

MPS NEWS

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Editor: Heidi Bunes

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Deadline for articles is the 15th of the month preceding publication. Please email heidi@mdpsych.org.

MPS News Design & Layout
 Meagan Floyd

The MPS Council will meet by videoconference on November 8th at 7:30 PM. All members welcome!

President's Column

Power of Collaboration

Collaboration is power and power is the ability to unlock solution sets. This year the MPS has been focusing on broad sweeping policy issues and state level impact. We surveyed our membership to learn more about views to guide lobbying efforts. We are also concerned about the revisions to the dangerousness standard in the regulation, as it is embedded in a larger issue: access!

While the dangerousness standard pertains to aspects of involuntary civil commitment, the larger concern is about how involuntary civil commitment is used in the face of a lack of community resources. Advocating for resources and access is the heart of the issue, and has been a long held position of the MPS. The root structure of this conversation runs deep.

The MPS's initial position on revising the dangerousness standard was to provide training and education around the existing standard and to gather more information about how the current system was working (or not). In July 2021, former MPS president Dr. Ginger Ashley responded "although it is initially appealing, we disagree with a recommendation to redefine the dangerousness standard and regulations. This gives the appearance of addressing the conflict between civil liberty and public safety but would not provide a comprehensive solution, in our review. Even if the description of 'danger to the life or safety' is more detailed and prescriptive, there would still be instances when the individual is not retained, but should have been."

Unfortunately, this position did not shape the evolution to the current standard, and

in September we provided further feedback that the proposed changes "significantly narrowed the ability to use involuntary commitment." Involuntary admissions are needed to keep patients safe, but this need is artificially magnified when community resources to maintain and sustain mental health are lacking. This approach is reactive, instead of proactive, and fails to respond to the true need, which is the ability to access timely sustained care (before the crisis starts). How dangerousness interfaces with vulnerability and the need for care is a conversation that surfaces in many places.

My bonus child (whom I am tremendously proud of) is a junior in the SUNY educational system, serves as one of the crew chiefs for the university EMS, and now lives off campus for the first time in an apartment with friends. While our family was getting an update on the apartment and the off-duty happenings in EMS, a reflection on dangerousness and mental health began to take shape. She shared that there was a man throwing sand filled road cones from construction into the street at motorists, and that accidents were occurring. This man had thrown these cones on several occasions, and was clearly not well. She reached out to the police to initiate an emergency petition process, but was met with a high level of resistance from even showing up to connect this man to care. Her comment was "It is always a fight up here to get the police to do anything mental health related even when the call is coming in through EMS dispatch. In New Jersey, we do not have these problems, because in the catchment area of my home squad, the police are trained as EMTs, not just first responders. We have more common ground."

(Continued on next

I appreciated the insightfulness of her comment, and reflected on the national scope of this problem: The inadequacy of community mental health resources can lead to more dangerous presentations in the community, and morbidity increases as a result. Her reflection points to the value of education, and cross training. Specifically, medical training of any sort locates individuals within the healing paradigm: as patients, as vulnerable individuals, as deserving of care, and within a power differential that the healthcare provider must be sensitive to. Exposing more people to this training could have very humanizing effects.

This viewpoint is not new to any of us, as we fight this fight every day. What is salient at the MPS is how are we going to continue to fight this fight in an evolving time. WE NEED YOU! Increasing member engagement is the way through. Member engagement is also a challenging topic: only 20% of our membership responded to the MPS survey. This means the majority (80%) did not. The 20% response rate is actually pretty good when compared to national statistics on engagement in volunteer organizations. I bring up membership engagement because a complex year is ahead of us that would take collective eyes, and brains to develop solution sets.

*Jessica V. Merkel-Keller, M.D., Msc.
President*

MPS Leadership Opportunities!

The MPS Nominations & Elections Committee invites recommendations and self-nominations for a two-year term on the [MPS Council](#) (board of directors equivalent) from any member in good standing. Council meets seven times per year and terms begin with the June 2023 meeting. A contested election will be held in March.

The MPS Council, Executive Committee and Community Psychiatry & Diversity Coalition underscore the [organization-wide priority](#) of addressing social justice issues and structural racism. Members who are committed to these concerns are particularly encouraged to consider running for Council.

MPS leadership can be very rewarding, enabling members to be a resource for information, education, networking, and advocacy. MPS Council members set and execute strategic priorities for the organization and help pave the way for improving psychiatric practice in Maryland. In turn, the experience helps expand their network, their understanding of psychiatry and their professional growth.

Please submit your name and a brief statement of interest by **October 18** to heidi@mdpsych.org to be considered for this year.

2023 MPS Dues Increase

After a few years of deliberation, the Executive Committee decided to propose a 7.95% increase in dues rates for the 2023 MPS operating budget. This balances the conflicting needs for more revenue to cover increasing staff, lobbyist and physical office costs while maintaining the lowest possible dues to be mindful of disincentives for early career members to maintain their participation. This will be the first increase in MPS dues since 2018 and represents less than half of the 18.2% overall CPI increase since that time.

At the September 13 meeting, Council voted unanimously in favor of raising dues for the 2023 operating year. This adds \$15K income, and full member dues will be \$475 vs. \$440 currently. Council agreed that increasing dues by the full amount of inflation since the last increase, which results in \$520 annual dues per member, would likely discourage ECPs in particular from retaining membership, even though it could add another \$15-20K income.

The MPS has worked hard to increase non-dues income by adding home page ads and promoting package offers, and to expand its membership rolls, especially among residents and medical students to involve them in the organization early. MPS has also strived to trim expenses even further year after year. With no increase in staff salaries for 2023, at this point the only options are to secure a different office arrangement or make staffing changes. The 2023 budget approved by Council calls for a \$5K deficit, which is \$13K lower than the 2022 budget deficit.

MPS will continue offering dues relief if members are unable to pay dues. Dues invoices were emailed and paper copies will be sent this month. Please email Meagan Floyd at mfloyd@mdpsych.org if you have questions or need assistance.

Mark Your Calendar

- [ADHD Awareness October 2022](#)
- [Mental Illness Awareness Week](#) October 2-8
- National Depression Screening Day October 6
- [World Mental Health Day](#) October 10
- [Red Ribbon Week](#) Drug Free America October 23-31

Save the Date November 17

The next in a series of virtual events for Resident-Fellow Members and Early Career Psychiatrists will feature [Stephen H. Kaufman, Esq.](#) speaking on **Contract Negotiation**. All members are invited at 7:30 PM on Thursday **November 17** via zoom. [See page 4 for more details.](#)

September 13 Council Highlights

Support for MPS Strategic Priorities

Dr. Flaherty updated Council on the August 30 virtual event for Early Career Psychiatrist (ECP) members with a panel of 5 psychiatrists discussing financial literacy. Contract negotiation will be the topic for the next ECP virtual event.

Dr. Merkel-Keller noted other efforts toward MPS [strategic priorities](#) and focused on the revised MOU with Washington Psychiatric Society (WPS), the other APA District Branch operating in Maryland. She reviewed the history of the agreement on cooperation in the Maryland legislature, which has worked well. During the MOU review, WPS requested to nominate additional representatives to the MPS Legislative Committee and recommended having the MPS and WPS Executive Committees resolve any conflicts on positions rather than requiring a vote of their entire Councils. Council would be consulted if time allows, but often bills move too quickly for input by so many individuals. These changes were reflected in the document circulated for Council vote. After a discussion of the merits of the revisions, Council voted unanimously to accept the MOU as presented.

Executive Committee Report

Dr. Merkel-Keller reported on the [2022 member survey responses](#) representing 20% of the membership, with about half of them in practice over 20 years and three-fourths located in central Maryland. Concerns were raised regarding quality of care as well as access to psychiatrists and acute care. Many suggestions for CME topics and articles in *The Maryland Psychiatrist* were shared and many are interested in learning about the Collaborative Care Model.

She noted that Dr. Young will attend the APA advocacy conference in October representing MPS, and reported recent advocacy activities. MPS signed on to a [letter to state legislators](#) calling for copay accumulator reform. In addition, MPS signed on to a [letter to the Maryland Insurance Administration](#) addressing several areas of concern regarding [draft proposed network adequacy regulations](#). MPS also sent [two additional recommendations](#), one regarding problems with provider directories and another raising concern about a waiver provision in the regs.

Dr. Merkel-Keller explained the MPS role in the [proposed revisions](#) to regulations for Involuntary Admission (IVA), which address a concern that mainly stems from limited availability of mental health resources. She read the three new criteria for the dangerousness definition and described how the proposed changes could make IVA more difficult rather than ensure admission, as some advocates expect. The MPS sent [comments](#) on the proposed regs based on MPS [feedback](#) about the 2021 Involuntary Commitment Stakeholders' Workgroup [report](#), and further informed by current member concerns. She noted that there appears to be no action on the other workgroup and MPS recommen-

dations, i.e. training for the existing dangerousness definition, and data gathering.

Secretary Treasurer's Report

Dr. Balis reviewed the second quarter financial statements as of June 30, 2022. Assets are \$404K, \$20K more than at this time last year. Liabilities of \$130K are up \$14K from this time last year due to package offer purchases and prepaid ads. Compared to budget, total income of \$145K is \$6K less than expected, mainly due to changes in meetings because of the pandemic. Total expenses are \$152K, \$23K less than budget. At mid-year, there is a \$7K loss that is \$17K better than budget. Compared to last year, total income is \$11K higher, total expenses are \$6K more, and the loss is \$4K better than last year's. There has been a \$40K net decrease in cash since the beginning of January, reflecting the annual dues billing cycle. The new non-dues income sources are a positive change and the MPS has ample funds on hand.

She then presented the proposed 2023 MPS Operating Budget and said the Executive Committee recommends a 7.95% increase in dues which adds \$15K income; full member dues would be \$475 vs. \$440 currently. She noted that Council can approve an increase of up to 18.2% based on the change in CPI since the last dues increase in 2018, but a \$520 dues rate seems too high, even though it could add another \$15-20K income. 7.95% is in line with 8.3% inflation over the past year. After recent dues increases, the APA is not expected to increase their dues in 2023. Ad budgets include a 10% increase in rates; the new package offer rates will be unchanged. CME programs will be virtual only (free for members) in response to member survey results and market forces and are expected to break even overall. Total revenue is budgeted at \$334K, up \$5K from 2022.

The Executive Committee proposes no increase for staff salaries, but up to \$3500 total for bonuses is possible. Temporary staff funding is reduced and there is no funding for coding new legislative districts, which staff and/or members could add. Dr. Hanson noted that she requested \$3500 to pay a vendor to enter the district data for 5200 addresses, including members and non-members, to support MPS lobbying activities. A 12% increase is included for the lobbyist and the legal expense budget is eliminated. Directory costs are \$1500 higher due to higher postage and paper costs. Office budget changes are mixed, with a cut in parking offset by higher condo fees and real estate taxes. Travel expenses are \$1K higher to pay for one MPS staff to attend one APA meeting per year because APA cut this funding for DBs. Health insurance is budgeted to increase by 10%. Expenses total \$336K, down \$12K from 2022. Dr. Young reiterated the Legislative Committee's request for funds to code the new Maryland legislative districts; Ms. Bunes indicated staff could not complete this before the session. Council agreed to add this \$3500 expense, which results

(Continued on next page)

September Council Highlights (cont.)

in a 2023 budget deficit of \$5,433, compared with \$18,760 in 2022, an improvement of \$13,326. **After discussion, Council voted unanimously for a motion to approve the proposed 2023 operating budget, including a 7.95% increase in dues, with the addition of \$3500 for district codes.**

APA Assembly Representatives' Report

Dr. Zimnitzky reported highlights of the virtual Area 3 meeting on September 11. Area 3 reviewed happenings in the states as well as proposed action papers, including one on gun safety and suicide that calls for APA and AMA collaboration. Other topics are scope of practice, collaborative care, psychologist prescribing, and workforce/expanding residency slots. MPS and WPS described the prior authorization legislation introduced in 2022. The November Assembly meeting will be virtual due to APA budget constraints.

ProPublica Health Insurance Denial Investigation

Insurers deny tens of millions of claims every year. ProPublica is investigating why claims are denied, what the consequences are for patients and how the appeal process works. They are especially interested in connecting with individuals who have tried to appeal denials, as well as health care providers and people working for carriers. To share your experience in connection with this reporting, visit <https://www.propublica.org/getinvolved/insurance-denial-health-care-investigation>.

2023 MPS Dues Notices

The first 2023 MPS dues invoices were sent by email at the end of September and will be sent via USPS this month. After no change in rates since 2018, Council voted for a 7.95% increase this year.

To pay your MPS dues:

- Mail a check made payable to "MPS" to 1101 St Paul Street, Ste 305, Baltimore, MD 21202 -OR-
- Pay online using a debit or credit card or Paypal account at [this link](#) or via your MPS [member account](#).

Please email mps@mdpsych.org with questions or concerns or call the MPS office at 410.625.0232. Thanks for your continued support of the Maryland Psychiatric Society!

Suicide Prevention Conference

Maryland's 34th annual Suicide Prevention Conference will take place virtually from 9 AM to 4:30 PM on **October 12**. [Click here](#) for more details.

MPS Membership

The following individuals have applied for membership. 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.

Taylor R. Brooks, M.D.
Darcy Curtis, M.D.
Heba Elnaiem, M.D.
Andrew Gaddis, M.D.
Angela Getachew, M.D.
Chris Lee, M.D.
Sara Milrad, M.D., Ph.D.
Sara Walser, M.D.

Transfer to Maryland

Allison S. Brandt, M.D.
Hala K. Katato, D.O.
Rachel J. Kennedy, M.D.
Chiedozie O. Ojimba, M.D.
Aarya K. Rajalakshmi, MBBS, M.D.
Kathleen A. Ziegler, D.O.

Reinstatement

Brian J. Grady, M.D.

Physician Employment Contracts
Protect Yourself. Know Your Value

The Thursday **November 17** event in the virtual ECP series will feature Stephen H. Kaufman, J.D. via Zoom at 7:30 PM. Mr. Kaufman's entertaining and informative presentation explains the business, financial and personal aspects of physician employment contracts using examples and humor. Learn the pitfalls and traps of employment contracts and how to avoid them. This lecture is a must for anyone considering signing an employment agreement.

Learn:

- The negotiability of employment contracts (and the benefits of negotiation);
- The fundamental parts of employment contracts and how they can affect your home and work life; and
- The differing economic interests and objectives of an owner and associate (and how to bridge the gaps).

Steve Kaufman is a founding partner of [RKW Law Group](#). He represents physicians in a wide variety of matters, including employment contracts, employment issues, licensing issues and litigation. He can be reached at 410-802-7585 and by email at skaufman@rkwlawgroup.com.

All MPS members are invited to attend this free event.

Please watch for the event link in next month's issue or email mps@mdpsych.org.

Psychopharmacology Update: 2022

Saturday November 19th

8 AM - 1 PM

Martin's West
Baltimore

IN PERSON!

AGENDA

8:00-8:30AM

Registration & Continental Breakfast

8:30-8:35AM

Welcome: Joshua Chiappelli, M.D.

8:35-9:35AM

*Impact of Social Determinants of Health on
Adolescent Mental Health*

Hal Kronsberg, M.D.

9:35-9:45AM

BREAK

9:45-10:45AM

*Treating Opioid Use Disorders in
Pregnancy*

Alexis Hammond, M.D.

10:45-11:45AM

*Pharmacological Approaches to
Targeting the Sleep-pain Interaction*

Traci Speed, M.D.

11:45-12:00PM

BREAK

12:00-1:00PM

*The Enduring Effects of Psilocybin on Emotion,
Brain Function, and Cognition*

Manoj Doss, M.D.

Only \$75 for
MPS members!

*Includes 4 AMA PRA Category 1 Credits,
breakfast and break.*

[CLICK HERE](#) to register today!

Fees are non-refundable.

COVID Health & Safety:

An inherent risk of exposure to COVID-19 exists in any public place where people are present. COVID-19 is an extremely contagious disease that can lead to severe illness and death. According to the Centers for Disease Control and Prevention, senior citizens and guests with underlying medical conditions are especially vulnerable. Although The Maryland Psychiatric Society has instituted reasonable practices in an attempt to lessen or reduce the spread of COVID-19, we cannot guarantee that you will never get exposed to the virus or get sick from it. By attending a Maryland Psychiatric Society event, you voluntarily assume all risks related to exposure to COVID-19.

While we look forward to this event, the health and safety of our guests remains our top priority. Please do not attend the event if you are experiencing any of the following symptoms:

- Cough
- Shortness of breath
- Sore throat
- Muscle Aches
- Headache
- Chills/Shaking
- Lost sense of taste/smell

Individually packaged masks, as well as hand sanitizing stations will be available for participant use.

Maryland News

New Maryland Laws Effective October 1st

[House Bill 48/Senate Bill 94: Public Health – Maryland Suicide Fatality Review Committee](#) establishes a Suicide Fatality Review Committee to identify and address the factors contributing to suicide deaths and facilitate system changes in the State to prevent suicide deaths.

[House Bill 129/Senate Bill 12: Behavioral Health Crisis Response Services and Public Safety Answering Points – Modifications](#) requires proposals requesting Behavioral Health Crisis Response Grant Program funding to contain response standards that prioritize crisis response over law enforcement interaction for individuals in crisis; amends the definition of crisis team to include prioritizing limiting interaction with law enforcement; and requires public safety answering points (9-1-1) to develop written protocols for calls involving an individual suffering an active behavioral health crisis.

[Senate Bill 394: Statewide Targeted Overdose Prevention \(STOP\) Act of 2022](#) requires community service programs, such as homeless service programs, outpatient treatment programs, public entities, such as local health departments, and other community-based organizations, and substance abuse treatment organizations, to offer an opioid reversal medication approved by the FDA free of charge. This is consistent with the State Integrated Health Improvement Strategy to reduce opioid mortality. Additionally, the law authorizes EMS to dispense the medication to individuals who are treated for a non-fatal overdose. The State is required to provide the reversal medications to the entities required to offer the medication to those they serve.

[SB0200: Public Health - Prescription Drug Monitoring Program - Naloxone Medication Data](#) requires the Prescription Drug Monitoring Program (PDMP) to monitor the dispensing of naloxone medication by prescribers and dispensers.

[SB0002/HB0032: Mental Health Law – Petitions for Emergency Evaluation – Electronic Record](#) authorizes a petition for emergency evaluation to be provided as an “electronic record” and transmitted and received electronically. Accordingly, a peace officer may use an emergency petition in the form of an electronic record that is transmitted and received electronically, and an emergency facility must accept an emergency evaluatee if the petition is properly executed. “Electronic record” is defined as a document communicated, received, or stored by electronic means.

[SB0659/HB0684: Maryland Medical Assistance Program - Psychiatric Inpatient Care - Admissions Restrictions \(Psychiatric Hospital Admissions Equity Act\)](#) prohibits MDH from restricting admission of a Medicaid recipient for inpatient care at a special psychiatric hospital or an acute general care hospital with separately identified inpatient psychiatric service, except based on medical necessity.

[House Bill 605/Senate Bill 164](#) (from 2021) requires the Maryland Department of Health (MDH) to include mental health first aid among the behavioral health services for which MDH provides service coordination for eligible veterans.

[House Bill 1127: Public Health – State Designated Exchange – Health Data Utility](#) requires [CRISP](#) to operate as a “health data utility,” which will provide data, as allowed by law, to individuals and organizations involved in patient treatment and care coordination and support public health goals. The MHCC will develop regulations for implementation of this legislation and CRISP will establish a Consumer Advisory Council to bring the perspectives of individuals and organizations with an interest in protecting consumers into the delivery of CRISP services.

[HB0213: Health Information Exchanges – Definition and Privacy Regulations](#) alters the definition of health information exchange (HIE) as used in provisions of law governing the confidentiality of medical records and provides that regulations for privacy and security of protected health information obtained or released through a HIE may not prohibit sharing and disclosing information that is required under federal law or for payment purposes or the use of electronic health information for purposes important to public health.

[House Bill 1148/Senate Bill 834: Health Insurance – Two-Sided Incentive Arrangements and Capitated Payments – Authorization](#) authorizes health care practitioners and insurance carriers to enter into two-sided incentive arrangements, meaning contracts that allow for bonus payments to practitioners as well as the authority for insurance carriers to recoup funds if contract terms are not met.

[House Bill 413: Health Insurance – Individual Market Stabilization – Extension of Provider Fee](#) extends the existing State health insurance provider fee assessment through 2028 to assist in the continued stabilization of the individual health insurance market. By December 1, 2023, the Maryland Insurance Administration, in consultation with the Maryland Health Benefit Exchange, and the MHCC, must report on the impact of the State reinsurance program.



People struggling with thoughts of suicide, anxiety, depression or problems with drugs or alcohol, can contact the 988 Lifeline. Call, text or [chat with a specialist](#) who can assist with information and resources in your area. Learn more at [988 Maryland](#).

Maryland News

2022 Maryland Election Information

The Maryland General Election is November 8. Election officials have updated County, State, and Congressional districts for the new district boundaries that are set every ten years following the U.S. Census. [Learn more about redistricting and polling places here.](#)

Early voting runs from 7 AM to 8 PM October 27 to November 3 at a [center in the county where you live.](#)

[Update your registration by October 18.](#)

- Register to vote in federal, state, county, and city elections in Maryland.
- Request a mail-in ballot.
- Update your registration if your name, address, or political party has changed.

[Request a mail-in ballot by November 1.](#)

Gubernatorial Candidate Forum

The Maryland Disabilities Forum and the National Federation of the Blind will hold a virtual forum featuring candidates for Governor Wes Moore and Dan Cox. The Maryland Behavioral Coalition has asked the candidates how they would ensure Marylanders have access to mental health and substance use care when and where needed. The event will take place **10 AM to noon on October 4.** [Learn more and register here.](#)

Opinion: CareFirst Insurance Monopoly

MedChi CEO Gene Ransom's [September 20 Maryland Matters commentary](#) discusses the contract dispute between Johns Hopkins and CareFirst. He poses the question, "If CareFirst is underpaying doctors and nurses and getting a discount on hospital care, but not charging its members lower premiums, the question is where is all that money going?" He concludes that regardless of the outcome, we need to look at the balance of power in the health insurance market.

MIA Approves 2023 Health Premiums

The Maryland Insurance Administration (MIA) approved an average increase of 6.6% for individual and small group health insurance plans beginning January 1, 2023. The approved premium rates average 4.4% less than carriers originally requested. [Click here](#) for the press release, which credits the state's reinsurance program for making the smaller increase possible. It also has sample plans. [Click here](#) to review 5 years of average premium changes by carrier.

MIA Posts Carrier Out of Network Approval Policies

In connection with the new balance billing law ([HB 912/SB707](#)) that applies for health plans that renew on or after January 1, 2023, the Maryland Insurance Administration (MIA) created a [web page](#) with an overview and links to [regulated health plans'](#) procedures for requesting in-network coverage for out of network provider care.

Current Maryland law requires that if a health insurance plan does not have an in-network specialist who can provide medically necessary services to treat a condition or disease without requiring unreasonable travel or waiting an unreasonable amount of time, a policy holder can ask for approval from the health plan to see an out-of-network specialist. If certain conditions are met, the health plan will be required to cover the services from the out-of-network specialist and process claims applying the in-network deductible, coinsurance, and copayment.

Starting January 1, for those who are approved to see an out-of-network specialist for **mental health or substance use disorder services**, the health plan must pay the costs of the out-of-network specialist's services other than the cost-sharing (deductible, copay, coinsurance) and must ensure that the approved out-of-network services cost no more than what would have been paid for services from a provider on the plan's provider panel. This means there is no balance bill, and the clinician is paid under a single case agreement with the carrier.

The [legislation](#) has a three-year sunset, so we want to demonstrate its impact to ensure continuation. Under the bill:

- Carriers are required to inform their members about their procedures to request a referral to go out-of-network.
- Consumers are protected against balance billing when they get carrier approval to go out-of-network.
- The Health Education and Advocacy Unit (HEAU) and the MIA must do public education to inform consumers about this right.

Advocates will monitor for adverse consequences, if any, such as reimbursement reductions for network providers, protracted negotiations on single case agreements, or delays in treatment.

Maryland Crisis Resources

Crisis support options by county, including emergency psychiatric services, is available on the [Optum website](#).

There are currently 43 hospitals that can accept emergency petitions.

Maryland News

Access to Recovery Emergency Gap Funds Grant Program

The Opioid Operational Command Center Access to Recovery Emergency Gap Funds Grant Program will distribute \$600,000 in funds that can be used to cover emergency expenses, such as transportation, housing, extended stays in recovery programs, and access to medication. Organizations that work with individuals in recovery, such as recovery-focus community organizations, recovery residences that have been certified by the Behavioral Health Administration of the Maryland Department of Health, local health departments, and local behavioral health authorities are eligible to receive funding through this program. Please [click here](#) for more details or to apply. Copies of the [budget template](#), the [application form](#) and [document checklist](#) must be included with all submissions. Please contact Khalil Cutair at Khalil.Cutair@Maryland.gov with questions. **The application deadline is October 13** and award decisions will be announced on October 30.

SAMHSA Awards Over \$50M for Maryland Opioid Response

Last month SAMHSA [announced](#) more than \$1.6 billion in new funding for communities addressing addiction and overdose. Maryland will receive \$51,384,298 under SAMHSA's [SOR grant program](#) for its Opioid Response III (MD-SOR III). MD-SOR III will support state and local capacity to address opioid use disorder (OUD) and stimulant use disorder in high risk and vulnerable communities through prevention, treatment and recovery interventions. Goals include:

- Individuals seeking access to services for OUD will receive access to MAT and other clinically appropriate services.
- Reduce opioid overdose-related deaths through prevention, treatment and recovery using evidence-based practices.

Please see [this link](#) for more details.

New Consumer Resource Guide

The Legal Action Center has a new guide [Be Empow\(ER\)ed! Know Your Rights to Addiction Care for Drug & Alcohol-Related ER Visits](#) to inform people who use drugs (PWUD) about their rights to receive certain evidence-based services for substance use disorders in hospital emergency departments (ED). The guide helps PWUD, families and friends advocate for services in the ED, using federal protections, and outlines a complaint process that can be initiated if EDs don't offer the services. Learn more about LAC work on evidence-based ED practices [here](#).

MPS Supports Retaining Existing IVA Wording

On September 8, the MPS submitted [comments](#) on the [proposed revisions](#) to regulations for Involuntary Admission (IVA) based on MPS [feedback](#) about last year's report from the Involuntary Commitment Stakeholders' Workgroup, and further informed by current member concerns. MPS supported changes to COMAR 10.21.01 that update the health care professionals who are authorized to complete a certificate but disagreed with the proposed definition of "danger" for purposes of emergency psychiatric evaluation and involuntary admission to a facility, which significantly narrows the ability to use involuntary commitment. For example,

- It requires the patient to be "unable" to care for self, but few would meet this standard because it requires complete disability.
- It does not include significant destruction of property.
- "Reasonable fear of physical harm" can still be interpreted differently.
- Although there is similar risk with the existing regulation, the definitions could be mis-used.
- It requires overt acts.

The MPS supports the recommendation in the August 11, 2021 Involuntary Commitment Stakeholders' Workgroup [report](#) to provide more information and training around the existing dangerousness standard, which readily accommodates a range of gray area situations involving serious risk to the individual or others. We also support the recommendation to gather more data about how the current system is working. To our knowledge the Stakeholder Workgroup's recommendation to define dangerousness in regulations is the only action being taken at this time.

MPS went on to note that involuntary admissions are needed to keep patients safe when resources in the community are not available. These regulatory changes aim to address a problem that mainly stems from inadequate resources for people suffering acute mental health crises. Maryland needs more inpatient beds at both private and state hospitals. This deficiency can lead to individuals being inappropriately released from the emergency department when there is an ambiguous situation and no bed availability. We also need more specialized, high quality, community-based alternatives to hospitalization. This is the starting point for a comprehensive solution, in addition to training and gathering data.

Behavioral Health Integration

HHS released a [Roadmap for Behavioral Health Integration](#) with policy solutions to help integrate mental health and substance use care into large healthcare systems .

Maryland News

Attention Black members: Be featured in the new Find-A-Doc-Howard! app

The Alpha Foundation of Howard County, Inc., in partnership with Onyx Medical Society, was awarded a Transform Howard Grant from the Horizon Foundation to develop a website application ("app") called [Find-A-Doc – Howard!](#) The purpose of the app is to provide resources for the Black youth of Howard County to access and obtain information related to mental health issues.

We invite you to join our list of Black psychiatrists available to offer services to Black youth in Howard County. We hope to list your name, discipline, and credentials on our Find-A-Doc – Howard! app as a prospective professional that a youth (or his/her parent) may use as a resource for assistance related to mental health. There is no cost associated with the listing.

May we count on your participation to deliver mental health services to the minority youth in Howard County? If so, [click here](#) to complete the short form. Please contact Cholet K. Josue, M.D. at drjosue@mindbrainbody.net or 312 491-0183 (cell) with any questions.

PBHS Provider Manual

Maryland Public Behavioral Health System (PBHS) Provider Manual is being revised to remove outdated information. Email omd_providerrelations@optum.com with any wording issues, questions, or change requests for future revisions. The revised Provider Manual is on the Optum Maryland [website](#) under the "Behavioral Health Providers" drop-down on the "Provider Manual" page. Revisions to the Billing Appendix, Level of Care Appendix, and Medical Necessity Criteria Appendix are underway. [Click here](#) for the provider alert.

BHA-MedChi Webinars

The Behavioral Health Administration and MedChi webinar series, *Helping the Helpers and Those They Serve*, is for behavioral health and medical providers of all disciplines in both community and hospital settings. They enhance health care provider self-care and the care they provide by addressing the pandemic, social justice issues, and other stressors. **CME credits are free.** Recordings are archived on the BHA/MedChi [webinar page](#). The programs run from **5 to 6 PM**:

October 13 [An Exploration in Mental Fitness](#)

Elissa Alden, MBA. Moderator: Jennifer Greenspun, LCSW-C.

October 27 No Webinar

Medicaid Provider Enrollment Revalidations

MDH has resumed Medicaid enrollment revalidations. Provider account administrators receive notice via email stating that there is a message that requires action in the electronic Provider Revalidation and Enrollment Portal (ePREP). The account administrator needs to first log in to ePREP to access the revalidation notice. All notices are found within "Messages" in the Business Profile.

To avoid suspensions of your Medicaid account, please note:

- Providers are required to revalidate their enrollment with Maryland Medicaid every five (5) years.
- **IMPORTANT** - Revalidation notices are only sent through a provider's ePREP account, NOT via email or certified mail. An initial and final notice for revalidation will be sent 45 days apart. Providers have 90 days from the initial notice to apply for revalidation.
- If a provider does not revalidate, their enrollment will be suspended, and they will not be able to request authorizations or submit claims
- To submit a Revalidation application in ePREP [click here](#). Provider type specific addenda are [here](#).
- For questions regarding the ePREP portal, call the ePREP Helpline at 1- 844-463-7768.
- For questions about required documentation for a Revalidation application, email mdh.bhenrollment@maryland.gov.

Please [click here](#) for the provider alert.

New MDH Pharmacy Point-of-Sale Claims System

The Maryland Department of Health (MDH) announced a targeted launch of the new Pharmacy Point of Sale Electronic Claims Management System (POSECMS) on **October 30**. POSECMS will replace the Maryland Medicaid Pharmacy Program's (MPP) current system with a cloud-based solution that improves pharmacy service delivery, supports cost containment, and drives claims processing continuity for MPP providers and participants. POSECMS ensures timely and accurate payment of claims to providers and pharmacies through the real-time verification of eligibility, drug coverage, and reimbursement. Functionality includes:

- New E-Prescribing Capability
- Enhanced Web Portal with Prior Authorization Functionality
- Participant Call Center

[Click here](#) for training options for physicians and others on several October dates.

Medicare Updates

Give Input on CMS Policies and Programs

The Centers for Medicare & Medicaid Services (CMS) seeks input from across the health system to understand how its payment policies and quality programs impact healthcare. It is [gathering public input](#) on accessing care, provider experiences, advancing health equity, and assessing the impact of pandemic waivers and flexibilities. CMS will use the comments received to identify opportunities for improvement and efficiencies across its policies, programs, and practices.

Deadline for comments November 4.

HIPAA Covered Entity Decision Tool

HIPAA (Health Insurance Portability and Accountability Act)-covered entities must also comply with standards for electronic transactions, not just privacy and security provisions. CMS has a tool that helps health care providers [check whether they are considered HIPAA-covered entities](#). Visit the CMS [Administrative Simplification website](#) to learn about required standards and operating rules for [electronic health care transactions](#) by HIPAA-covered entities.

2021 MIPS Targeted Review Requests

Those who participated in the Merit-based Incentive Payment System (MIPS) in 2021 can review their performance feedback, including their MIPS final score and payment adjustment factor(s), on the [Quality Payment Program website](#). The 2021 final score determines the payment for 2023, with a positive, negative, or neutral payment adjustment applied to the Medicare amount. Clinicians can request that CMS review the calculation of their MIPS payment adjustment factor(s) through a targeted review.

If there is an error in the calculation of your MIPS payment adjustment factor(s), you can request a targeted review **until October 21** (e.g., if data was submitted under the wrong TIN or NPI, or you fall below the low-volume threshold and shouldn't receive a payment adjustment, or performance categories weren't automatically reweighted even though you qualify due to extreme and uncontrollable circumstances). If you have questions about whether your circumstances warrant a targeted review, call 1-866-288-8292 (TRS: 711) or email QPP@cms.hhs.gov.

To access your MIPS final score and performance feedback and request a targeted review, [sign in](#) using the same credentials that allowed you to submit your 2021 MIPS data and click "Targeted Review" on the left-hand navigation. If CMS requires documentation to support a review request, you will be contacted. If the request is approved and results in a scoring change, your final score and/or payment adjustment will be updated. **Targeted review decisions are final and not eligible for further review.**

For more information, please see the [2021 Targeted Review User Guide](#) or the [2023 MIPS Payment Year Payment Adjustment User Guide](#). For a step-by-step demonstration of a targeted review request, please watch the [2021 Targeted Review Demonstration \(Video\)](#).

AMA Urges Action of Medicare Payments

In nearly 100 pages of detailed [comments](#), the AMA weighed in on CMS proposed policies for the 2023 Medicare physician payment schedule and urged CMS to work with Congress to avert budget-neutrality cuts and implement an inflationary update for doctors who are in line to see a 4.42% pay cut in January. The AMA is asking Congress to:

- Extend the congressionally enacted 3% temporary increase in the Medicare fee schedule.
- Provide relief for an additional 1.5% budget-neutrality cut that is planned for 2023.
- End the statutory annual freeze and provide an inflation-based update for the coming year.
- Waive the 4% pay-as-you-go sequester necessitated by passage of legislation unrelated to Medicare.

The lapse of the 5% APM and the MIPS performance incentives, coupled with the 4.42% pay cut, threaten patient access to Medicare-participating doctors and undermines the sustainability of physician practices. [Click here](#) for more details.

2023 MIPS Virtual Group Participation

A virtual group is one way clinicians can participate in the [traditional Merit-based Incentive Payment System \(MIPS\)](#). A virtual group is a combination of 2 or more Taxpayer Identification Numbers (TINs); there is no limit to the number of TINs in a virtual group. Virtual groups can't report via the [APM Performance Pathway \(APP\)](#) or the [MIPS Value Pathways \(MVPs\)](#). To receive approval to participate as a virtual group for the 2023 performance year, submit an election email to MIPS_VirtualGroups@cms.hhs.gov by **December 31, 2022**. [Click here](#) for more information.

Free CME Goal-Concordant Prescribing

A 2-hour [Deprescribing: Goal-Concordant Prescribing in Serious Illness](#) (including Alzheimer's) seminar will be held from 9-11 AM on Saturday **October 15**.

APA News & Information

APA Urges Telehealth Extension

Last month, 375 stakeholders, including the APA and the University of Maryland Department of Psychiatry, sent a [letter](#) to the US Senate asking that expanded telehealth access be solidified for the next two years (instead of continuing the temporary extensions that introduce uncertainty in the health care system) while working toward permanently extending the flexibilities and waivers currently in place. This includes removing in-person requirements for telepsychiatry in both Medicare and commercial plans, including prescribing controlled substances virtually.

APA Supports Monetary Penalties for Parity Violations

On September 8, the *Parity Enforcement Act of 2022*, [S.4804](#), was introduced to allow the Secretary of the Department of Labor to issue civil monetary penalties against insurers and health plans who are not in compliance with mental health parity laws. This bill further responds to issues highlighted in the [2022 Mental Health and Addiction Equity Act Report](#), which found that many health plans and insurance companies are not in compliance with federal mental health parity laws. APA will continue to support the proper enforcement of mental health parity laws.

APA Launches LaSaludMental.org

A new APA webpage [LaSaludMental.org](#) is dedicated to hosting Spanish-language information and resources on mental health and substance use disorders. Spread the word to Spanish-speaking patients. Content includes informational text, quizzes, expert Q&A in print and video formats, infographics, printable handouts, animated explainer videos, and more.

APA Distinguished Service Award

Nominations are open for this APA award honoring a distinguished fellow, fellow, general member, nonmember, or organization who has contributed exceptional meritorious service to the field of psychiatry. The deadline is **October 31**. [Learn more.](#)

Equity in Mental Health Community Grants

The MOORE Equity in Mental Health Community Grants Program was established by APA's Division of Diversity and Health Equity and the APA Foundation to support community organizations that have undertaken innovative awareness programs and/or have provided services to improve the mental health of young people of color. [Learn more and apply by October 14.](#)

APA Mental Health Services Conference

Theme: *"Facing Our Future Together: Empowering mental health care teams with practical solutions to emerging challenges."*

In Washington, D.C. **October 13-14** the APA will bring together the whole team caring for those with mental illness. Presented in collaboration with [SMI Adviser](#) and the [APA Foundation](#), this program offers up to **17.5 CME/CE** credits and includes diverse perspectives on a range of topics, including crisis care teams, the implications of the overturning of *Roe v. Wade*, the rollout of 988, addressing structural racism, and reducing inequity in health care. The program also includes practical sessions on telepsychiatry, community psychiatry, serious mental illness, therapeutic drug monitoring, digital health literacy, and value-based care, among many other topics across 38 sessions and 20 posters.

[View the full program at this link.](#)

Learn more and register at [psychiatry.org/mhsc](#).

FREE APA Course of the Month

The **October Course of the Month – A Paradigm Shift: Recovery Education for Adults Experiencing Homelessness:** Recovery Education Centers (REC) offer a new model of providing recovery support using emancipatory adult education and recovery-oriented service principles. This course will describe findings of the first REC in Canada and one of the few worldwide specifically supporting people transitioning out of homelessness. Each month, APA members have free access to an on-demand CME course on a popular topic. [Click here to access the Course of the Month and sign up for updates about this free member benefit.](#)

APA Structure and Governance

APA Area 3 Trustee Geetha Jayaram, M.D. provided the links below for members detailing the APA Administrative Organization chart, and the overall structure of its corporate enterprise and governance.

- [APA administration organizational chart](#)
- [APA corporate enterprise and governance chart](#)

AMA Council Reports

The AMA has a new [public-facing tool](#) for accessing AMA Council Reports. These reports inform AMA policy and governance on a wide range of issues, including professional ethics, medical education, legislation, long-range planning, social and economic aspects of health care, science, and public health.

APA News & Information

New Codes for Neurocognitive Disorders

New ICD-10-CM codes for Neurocognitive Disorders take effect **October 1**. The coding changes are largely confined to major and mild neurocognitive disorders, but they represent the most consequential coding changes for *DSM-5* disorders since the October 1, 2015 change from ICD-9-CM to ICD-10-CM. [Click here](#) for details from *Psychiatric News*.

APA Responds to CareDash Complaints

The APA has heard from members regarding deceptive and misleading business practices by [CareDash](#), a health care provider review and referral website. APA sent a letter to CareDash demanding that they remove from the platform all profiles of psychiatrists who have not provided consent to display their profile.

APA Members listed on CareDash without their consent are encouraged to consider taking action by: filing individual complaints with 1) [the Federal Trade Commission](#); 2) the State consumer protection office (see the [dropdown menu](#)); and/or 3) the [Better Business Bureau](#) by selecting "File a Complaint."

This update was included in a recent [Psychiatric News Alert](#) to members. Members can contact practicemanagement@psych.org with any additional questions.

*Maureen A. Maguire, J.D., Associate Director
APA Payor Relations and Insurance Coverage*

Member Publications

Congratulations to **Nicole Leistikow, M.D.** who wrote an article summarizing how to treat women in perimenopause, entitled *Perimenopause and Mental Health: Implications for the Assessment and Treatment of Women at Midlife*. Here is a free link: https://authors.elsevier.com/a/1fjYs_yfZNzCLE.

USPSTF Recommends Anxiety Screening

The US Preventive Services Task Force (USPSTF) issued a [draft recommendation statement](#) supporting screening for anxiety in adults, including pregnant and postpartum persons. The aim is to help primary care clinicians identify early signs of anxiety during routine care. **Public comments are requested through October 17.**

Resources from PRMS

PRMS is offering a new article, [Top 10 Medication Safety Tips](#), in observance of last month's WHO World Patient Safety Day.

[PRMS Fact vs Fiction Resource](#)

If you have a patient who owes you a large sum of money, you may refuse to schedule the patient or to provide refills until he/she either catches up with their payments, or agrees to a suitable repayment plan. What do you think – fact or fiction?

ANSWER: Fiction! So long as a patient is under your care, your licensing board expects you to meet their clinical needs. Refusing to see them or to prescribe necessary medication until they are able to pay could be grounds for a claim of abandonment. If a patient can't or won't timely pay your fees, you can initiate termination of the treatment relationship, but you must not withhold treatment until the termination becomes effective. It is also not appropriate to withhold a patient's medical records until they have paid their past-due bills. This practice is specifically precluded under HIPAA, as well as the laws of many individual states.

Health Disparities Data

Research into minority health and disparities has evolved in recent decades. Complex factors involved in health outcomes can inform interventions that reduce disparities. One of the factors is *where* we live and how that affects different people. NIH scientists created a [health data map](#) including risk factors for each US county searchable by age, gender, and race/ethnicity from 2000-2019. This standardized data can help advance health equity, but it is all from before the COVID-19 pandemic, which has had disproportionate effect on overall mortality and life expectancy has exacerbated existing health disparities.

Adapting Evidence Based Practices for Under-Resourced Populations

A new resource from SAMHSA focuses on research supporting adaptations of evidence-based practices for under-resourced populations. Adaptations involve tailoring care, programs, and services to the cultural, social, gender, and demographic contexts of the people served to yield positive outcomes. Please click for the [Resource Guide](#) and/or the [Guide Overview](#).

CLASSIFIEDS

POSITIONS AVAILABLE

PRACTICE OPPORTUNITY : Established, busy multi-disciplinary outpatient psychiatric practice in White Marsh is seeking an Adult Psychiatrist and a Child/Adolescent Psychiatrist to provide psychiatric evaluations and medication management for patients. Join our practice of fifteen clinicians as a Limited Partner. Begin with an established case load and a potential for profit sharing. Medical/dental benefits are available. We participate with most major insurances and provide assistance with credentialing Full-time and part-time hours are available. Collegial environment and pleasant staff. See our website www.whitemarshpsych.com. Please send your resume and cover letter to dianne@whitemarshpsych.com and/or call Travis Frank, Psy.D., President at 410-931-9280.

The MdEIP, First Episode Clinic is seeking a **full or part time psychiatrist** to provide clinical care in early psychosis and graduate level supervision. Candidates must be **ABPN** certified or eligible. Child Adolescent Fellowship specialization is preferred, but not required. Academic rank at the School of Medicine, Department of Psychiatry and salary are commensurate with experience. Those with interest can find more information and submit an application through the UMB Taleo system. job #2200013P.

OFFICE SPACE AVAILABLE

BETHESDA: Offices for rent in psychotherapy suite carefully following CDC guidelines for safe opening. Furnished and unfurnished space available. Flexible term. Free WiFi, beverages, color copier. Very friendly and professional clinicians. Contact Keith Miller: 202-360-9996 or keith@keithmillercounseling.com.

Ellicott City: Daily/Part-time/Full-time: Following CDC guidelines, Telehealth and in person. Includes Wi-Fi, copier, fax, staff kitchen, handicapped access. Convenient to route #'s: 40, 29, 32, 70 & 695. Contact Dr. Mike Boyle 410-206-6070 or 410-465-2500.



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According to AFSP, ninety percent of people who die by suicide have an underlying - and potentially treatable - mental health condition. As a psychiatry-specific professional liability insurance program, we are dedicated to supporting our clients, as well as the greater mental healthcare community.

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(800) 245-3333
PRMS.com/Prevention
TheProgram@prms.com



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- Must have a current license to practice in Maryland at the time of hire
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This part-time position is with our K-8 program at Kennedy Krieger School Programs' Fairmount Campus in East Baltimore, serving students ages 5-14.

Responsibilities include providing psychiatric evaluations and direct medication management for students, classroom observation, individual meetings with students, communication with parents, and communication with the school team and medical director. Attendance at team meetings may take place, as needed and as the schedule permits. Workdays and hours are negotiable. Supervision will be provided by the medical director.

Qualifications: BE/BC in Child and Adolescent Psychiatry

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