

Volume 5

No. 4

# LACSW Newsletter

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## Inside this issue:

President's Column	1
Mental Health Parity	2-3
Budget, Contact information	4
SR 173	5
Meeting dates, Continuing education, Mentoring Report	6
LACSW Membership Form	7
Contact Information	8

## President's Message March 2007 By Judy Haspel

Dear members,

Once again it is the Legislative season, when we do our most important work. Everything else we do including generating funding through workshops and membership drives supports this most critical function. One difficulty is that we don't know what to expect, and we want to be prepared.

This year is a "fiscal year", and each legislator is allowed to introduce only five bills. The Legislature meets the last week in April, and the deadline to submit bills is five days before that. We don't at this time have any legislation that we want to introduce. However, at the time of this writing the Medicaid issue is unresolved. We are expecting a report with a "fiscal note" indicating the anticipated cost of the new program, and a plan for its implementation. Based on the results of that study, we will determine what action if any needs to be taken.

There are some influential people in this state who believe that Social Workers need special credentials to do Substance Abuse work and EAP work, notwithstanding the fact that Social Workers were at the forefront of the EAP movement, and it is impossible NOT to do some substance abuse work in most areas of prac-

tice.

At Senator Broome's suggestion, and with the LPC's joining in, last year we submitted Senate Resolution 173, which asked for a study regarding the Addictive Disorders multi level licensing law and possible conflicts with our right to practice. There is a copy of DHH's report on page 5. Although its not binding, we believe that this will serve as a precedent to combat other disciplines that may want to limit our scope of practice, and that we have a template for future engagement, which could have implications on a national level.

While the Addictive Disorders issue seems to be resolved, The EAP problem may re-surface this year for the third time.

We all owe much to our LACSW members who have spearheaded our legislative concerns in the past, most recently Deborah Fernandez. In addition, Justin Schleis and Mim Aretsky were very involved in the meetings with DHH this last year.

I know the idea of doing "one more thing" can be overwhelming. Many of us are practicing saying "no" in an attempt to live more balanced lifestyles. Some of us may feel we need personal invitations before we are willing to express interest. However, the legislative committee needs help, so please consider serving on this most important committee.

The board is sorry to lose Carlene Spears, who served as our treasurer for three years. We thank her for organizing us and bringing the technology of the 21st century into our record keeping. (cont p.4)

*This article is a product of work that has been partially inspired and supported by the Interdivisional (39/42) Task Force on Managed Care and Health Care Policy for the past eight years.*

**Ivan J. Miller**

*Published (2005). The Independent Practitioner, 25(3),p.133-1335.*

### **Hardball with Managed Care: Enforcing a Real Parity Law**

Colorado has one of the best mental health parity laws in the country. In fact, Colorado may be the only state that has "real parity." Although it is limited to "biologically-based mental illnesses," it goes beyond parity for copays, deductibles and maximums, and it calls for parity in preauthorization and utilization review. This effectively eliminates discriminatory preauthorization and utilization barriers to mental health treatment.

Unfortunately, many managed care companies have been ignoring the law. The following two stories describe first a softball attempt to use the insurance commissioner to enforce the law, and second, how to write a hardball letter that quickly brought an insurance company into compliance with the law.

Parity laws have support from consumers and many legislators, but most have a loophole that renders them ineffective. As usually written, these laws require that mental health has only financial parity with physical health for copays, deductibles and maximums. These laws exclude utilization review and preauthorization procedures from the parity requirement. Consequently, preauthorization barriers, excessive paperwork, frequent reauthorization requirements, and restrictive treatment conditions still keep patients from obtaining necessary mental health treatment (Miller, 1966a, 1997).

Managed care companies have supported this type of parity law because their services, preauthorization and utilization review, can be barriers to the use of mental health services the same as financial disparity has been in the past (AMBHA, 1966, Barlas, S., 1996). Although these laws give consumers the illusion that they have achieved parity, managed care is the only real winner. The laws assure that managed care can maintain a lucrative business providing invisible rationing services that protect insurance companies from having to pay for any substantial increase in mental health treatment services (Miller, 1996b, 1996c). Financial parity does little to increase the availability of services; it merely removes the visible financial barriers.

The Colorado Law goes beyond financial parity and closes the preauthorization and utilization review loophole. It states that preauthorization and utilization review shall not be more restrictive for the biologically based mental illnesses than for any other physical illness (Colorado Revised Statutes 10-16-104, (5.5)(a)(1), 2005). Preauthorization procedures, Outpatient Treatment Reports, and inquiries from utilization reviewers are not allowed when they are not used for other physical illnesses. This is real parity.

As a Colorado Law, it applies only to insurance contracts that are signed in the state of Colorado and are not a self-insurance program, which would be covered by federal laws. With these restrictions, it protects only a small number of insured consumers. In my out-of-network practice, I have only had two patients covered by this law. In both cases, the insurance company was ignoring of the law, and the following stories tell about two strategies for bringing them into compliance.

The first is a Cigna patient whose mother paid for treatment. The mother is well informed and knew that her son was protected by the parity law. Over a two-year period, she submitted claims to the medical claims office. These claims were almost universally mishandled. Claims were rejected for preauthorization and utilization review criteria that actually were in conflict with the Colorado Law. The worst evasion was a game of pass-the-buck between the medical and the behavioral health branches. They each said the other should pay. Each monthly statement required more than two phone calls to occasionally obtain payment. Some claims were paid by the medical branch and some by the behavioral health branch. Other claims were not paid in spite of phone promises mad both to the mother and myself. Thousands of dollars behind in payments, the behavioral health department, nevertheless, demanded refunds for its payments because it had decided that physical health should have paid. The medical and behavioral health branches were unable to communicate and resolve the issues, but they told the mother that it was her responsibility to find a way to coordinate their two branches.

During most of the fiasco, following my recommendation the mother was communicating with the Insurance Commissioner's office. Under the current governor, the appointed Insurance Commissioners have adopted a kinder and gentler approach to insurance companies. The Commissioner's consumer advocate gently nudged Cigna, and finally upon my recommendation, had Cigna assign a single human being to the case so that someone at Cigna could be responsible. Unfortunately, the assigned person was from the sales department. She managed my patient's claims without changing the system so other patients in Colorado did not benefit from the parity law.

The second patient is insured by United Health Care. United Health paid for his first year of treatment and then stopped. During the second year, they lost and misclassified claims so many times that it took eight months to obtain a clear statement that the medical branch would not pay the claims, and that claims must be submitted to the behav-

vioral health branch. After three months United Behavioral Health refused to pay because I had not complied with the medical branch. She could not refer me to any person who could correct the systemic problem of failure to comply with Colorado Law. She said that I could appeal this individual I case. An individual case appeal would not fix their system and a requirement to file an appeal to obtain payment is clearly a more restrictive condition than is applied to other medical conditions.

At this point, I had the facts needed to bring United Health Care into compliance. I asked my patient to sign a form that designated me his representative so that I could resolve the problem as a consumer protection issue rather than a billing dispute. Because I knew I would write a strong letter, I advised my patient that it would be a "hardball" letter.

I summarized the case in a Fed Ex letter (the first paragraph is copied below) to the CEO of United Health Care's parent company, United Health Group. This is the only human being listed on United Health's website who can be held responsible without passing the buck to someone else. I explained that his company was so badly broken that normal channels could not bring it into compliance with Colorado Law. I stated that I was having Fed Ex deliver this letter to him so that someone could be held personally responsible for fixing it. When I have contacted the CEOs of other corporations (Insurance Companies, Apple Computer, and AOL), I have found that the statement that they have personal responsibility brings about a quick resolution. It is not that I ever reach the CEOs, but these individuals are surrounded by people who are empowered to protect them from personal responsibility for a problem.

I am contacting you via Fed Ex in order to establish that someone at United Health Care can be held personally responsible for compliance with Colorado Revised Statutes (CRS) 10-16-104, n(5.5)(a)(I), the laws covering parity for biologically-based mental health conditions. The normal channels in United Health Care have been completely unresponsive. I have made numerous contacts with United Health Care during the past year, and no one in United Health Care has been willing or able to accept responsibility. The issue is greater than payment of the claims on my patient; it affects everyone in Colorado who comes under the protection of this law. If you are not able to successfully resolve this issue, I will contact the media and/or the Insurance Commissioner for assistance in investigating this issue and calling for compliance with the law.

The remainder of the letter explained the law, the problems obtaining a response, and the need for a solution. I included ten months worth of unpaid claims.

The contact with the CEO shifts the power dynamics. During the year when United was losing claims, mishandling claims, and passing the buck, I was at a power disadvantage. I spent hours trying to correct mistakes that clerical staff at United Health made in minutes. It cost me much more to try to fix the problem than it cost them to ignore the law. Once the CEO is involved, due to his annual compensation of \$9,588,699 and unexercised stock options of \$529,986,971 (Families USA, 2003) and the compensation of those who surround him, it costs United Health much more to deal with the unsolved problem than it costs me. I do not earn that much.

To enforce the issue of personal responsibility, I told the CEO that I would need to ask for help from the media if he could not fix the problem. I prefer using the media in the court of public opinion rather than the judicial system because it costs consumers less and can address problems within a matter of weeks rather than years.

Quite to my surprise, I did not hear from the CEO. After a month, regretfully, I was beginning to spend time preparing to involve the media. Then, five weeks after writing my letter, my patient told me that he received over \$2000 in back payments and interest from United Health Care for the 10 months of unpaid charges that I had sent to the CEO. The next week, I had a casual discussion with a colleague who is a United Behavioral Health provider. She told me that she received the nicest letter from United Health Care. The company had gone through their records and identified one of her clients as a person who is protected by the Colorado Parity Law. United Behavioral Health told her that she did not need to have any preauthorization or utilization review for this client. Her letter was dated one month after I wrote to the CEO. United Health Care had changed procedures to comply with the Colorado Law.

Colorado has a real parity law that insurance companies have tried to ignore. With persistence, one company at a time, insurance companies can be coerced into complying with the law. Maybe an insurance company will surprise me someday by engaging in a respectful, business-like dialog, or perhaps a reply to a letter I write.

(President's message continued from page 1.)

We are happy that Connie Konikoff has stepped up to the position of treasurer, and we are sure that she will be equally diligent and thorough in keeping us in line.

On the National front, the Mental Health Parity Bill (S.558) reportedly has a good chance of passing. At the time of this writing, this piece of legislation is still in committee. The last action took place on 2/14/07. Ivan Miller has graciously allowed us to reprint an article he wrote regarding parity in Colorado., which can be found on pages 2 and 3.

Thanks to Donna Lewis for her work in organizing the mentorship project; her report is on page 6.

And as always, thanks to all LACSW members for the support you each give in your individual way.

#### BUDGET 2006-2007

	Budgeted Income	Budgeted Expense	Actual Expense
Administration	0	2100	712
Membership scholarship fund	300	300	0
Continuing Education Committee	200	0	0
Education	12500	5500	1073
Executive	0	3000	0
Legislative	0	10000	7010.16
Legislative Contingent Fund		2000	
Managed/Unmanaged Care	0	100	39.00
Media	0	2100	860
Membership	15000	300	0
Mentoring	0	500	36
Nominations	0	0	0
Total	28,000	25,600	9,730
Accessible Funds to Date	27,512		

#### Education Related Questions.

Please note we have a new email address specifically set up for your questions regarding upcoming educational events. You may contact the committee at: [LacswED@aol.com](mailto:LacswED@aol.com)

Our website is [www.lacsw.org](http://www.lacsw.org). Website ID is "LACSW", and your password is "strength". If any LACSW member would like to post a short clinical article on our website (no charge), crediting yourself and with a link to your website if you have one, contact Terry Zenner at (337) 989-9350

**DHH'S REPORT TO THE SENATE COMMITTEE  
ON HEALTH AND WELFARE  
SENATE RESOLUTION 173 OF THE 2006 REGULAR SESSION**

Senate Resolution 173 of the Regular Session requested that the Department of Health and Hospitals study and clarify the issue of whether a licensed social worker and a licensed professional counselor may continue to provide prevention and treatment of substance abuse and addictive disorders without additional certification for these services and report its findings to the Senate Committee on Health and Welfare no later than March 1, 2007.

As requested by Senate Resolution 173 (hereinafter SR 173) the Department of Health and Hospitals (hereinafter the DHH) researched the Louisiana Social Work Practice Act, which governs the practice of licensed social workers, and the Louisiana Mental Health Counselor Licensing Act, which governs the practice of licensed professional counselors. The Addictive Disorders Practice Act was analyzed and studied as to its effect on the Louisiana Social Work practice Act and the Louisiana Mental Health Counselor Licensing Act. The Addictive Disorders Practice Act creates categories of professionals who are governed by the Act, as well as credentials that may be obtained by complying with the Act. There is an overlapping of all three disciplines....

The Department's conclusion based on legal advice is that a licensed social worker and a licensed professional counselor may continue to provide prevention in treatment of substance abuse and addictive disorders without additional certification for these services as long as the services are within the scope of practice for which they are licensed. However, anyone holding himself out as having a credential or status authorized by the Addictive Disorders Practice must comply with the Act. Furthermore, the Act (LA.R.S 37:3390.1) specifically provides:

- A. Nothing in this Chapter shall be construed as preventing or restricting practice, services, or activities of any person licensed or certified in this state, by any other law, form engaging in the profession or occupation for which he is licensed or certifies.
- B. Nothing in this Chapter shall be construed as prohibiting other licensed professionals, including members of the clergy and Christian Science practitioners, for m the delivery of medical, psychotherapeutic, counseling, social work, psychological, or educational services to substance abusers and their families.

DHH/OAD held a meeting on January 8, 2007 at which various interested professionals were in attendance and expressed their comments and suggestions as well as received the Department's legal recommendation regarding SR 173. All documentation relative to this study and report is available upon request.

### Lifespan Integration

Is a new technique which promotes rapid healing in adults who experienced abuse and/or neglect during childhood, by facilitating neural integration.

LACSW presents a two day workshop in Baton Rouge by Peggy Pace May 11 and 12, limited to 30 participants. This workshop is now open to non-members. Cost is members \$275, non-members \$300. This is an incredible deal on a two day workshop.

### BOARD MEETING DATES 2006-2007

April 20, 2007

June 8 Annual Meeting and Workshop

August 10, 2007 Board Retreat

All meetings are held at Behavioral Hospital,  
4040 N. Blvd., Baton Rouge, La. 70806

All Members are Invited to Attend

### Annual meeting June 8, 2007

LACSW presents two half day workshops

River Oaks Hospital in New Orleans

A.M. Workshop: Carolyn Weaver, PhD, LCSW will present on Daniel Siegle's book, The Developing Mind

This will address the connection between the way the brain develops regarding emotions and memory.

P.M. Workshop: Myra Hidalgo, LCSW will present on her own book, Sexual Abuse and the Culture of Catholicism

This will address sexual abuse in the Catholic Church

### MENTORSHIP COMMITTEE REPORT

Submitted by Donna Lewis

Since 2004, the Mentorship Committee has been in place through LACSW. A mentor is defined as "a wise and trusted counselor." In clinical social work, mentorship is a voluntary process in which developing clinicians may enhance their skills and professional identities through the interaction with a role model of their choice. Clearly distinguished from that with a clinical supervisor, a mentoring relationship is collegial and is based on shared professional interests and mutual respect. The Association's mission is to foster new leadership in the field of clinical social work through the mentoring of the recent graduates.

The Mentorship Committee has helped new graduates write their professional resumes, and has given assistance in referring graduates to possible job opportunities throughout the U.S. Through group experiences, graduates discussed career planning, and mentors encouraged the attendance at continuing education presentations and joining professional organizations such as LACSW. Mentoring groups were organized in New Orleans, Baton Rouge and Lafayette.

Thus far, LACSW has planned a presentation at the LSU School of Social Work. Anne Heard, Donna Lewis and Judy Haspel introduced LACSW and the Mentorship Committee to Tulane's School of Social Work on October 31, 2006. Approximately 30 students attended. Thank you, Lynne Perlmutter, for helping this happen!

Currently, the Mentorship Committee is offering individual meetings with new graduates in Social Work. The Committee will attempt to match up the graduate with a mentor who has the specific expertise requested by the graduate. Please call Donna Lewis at 504-837-3241 if you are interested in this program.

LOUISIANA ASSOCIATION OF CLINICAL SOCIAL WORKERS

PROFESSIONAL MEMBERSHIP AND REFERRAL DIRECTORY INFORMATION

MEMBERSHIP YEAR: July 1, 2006 to June 30, 2007

IDENTIFYING INFORMATION: Please list the information you wish to be used in the Membership Referral Directory for members and the public and as a marketing tool for approaching managed care companies.

NAME: (Last, First, Middle Initial or Nickname) - Please Print

CREDENTIALS: (Please circle all that apply) GSW LCSW Diplomate Bd. Approved Supervisor

OTHER CERTIFICATIONS:

PHYSICAL ADDRESS: (Street, City, State, Zip)

MAILING ADDRESS: if different from above (Street, City, State, Zip)

E-MAIL: Website: OFFICE PHONE: ( ) -

FAX: ( ) - HOME PHONE: ( ) - List Home In Directory: Yes No

How do you prefer to be contacted? Mail Fax Email Office Phone Home Phone Any listed

LEGISLATIVE INFORMATION: Please use your Voter Registration Card to complete the following:

State Senator: Senator District Number:

Representative: Representative District Number:

MEMBERSHIP DUES: Please make payable to LACSW c/o Charlene Spears, Treasurer, 1001 W. Pinhook, Bldg. 3, Ste. 305, Laf., LA 70503

Table with 5 columns: Membership Type, New, Renewal, Amount, and Ck #. Rows include Student, GSW/MSW, LCSW, Retired, and Agency/Corp. Memberships.

CONTRIBUTIONS:

Membership Scholarship Fund (For those in need from Hurricanes Katrina & Rita) \$ Ck#
Clin-Pac (Political Action Committee) - Please make payable to Clin-Pac \$ Ck#
Donation For Lobbying Efforts - Please make payable to LACSW \$ Ck#

Group Name or Place of Employment:

Practice Setting: Private Practice Agency Setting In Patient Clinic Consultation Services: Yes No

Work Schedule: Full-Time Part-Time Days Evenings Saturdays

Populations: Children Adolescents Adults Geriatric

Cultural Issues: African American Asians Hispanics

Modalities: Individual Therapy Couple Therapy Group Therapy Family Therapy

Specialty Groups: Therapeutic Models:

Please list clinical specializations

Are you interested in participating in the Speaker's Bureau? If yes, please list topics below:



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P.O. Box 14153  
Baton Rouge, LA 70808

**READ THIS NEWSLETTER AND PASS IT ON TO A NON-MEMBER.**

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Reminder: Please go to our website, [www.lacsw.org](http://www.lacsw.org) to update your data. This is free publicity for your practice. Password is strength.

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**(225) 343-1994**

**MAMOU HEALTH RESOURCES, INC.**  
**300 SOUTH STREET**  
**MAMOU, LA 70554**  
**(337) 468-2333**

### **Moving? Missed an Issue?**

Please contact us at:

**LACSW**  
P.O. Box 14153  
Baton Rouge, LA 70808 or  
[lacsw2@hotmail.com](mailto:lacsw2@hotmail.com)

### **To Contact Your Licensing Board:**

**Send \$5.00 to the board for a copy of "The Rules, Standards, and Procedures of the Louisiana Social Work Practice Act- amended Oct.24, 2003.**

Louisiana State Board of Social Work Examiners  
18550 Highland Road—Suite B  
Baton Rouge, LA 70809  
Phone: (225) 756-3470 or 800-521-1941 (LA only)  
email: [socialwork@labswe.org](mailto:socialwork@labswe.org)  
Website: <http://www.labswe.org>

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