

Kentucky Psychological Association e-NEWS

April 2017

Upcoming 2017 KPA CE Events

April 28

**Psychological Practice
Sequence VII: Working
with Couples and Families,
Risk Management with the
Suicidal Patient, and Legal
and Ethical Issues**

**presented by Retirement, 6
Presented by Daniel O.
Taube, Ph.D.**

The times they are a changing. The continued dominance of managed care companies over third party reimbursement and the new uncertainty created by the Affordable Care Act in both the private and public sectors have increased the complexity of the legal and regulatory environment faced by psychologists. In this unpredictable environment, the need to avoid adverse disciplinary events remains an important priority and an active risk management strategy is still an essential element of professional practice.

After a brief introduction describing The Trust's Risk

Exciting News from KPA in April

Here's the April edition of the KPA e-NEWS, a regular e-newsletter to enhance communication about psychology across the state. What follows is a sampling of psychology-related news and opportunities across the Commonwealth. Check out the column on the left for upcoming KPA Social and CE events, meetings, Kentucky Currents (member news items), and more. For more updates, visit the KPA website and join KPA on Facebook: simply click "Like" on the [Kentucky Psychological Association Facebook page](#).

Update from KPA Executive Director

by Lisa Willner, Ph.D., KPA Executive Director

As I've written in this column and elsewhere for the past several months, KPA has been expecting a reorganization of Kentucky's licensing boards – including the Kentucky Board of Examiners of Psychology --by executive order of the Governor. Since late 2016 when an executive order abolished the Office of Occupations and Professions, psychology and other professions' licensing boards have been operating under the auspices of the newly instituted Department of Professional Licensing. There have been a number of rumors about what the board reorganization would look like here in Kentucky, including concerns that a "superboard" would be created to oversee a number of very different professions. Thanks to a meeting last week with the Secretary of the Public Protection Cabinet - arranged by KPA's lobbyists at McCarthy Strategic Solutions - we now have some clarity about what the reorganization will look like, as well as the expectation that the executive order will be issued in the next few weeks. (After KPA arranged the meeting, we learned that representatives of several different groups including social workers, drug and alcohol

Management Philosophy and Strategy, this workshop will focus on three specific topic areas: working with couples and families, working with potentially suicidal clients, and the ethical and legal challenges of developing a professionally and personally appropriate retirement strategy.

The workshop is applicable to psychologists working in all types of settings where health services are provided. ***This workshop fulfills the KRS 319 requirement for Ethics/Risk Management as well as 3 hours of the KRS 210.366 6 hour requirement for Suicide Prevention Training.*** Attendees also receive 15% off your Trust Sponsored Professional Liability Policy premium (for 2 consecutive years at policy renewal).

May 19

Diversity/Multicultural Issues; Advanced Supervision

Workshop 1: Basic

Unconscious Bias:

Diversity/Multicultural Issues I, 3 CE

Presented by Rory Remer, Ph.D. and Pam Remer, Ph.D.

The supervision triatic relationship (supervisor,

counselors, professional counselors and others had been invited to attend. The Commissioner of Professional Licensing, and attorneys from the Public Protection Cabinet were also in attendance.) Board reorganization efforts are happening in states across the country, partly in response to a 2015 United States Supreme Court decision in the *North Carolina Board of Dental Examiners v. Federal Trade Commission* which found that dental board to be in violation of anti-trust provisions, opening the state and individual board members to liability concerns. Since December of 2016, members of the KPA policy leadership – Executive Committee, Board, Political Action Committee, Legislative Advisory Team, and our Advocacy Committee have been educating ourselves on the issues at hand through a variety of sources, including the legal experts at APA and leaders in other state psychological associations. Because of the unique nature of Kentucky’s reorganization being done outside of the legislative process, we have had to develop a unique strategy aimed at assuring that the role and functions of the psychology licensing board are understood by members of the administration.

In Kentucky, there is a total of 40 licensing boards - each with the essential charge of protecting the public from harm - that will be reorganized under a new structure. These include a variety of behavioral health licensing boards and several health service provider boards including psychology, dentistry, and optometry. Each of the 40 boards will retain their individual identity, and will be grouped into a number of “umbrella boards.” Each umbrella board will have its own executive director, appointed by the Public Protection Cabinet, who will provide administrative support and have financial, regulatory, and appeals oversight of the various independent boards. The executive directors will be managed by the Commissioner of the Department of Professional Licensing. Legal counsel will be provided to each umbrella board through the Public Protection Cabinet to observe meetings and provide consultation, rather than through the Attorney General’s office as is currently the case. Investigations will be carried out by the independent Office of the Inspector General. Each professional licensing board under the umbrella board will have five members, including a chair, all to be appointed by the Governor. Requirements for particular representation within each board (such as the current requirement for KBEP to have 6 doctoral, 2 master’s, and one public member) will be eliminated. Much of the boards’ citizen oversight and public protection duties, such as review of credentials and complaints, will be delegated to Department of Professional Licensing staff members.

Through our lobbying firm, we have been able to remain in contact with the Secretary of Public Protection, and with the Commissioner, communicating relevant and important information about the nature of our field, our scope of practice, and the extent of our training and education. We continue to be in process as plans are finalized within the administration, and will continue to keep our membership as up to date as possible. Rest assured that KPA leadership is continuing to closely monitor the rapid changes afoot as they may well have an impact on our profession. Your membership and support are needed, now more than ever, to assure that KPA has the resources necessary to assure protection of our practice, as well as protection of the public.

supervisee, client) is especially complex because of the multiple and interacting social identities and cultural contexts of the involved individuals. Yet, too often, the diversity and complexity of these relationships remain unexamined. Unconscious bias theory provides a useful vehicle for exploring the cultural identities present in supervision. The focus of this workshop is to raise awareness of the impact of unconscious bias and social identities on both the therapist-client/patient and supervisor-supervisee relationships. Action methods and experiential exercises will be used to explore challenges. **This workshop is a prerequisite for the Advanced Supervision workshop to follow in the afternoon. While participants will receive 3 CE hours for attending the morning workshop only, they must attend both AM and PM sessions in order to receive Advanced Supervision credit to meet the requirement of KAR 26:175. Skill Level: Basic/Intermediate.**

APA Council Representative Report

David Susman, Ph.D.

The APA Council of Representatives held its mid-winter meeting on February 24 & 25, 2017 in Washington, DC. Some of the more significant action items included:

- 1) In response to the 2018 loss of a seat on Council by the Virgin Islands, Council voted to approve forwarding to the Membership amendments to the Bylaws which will ensure one seat on the Council of Representatives for each APA Division and State, Provincial and Territorial Psychological Association. If approved by the Membership, it will apply to the Apportionment Ballot for the 2019 legislative year.
- 2) Council voted to adopt as APA policy a set of Conflict of Interest Principles that will apply to any person serving on an APA task force, work group, board, committee, the Board of Directors or Council of Representatives.
- 3) Council adopted as APA policy the *Resolution on the Use of Multiple Indicators for Admission to Graduate Programs in Psychology*, stating that “the American Psychological Association reaffirms diversity in graduate education training and encourages the use of multiple indicators in the review and admissions decision of applicants to graduate psychology programs.”
- 4) Council adopted as APA policy the following guidelines: *Professional Practice Guidelines for Occupationally-Mandated Psychological Evaluations* and *Clinical Guidelines for the Treatment of Posttraumatic Stress Disorder*.
- 5) Council approved a new business item, “Applied Behavior Analysts and Practice of Psychology,” which states that the practice of applied behavior analysis is within the discipline of psychology.

Workshop 2: Advanced Supervision:

Diversity/Multicultural Issues II, 3 CE

Presented by Rory Remer, Ph.D. and Pam Remer, Ph.D.

This Workshop is intended as an extension of the Basic Unconscious Bias I workshop. Attendance at the morning session is REQUIRED for participation. The

supervision triatic relationship (supervisor, supervisee, client) is especially complex because of the multiple and interacting social identities and cultural contexts of the involved individuals. Yet, too often, the diversity and complexity of these relationships remain unexamined. Unconscious bias theory provides a useful vehicle for exploring the cultural identities present in supervision and as a result of supervisory responsibilities beyond supervisor/supervisee interactions. Workshop focus is impact of unconscious bias and social identities on both the therapist-client/patient and supervisor-supervisee relationships, as well as institutionalized biases. Action methods and

Additional Meeting Notes:

- 2017 is the 125th anniversary of APA. The annual APA convention this year is August 3 – 6 in Washington, DC.
- APA’s new CEO, Arthur Evans, Ph.D., who spoke at the 2016 KPA Convention, began his position on March 20th.
- APA’s 2017 budget is projected to have a \$4.2 million deficit. APA eliminated 40 positions last year as part of their expense reduction efforts. APA broke even in 2016.
- APA Membership Report: APA membership declined to 117,576 in 2016 (from 122,516 in 2015). Early renewals in 2017 indicate the rate of non-renewals is slowing and the net decline may slow to zero this year or next.
- Council received an update from the new Ethics Commission, whose work is ongoing. A working recommendation is to split the APA Ethics Committee into two groups, one of which would focus on “Ethics Guidance” and the second group to focus on “Ethics Adjudication.”
- APA released to Council the “Proceedings of the December 2016 Summit on Master’s Training in Psychological Practice.” While not official APA policy, the Summit participants clearly endorsed the value of Master’s level psychological practitioners: “We need to bring additional scientifically informed and culturally and linguistically responsible practitioners to all populations, including underserved populations, using approaches distinct from those offered by other behavioral health practitioners. We believe this can be accomplished by the development of a complementary model of training and credentialing for master’s level practitioners in psychology. This alliance and integration in the field of psychology that includes both doctoral and master’s level practitioners who are committed to the scientifically driven practice of psychology will greatly expand the reach of our field in the coordinated delivery of behavioral health services. APA should embrace both the training of psychological practitioners at the master’s level and accreditation for master’s degree training programs. APA should also advocate for licensing and consistent titling of master’s trained individuals with the understanding that there are both benefits and challenges. It is important to affirm and maintain the doctoral degree as the entry level for psychologists and to enhance the “value added” of psychologists.” APA work groups will be reviewing the report to determine next steps.

If you would like more information about anything related to APA or the APA Council, please feel free to email me at david.susman@uky.edu.

experiential exercises will be used to explore challenges and possible approaches to addressing them. A commitment to more in-depth exploration is encouraged, if not expected. A degree of discomfort may be attendant. *The afternoon workshop meets the Advanced Supervision requirement of KAR 26:175. Note: Basic Unconscious Bias I offered in the morning is a prerequisite for the afternoon course. Skill Level: Advanced.*

**June 9
Autism Conference, 6CE**

Workshop 1: Evidence Based Assessment of Autism Spectrum Disorder
Presented by Jonathan M. Campbell, Ph.D.

Workshop will provide an introduction to principles of evidence-based assessment as applied to diagnostic evaluation of Autism Spectrum Disorder. Information will be presented within the context of DSM-5 diagnostic criteria for Autism Spectrum Disorder. *Skill Intermediate.*

Digital Ethics

KPA Ethics Committee

The continued growth, popularity, and accessibility of personal information online raises issues regarding adequate and appropriate privacy protection and professional boundary setting in psychotherapy. The issue of “reputation management” gave rise to an ethics consultation that is beginning to impact more practitioners, yet has a dearth of literature and guidance.

Standard 5.05 states that psychologists cannot “solicit testimonials from current therapy clients/patients or other persons who because of their particular circumstances are vulnerable to undue influence.” In addition, psychologists must be cautious about approaching former therapy clients/patients who may be vulnerable to undue influence based on their mental status, amount of time that has passed since termination, and other considerations, making this risky for the client on several levels.

However, what if a client/patient, past or present, posted an online review of you and your services? If you respond in any manner, whether the post is positive or negative, there are obviously ethical and likely legal consequences regarding confidentiality. The best advice would seem to be to leave the review alone, which also leaves the provider feeling helpless and defenseless.

Three important ethical standards which all psychologists are familiar with may be the best source of decision making:

3.10 Informed Consent; 4.01 Maintaining Confidentiality; and 4.02 Discussing the Limits of Confidentiality

Informed consent is seen by many as the primary means of protecting the self-governing and privacy rights of those with whom psychologists work. All psychologists are to take reasonable precautions to maintain confidentiality. Reasonable precautions recognizes both the responsibility to be familiar with appropriate methods of protecting confidentiality and the possibility that confidentiality may be broken despite the psychologist’s best effort.

A workshop at the 2016 KPA Fall Convention addressed the problems of “Digital Ethics”. Some strong suggestions of how to help “manage” a provider’s reputation (and which extend from the ethics standards cited) included:

Workshop 2: Autism...The Metamorphosis of a Diagnosis

Presented by Myra Beth Bundy, Ph.D.

How has autism changed since its first description? What does this mean for us as clinicians? What does it mean for people on the autism spectrum? *Skill Level: Beginning.*

Workshop 3: Understanding Depression, Suicidality, and the Autism Spectrum

Presented by Myra Beth Bundy, Ph.D. & Melinda Moore, Ph.D.

This presentation will introduce some of the special characteristics associated with autism spectrum disorders. We will discuss how these can interface with pressure to perform in our world and stigma associated with developmental and behavioral differences to increase risk for depression and suicidality. We will review suggestions for acceptance, support, and intervention. *Skill Level: Beginning.* Complete details and registration information can

(1) Having an upfront “limits of confidentiality” formal document to sign and an ensuing conversation ASAP about the risks of putting any private information online. Keep in mind that current or past clients can post anonymously or use a pseudonym, but you have taken reasonable precautions.

(2) It is possible to be more proactive than reactive about one’s professional online presence. Realistically, there may be a negative reaction to services from time to time leading to a client’s disclosure of a personal situation in an effort to discredit or “harm” the provider. It may be helpful to prepare, for example, by developing a fully integrated YELP site with a notice of confidentiality concerns that cautions clients about posting anything about themselves, and a notice that the therapist/practice cannot extend protection to the client if they release confidential information in an online review. The site may be used to post positive things the practice does and the credentials of the psychologist. The site can be used to highlight achievements, awards, publications, events, etc. that the practice may be involved in. With this strategy an occasional negative review gets “managed” without directly responding to it. A comprehensive strategy that highlights such professionalism may help to deflate negativity that is posted. If needed, review **Standard 5: Advertising and Other Public Statements**, particularly **5.01 Avoidance of False or Deceptive Statements** and **5.02 Statements by Others**.

(3) A particularly well-articulated social media policy can be found at <https://www.yelp.com/biz/keely-kolmes-psyd-san-francisco> and can be used as an addendum to Informed Consent. Dr. Kolmes is allowing her policy to be shared among professionals. She asks that if her policy is used for training or educational purposes that she be cited as the original author. (Keely Kolmes, Psy.D, website <http://drkkolmes.com>). This policy is inclusive of all areas of online presence. Also, thanks to Roy Huggins who gave the well-received presentation at Fall Convention 2016 on “Digital Ethics”.

Report from 4th Annual KPA Legislative Day

Georgeann Brown, Ph.D. & KPA Advocacy Committee

KPA’s 4th Annual Legislative Day was held on March 1, 2017 in the Capitol Annex in Frankfort, Kentucky. Our primary goal for the Legislative Day was to increase the visibility of KPA in Frankfort, to help KPA members develop relationships with their legislators, and to share information about issues/legislation important to KPA. This year, the engagement level was high with our largest

be found on the [KPA Event Calendar](#).

Next KPA Board of Directors Meeting

June 2-3, 2017

KPA/KPF Board Meeting and Leadership Retreat

[View the KPA Board of Directors](#)

KPA Book Corner

The KPA Book Corner highlights books written by KPA Members and those recommended by KPA speakers, including those from the Annual Convention. [Click here to take a look at our current listings.](#)

If you have presented for KPA or are a KPA Member author, please send your suggested items to kpa@kpa.org. (If you order Book Corner recommendations or other items through Amazon, remember to access the Amazon site by clicking on the Amazon link on the KPA home page - Amazon donates a small percentage of these purchases back to KPA!)

Community Bulletin Board

A forum is available to any KPA member who

attendance of KPA members and our greatest number of legislative meetings that took place between members and their legislators. We held a breakfast for legislators from 9 to 11, and many KPA members chose to attend the Health and Welfare Committee meeting. We also continued the public education fair during our Legislators' Breakfast, which was scaled back from last year due to severe weather/public education committee members having difficulty arriving. The public education fair included literature about what psychologists do, information about various mental health issues, and publications from the American Psychological Association and the Kentucky Psychological Foundation.

Over 48 KPA members registered for Legislative Day, but due to the inclement weather (e.g., tornados, storms) and bouts of flu/illness, 36 members were in attendance. This is still the largest and most diverse group of psychologists we have ever had at Legislative Day, with graduate students and psychologists from various settings/regions of Kentucky included. Almost half of the KPA members attending were first-time attendees. Prior to the Legislative Day, attendees participated in a conference call on February 27th and reviewed materials to help prepare them to discuss talking points with legislators. I have included the truncated talking points below: 1) KPA is very concerned about the Governor's recent action by Executive Order to consolidate boards, and is opposed to any consolidation of mental health licensure boards into a single omnibus or "superboard". We hope you will share our concerns with the Governor, should he consider proposing further Executive Orders to consolidate licensure boards; 2) KPA supports SB 86, which would amend the current domestic violence mandatory reporting statute to require mandatory referral to domestic violence services and education rather than reporting to the Cabinet for Health and Family Services; 3) KPA supports SB 91 and HB 79 (Tim's Law) to improve effective outpatient treatment and efforts to reduce rehospitalization for the severely mentally ill population; 4) KPA supports SB 89, which would require both private insurers and Medicaid to provide barrier free coverage for evidence-based smoking cessation treatment; 5) KPA supports SB 78, which would require all school campuses, indoors and outdoors, for grades kindergarten through 12th to be tobacco-free. **We were pleased to learn that both SB 91 and SB 89 passed on March 14th, about two weeks after our Legislative Day.**

KPA members in attendance had an opportunity to meet with their legislators in individual or group meetings, where they discussed talking points important to KPA and shared more information about KPA. Over **30 individual/group meetings** with legislators took place. Experienced KPA members and lobbyists from McCarthy Strategic Solutions helped assist members during many of the meetings. The overall feedback was positive from attendees, who felt like it was good to get experience in talking with legislators and advocacy issues, and also enjoyed seeing how the legislative process worked, attending committee meetings, and connecting with other KPA members. More connections with legislators were made, which will be helpful in advocating for KPA and psychologists. Several legislators expressed interest in supporting or co-sponsoring our legislative priorities, and gave us advice about how to proceed with our priorities, specifically our licensure board

would like to post information that the psychology community may find interesting or helpful or for which psychology input is requested. Visit the [Community Bulletin Board](#) to view current messages or to post a new message.

Members in the Media

Lisa Willner, PhD., This year, the Kentucky Psychological Association received the *Outstanding Achievement by a Psychological Association Staff Member Award*, which went to our Executive Director, Lisa Willner, Ph.D. Nominations for the award were based on demonstration of excellent leadership skills, advancing psychology through innovative or significant accomplishments, inspiring greater involvement of members, serving as an outstanding role model and mentor for other staff members, and providing community service of significant value to his/her psychological association and psychology. Congratulations to Lisa and to KPA!

Dee Werline, M.A., Congratulations to KPA Developmental Disabilities Interest Section Representative Dee Werline, on her new position as Deputy Commissioner of the Kentucky Department for Behavioral Health, Developmental and Intellectual Disabilities.

Sarah F. Shelton, Psy.D., MPH, MSCP
- Congratulations to KPA President-Elect, Dr. Sarah Shelton, on her re-election to National

consolidation concerns. We hope to further develop the KPA Legislative Day to be on a larger scale next year, with more members involved and reaching more legislators. We also have identified some areas we can improve training for attendees, including emphasizing the need for members to stick to the specific talking points and making sure a KPA member from the Advocacy Committee or EC attends each legislative meeting.

The Legislative Day was planned by Georgeann Brown, members of the Advocacy Committee, support from the KPA office (Sarah and Joy), Jennifer Price and the public education committee, McCarthy Strategic Solutions staff, and in consultation with Dr. Sheila Schuster and the Executive Committee. Many of our members stepped up when we had a lot of last-minute cancellations due to weather/illness. Many thanks to everyone who made the event a success.

Show Me The Money

Laurie Grimes, Ph.D. – Director of Professional Affairs

During April and May I am running a series in conjunction with an important APAPO series on CPT codes and payment rates, especially as it relates to psychological testing. I am urging all practitioners to make time to read these. The first two installments are provided below.

Show Me the Money: Part I

Lots of emails labeled ‘important’ land in your inbox. But trust me on this one, this REALLY IS important. The APAPO is publishing a series of articles in Practice Update between March and May that you need to make time to read. They are important enough that I will be re-sending each one as a blast just in case you accidentally delete or throw away your Practice Update that week. These articles are short, informative, and have an impact on your profession and your pocketbook. The first installment, “Who sets psychologists’ payment rates?,” was published in the March 9 issue and is re-printed below. The second installment appeared in the March 23 issue and included a quick poll on reimbursement issues (kudos to those of you who took the poll!). It is no longer accessible, but stay tuned for the results to be shared in one of the April articles. We Kentuckians love a good race, so tackle the first furlong of this Triple Crown and be ready for Show Me the Money – Part II.

Register of Health Service Psychologists Board of Directors...[Read More](#)

Please send your announcements to kpa@kpa.org so that your news may be shared with the KPA membership.

KPA Interest Sections

Joining KPA Interest Sections is free and participation on the listservs is an exclusive member benefit. Many ideas, resources, and requests for treatment recommendations and other opportunities flow through the KPA listservs daily. Here is an excerpt from a post on the KPA Clinical listserv: "Thank you to everyone who shared their experiences with me. I was quite surprised at the variability of your responses.....Nice to have a community to call on for advice when such situations arise!" If you want to expand your resources and deepen your own sense of community within KPA, visit the KPA Interest Section webpage for instructions on how to join a KPA Interest Section.

[Interest Section Details](#)
[Listserv Details](#)

Join KPA and KPAGS on Facebook!

KPA has always been an organization that works to be inclusive of all psychologists in the state. Kentucky Psychological Association is

Who sets psychologists' payment rates?

(This article is part of a new series from the Practice Organization and the Office of Health Care Financing to help members understand the process and work that goes into establishing payment rates, both in Medicare and other third party insurers.)

By Debra Lansey, Coding and Payment Officer, Office of Health Care Financing

The short (and obvious) answer is the patient's insurer.

The long answer is: The overall trend among health insurers is to set fees in a predictable schedule, modeled on the government's Medicare Physician Fee Schedule. Although Medicare does not actually set the fees for other insurance plans, it can have a strong influence on how you're reimbursed by third party insurers.

A little history: Twenty years ago, most health insurance policies were traditional, basic indemnity plans, called "80/20" plans. Payment rates were based on the "usual and customary rates" — the prevailing fees charged by practitioners in a given area (by state and ZIP code). Over time, if the prevailing fees rose, payment rates also rose. This proved to be arbitrary and inherently inflationary — since the prevailing fees seldom decreased. This scenario applied to nearly all health insurers, including Medicare. Consequently, Medicare took action to make its annual spending more predictable.

In 1992, the federal government created the Medicare Physician Fee Schedule specifically to determine relativity-weighted payment rates for services provided to the elderly and/or disabled population enrolled in Medicare Part B. Since then, it has been widely adopted by the commercial insurance industry for use in a variety of patient populations.

Although the Medicare fee schedule is frequently used as a benchmark by other insurers, commercial insurers are not required to adhere to the Medicare payment rates. They frequently decide to vary payment rates — paying some items at a higher (or lower) amount than Medicare does. For some state-based insurance plans such as Medicaid, the payment rates may be tightly regulated by the state government.

If you submit claims to Medicare on behalf of a patient, you should know that the Medicare fee schedule is updated yearly, with most policy changes occurring on Jan. 1. The changes are most often related to payment rates.

To track Medicare policy changes, you can subscribe to your local Medicare contractor's listserv or e-newsletter. Information is also available on the Practice Organization's [website](#). Commercial insurers' provider contracts generally require the insurer to give formal notice of rate changes to network providers. Other policies related to payment and claims filing are [generally found in the provider contract](#) (PDF, 212KB), the provider section of the company website and in company newsletters

officially on the popular social networking site, [Facebook.com](https://www.facebook.com), and currently has over 700 "friends". All you need to do to join the [Kentucky Psychological Association](https://www.facebook.com/MyKPA) on Facebook is to select the "Like" button after finding our group on Facebook. Please be sure to search for "Kentucky Psychological Association" and review the KPA Social Media/Forum Policy. The KPA Graduate Students (KPAGS) are also on Facebook! Stay up to date with the latest KPAGS news and communicate with other psychology graduate students from around the state! Click here to join KPAGS on Facebook: <https://www.facebook.com/MyKPA>
[GS](https://www.facebook.com/MyKPA)

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(paper or electronic) to providers. If you often file claims, it is important at least to skim the relevant sources for information related to behavioral and mental health services.

If you have questions about billing codes or payment, please [email the Office of Health Care Financing](#).

Show me the money – Part 2

From Part I of the series, time-limited, multi-part, highly important collection of information that has an impact on your profession and on your pocketbook. This installment is chock-full of info, so stay with me! I have four bases to cover:

1. Draw your attention to the **Keep current with coding** article published in the 4/6 Practice Update. The full article is re-printed below, but let this excerpt highlight its importance:

Psychologists ... play a role in establishing the value of new codes when they complete Relative Value Update (RUC) surveys. AMA uses RUC survey responses from psychologists ... Currently, psychological and neuropsychological testing **CPT codes are being revised** by the AMA CPT Editorial Panel...

2. Provide a CPT primer – my edited version of an article by my Pennsylvania DPA colleague, Sam Knapp.

3. Introduce the podcast series by APA President Dr. Tony Puente. The episodes are short (about 10 minutes each) and cover a variety of topics, but the May 8 segment will be particularly pertinent to this series. The webinar will be open to members of the APA Practice Organization, American Psychological Association and state psychological associations. Registration links will be sent through email invitations April 17 and 28, and will be in the April 20 and May 4 Practice Update. The Progress Notes podcase is available on iTunes <https://itunes.apple.com/us/podcast/progress-notes-podcast/id1209182107?mt=2>.

4. Provide the Show Me the Money calendar of events so you can monitor your progress with the series.

Up to code: Keep current with coding

The latest on psychological and neuropsychological testing codes
By APA Office of Health Care Financing Staff (*Practice Update* | [April 6, 2017](#))

purchase made on Amazon when you click their link on the main KPA website benefits KPA.

The Easiest Way to Accept Payments

The Kentucky Psychological Association is pleased to offer member merchant accounts - credit and debit card processing for your practice. A merchant account provides your clients with a convenient and immediate payment option and makes it easy for them to pay you for your services. Accept payment for consultation fees, counseling sessions and insurance co-pays. With a merchant account, you can:

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In grateful memory of these longtime KPA members & pillars of the psychological community:

Practicing psychologists need to know almost as much about billing codes as they do about their patients. Every year, the American Medical Association (AMA) publishes thousands of Current Procedural Terminology® (CPT) codes that psychologists and other health care providers use to bill insurers for treatment. The manual includes psychotherapy, health and behavior, and testing codes that are revised periodically by the AMA CPT Editorial Panel. This panel is responsible for ensuring that CPT codes remain up to date and incorporate the latest treatments and technology used to provide medical care.

The American Psychological Association works with the AMA CPT Editorial Panel to keep the manual updated. Psychologists also play a role in establishing the value of new codes when they complete Relative Value Update (RUC) surveys. AMA uses RUC survey responses from psychologists and other health care providers to help review the relative values of new and revised CPT codes.

Anticipated code changes

Currently, psychological and neuropsychological testing CPT codes are being revised by the AMA CPT Editorial Panel. APA is heavily involved with this process. Here's what psychologists need to know:

- The final testing code revisions would “differentiate technician administration of psychological testing and neuropsychological testing from physician/psychologist administration and assessment of testing.” In the past, existing codes have caused confusion about who is performing these tests.
- APA is making refinements to testing codes that will be submitted to AMA for publication in a future CPT manual.
- Practicing psychologists can now follow the progress of the code revisions by reading summaries of CPT Editorial Panel meetings [online](#). In previous years, because of the confidential nature of the code development process, most psychologists and other health care practitioners were unaware of code changes until the new or revised codes were published in the annual CPT codebook.

APA has collaborated with AMA for many years to ensure that the work of practicing psychologists is taken into consideration when developing new CPT codes and revising existing codes. APA President Antonio E. Puente, PhD, even served two terms on the AMA CPT Editorial Panel and was an advisor to the panel from 1992-2007. Additionally, APA's Office on Health Care Financing is dedicated to working on CPT codes.

[Judith Peoples, Ph.D.](#) (1941-2016)

[Mary Ellen Peacock, Psy.D.](#) (1943-2016)

[Howard Bracco, Ph.D.](#) (1944-2017)

[Billie Ables, Ph.D.](#) (1925-2017)

Psychologists can learn more about the CPT code development process by reading editorial panel meeting summaries on the [AMA website](#) and visiting the APA Practice Organization's [reimbursement section](#) on [APA Practice Central](#).

CPT Primer

By Grimes based on Knapp

The alphabet soup:

CPT codes - **C**urrent **P**rocedural **T**erminology Codes. Developed by the American Medical Association (**AMA**) to ensure a common language for describing services and procedures by physicians and other health care professionals.

The **Editorial Panel** – the AMA panel that creates the CPT codes.

RUC – the **R**elative Value **U**ppdate **C**ommittee (RUC; rhymes with truck) recommends Medicare fees for the CPT codes to the **CMS** (Center for Medical and Medicaid Service). The RUC bases its recommendations on surveys conducted by impacted organizations on the relative work effort involved with the procedure.

RBRVS - Resource Based Relative Value Scale. Medicare payments are based on the RBVRS, which consists for three factors: work product, practice expenses, and professional liability. Work product involves the time, technical skill and mental effort required to perform a certain procedure. For physicians, work product consists of 48%, practice expenses comprise 47%, and professional liability insurance accounts for 4% of the RBRVS. For psychologists, work product is almost 70% of the RBVS and professional liability is around 1%. Because the portion of practice expenses for psychologists is so much lower than physicians, minor changes in the work product calculation can have a larger impact on reimbursement rates.

The cone of silence:

The RUC process is a tightly controlled process. Its secret adoption procedure allows no public comment period or consumer input. All participants must follow strict standards of confidentiality; violators have been removed from the process by the AMA. The American Psychological Association (**APA**) has a representative on both the RUC and the CPT Health Care Professional Advisory Committees. Representatives from APA are bound by the very strict standards of confidentiality concerning their participation in the process. Participation in the process should not be interpreted to mean agreement with the recommendations concerning CPT Codes or payments were accepted.

Who cares about Medicare?

All psychologists should care about Medicare rates because the impact of these rates extends well beyond direct providers and beneficiaries of Medicare. Commercial insurance rates base their rates on Medicare, so as Medicare rates rise or fall, so do commercial rates. Other reimbursement programs

like Workers Comp also base their rates on Medicare rates. The effects of the Medicare fee structure can be seen in private pay rates, salaries at educational and health care institutions, and general limits on income potential - all of which are set based on comparisons to “the going rate” for psychological services, which is, in turn, influenced by third-party payer rates, which are linked to Medicare rates.

Show Me the Money Series Calendar

Keep an eye out for:	
April 20	APAPO Practice Update Up to Code Column: Who sets payments as well an infographic on quick poll results taken in March
April 21	DPA blast: Show Me the Money: Part III
May 4	APAPO Practice Update Up to Code Column: RUC Process
May 5	DPA blast: Show Me the Money: Part IV
May 8	Webinar with APA President Dr. Tony Puente “Getting Reimbursed for Psychological & Neuropsychological Testing”
May 18	APAPO Practice Update Up to Code Column: AMA RUC Survey
May 22	DPA blast: Show Me the Money: Part V
To get caught up on series segments so far:	
March 23	APAPO Practice Update published a quick poll on reimbursement and codes about problems and challenges using CPT codes for billing.
April 3	DPA blast: Show Me the Money: Part I (Intro to series and re-print of APAPO’s Who sets psychologists’ payment rates? Article from Feb. 25 Practice Update)
April 6	APAPO Practice Update Up to Code Column: Keep Current with Coding
April 7	DPA blast: Show Me the Money: Part II

The Rocky Road to Passage for Tim's Law!

Shelia A. Schuster, Ph.D., KPA Legislative Consultant

Thanks to the advocacy efforts of KPA members and others in the behavioral health community, SB 91 – court-ordered outpatient mental health treatment – was passed by the 2017 KY General Assembly. Actually, SB 91 was passed twice in the just-completed legislative session...once on March 15th and again on March 30th, when both chambers voted to override Governor Bevin's unexpected veto of the bill!

The legislation – known as Tim's Law – has been around for four previous legislative sessions, had twice before been passed by the House only to die in the Senate, and had been heard in three Interim Sessions for long discussions and testimony. But 2017 looked like a much more positive outcome was likely, as the bill was introduced for the first time in the Senate by primary sponsor, Sen. Julie Raque Adams (R, Louisville). It garnered bipartisan support among the Senators and passed 34 – 3.

The road to passage in the House was somewhat rockier, as the bill was assigned (for the first time) to the House Judiciary Committee, and not to the Health & Welfare Committee where it had been heard and passed in previous sessions. The make-up of the Judiciary Committee is largely legislators who are attorneys, and many newly-elected House members are on the committee. Despite last-minute opposition from the District Judges, the bill passed the committee 18 – 1, and then passed unanimously on the House floor, 95-0. Victory was ours at last! The bill was headed to the Governor for his signature!

We were celebrating and planning a huge bill-signing ceremony when word came to Sen. Adams on March 28th that the Governor was vetoing the bill. Despair! Disbelief! The Governor called the bill a “threat to the civil liberties of every Kentucky citizen”! And the remainder of his veto message read like the opposition we had heard for years from the public defenders...that no one should lose their civil liberties because they have a brain disorder.

So, what about Tim Morton? Where were his civil liberties when his mother had to take out a mental inquest warrant over 35 times in order to get treatment for him? She acted not only because he was in a psychotic state, but also because he was neglecting his significant physical health problems as well. He was a danger to himself, dying of “natural causes” at age 49 due to that neglect.

The mental health community rose to the challenge posed by the Governor's veto. We flooded the capitol switchboard with messages for House and Senate leadership to override the veto. We spoke with the media...over and over. In a 12-hour period, we gathered over 55 folks to come to Frankfort dressed in red and holding signs, lining the steps to the Senate as the Senators came into session. And

our voices were heard! On March 30th, the Senate voted 35-1 to override the veto, and within a few hours, the House voted 91-0 to do the same. Victory, once again, was ours!!

So Tim's Law will become law in late June, but it will not be implemented until funding can be secured to set up the necessary court proceedings and to assure that the community-based treatment and monitoring are in place. At that point, Kentucky will join 44 other states who have similar treatment laws on the books.

In the next newsletter, I will describe in detail what the criteria are for the court-ordered outpatient treatment and how the implementation is proceeding. In the meantime, THANK YOU for your advocacy, for raising your voices to create another avenue to treatment for those most in need. It was a rocky road, but one well worth traveling!

Keeping up with the Foundation!

Cay Shawler, M.S., KPF President

In 2012, the KPA Executive Committee appointed the first President for KPF. The board was filled and work began on bylaws and other organizational tasks. Since that time, the Foundation and committees have been active in creating a "psychologically healthy Kentucky". Here are just a few examples of the committees' work:

* **Public Education** – Jennifer Price, Ph.D., reported that the committee met in March. Public education events were held at KPA's legislative day and a local school in Northern Kentucky. A refugee acceptance op-ed was published in Insider Louisville. Several other op-ed topics are in the works such as one on ADHD and Behavioral Interventions Dr. Dede Wohlfarth's students are revising the Heads Up! brochures. This includes nearly 30 psychological topics for children and adults. They will be used in different settings for educational purposes. Christen Logue, Ph.D. has an idea to create video PSAs to promote on social media. KPF needs a more public-oriented website. The committee will be pursuing this task.

* **Diversity** – Gina DeArth-Pendley, Ph.D. reported that the committee met in February & March. They are working on identifying a diversity speaker for convention and will confirm by April. They are putting together a diversity conference for 2018 – Intersectionality: Exploring Multiple Social Identities. Gina is working with Shambra Mulder, Psy.D., to identify potential

funding sources. A tentative schedule for the conference is to have cultural competency & ethics morning plenary sessions, a lunch speaker, and workshops in the afternoon.

* **Psychologically Healthy Workplace**– Courtney Keim, Ph.D., reported that the committee did a local level “I love my job” campaign, mirroring APA’s campaign, and posted pictures to social media. They will give all submissions a letter on KPF letterhead explaining what part of a psychologically healthy workplace they exhibited, a certificate, and goodie bags. They are hoping to recruit more committee members from places around the state, starting with having a table at the SAC on April 1, 2017. Courtney was in DC last week for the international award winners & steering committee meeting. The committee is gearing up for May when they will begin recruiting Kentucky organizations to apply for the awards program. The committee is interested in educating the public on mental health awareness in the workplace for May and may coordinate work with public education on this.

Thank you for your generous support of the Foundation. We look forward to sharing more of our accomplishments!

Highlights from the “I Love My Job” Campaign

Courtney Keim, Ph.D. & the Psychology in the Workplace Network

To celebrate the application of science in the workplace, the KPF’s Psychology in the Workplace Network (PWN) led an I Love My Job Campaign throughout the month of February. Below are some pictures of member of the community.





KPA Legislative Wrap-Up Report, General Assembly 2017

Georgeann Brown, Ph.D. & KPA Advocacy Committee

2017 marked a 30-day session for Kentucky's Legislature, which ended on March 30th. We are pleased to have a number of victories that are aligned with our 2017 KPA Legislative Priorities. Here are some highlights:

Senate Bill 91: Also known as “**Tim’s Law**.” This bill is very important for those with severe mental illness to get appropriate outpatient treatment. The bill will address agreed outpatient orders for those in the hospital under KRS 202A and also will create a mechanism for those with significant mental health issues to get court-ordered outpatient treatment before they need to be hospitalized. Tim’s Law passed both the Senate and House on March 14th, but a surprise veto by Governor Bevin of this bill had KPA concerned. With much appreciation to multiple advocacy groups, including KPA, and our legislators, the Governor’s veto was overridden on March 29th.

Senate Bill 89: This bill would require both private insurers and Medicaid to cover USPSTF-recommended and FDA-approved smoking cessation treatments. Providing insurance coverage for all evidence-based smoking cessation treatments is critical to reversing Kentucky's longstanding high smoking rate once and for all. This bill passed on March 14th.

House Bill 309(proposed legislation from SB 86 was added to this bill):

This legislation, signed by the Governor on April 11th, allows for changes to the mandatory domestic violence reporting to the Cabinet, so that the patient has more "choice" in reporting, but it includes mandatory education and resources by the provider to any client experiencing domestic violence in any relationship; mandatory reporting is still required for children, vulnerable adults, and elders. This bill also includes legislation to aid domestic violence victims that need to break a rental agreement/lease early due to experiencing domestic violence. NOTE: KPA will be providing a Domestic Violence Continuing Education over the summer that will include a review of the new legislation.

Senate Bill 108: KPA advocates for psychology to be "at the table" and at the forefront of mental-health related issues. When a palliative care bill was filed, SB 108, that would establish the Palliative Care Interdisciplinary Advisory Council within the Cabinet for Health and Family Services, we asked the bill sponsor, Senator Julie Raque-Adams to include a member of Kentucky Psychological Association on the council, which she agreed to do. Feedback at the practice leadership conference earlier this month indicated that this is somewhat trail-blazing. While this bill did not pass this session due to other issues, we believe that it may be re-filed next session.

House Bill 253: This bill is known as the "Tucker Act" and was a KMHC priority, which KPA endorses. While we did not actively lobby for this bill, we sent an action alert asking members to call in supporting it. This legislation will provide greater protection from harm for children known to need protective services. It passed and was signed by Governor Bevin on April 11th.

Senate Bill 78 & House Bill 247: KPA also actively supported two smoke-free school campus (K-12) bills, SB 78 and HB 247. These bills did not pass this session.

Provider protections bills/protection from intrusion on practice

Senate Bill 219: We successfully worked with recreational therapists to amend concerning language in their licensure bill, SB 219. We had concerns about their use of language indicating that they "remediated cognitive and emotional issues," as they are not trained to do cognitive/psychological testing. They amended their language upon our consultation with them. While this bill passed, it was vetoed by Governor Bevin on April 11th for unrelated issues, due to the Governor's desire for reducing the number of licensure boards and "red tape reduction plan." It is not yet known if the veto will be overridden.

Senate Bill 97: KPA expressed concerns with the pastoral counseling bill, SB 97, due to language that we believed went beyond the training/scope of practice for pastoral counselors. We learned that this bill was unlikely to be heard this session. We will consult with the pastoral counselors prior to their filing a bill next session.

Senate Bill 8: This bill was related to using public funds for abortion services. While KPA does not take a stance on abortion, we had concerns with language that defined “abortion service providers” as overly broad and could impinge on the practice of psychotherapy, which would have included anyone who “Provides referrals to or information about facilities where abortions are performed or individuals who perform abortions; or, “Provides counseling, advice, written materials or other information that encourages or promotes abortion.” We were concerned that this would prohibit our discussing options with patients in psychotherapy. The language was changed to define abortion services as much more narrow and that would not include the act of psychotherapy. This bill passed and was signed by the Governor on March 21st.

Board Consolidation concerns

KPA remains vigilant regarding our concerns that the Governor may issue an Executive Order for board consolidation/de-regulation, creating a mental health “super board.” There was no specific legislation related to the psychology board (with exception of the bill below), as it may come through “Executive Order.” The Executive Committee is in the process of developing a multi-pronged strategy, some of it already taking place. We will follow-up with details soon.

House Bill 443: One bill that passed this session codifies the Governor’s Executive Order to re-organize and consolidate the real-estate licensure boards, but does contain language pertinent to the Kentucky Board of Examiners of Psychology (KBEP).

- The bill creates the Department of Professional Licensing (formerly known as the Office of Licensing and Occupations. This bill contains many of the same provisions of Executive Order (EO) 2016-859 (Governor’s Reorganization) dated December 1, 2016.
- This bill contains language about a number of licensure boards, including KBEP, to “maintain their identity” and “full authority for making policy decisions in the fields they regulate.” It is unclear how protective this language will be for KBEP.

Opposing discriminatory legislation due to psychological harm

House Bills 105, 106, and 141: These bills could have led to discrimination against transgender individuals-KPA opposed these bills, but did not actively lobby against them since the bills did not progressor pass this session.

Federal level

On a federal level, members of KPA’s delegation to the Practice Leadership Conference advocated on Capitol Hill on March 7th. Action alerts were sent out to all Kentucky members who are also APA members.

Opposition to the American Health Care Act (repeal of ACA): APA and the APA Practice Organization opposed the American Health Care Act, as it would have removed coverage from 24 million Americans over the next ten years, radically changed the Medicaid program and reduced its funding by 25%, and increased premiums and out-of-pocket costs for millions of Americans with

private insurance. As amended in the hours before the vote, the legislation would also have eliminated the requirement that health plans in the individual and small group market cover a package of essential health benefits, including mental health, substance use, and behavioral health services. APA members generated 15,000 messages to Congress this year urging members not to repeal ACA without simultaneously enacting legislation that would provide Americans with equally reliable coverage for mental health and substance use disorder treatments. **The bill failed to pass the House on March 24th.**

Medicare Mental Health Access Act, (H.R. 1173/S.448) This bill would include psychologists in the “physician definition” for Medicare, to allow psychologists to practice independently in the settings that require physician oversight under Medicare. We are currently in the process of asking Kentucky legislators to be co-sponsors:

Action Alerts:

During this session, KPA has sent multiple action alerts asking you to contact your legislators about issues that affect psychology and those we serve. We appreciate the successful response. Thank you! Your voices have made a difference in such a successful legislative session where many of our legislative priorities were achieved this session. Your voice is essential in the legislative process, and your input has been felt in Frankfort. Advocacy is a group effort.

In the months ahead, please continue to develop personal relationships with your legislators. Get their phone numbers, keep them handy, and please add the LRC Message Line to your contacts too ([1-800-372-7181](tel:1-800-372-7181))! Personal relationships with legislators are one of the most effective advocacy tools we have. You can set up a meeting time with them at your place of work, for coffee, at their office, etc. For more information on how to contact your legislators, please click on this link: **How to**

Contact Your Legislator

To find out who your state legislators are, please look up your address (where you are registered to vote) at: openstates.org

Here are a number of legislators below we would love for our members to thank through a personal note and/or e-mail. Let’s show KPA’s supporters how much we appreciate them.

Legislators	What to thank them for:	Mailing Address	E-mail
<p>Senator Julie Raque-Adams</p>	<p>* For sponsoring Senate Bill 91, “Tim’s Law” and working to get it passed and the veto overturned *For sponsoring Senate Bill 89,</p>	<p>213 S Lyndon Ln Louisville KY 40222</p>	<p>Please see: http://www.lrc.ky.gov/whoswho/email.htm</p>

		<p>tobacco cessation coverage *For adding a KPA member to the Palliative Care Interdisciplinary Taskforce in SB 108 *For sponsoring legislation in SB 78 to make Kentucky schools K-12 tobacco-free</p>		
	<p>Senator Ralph Alvarado</p>	<p>*For sponsoring SB 86 to support changes in domestic violence reporting and later advocating for it to be added to HB 309 * For sponsoring legislation in SB 78 to make Kentucky schools K-12 tobacco-free *For sponsoring Senate Bill 89, tobacco cessation coverage *For sponsoring Tim's Law, SB 91</p>	<p>3250 McClure Rd Winchester KY 40391</p>	<p>Please see: http://www.lrc.ky.gov/whoswho/email.htm</p>

	Senator Danny Carroll	*For co-sponsoring Senate Bill 89, tobacco cessation coverage *For co-sponsoring Tim's Law, SB 91	220 Cimarron Way Paducah KY 42001	Please see: http://www.lrc.ky.gov/whoswho/email.htm
	Senator C.B. Embry Jr.	*For co-sponsoring Senate Bill 89, tobacco cessation coverage *For co-sponsoring Tim's Law, SB 91	PO Box 1215 Morgantown KY 42261	Please see: http://www.lrc.ky.gov/whoswho/email.htm
	Senator Denise Harper Angel	*For co-sponsoring Senate Bill 89, tobacco cessation coverage *For co-sponsoring Tim's Law, SB 91	2521 Ransdell Ave Louisville KY 40204	Please see: http://www.lrc.ky.gov/whoswho/email.htm
	Senator Morgan McGarvey	*For co-sponsoring Senate Bill 89, tobacco cessation coverage For co-sponsoring Tim's Law, SB 91	2250 Winston Ave Louisville KY 40205	Please see: http://www.lrc.ky.gov/whoswho/email.htm
	Senator Reggie Thomas	For co-sponsoring Tim's Law, SB 91	702 Capitol Ave Annex Room 255	Please see: http://www.lrc.ky.gov/whoswho/email.htm

		Frankfort KY 40601	
Senator Alice Kerr	For co-sponsoring Tim's Law, SB 91	3274 Gondola Dr Lexington KY 40513	Please see: http://www.lrc.ky.gov/whoswho/email.htm
Senator Stan Humphries	For co-sponsoring Tim's Law, SB 91	763 Sinking Fork Rd Cadiz KY 42211	Please see: http://www.lrc.ky.gov/whoswho/email.htm
Rep. Tom Burch	For being a long-time advocate of Tim's Law and sponsoring HB 79	4012 Lambert Ave Louisville KY 40218	Please see: http://www.lrc.ky.gov/whoswho/email.htm
Rep. Chris Harris	For co-sponsoring Tim's Law, HB 79	719 Forest Hills Rd Forest Hills KY 41527	Please see: http://www.lrc.ky.gov/whoswho/email.htm
Rep. Ruth Palumbo	For co-sponsoring Tim's Law, HB 79	10 DeepwoodDr Lexington KY 40505	Please see: http://www.lrc.ky.gov/whoswho/email.htm
Rep. Kimberly PooreMoser	For sponsoring legislation in HB 247 to make Kentucky schools K-12 tobacco-free (even though legislation did not pass this year)	PO Box 143 Independence KY 41051	Please see: http://www.lrc.ky.gov/whoswho/email.htm
Rep. Addia Wuchner	For sponsoring legislation in HB 247 to make Kentucky schools K-12 tobacco-free	PO Box 911 Burlington KY 41005	Please see: http://www.lrc.ky.gov/whoswho/email.htm

	(even though legislation did not pass this year)		
Rep. Jody Richards	For sponsoring legislation in HB 247 to make Kentucky schools K-12 tobacco-free (even though legislation did not pass this year)	817 Culpeper St Bowling Green KY 42103	Please see: http://www.lrc.ky.gov/whoswho/email.htm
Rep. Susan Westrom	For sponsoring legislation in HB 247 to make Kentucky schools K-12 tobacco-free (even though legislation did not pass this year)	PO Box 22778 Lexington KY 40522	Please see: http://www.lrc.ky.gov/whoswho/email.htm

Open Call for CE Proposals for 2018 KPA CE Calendar.

If you are interested in presenting a Continuing Education workshop during the 2018 calendar year, please complete a CE proposal form by clicking the [CE Open Call link](#).

KPA Member Benefits:

KPA CE Registry: Never worry about trying to keep track of all those CE certificates again! When you join the KPA CE Registry, we take care of all the details (and headaches) for you. Click [here](#) to get started.

Professional Issues Consultation - KPA's Director of Professional Affairs, Dr. Laurie Grimes, is available to consult with KPA members concerning problems with third party reimbursement and will work with KPA members to bring these issues to the attention of insurers, regulators such as the KY Department of Insurance, and, in coordination with the KPA lobbyist, with legislators. She will also communicate as necessary with KY Board of Examiners of Psychology concerning legislative and regulatory issues which affect KPA membership and their ability to provide and be reimbursed for psychological services. Click [here](#) to fill out a request.

Clinical Psychology – Overview and Effectiveness

PowerPoint courtesy of KPA Member Eric Russ, Ph.D., University of Louisville. Click [here](#) to access the Powerpoint presentation.

Post-Ferguson Resources for Coping, Learning, and Teaching

Resources courtesy of the Georgia Psychological Association. Click [here](#) to access the webpage with listed resources.

Ethics Resource - The KPA Ethics Committee has developed a list of resources for KPA members aimed to help psychologists find resources about self-assessment, self-care and the development of skills, relationships, and personal qualities that will allow them to be less vulnerable to ethical breaches and "slippery slopes" in their professional careers and foster ethical awareness that leads to optimal practice. The posted resources define and discuss the stress—distress—impairment continuum, and the vulnerability at any point along the way to an ethical violation. They touch on topics such as risk factors, prevention of impairment, intervening with an impaired colleague, treatment options and the national movement toward establishing colleague assistance programs. Click [here](#) to fill out an Ethics Consult Request Form.

Have an Idea or Contribution for the KPA e-newsletter?

Contact the KPA Central Office or Brandon Dennis, Psy.D., KPA e-Newsletter Editor

	at brandoncdennis@gmail.com . Deadlines for submission are the 15th of the month the newsletter is scheduled for distribution (Feb, April, June, Oct and Dec).
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