



State of Delaware

***The Department of Services
for Children, Youth and
Their Families***

Division of Prevention and Behavioral Health Services

Provider Forum

March 7, 2013

2PM – 4PM

1825 Faulkland Rd

Wilmington, DE 19805

Room 198/199

Agenda:

- I. Welcome**
- II. Announcements** J. Tse
 - a. New Staff
 - i. Director of Prevention – Daphne Warner
 - ii. Managed Care System Administrator – Sarah Marshall
 - b. Billing Manager position
 - i. Vacated by Delilah Greer
 - ii. Contact Jennifer Tse until replacement is hired
 - c. May Conference – Save the Dates for our Annual Conference
 - i. Location is Sheraton Dover from May 1st – May 2nd
 - ii. CEUs will be available
 - iii. FREE
 - d. Upcoming Trainings available
 - i. TF-CBT – July 11th and 12th Handout
 - ii. PCIT M. Moor
- III. Billing Changes** – changes in the CPT Codes/HCPCS codes for 2013 J. Tse
- IV. Updates**
 - a. Standardized treatment forms have been updated online and are available through our provider website (kids.delaware.gov) J. Tse
 - b. GAIN Rollout Implementation Plan J. Tse
 - c. JFC Presentation and Budget H. Giddens
 - d. Intake – additional position and Intake Committee recommendations S. Schmidt
 - e. Family Choice S. Schmidt
 - f. Family Advocate S. Marshall
 - g. FACTS II progress H. Giddens

Remaining DPBHS Provider Forum Meeting Dates to be held at the Admin Site for CY 2013

6/6/2013 – 2-4pm

9/5/2013 – 2-4pm

12/5/2013 – 2-4pm

NASW Delaware Spring After Work Continuing Education Program

March:

- 14th- Understanding Evidence Based Practice: Implications for Clinicians, Supervisors, and Administrators in Social Service Agencies (3 CEUs)
<https://www.123signup.com/register?id=bvqpn>
- 28th- Understanding the Sexual Response Cycle and its Relationship to Sex Addiction (3 CEUs) <https://www.123signup.com/register?id=bvtqx>

April:

- 3rd- Understanding an Utilizing the DSM IV TR Technical Terms in Clinical Assessments and Treatment Planning-Part 1 (3 CEUs)
<https://www.123signup.com/register?id=bvtqp>
- 17th- Understanding an Utilizing the DSM IV TR Technical Terms in Clinical Assessments and Treatment Planning-Part 2 (3 CEUs)
<https://www.123signup.com/register?id=bvtqh>
- 24th- Breaking out of the Psychological Prison of Addiction: A Journey into Pure Awareness and Mindfulness (3 CEUs) <https://www.123signup.com/register?id=bvtvx>

May:

- 8th- Basic Principles and Techniques of Cognitive-Behavioral Therapy in Treating Co-Occurring Disorders (3 CEUs) <https://www.123signup.com/register?id=bvttg>
- 22nd- Clinical Documentation: Writing Effective Assessments, Treatment Plans, Progress Notes, and Discharge Summaries-Part 1 (3 CEUs)
<https://www.123signup.com/register?id=bvttb>
- 29th- Clinical Documentation: Writing Effective Assessments, Treatment Plans, Progress Notes, and Discharge Summaries-Part 2 (3 CEUs)
<https://www.123signup.com/register?id=bvtzx>



*The Department of Services
for Children, Youth and Their Families
Division of Prevention & Behavioral Health Services*

"Integrating prevention, early intervention and mental health to enhance services for children & families"

(302) 781-3210

Delaware's B.E.S.T. for Young Children

Fax: (302) 453-4112

TRAINING DATES for 2013

Parent-Child Interaction Therapy (PCIT) Training

What is PCIT?

PCIT is an evidence-based mental health treatment for young children with behavioral difficulties and their families. The treatment was developed by Dr. Sheila Eyberg at the University of Florida. It is a short-term, assessment-driven intervention where parents and children are required to develop and master a set of skills. PCIT is a manualized treatment providing detailed session outlines and structure while also allowing for clinical flexibility to tailor the intervention for each client. PCIT focuses on improving the quality of the parent-child relationship and changing parent-child interaction patterns. Through a live coaching format, parents are taught specific skills which help to foster a nurturing and secure relationship with their child while increasing their child's pro-social behavior and decreasing negative behavior. The treatment is designed to reduce defiant and aggressive behavior in young children and to ultimately prevent future negative outcomes associated with antisocial behaviors. PCIT has strong research support demonstrating its effectiveness in treating child behavioral problems. It has also been shown to target and reduce risk factors for child maltreatment and decrease re-offenses of child physical abuse.

When will training be offered?

- April 15 – 19, 2013
- August 19 – 23, 2013
- October 28 – November 1, 2013

What will it cost our agency?

Thanks to funding provided by the SAMHSA grant, agencies and community providers are in a unique position to receive comprehensive training, consultation, and full implementation of PCIT without any financial cost (cost per training is valued at \$3000 per clinician). Costs associated with implementing PCIT at your agency are as follows:

- Required staff time and travel costs associated with attending a 5-day intensive PCIT training at University Plaza in Newark, Delaware as provided by Joshua Masse, Ph.D. and Abigail Janney, Psy.D.
- Required staff time and travel costs associated with attending a 2-day advanced training at University Plaza in Newark, Delaware as provided by Joshua Masse, Ph.D. and Abigail Janney, Psy.D. This training will be held 2-4 months following the intensive training with date dependent upon group progress.
- Required staff time to participate in bi-weekly one-hour consultations (either at your agency or by phone) with Joshua Masse, Ph.D. and Abigail Janney, Psy.D. Consultation calls will be conducted until **two** PCIT cases are completed by each therapist. This tends to take approximately one year.

What are the benefits of this training?

As PCIT has been widely recognized as an evidence-based practice for young children, your agency will receive state-of-the-art training by local expert trainers. You will receive ongoing consultation to assist with clinical and organizational issues to help with treatment fidelity and sustainability while providing a unique and beneficial treatment to your clients and their families. This training will allow you to be placed on a state-wide roster and put you in a position to be recognized nationally as a PCIT therapist. Additionally, as the mental health field and managed health care companies move toward reimbursement exclusively for research-supported treatments, this is an opportunity for your agency to be better prepared for these changes.

What are the agency requirements & expectations for participation?

Adopting PCIT requires full commitment on behalf of an agency to ensure appropriate implementation and fidelity to the model. The following requirements have been based on recommendations set forth by the National PCIT Advisory Board.

- Agency must have ongoing access to and experience working with children in the appropriate age range (2 to 7) and their families.
- It is *strongly* recommended that each therapist should have at least one family identified for PCIT prior to the initial training and can begin therapy with that family immediately following the training (within one week). Each therapist is required to complete **two** PCIT cases during the training period.
- Agency is encouraged to identify at least two therapists who will be trained in PCIT. In addition, a clinical supervisor is required to attend all components of the training (including ongoing consultations). A clinical supervisor may be one of the identified therapists***.
- Each therapist must have a minimum of a Master's degree in mental health (e.g., social work, counseling) **and be licensed within their respective field.**
- Agency must be willing to dedicate time for their clinicians and supervisor to attend *all* training days and ongoing consultations.
- Agency should have treatment space conducive for PCIT. This includes therapy rooms that are sparsely furnished, a separate observation room with one-way mirror, and equipment that allows for communication between therapist and parent (communication system may be supplied at no cost). *An agency without this setup or equipment may still apply but will need to have a plan prior to initial training geared toward getting the necessary space and equipment.*
- Agency must have the appropriate recording device (i.e., video camera) that simultaneously captures video of parent/child and audio of the therapist. In terms of videotaping sessions, appropriate consents will need to be attained from the client to allow the trainer to observe the session.
- Agency must be willing to collect data at each session and provide these data to grant staff at least once every month.
- Agency must have the resources (internet) and be willing to join and participate in the PCIT of DE listserv.

***** Private practitioners may also apply for training though it has been found that PCIT is more effectively implemented when more than one clinician within the same agency/office is trained in PCIT.**

How to apply for PCIT training?

For an application contact:

Joshua Masse, Ph.D.
Delaware's B.E.S.T. Clinical Trainer
Phone: 302-781-3214
Email: Joshua.Masse@state.de.us

Mary Moor
Delaware's B.E.S.T. Project Director
Phone: 302-781-3212
Email: Mary.Moor@state.de.us



**American Psychiatric Association
CPT Coding Resources for APA Members**

Psychiatry Coding Changes for 2013

List of New Codes

Initial Psychiatric Evaluation (formerly 90801 or new patient E/M code)
90791, Psychiatric diagnostic evaluation (no medical services)
90792, Psychiatric diagnostic evaluation (with medical services) (New patient E/M codes may be used in lieu of 90792)
Psychotherapy (formerly 90804-90808, 90816-90821) For use in all settings; time is with patient and/or family)
90832, psychotherapy, 30 minutes
90834, psychotherapy, 45 minutes
90837, psychotherapy, 60 minutes
Evaluation Management (E/M) and Psychotherapy (formerly 90805-90809, 90817-90822)
Appropriate E/M code (not selected on basis of time), and 90833, 30-minute psychotherapy add-on code
Appropriate E/M code (not selected on basis of time), and 90836, 45-minute psychotherapy add-on code
Appropriate E/M code (not selected on basis of time), and 90838, 60-minute psychotherapy add-on code
Medication Management (formerly 90862 or E/M code)
Appropriate E/M code (99xxx series)
Interactive Psychotherapy (formerly 90802, 90810-90815, 90823-90829, 90857) For use with the psychiatric evaluation codes, the psychotherapy and psychotherapy add-on codes, and the group (non-family) psychotherapy code
90785, interactive psychotherapy
Crisis Psychotherapy (new)
90839, psychotherapy for crisis, first 60 minutes (Appropriate E/M code may be used in lieu of 90839)
90840, psychotherapy for crisis, each additional 30 minutes



Psychiatric Services 2012 to 2013 Crosswalk

2012			2013				
Service	CPT Code	2013 Status	Service	CPT Code	Report with interactive complexity (+90785)		
Diagnostic							
Diagnostic interview examination	90801	DELETED	Diagnostic evaluation (no medical)	90791	When appropriate		
			Diagnostic evaluation with medical	90792			
Interactive diagnostic interview examination	90802	DELETED	Diagnostic evaluation (no medical)	90791	Yes		
			Diagnostic evaluation with medical	90792			
Psychotherapy							
Individual psychotherapy 20-30 min	90804, 90816	DELETED	Psychotherapy 30 (16-37*) min	90832	When appropriate		
45-50 min	90806, 90818		45 (38-52*) min	90834			
75-80 min	90808, 90821		60 (53+*) min	90837			
Interactive individual psychotherapy 20-30 min	90810, 90823	DELETED	30 (16-37*) min	90832	Yes		
45-50 min	90812, 90826		45 (38-52*) min	90834			
75-80 min	90814, 90828		60 (53+*) min	90837			
Psychotherapy with E/M (there is no one-to-one correspondence)							
Individual psychotherapy with E/M, 20-30 min	90805, 90817	DELETED	E/M plus psychotherapy add-on	E/M code (selected using key components, not time) and one of: +90833 30 (16-37*) min +90836 45 (38-52*) min +90838 60 (53+*) min	When appropriate		
45-50 min	90807, 90819						
75-80 min	90809, 90822						
Interactive individual psychotherapy with E/M 20-30 min	90811, 90824	DELETED			E/M plus psychotherapy add-on	E/M code (selected using key components, not time) and one of: +90833 30 (16-37*) min +90836 45 (38-52*) min +90838 60 (53+*) min	Yes
45-50 min	90813, 90827						
75-80 min	90815, 90829						
Other Psychotherapy							
(None)			Psychotherapy for crisis	90839, +90840			No
Family psychotherapy	90846, 90847, 90849	RETAINED	Family psychotherapy	90846, 90847, 90849			No
Group psychotherapy	90853	RETAINED	Group psychotherapy	90853	When appropriate		
Interactive group psychotherapy	90857	DELETED			Yes		
Other Psychiatric Services							
Pharmacologic management	90862	DELETED	E/M	E/M code	No		

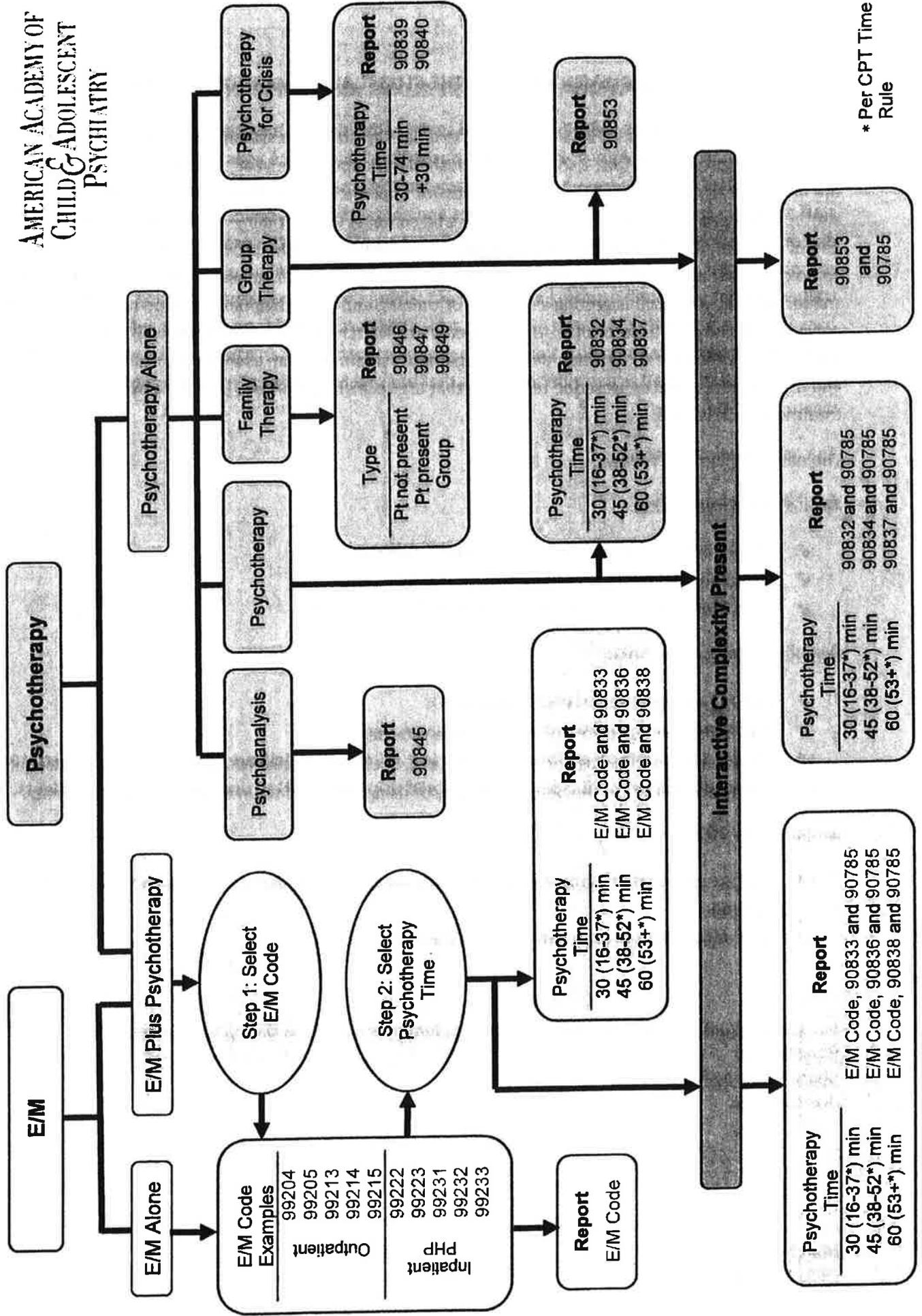
*Per CPT Time Rule

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E/M and Psychotherapy Coding Algorithm

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AMERICAN ACADEMY OF
CHILD & ADOLESCENT
PSYCHIATRY



* Per CPT Time Rule

NEW TIMELINE FOR IMPLEMENTATION OF THE GLOBAL ASSESSMENT OF INDIVIDUAL NEEDS (GAIN)

Due to logistical problems, DPBHS has elected to delay the start up a system-wide training on the GAIN. The original start date of April 1, 2013 will be pushed back about one year to March 1, 2014. Thus far, the network has made progress on getting ready for implementation. Some providers have identified staff members to serve as prospective trainees and contacts for the online administration system. By end of this year, DPBHS will have contacted and worked with all of the providers that have not yet completed their readiness assessments. Meanwhile, added time will be used to establish a solid core of trainers so that your staff is getting a full dose of training and the individual attention needed during the consultation and quality assurance. Between now and March 1, 2014, our division will also work with University of Delaware to finalize a data management system that can assess performance and utility and use the data to better describe teenagers that are receiving publically funded substance abuse treatment in Delaware.

The new timeline is as follows:

April 2013-February 2014.

- Add two new trainers to the DPBHS coordinating center;
- Ready the data management system;
- Verify the readiness of network substance abuse providers.

March 2014-December 2015.

- Train four cohorts (40+) of administrators;
- Help build training infrastructure for large providers;
- Extract and report on performance data (e.g., % of GAINs delivered by certified administrator);
- Survey and report on the perceived utility of using the GAIN to understand and treat clients.

January-May 2016.

- Analyze aggregate database to describe the treatment population (e.g., prevalence of co-morbid disorders).
- Final report division and network providers.

For specific questions regarding the GAIN or implementation of the GAIN, please contact:

Chuck Webb

Charles.Webb@state.de.us

302-633-2598

March 7, 2013

DPBHS Provider Forum

DPBHS Central Intake Best Practices Committee

A DPBHS review and needs assessment was completed in September 2011. DPBHS's central intake was one of the units reviewed. The system review recommendations for central intake included shortening the referral process; creating an electronic referral form; and, supporting family self referral.

As a result of the review and needs assessment a DPBHS Central Intake Best Practices Committee was formed. Committee members represented stakeholders throughout the state including parents, providers, and DSCYF staff. The primary focus of the committee was to identify ways to streamline and simplify the central intake process and make it more accessible to families and youth. Areas the committee worked on included: defining the role of central intake; creating a method to vary response time for clients according to clinical need and level of care requested; deciding whether intake staff should increase their case management and outreach function; simplifying information needed for eligibility to be met and considering making the referral form an online document.

Below are the recommendations created by the intake committee:

1. Two entrances to DPBHS Clinical Services Management Teams: Central intake (intake) and Acute Care Team.
2. Intake Role: to determine eligibility, ensure intake packets are completed. Intake packets include referral form, provider assessment, verification of insurance, releases signed, parent/guardian permission for DPBHS services signed.
3. Intake Process:
 - A. A referral is received by DPBHS for central intake for youth requiring a level of care decision beyond outpatient care.
 - When the intake packet is completed and eligibility is determined, intake sends referral to CSM team within 2 business days of receiving the completed packet.
 - When there is an incomplete packet, intake sends a checklist of missing information within 2 days after receiving referral to referral agent and parent/guardian.
 - Intake sends letter to those found ineligible for CSM team/higher levels of care within 7 business days.
 - B. Youth presenting with high risk behavior and requiring immediate referrals for treatment other than crisis or hospitalization are fast tracked, sent to CSM team within 24 hours.
 - C. Youth with acute risk are referred to crisis intervention immediately and fast tracked to CSM team within 24 hours.
4. Intake Outreach: To educate and outreach to community organizations and other state divisions. Information will include DPBHS and the intake process. If interested, community groups will be trained to assist families with the referral process, e.g. family voices.
5. Committee is in the process of simplifying the intake form and determining if it can be electronic. This will take some time to complete.

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***The Department of Services for Children, Youth
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"Integrating prevention, early intervention and mental health to enhance services for children & families"

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o Office of the Director o

Fax: (302) 622-4475

January 31, 2013

Greetings Providers:

I wanted to let you know the CSMT procedure when a youth is authorized for a specific level of care. After the team leader considers all the clinical information provided by all involved parties a level of care decision is reached and authorized. The CSMT staff, typically the CSC or PSWIII will notify the parent/guardian of this decision and share the availability of services at this level of care. It is then left up to the parent/guardian to choose among DPBHS's contracted providers. It is further an expectation for CSMT to inform the referring source, when a release has been signed, of the parent's decision. If you have any further questions about this procedure feel free to call me, 302-633-2599.

Julie Leusner, Psy. D.
Director of Intake and Clinical Services