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Subject: March All-Staff Email - Please read!

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Mon, Mar 3, 2025 at 8:00 AM

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Hi Everyone,

Here's another round of our monthly all-staff emails. There's a lot to share with you this month! Please take a moment to read through this email and complete the quiz linked below. You'll report **30 minutes of training time** for reviewing this information and completing the quiz.

Kaiser Contract Update

Since last October, we've been deep in contract renegotiations with Kaiser. Although the process has been frustrating, we've made progress! We've agreed on new rates that are about 13% higher than our previous rates. We're still waiting on a final contract to sign, and the effective date is anticipated to be either April 1 or April 15 (though I do expect another delay). Rest assured, we are advocating as best as we can on your behalf.

New Check-In Process

You may have noticed that our old iPad was acting up. To resolve this, we've developed a Google form that replicates the functions of our Receptionist app. Now, when clients sign in and choose their therapist, an email is automatically sent to the appropriate clinician. If clients accidentally navigate away from the form, to fix it the easiest thing to do is to tip the tablet to "landscape" mode, minimize the web browser so you see the "desktop," and click the icon that will lead you right back to the form. (It's the only icon on the whole desktop and there's a giant arrow pointing at it). Then tip it back to portrait mode, and it's good to go!

Clarifications on Training, Marketing, and Non-Clinical Hours

We've noticed some confusion about what kinds of hours should be reported.

- Marketing Time: Scrolling through Facebook isn't considered marketing time. While you're welcome to use it, remember that we compensate networking time when you're directly talking to another professional in the community.
- Training & CEUs: Time spent on outside trainings or CEUs (including mandatory ones like suicide prevention training and health equity training) will not be compensated. It's your responsibility to keep an active license; just like at any other job, attending to the tasks the State of Washington requires to maintain your license is something that you do on your own time.
- **Visibility Bonuses:** We award visibility bonuses based on each speaking event (3 hours of visibility per event). Please note that preparation time isn't included in this bonus—this also applies to podcasts.
- **Forms:** When completing your forms, please avoid using "N/A" as it skews our data. Also, any additional marketing or non-clinical hours beyond the norm should be pre-approved by Katherine.

Inactivating Psychology Today and other Marketing Profiles

We use many databases to market our clinicians, in addition to digital marketing, tabling events, and community engagement. However, for marketing profiles that have monthly fees, when your schedule fills up and you hover around 3 openings that are soon to be filled, we inactivate your profile. We reassess your availability quarterly to see if the profile needs to be reinstated. If you get a notification that your Psychology Today profile has been inactivated, not to worry. But do let us admins know if you have more than 3 openings in your schedule, and we can reinstate it if so.

Annual HIPAA Training

It's time for our annual HIPAA training. Please:

- 1. Watch the training video here: HIPAA Training Video and record one hour of non-clinical time.
- 2. Complete the short online assessment to confirm your understanding: <u>HIPAA Assessment</u>
 I'll be following up in a few weeks with a reminder for anyone who hasn't completed it.

Required Health Equity Training

Starting in 2024, the WA DOH requires providers to complete 2 hours of health equity CEUs every four years (which can be included in your regular CEU requirements). If you missed this last year, please choose one of the required trainings from the list available on the DOH page (scroll about two-thirds of the way down to "FreeTrainings") at:

Health Equity Training List

Once completed, send your certificate to Karen.

Gamma Charting Update

We've added an optional field to the Gamma charting system for "Current medications or medication changes that could impact mental health symptoms." For example, if a client has recently started SSRIs, please note it and monitor any changes over time. It is ok to be explicit about the medications the client is taking - this information is already in their medical record from the prescriber. Charting about meds can help us track trends and better support our clients.

Chart Notes Reminder

A friendly (but firm) reminder: please complete your chart notes within 48 hours of the session. Late notes can delay insurance claims, affect your paycheck, and increase our audit risk. If notes are more than a week overdue, there will be a one-week window to catch up. If not caught up by the end of that week, the admin team will cancel one day's worth of clients for the following week to allow you time to get current. We appreciate your cooperation in ensuring our clients receive consistent care—and that you continue to receive full credit for your work!

Scheduling Reminder

When adding a new opening to your SimplePractice calendar, please set the location as "unassigned." This ensures that Lia and Rachael can see and fill the opening appropriately.

Medicare Telehealth Coverage Update

Many clients are concerned that their Medicare telehealth coverage might be going away. I want to reassure you that *for mental health services*, Medicare telehealth coverage remains intact. However, with the expiration of the Covid-era waiver in April, the in-person visit requirement is coming back. Here's our current understanding:

- New Clients: Must be seen in-person once prior to initiating telehealth, then once annually thereafter.
- Existing Clients: (Clients who had already initiated care by April 1st, 2025) Do not need an immediate in-person visit, but they do require an annual in-person visit (by April 1, 2026) unless we can document that doing so would cause an undue burden.
- Additional Note: The in-person visit can be conducted by any provider at the clinic, not just the telehealth provider.

As we get closer to April and we know the full lay of the land (or as much as we can given how quickly everything is changing) we will come up with some processes to adjust to this new requirement. For example, for the Medicare clinicians who are completely remote, Katherine might step in to do the initial in-person visit for new clients. And our

admin team will keep track of when a client is due for their in-person visit. TBD....but in the meantime, you can reassure your Medicare clients that telehealth for mental health care is not on the chopping block.

Thank you for your attention to these updates. Please reach out if you have any questions or need assistance.

And now the moment you've all been waiting for.....drumroll please....the amazing quiz! (created by Lia):

https://docs.google.com/forms/d/1jw7YYjaUafnCYPJZzwRGK2w-45HdFpXmjx2jpF1OKHA/preview

All the best,

Katherine

Please note: If you are having a mental health crisis, please call the Crisis Line at 988 or go to your nearest emergency room. If you are not in crisis but need a speedy response, please reach out to our admin team at welcome@catalystcounseling.net.



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Offices in Woodinville and Renton, with telehealth availability across Washington State.

If you are not the intended recipient of this confidential email please do nothing with this communication except notify me immediately by replying to this mail and deleting the original communication. Thank you.