for the Quality Payment Program to allow physicians to pick their pace of participation for the first performance period that begins January 1, 2017. During 2017, physicians will have multiple participation options to ensure that they do not receive a negative payment adjustment in 2019. These options and other supporting details will be described fully in the final rule.

First Option: Test the Quality Payment Program.

With this option, as long as you submit some data to the Quality Payment Program, including data from after January 1, 2017, you will avoid a negative payment adjustment. This first option is designed to ensure that your system is working and that you are prepared for broader participation in 2018 and 2019 as you learn more.

Second Option: Participate for part of the calendar year.

You may choose to submit Quality Payment Program information for a reduced number of days. This means your first performance period could begin later than January 1, 2017 and your practice could still qualify for a small bonus payment. For example, if you submit information for part of the calendar year for quality measures, how your practice uses technology, and what improvement activities your practice is undertaking, you could qualify for a small positive payment adjustment.

Third Option: Participate for the full calendar year.

For practices that are ready to go on January 1, 2017, you may choose to submit Quality Payment Program information for a full calendar year. This means your first performance period would begin on January 1, 2017. For example, if you submit information for the entire year on quality measures, how your practice uses technology, and what improvement activities your practice is undertaking, you could qualify for a modest bonus payment.

Fourth Option: Participate in an Advanced Alternative Payment Model in 2017.

Instead of reporting quality data and other information, the law allows you to participate in the Quality Payment Program by joining an Advanced Alternative Payment Model, such as Medicare Shared Savings Track 2 or 3 in 2017. If you receive enough of your Medicare payments or see enough of your Medicare patients through the Advanced Alternative Payment Model in 2017, then you would qualify for a 5% incentive payment in 2019.

Move Toward Value Payments Slows

On September 8, CMS announced that the final MACRA regulation will exempt physicians from any risk of penalties if they choose one of the options described in the article at left. Physicians who report in 2017 may be eligible for bonuses in 2019, depending on which option they choose.

While this development does signify a slowing of value based payments for physicians, the reality is that change is coming: in Maryland we continue to see more movement away from traditional fee for service. The [latest issue of Maryland Medicine](#) deals with value based payments and features articles from leading Maryland thought leaders on what to do and what's next.

From [September 12 MedChi News](#)

Applying the Integrated Care Approach: Practical Skills for the Consulting Psychiatrist

Faculty: Anna Ratzliff, MD, PhD

Date: Saturday, December 3, 2016

Time: 8:30 am – 12:30 pm

Location: University of Maryland Medical Center
Medical Center Auditorium, Room T1R18
22 S. Greene Street
Baltimore, Maryland 21201

FREE for MPS Members! Register Today!

The American Psychiatric Association (APA) is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide CME for physicians. The APA designates this live activity for a maximum of 4 *AMA PRA Category 1 Credits™*. Physicians should only claim credit commensurate with the extent of their participation in the activity.

March for Dignity and Change in Mental Health

On **October 10**, a coalition that includes the MHA and NAMI will march on the National Mall as [Destination Dignity](#) in solidarity with the more than 60 million Americans living with mental health or substance use conditions. The march will create energy and solidarity for a more supportive nation. It aims to reduce dehumanization, discrimination and stigmatization, and to advocate for:

- improved employment and housing opportunities for individuals with behavioral health conditions
- increased state mental health budgets
- more available crisis intervention and suicide prevention training for mental health professionals and first responders

For important pre-march information, click [here](#).

Why Marijuana Is Still a “High” Risk for Physicians

As more and more states are legalizing recreational and/or medical marijuana, physicians need to understand the risk associated with promoting the use of marijuana.

Here's the problem...marijuana is a Schedule I controlled substance, which is [defined](#) by the federal government as having “no currently accepted medical use in the United States, a lack of accepted safety for use under medical supervision, and a high potential for abuse.” Other substances in Schedule I include heroin, LSD, and Ecstasy. It is illegal to prescribe Schedule I controlled substances. Just last month, the Drug Enforcement Agency (DEA) considered but [rejected](#) two petitions to reschedule marijuana, “because it does not meet the criteria for currently accepted medical use in treatment in the United States, there is a lack of accepted safety for its use under medical supervision, and it has a high potential for abuse.” The actual letter of denial can be seen [here](#). The denial letter points out that the government supports and encourages research and outlines the ways it is promoting medical marijuana research.

Bottom line – Under federal law, it is illegal to prescribe marijuana as it is a Schedule I controlled substance.

But what about state law? Knowing of the federal prohibition on prescribing, state laws do not use that term, but rather terms such as a physician’s “referral” or “recommendation” or “certification” or “order.” Regardless of what the document written by the physician is technically called, the federal government may see it as illegal. There are serious consequences if a physician is found to have committed a criminal act or civil violation, including, but not limited to, loss of license to practice and loss of liability insurance coverage.

[This article continues, providing many more important considerations. [Please click here](#) to read the entire post.]

*From a [September 8 LinkedIn Post](#)
By Donna Vanderpool, MBA JD
Vice President of Risk Management, PRMS*

Resources:

- American Academy of Child and Adolescent Psychiatry (AACAP) 2012 [Medical Marijuana Policy Statement](#)
- AACAP 2014 [Marijuana Legalization Policy Statement](#).
- American Psychiatric Association [Position Statement on Marijuana as Medicine](#)
- [Two other relevant APA resource documents](#) – Resource Document on Marijuana as Medicine and Resource Document on the Need to Monitor and Assess the Public Health and Safety Consequences of Legalizing Marijuana.

The content of this article (“Content”) is for informational purposes only. The Content is not intended to be a substitute for professional legal advice or judgment, or for other professional advice. Always seek the advice of your attorney with any questions you may have regarding the Content. Never disregard professional legal advice or delay in seeking it because of the Content.

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The Maryland Psychiatric Society in conjunction with MedChi, The Maryland State Medical Society presents:

Music and Medicine

*An Interdisciplinary
Approach to Beethoven*



FEATURING RICHARD KOGAN, M.D.
Saturday, November 19, 2016 • 6:30-10:00pm
Goucher College's Kraushaar Auditorium

[Click HERE](#) to buy your tickets now!

Kogan Lecture-Recital on Beethoven

On November 19, Dr. Richard Kogan, a psychiatrist and renowned concert pianist, will present a CME program about Beethoven.

Since at least 2001, Dr. Kogan has been giving lecture-recitals featuring musicians with psychiatric problems. He has given presentations about Schumann, Tchaikovsky, Gershwin, Mozart, Leonard Bernstein, and, most recently at the APA annual meeting in Atlanta on May 14, Scott Joplin. Dr. Bruce Hershfield interviewed Dr. Kogan for *The Maryland Psychiatrist* in May. To read the interview [please click HERE](#).

Don't miss this outstanding program presented by the Maryland Psychiatric Society and MedChi, the Maryland State Medical Association. [Click HERE](#) for tickets.





Nationally Recognized Program Seeks Adult and Child & Adolescent Psychiatrists

Competitive Salary and Excellent Benefits

Inpatient/Partial Hospitalization Attending

Psychiatrist will lead a multidisciplinary treatment team in the assessment and care of patients with eating disorders. This unique practice opportunity combines the excitement of an academic environment with training of fellows, post-doctorate psychologists, social work interns and University of Maryland residents. MD license will be required.

Outpatient

Services to be provided will include evaluations, level of care assessments, and pharmacological management. There is additional opportunity to provide individual, group and family therapy. MD license will be required.

Please **FAX** resume to 410-938-5250, or **MAIL** to:

Steven Crawford, M.D.
6535 N Charles St, Suite 300
Baltimore MD 21204

You may also **EMAIL** your resume to scrawford@sheppardpratt.org

Find out more about The Center for Eating Disorders by visiting our website: www.eatingdisorder.org

Psychiatrist, University of Maryland Health Center College Park, MD

The UHC is seeking an additional psychiatrist to join our team. We are a Health Center providing comprehensive primary care and immediate care to students, faculty and staff. Mental Health services are available to students only. Our Mental Health team includes psychiatrists, a psychiatric nurse practitioner, counselors, drug and alcohol counselors, and a sexual assault response and prevention service. The UHC has a strong and active trans-health program and we have been recognized by the Human Rights Campaign as a Leader in LGBT Health. There are regular opportunities to interact with learners in a variety of mental health disciplines.

The University Health Center is proud to be nationally accredited for over 30 years by the Accreditation Association for Ambulatory Health Care, an independent organization that only places its seal of approval on medical facilities that meet the highest standards of quality. Less than 15% of all college health centers in the U.S. are accredited!

The University Health Center provides high quality, cost-effective health care and wellness programs to promote health and support academic success.

The University of Maryland is a vibrant community recognized for its diversity, with underrepresented students comprising one-fourth of the student population. The UHC sits within a strong and supportive Division of Student Affairs. College Park is a growing community close to Baltimore and Washington, DC. We hope that you'll consider joining us!

Please apply at <https://ejobs.umd.edu/postings/46027>

Physician Group at University of Maryland St. Joseph Medical Center Seeks Adult Psychiatrists

University of Maryland St. Joseph Medical Center is a member of the University of Maryland Medical System, a multi-hospital system with academic, community and specialty service missions reaching every part of Maryland and beyond. The CED, PA is contracted by St. Joseph to provide Psychiatry services to the hospital.

Available Positions:

Psychiatrist – Emergency Room

Full-time psychiatrist needed for Emergency Room services. Position provides for opportunity to supervise U. of MD. Department of Psychiatry residents. Maryland MD license required.

Psychiatrist – Emergency Room and Inpatient/Partial Hospitalization Program Evening and Weekend Coverage

General Psychiatrist needed for weekend coverage providing services for a General Adult Inpatient/Partial Hospitalization unit/Emergency Room/Consultation Liaison. May provide coverage for one full weekend or one to two weekend days per month. We are also seeking a Psychiatrist to cover evenings in the Emergency Room.

May provide coverage for a minimum of two evenings per month. Maryland MD license required.

Competitive Salary and Excellent Benefits

To Apply:

Please **FAX** resume and cover letter to 410-938-5250, or **MAIL** to:
Steven Crawford, M.D., 6535 N Charles St, Suite 300, Baltimore MD 21204

You may also **EMAIL** your resume to stevec@umm.edu

Faculty Opportunity Department of Psychiatry, University of Maryland School of Medicine, Baltimore

The University of Maryland School of Medicine is actively recruiting for a Board Certified or Board Eligible Adult Psychiatrist for a position in our academic medical center. The position involves working as an attending psychiatrist on an acute adult inpatient unit leading an interdisciplinary team including residents and medical students. The position could be limited to the inpatient work or expanded to include outpatient work. A generous benefit package is available. Opportunities for teaching and collaborative research are offered. Salaries are competitive with training and years of experience. Please send a letter of introduction and CV to: William T. Regenold, M.D.C.M., Associate Professor and Director, Division of Geriatric Psychiatry and Adult Inpatient Service. University of Maryland, Baltimore, 22 South Greene Street, Baltimore, MD 21201 or email to: wregenol@psych.umaryland.edu.

The University of Maryland, Baltimore is an Equal Opportunity, Affirmative Action employer. Minorities, women, individuals with disabilities, and protected veterans are encouraged to apply.

CLASSIFIEDS

EMPLOYMENT OPPORTUNITIES

Board Certified Adult Psychiatrist: Join a dynamic outpatient practice with offices in Annapolis, Columbia and Glen Burnie. Work with another psychiatrist, physician assistants, and psychotherapists. Office staff provides credentialing, billing, scheduling and all administrative needs. Please email hanitaks@hotmail.com.

SEEKING RESEARCH PHYSICIANS - Pharmasite Research, Inc., a leading clinical trials facility in suburban northwest Baltimore seeks qualified, licensed physicians for employment in clinical research. Qualified candidates may be trained in psychiatry, neurology or internal medicine, and must be licensed to practice in Maryland. Prior experience as a Principal Investigator and/or Sub-investigator on Phase II-III clinical trials is highly desirable. Independent contractor positions are available with flexible, part-time hours. Additionally, opportunity and space are available for a physician seeking both a research position and private psychiatric practice. To discuss these opportunities, please call Surya Korn, Director of Operations at 410.602.1440, or e-mail surya@pharmasiteresearch.com.

Frederick County Behavioral Health Services is seeking a part time, contractual adult psychiatrist for outpatient mental health clinic, to provide medication evaluation and management services. Flexible hours, full admin support, multidisciplinary team, no on call required. Must be board certified or board eligible and possess current Maryland license. Free parking available. Please forward resumes to Sangwoon Han, MD, Medical Director by email at Shan@frederickcountymd.gov.

Outpatient Only! Full and Part Time Psychiatry in Baltimore Suburb - Outpatient psychiatry clinic operating on best-practice principles: initial appts last one hour, with 30-minute follow-ups. Nurse case-manager handles coordination between your patient's other physicians and pharmacy, including medication pre-authorizations. Located in a green North Baltimore neighborhood known for its fine schools, historic houses and walkable retail district. Extremely competitive salary and benefit packages. Inquiries: staff.director@gladstonepsych.com

Psych Associates of Maryland, LLC seeks Child and/or Adult psychiatrist to join its thriving practice in Towson. We offer a collaborative care model with both therapists and psychiatrists. Full administrative support daily. NEVER SPEAK TO INSURANCE COMPANY FOR PREAUTHS! Very flexible scheduling. Unlimited vacation time. Ability to be an Employee or Independent contractor. Potential partnership available. Email Drmalik.baltimore@gmail.com or call 410-823-6408 x13. Visit our website at www.pamllc.us

PSYCHIATRIST - full or half time, independent contractor position with well-established & growing multidisciplinary practice. Spectrum Behavioral Health is an Annapolis area private practice with three desirable locations, congenial colleagues and comprehensive administrative support. For more information about SBH, visit our website: www.spectrum-behavioral.com. To discuss this opportunity, please call Barbara Usher, Operations Administrator, at 410-757-2077 x7121 or email barbara.usher@spectrum-behavioral.com.

Part-Time, SUPERVISORY ROLE for Psychiatrist: The Stone Foundation, an outpatient group practice in Towson, MD is seeking a part-time psychiatrist to serve as preceptor for a psychiatric nurse practitioner. Learn more about this flexible position that offers stellar administrative support and very competitive compensation. Visit www.thestonefoundation.com to learn more about our practice; email info@thestonefoundation.com for details.

AVAILABLE OFFICE SPACE

ROCKVILLE: Two offices available in a beautiful suite with high ceilings on Executive Blvd. in Rockville for a mental health professional. The one on the first floor has two large windows at eye level. The one on the second floor has one high up. Available now. Rent \$850 per office, including additional expenses (cleaning, water, telephone and internet, and supplies). Contact Molly Hauck, Ph.D., Psychologist, at mollyphauck@gmail.com or DrMolly-Hauck@gmail.com. Contact by phone at 240-418-0263 and (301) 881-4884, ext. 3. Please call both numbers, since I will be away for vacation at times.

Beautiful office with large windows for rent in Crofton, Maryland in lovely, modern elevator building with covered parking available. Office is on the third floor, with wonderful views, in a suite with a psychiatrist, a social worker, and a receptionist. Crofton location is convenient and central to Washington, D.C., Baltimore, Annapolis and the suburbs in between in a highly populated area. Cleaning, utilities included, shared waiting room is fully furnished, \$1200 per month. Please call Jill Joyce, MD at 410-721-5030.



Chief Psychiatrist Position - Hagerstown

***Staff Psychiatrist Opportunities Also Available**

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For more details, please call **844-477-6420** Or email CV to jane@mhmcareers.com

For details and a list of all our openings please check out our website:

<http://www.mhm-services.com/careers/index.html>

EOE



TWO OPENINGS FOR ADULT & CHILD PSYCHIATRISTS

Family Services, Inc. has two immediate openings for a part time contract Psychiatrists working 20 hours per week. We are seeking both an adult psychiatrist and a child/adolescent psychiatrist. We are a well-established Outpatient Mental Health Center serving a highly diverse client population including children, adults and families from a client centered, trauma informed and recovery oriented model of care. Psychiatrist will be responsible for direct psychiatric care including evaluations and medication management. Our Outpatient Mental Health Center (OMHC) offers mental health services to 1,200 clients annually and has offers opportunities to work in a wide spectrum of community psychiatry settings.

The OMHC is co-located with a Federally Qualified Health Center (FQHC), Community Clinic Inc. which creates opportunities for integration of behavioral health and primary care.

The OMHC has also developed a partnership with Neighborhood Opportunity Network to provide a social service component which offers social services located in the shared space.

This position also includes opportunity to work with an Early Intervention Program Coordinated Specialty Care team for adolescents and young adults following an initial episode of psychosis. Training and support from University of Maryland researchers is available for all team members.

Family Service Inc. operates a psychiatric rehabilitation program, Montgomery Station, which provides housing, outreach and day program for seriously mentally ill adults and adolescents with a focus on recovery. Experience with this population and interest in working alongside Montgomery Station staff is highly desired.

Candidates must be board certified or board eligible in psychiatry. Position is offered as a part-time contracted position and contract physician must have independent malpractice insurance. If you are interested in being considered for this opportunity or would like more information, please send your resume to jen.carberry@fsi-inc.org. Visit www.fs-inc.org for more information about Family Services.

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Actual terms, coverages, conditions and exclusions may vary by state. Unlimited consent to settle does not extend to sexual misconduct.

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In California, d/b/a Transatlantic Professional Risk Management and Insurance Services.