



## *Updates from Past President*

Greetings Wisconsin Mental Health Counselors Association Members, It has been an honor to serve as WIMHCA President for the past two years, and continue to serve WIMHCA as role of past president to assist new officers in their new roles and transition projects underway, also continue to serve on the WIMCHA Board.

I was thrilled to attend the annual American Mental Health Counselors Association conference in San Diego this past July, and privileged to meet the AMHCA Board and to be nominated as the Midwest Region Director.

The conference was an inspirational learning experience and an exciting opportunity to meet and greet AMHCA members throughout the country. I encourage members to attend the next annual conference in Washington D.C. in July 2009.

You may have noticed our association acronym has a slight change to WIMHCA rather WMHCA this change was needed after we built our website in order to differentiate between the Washington state association.

During my past role as WIMHCA President goals met for the 2007 Strategic Action Plan:

- To Build ongoing memberships with the new option of Unified dues with AMHCA
- To build an unyielding association in order to advocate the soundness of our professional identity
- To post most recent Legislative updates and link with the Wisconsin Department of Regulations and Licensing in order to have timely news from the DRL and other legislative links to be able to influence public policy as aware and proactive WIMHCA members
- To reach many interested members to increase involvement and to establish a board of directors and subcommittees

- To schedule and form WIMHCA Board with scheduled meetings
- To list concerns and new ideas with regard to Mental Health practices in Wisconsin
- To increase public awareness of our profession
- To maintain quality of performance and professional ethics
- To organize workshops for continued education units
- To unite as an organization and grow exponentially

The WIMHCA Board actively meets via teleconference our Board members respond from Milwaukee, Madison, and the western part of Wisconsin, our mission is to recruit members from remote areas of the state to be able to encompass the entire state to have a voice on concerns with regard to our profession. All members that are interested to serve on the Board and committees please let the current officers know of your interests. The WIMHCA Board continues to move forward with plans for our one-day conference to be held on October 20, 2008, more information will be posted on our website and through a mailing. Please update your membership information in order to receive updated news on this event.

The unified dues program with AMHCA and WIMHCA has

proven to be successful with increase in membership, please note AMHCA dues increase, more information posted on the AMHCA website.

Legislative updates on HFS 35 have been posted on the website and please review notes and impressions from WIMHCA officers; we need to hear from you on this legislative issue.

As of July 1, 2008 newly appointed WIMHCA officers began their responsibilities, I would like to introduce our new President Juanita McCabe and President-Elect Tammy Zinser-Minocha a warm welcome and congratulations on all the enthusiastic involvement and work for WIMHCA.

Best Wishes, Janice A. Gnas

### Special points of interest:

- WIMHCA
- AMHCA Dues increase
- WIMHCA Conference Oct. 20, 2008
- Newly appointed WIMHCA officers
- HFS 35



## *Introducing WIMHCA President Elect*

Tammy Zinser-Minocha is a Licensed Professional Counselor and a Certified Career Management/Life Coach; she is owner of Recreating your Career, LLC. Tammy received her bachelor's degree in psychology and women's studies from University of Wisconsin – Stevens Point and her graduate degree in counseling from University of Wisconsin – Madison. She is currently working on her doctorate degree in human development and coaching. Her areas of expertise include vocational rehabilitation and women's issues. Tammy has spent several years as a crisis counselor and group facilitator at a domestic abuse shelter and a rape crisis center. She also utilized her research skills at the Vet-

eran's Hospital, Dean Medical Foundation for Research, and Research Associates. In addition, Tammy lives in Madison with her husband and son.

**"During my tenure as president of WIMHCA I pledge my commitment to voice my opinion in matters which I feel are important to our profession."**

## *Introducing WIMHCA President*

Greetings All Wisconsin Mental Health Counselors!

As the new President of the Wisconsin Mental Health Counselors Association I would like to take this opportunity to introduce myself to you. I am a Licensed Professional Counselor and have been practicing psychotherapy in Wisconsin since 1992 when I graduated from the University of Wisconsin-Stout with a Master of Science Degree in Guidance and Counseling. I entered the field when great changes were taking place. Wisconsin Counselors were certified for the first time and managed care had arrived to change the way therapy was delivered. I was at once interested in advocacy for our profession. With the passing years I have become more convinced of the importance of professional organization to promote and advocate for Mental Health Counselors. With each success there seems to have emerged a new obstacle to overcome.

During my tenure as president of WIMHCA I pledge my commitment to voice my opinion in matters which I feel are important to our profession. I will also work to foster positive relationships with our brothers and sisters, the Clinical Social Workers and Marriage and Family Therapists who are licensed under the same Chapter of Wisconsin Law. It is important during these difficult times to unify and as one voice speak out for our profession(s).

I welcome your input and encourage you to get involved. Follow legislation, read the proposed laws, make up your own minds, and then speak out!

I also invite you to join us at the first conference for Wisconsin Mental Health Counselors Association on October 20, 2008 at the Pyle Center in Madison.

Sincerely,

Juanita M. McCabe, M.S., LPC, CSAC

## Presidents Notes HFS 35

Fellow Counselors,

Recently the Department of Health and Human Services sent its final draft of the Outpatient Mental Health Clinic rules to the legislature, HFS 35. They have promised this rewrite since Licensure was implemented in 2002. Historically Counseling was regulated by the Department of Health and Human Services through certified mental health clinics because psychotherapists were not regulated. This was remedied with the passage of the Licensure Law. The Department of Regulation and Licensing has sole regulatory authority over Licensed Psychotherapists. Regulation by the Department of Health and Human Services is redundant.

I have carefully reviewed HFS 35 and find it to be overly strenuous in its mandates.

1. HFS 35.06 Certification Required... states that "No Outpatient Mental health Clinic may use or receive funding from the Wisconsin medical assistance or Badger Care Plus programs under ss. 49.45 and 49.471, Stats., private insurance under s. 632.89.(2),..." This is undermining the intent of Licensing psychotherapists, licensed psychotherapists should be allowed to bill Medicaid and private insurance as independent practitioners.

2. HFS 35.08 (2) Compliance Review... the department may at will come in to a clinic to review client files. This violates the basis of trust in the confidentiality of the therapy process. State authorities should only be allowed access to client files if the client files a complaint and agrees with a review of their records.

1. HFS 35.123 Staffing Requirements... this is necessary only to justify need for certified clinics. It implies that licensed psychotherapists will practice unethically if they are not in a group.

2. HFS 35.14... Clinical supervision and clinical collaboration... is open to interpretation of surveyors as to time and place.

3. HFS 35.14 (4) (b) Clinical supervision of Substance Abuse Counselors, LPCs, LMFTs, and LCSWs who are certified substance abuse counselors are allowed by MPSW to provide services to substance abuse clients without supervision.

HFS 35.16 through 35.25 rules for admission, assessment, treatment planning, etc. This is covered by DRL rules, it implies that licensed therapists will not follow their own code of conduct.

In summary, I will say I do not object to clinic certification. I do object to Health and Human Services regulating what is already regulated. A simple statement such as "all Licensed Professionals will follow the rules promulgated by the Department of Regulation and Licensing" would be sufficient.

Licensed psychotherapists should be allowed to bill to third party payers, including Medicaid, under their licenses.

I encourage you to look up this rule, HFS 35, and decide for yourself what you want.

Juanita McCabe

WIMHCA President

"I really do not feel these rules are difficult to live with and they are much better than the current rules."

## HFS 35

I have sent a letter in support of HFS 35 on behalf of WMHCA. Having worked on the Coalition for the past 15 years, there has been unity between WAMFT and WMHCA. There has been dissention by NASW and the response that Marc Herstad just sent out is just another case in point.

The OP rules only impact those individuals who are providing services to Medicaid/Medicare clients. You are able to continue practicing as an independent with any of the insurance clients that you currently see and any of the HMOs that you are a part of.

To change the Medicaid/Medicare legislation would be a more complex issue as I understand it from our former lobbyist, Dismis Becker. At some point in the future I am sure that the Coalition will tackle the task of revamping these two very large Bureaucracies.

the proposed rules make life much easier from the rules that are currently in effect.

You can in essence be a one person clinic provided that you always have someone covering when you are away. Thus having another person who would be listed as part of your staff so they have access to your clients and files would be acceptable under the new rules.

Collaboration with colleagues for supervision is a huge change with HFS 35. You are no longer limited to being supervised by Psychiatrist or Psychologist.

If you do not have a psychiatrist near by a MD can write your prescription for therapy and can manage meds. Advanced Nurse Practitioners/LNPs are able to write scripts and be your consultant is needed.

Client case review will be every 90 days or after 6 sessions which ever is longer. This provided more flexibility especially if you have some clients who are seen more infrequently.

discharge summaries are required only when the client has left treatment. If you have a client who disappears for a couple of months this would not require a discharge summary, as I understand it.

I really do not feel these rules are difficult to live with and they are much better than the current rules.

Deb Lau Schingen,

WIMHCA Legislative Chair