NC TIDE Fall Conference

NC TIDE Asheville– November 2-5, 2014

A Message from the NC TIDE President....

Welcome to Fall and the arrival of the Fall NC TIDE Newsletter! This is my favorite time of year! There are so many reasons why I love Fall: beautiful colors on the trees, changes in the weather, a "crisp" feeling in the air, and I can find many things to satisfy my pumpkin craving. But, most of all, my favorite thing about Fall is the arrival of the Fall NC TIDE Conference in Asheville, NC. Yes folks, believe it or not; it is time for you to make your reservations to attend the

Fall NC TIDE conference.

NC TIDE is proud to continue our tradition and mission of "***Excellence in Providing Training and Promoting Professionalism"*** by offering conference sessions to meet the needs of NC TIDE

members, consumers, families, providers, MCO staff, board members, advocates including CFAC members, and employees of state government.

The 2014 NC TIDE Fall Conference "Sharing the Vision: Innovate, Integrate, Motivate" offers many new and exciting topics on the agenda.

Meet our Opening Speakers–
Dave Richard, Deputy Secretary, DHHS
Courtney Cantrell, Director Division of MH/DD/SA

Dave Richard, was appointed by Secretary Wos in April 2014 as Deputy Secretary of Behavioral Health and Developmental Disabilities Services. Prior to his current position Mr. Richard served as Director of the Division of MHDDSA in the DHHS. Prior to starting this role in May of 2013 he was the executive director of The Arc of North Carolina an advocacy and service organization for people with IDD since 1989. Prior to coming to NC he was the executive director of The Arc in Delaware and Louisiana.

Dr. Cantrell joined DHHS in October 2012 as the Behavioral Health Policy Manager at the Division of Medical Assistance before becoming the Assistant Director for Behavioral Health. In October 2013, she moved to serve as the Policy Adviser for Integrated Care within DMH/DD/SAS and helped with the development of the mental health and integrated care portions of the Medicaid reform plan before assuming the role as Acting Director. Dr. Cantrell currently is serving as the Director of the Division of MH/DD/SA.

Dr. Cantrell is a native of Texas. She holds a Ph.D. in clinical psychology from Florida State University and is a veteran of the United States Air Force.

I/DD and Innovations slides into the NC TIDE Conference!!

You requested it, NC TIDE delivers!! The Fall Conference will proudly offer an entire I/DD Track just for you!! We will continue to have our other clinical sessions, this is in addition to the conference. Spread the good news!!

Here are just a few of the wonderful sessions/speakers we have lined up for you:

- Individuals with I/DD and Autism in the Criminal Justice System, Risky Business

- Smart Home Technology– Dual presentation with DMH and Simply Homes

- Supporting Aging Care Givers

- Change in Labor Laws

- Promoting Post-Secondary Education for Students with Intellectual Disabilities

- NATIONAL SPEAKER-Moving Disability Employment Forward in North Carolina for People with Significant Disabilities: Leveraging National Trends and New Federal Policies

- NATIONAL SPEAKER-The New CMS Rule Defining "Community" for Medicaid Long-term Services and Supports: What it Means and How to Use it in North Carolina

- I/DD Service Continuum. Ethical considerations involving "Right Service, Right Amount, Right Duration"

CEU Credits Available– Sponsored by Daymark

Our Presenter, Dr. Bob Werstlein is a a licensed psychologist and presently Training Director with Daymark Recovery Services. He has 37 years experience and has been Clinical Director for three inpatient psychiatric/substance abuse facilities and several outpatient MH/SA treatment agencies. CEU Credit Sessions this fall include:

- Maintaining an Effective Professional Boundaries in Therapeutic Relationships,

- Effective Engagement and Retention Strategies on MH/SA Treatment with Adults and their families, and

- Personality Disorders-Effective Treatment. Total CEU Credits available at the FALL Conference- Earn up to 9 credit hours.

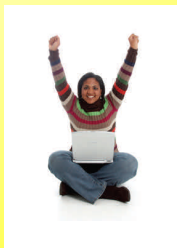*Make sure you register for the sessions that offer CEU credits if you are needing credits!*

Other Announcements…..

For the first time ever- NC TIDE has gone electronic!! Register, choose classes, and pay on-line.!! Register today- Spaces limited!!

Made your hotel reservations? We have a limited block of rooms available at the special NC TIDE rate. Rate Cut off: Sept 31, 2014

Crowne Plaza Hotel

1 Resort Drive

Asheville, North Carolina 28806

www.crowneplaza.com/asheville

Smart Homes- Are they Really that SMART???

NC TIDE FALL Conference 2014

If you grew up in the 80's you may have seen a few of *The Jetson's* Cartoons and dreamed of what the future might be like. The Jetson home was the definition of "Smart Home" at the time.

Well……Smart Homes have come a long way since then baby!! The future is HERE!! Smart homes are equipped with a variety of technological tools that automate and enhance living. The different tools vary among smart houses depending on the residents' needs and preferences. For example, a smart home may have electronic touchscreen panels in every room that use voice recognition to act on commands from the residents, including such tasks as adjusting the thermostat from any location, playing music on an all-house entertainment system or providing sound and video from a monitor on any screen.

Mark Your Calendars*!*

➤ *NC TIDE Fall Conference*

➤ *Asheville, NC*

➤ *November 2-5, 2014*

➤ *Register on line at : www.NCTIDE.org*

SO.....How Can Smart Homes Help Us??

NC TIDE would like to introduce you to the future of Behavioral Health Services**. "Promoting Independence Through Smart Home Technology"** presented at our fall Asheville Conference. Come learn from others how they have used the technology to make their lives more independent and meaningful! We will even have vendors on site to give you specific information about their products!!
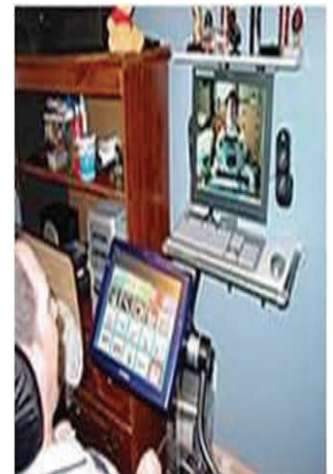
Meet our Closing Speaker–
Dr. Aldona Wos, Secretary of DHHS

Aldona Zofia Wos is a physician who was the United States Ambassador to Estonia from 2004 until early December 2006. She was the fifth ambassador to Estonia since that country regained independence in 1991.

She was born in Warsaw, Poland. Wos has a medical degree from Warsaw Medical Academy. She is the daughter of Paul Zenon Wos, a Flossenbürg concentration camp survivor. Wos is a member of the American College of Physicians, the American Women's Medical Association, the American College of Chest Physicians, the Medical Society of the State of New York, the North Carolina Medical Society, and the Greater Greensboro Society of Medicine. As a physician, Wos prided herself on her work in the field of preventing HIV and AIDS. Wos moved from New York City to Greensboro, North Carolina in 1997 when her husband, Louis DeJoy, took over New Breed Logistics a company started by his father Dominick DeJoy Sr. in 1968.

In North Carolina, she became an avid Republican Party fund-raiser. She was appointed North Carolina State Chair of Women for Senator Elizabeth Dole, and the North Carolina Finance Co-Chair for the 2004 Bush-Cheney presidential campaign. President George W. Bush appointed her to two terms on the United States Holocaust Memorial Council.

As ambassador to Estonia, she helped organize the state visit of President Bush to Estonia, which took place on 27th and 28 November 2006. She left her diplomatic post in late 2006.

In 2012, North Carolina Governor-elect Pat McCrory appointed her to his Cabinet as Secretary of the North Carolina Department of Health and Human Services.

Register for Fall Conference today: www.nctide.org

Discover Asheville, North Carolina
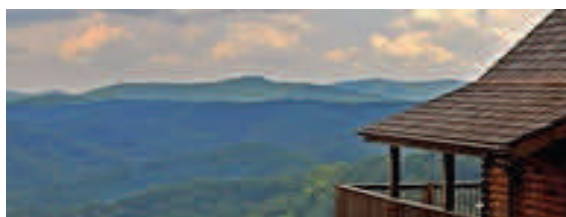
The NC TIDE Planning Committee worked hard to put together an innovation and exciting Fall Conference. Make your reservations now to come learn with the NC TIDE community. The NC TIDE **Fall 2014 Conference** will be held in Asheville, NC from November 2-November 5, 2014 at the Crowne Plaza Resort. The Fall 2014 Conference provides an excellent scenic venue for providers, MCO staff, board members, advocates, CFAC members and, other stakeholders to be trained together and to re-connect or establish new professional networking relationships.

NC TIDE looks forward to a successful Fall Conference. We are confident that you will want to attend the conference to take advantage of the opportunities to learn together in a collaborative learning environment and hear industry and state leaders speak about technology, integrated care, reform and other pertinent topics in behavioral healthcare. So, come join us in Asheville for an informative and scenic Fall Conference. Thank you again for all your support; I look forward to seeing each of you in Asheville!

Jill Queen

2014 PLANNING COMMITTEE

President:	Jill Queen		DHHS Consultants:	Cathy Macemore
Vice President:	Anna North			Kathy Nichols
Treasurer:	Rhonda Brown			Wanda Mitchell
Secretary:	Sherry Phillips		Newsletter Coordinator:	Alice Matthews
Past President:	Beth Brown		PR Committee:	
Finance Chair:	Susan Lackey			Brenda Pittman, Chair
Reimbursement Chair:	Beth Brown			Cathy Macemore
QI Chair:	Krissy Vestal			Vince Wagner
IT Chair:	* Christal Wood			Ramon Santiago
Provider Liaison:	Gayle Mahl			Pat Myers
Facility Chair:	Cathy Macemore			Art Harris
Membership:	Marilyn Brothers		Training Development:	
Program/Registration:	Marilyn Brothers			Sharon Stanley
Eastern LME Rep:	Amanda Willett			Mike O'Connor
Eastern Provider Rep:	English Albertson			Teresa Shirley
Western LME Rep:	Debbie Hatley			Lisa Sullivan
Western Provider Rep:	Richard Anderson			*Jeff Frisbee
Website Development:	Ramon Santiago			

*We are excited to announce our newest planning committee members who have joined our Information Technology Work Team: Christal Wood, Eastpointe and Jeff Frisbee, CoastalCare.

Thanks to the entire committee for their continued commitment in providing quality training and education to our community.

Fall

Read our latest information articles starting on Page 6……………..

- ➢ Track Your Hours – Just Tap the App
- ➢ Do I have to pay for that time?
- ➢ The Short List: Narrowing the scope of your Behavioral Health EHR search
- ➢ Mental Health EHRs: A Billing Company Perspective
- ➢ Mindfulness: Exaggerating
- ➢ Mindfulness Corner

THANK YOU TO OUR CONTRIBUTORS!!

Track Your Hours – Just Tap the App
U.S. Department of Labor's timesheet app helps ensure workers receive all wages earned

Not only can your Smartphone wake you up when it's time to go to work, calculate your fastest route to get there, and map out every opportunity for coffee along the way - now it can also track your hours on the job and help you keep track of what you've earned.

The U.S. Department of Labor launched a new mobile Smartphone application, the "DOL Timesheet" app, to help employees independently track the hours that they work and the wages that they are owed. Available in both English and Spanish, the app allows users to conveniently track their regular work hours, break time, and any overtime hours for one or more employers. The app features a glossary and DOL contact information. Reference information about wage laws is also easily accessible through direct links from the app to the web pages of the Department's Wage and Hour Division.

The app works like a stopwatch, and records the exact time that the "Start Work" icon is selected. Tap again, and the user can select either "Stop Work," to record the end of the workday, or "Start Break," to record any break periods taken during the workday.

If "Start Break" is chosen, the user can select either "meal" or "other" as the type of break, and can add comments regarding that break. Once "Stop Work" is selected, the DOL Timesheet app gives the user a summary of his or her workday, and calculates gross pay for the week, based on the employee's regular rate. The app can also calculate the number of overtime hours worked and wages due as a result.

Users can also add comments to any information related to their work hours; view a summary of work hours in a daily, weekly or monthly format; and email the summary of work hours and gross pay as an attachment to any email address.

This new technology is significant because, instead of relying solely on their employer's records, workers can now more easily keep their own records.

The free app is currently compatible with the iPhone and the iPod Touch. The Labor Department will explore updates that could enable similar versions for other Smartphone platforms. In future versions of the app, the Department hopes to be able to account for pay features not currently provided for, such as tips, commissions, bonuses, deductions, holiday pay, pay for weekends, shift differentials, or pay for regular days of rest.

For workers without a Smartphone, the Wage and Hour Division has a printable work hours calendar in English and Spanish to track rate of pay, work start and stop times, and arrival and departure times. The calendar also includes easy-to-understand information about workers' rights and how to file a wage violation complaint.

Both the app and the calendar can be downloaded from the Wage and Hour Division's home page at www.dol.gov/whd. For more information about federal wage laws or to order a calendar by mail, call the Division's toll-free helpline at 866-4US-WAGE (487-9243).

iPhone Screenshot

U.S. Wage and Hour Division articles submitted by:

Bridget Dutton, Community Outreach and Resource Planning Specialist

U.S. Department of Labor, Wage and Hour Division

Raleigh District Office

Do I have to pay for that time?

What Employers Should Know About Compensable Hours Worked Under The Fair Labor Standards Act

As a business owner, you know that life doesn't always run according to schedule. Neither does your business. Employees sometimes work beyond their scheduled shifts to finish cleaning or to complete paperwork. Sometimes they arrive early to prepare the store for opening. When employees must complete required online training, that time factors into your scheduling as well. Determining what counts as work time and what does not is a critical component of your budgeting, your payroll, and of your compliance with federal labor law.

The U.S. Department of Labor, Wage and Hour Division, enforces the Fair Labor Standards Act, the federal law that provides minimum wage, overtime, child labor, and recordkeeping requirements for covered employers in the U.S. Determining compensation due to your employees under the FLSA depends upon the accurate tracking of compensable time, or what the law refers to as "hours worked."

WHD finds violations of the FLSA at businesses nationwide, a large percentage of which result from the business owners failing to pay employees properly for hours worked. When such violations are disclosed, employers pay back wages to employees, and risk exposure to additional damages and penalties. The costs of non-compliance can mount up quickly.

Some of the most frequent problem areas identified with regard to hours worked include:

1) Failure to record and to pay for hours spent completing required training;
2) Failure to record and to pay for hours worked before and after scheduled shifts;
3) Failure to pay for hours worked when employees work through meal periods; and
4) Failure to record and to pay for hours spent in travel between store locations.

"Hours Worked" Principles:

In general, "hours worked" includes all time an employee must be on duty, or on the employer's premises or at any other prescribed place of work (except for certain breaks), from the beginning of the first work activity to the end of the last work activity of the workday. The workday may therefore be longer than the employee's scheduled shift and it may start before the employee "clocks in."

Even work that is not approved in advance, or even requested by the employer, if allowed, must be paid for. By statutory definition the term "employ" includes "to suffer or permit to work." For example, an employee may voluntarily continue to work past the end of a shift to cover for an employee on the next shift who has not yet shown up. The reason does not matter. Such hours, both pre-shift and post-shift, are work time and are compensable.

Generally, if the employer allows the work to be performed, it must be paid for. The work wasn't scheduled? It still must be recorded and paid for. The time wasn't approved in advance? The answer is the same – it still must be recorded and paid for.

Questions on this topic often arise in the following situations:

1) **Do I have to pay my employees for training time?**

   When your employees participate in required training, whether on site or online, that time must be recorded, and paid for. They also must be paid for any time spent in training while they shadow experienced employees, or do anything else related to their current jobs.

   In order for time spent during training programs, meetings, lectures, and similar activities *not* to be counted as hours worked, it must meet **all four of the following criteria**: it must be outside of normal hours; it must be voluntary; it must not be job related; and no other work is concurrently performed. Time spent completing online training, even when completed away from the worksite, must be counted as work time unless *all of these criteria* are met. Online courses are often job related and are often not voluntary.

2) **I have an employee who is very slow, and takes an extra half hour to close the store every night. Do I have to pay for that time?**

   Yes. Work not requested but "suffered or permitted" to be performed is work time that must be paid for by the employer. For example, an employee may voluntarily continue to work past the end of a shift to finish an assigned task, to finish cleaning the store, or to cover for an employee on the next shift who has not yet shown up. Or, similarly, an employee may show up early, before the scheduled shift begins, to begin food prep so that the store can open on time. The reason does not matter. The hours, both pre-shift and post-shift, are work time and are compensable.

2) **Do I have to pay my employees for the time they spend on breaks?**

   Rest periods of short duration, usually 20 minutes or less, are common in industry (and promote the efficiency of the employee) and are customarily paid for as working time. These short periods must be counted as hours worked.

   Bona fide meal periods (typically 30 minutes or more) generally need not be compensated as work time. The employee must be completely relieved from duty for the purpose of eating regular meals in order for that time not to be compensable. The employee is not relieved if he/she is required to perform any duties, whether active or inactive, while eating. For example, an employee whose break is interrupted to wait on a customer is not relieved from duty.

3) **What about travel time?**

   Time spent in travel as part of an employee's work activity, like traveling from job site to job site during the workday, is work time and must be counted as hours worked. If an employee drives from one store location to another during the workday, that time must be recorded and paid for.

The FLSA requires that covered, non-exempt employees must be paid at least the federal minimum wage of $7.25 per hour for all hours worked, plus time and one-half their regular rates, including commissions, bonuses and incentive pay, for hours worked beyond 40 per week. Employers are also required to maintain accurate time and payroll records. The amount employees should receive cannot be determined without knowing the number of hours worked.

For additional information on the requirements of the FLSA, visit the U. S. Department of Labor Wage and Hour Division's website at www.dol.gov/whd, or call 866-4US-WAGE (866-487-9243). Your state may have additional or different statutes or regulations. To find your state labor department's contact information, visit www.dol.gov/whd/contacts/state_of.htm.

The Short List: Narrowing the scope of your Behavioral Health EHR search

As a mental and behavioral healthcare practice ready to adopt or expand a paperless system, you might find yourself in new territory without a map.

While there is no one perfect catchall, forming a shortlist of vendors depends on understanding how important features of Electronic Health Record (EHR) technology can meet the needs of your workplace. Assessing your needs, knowing what you are looking for, and being in the know about key features that systems offer saves you valuable time, energy – and in the long run – cost. The features listed below provide a good starting point in leading you in the right direction to find the EHR your practice needs. We are also a phone call or email away if you would like a guide through this process.

Usable Dashboards: Dashboards for clinical, administration, and billing allows for the collection and reporting of detailed data for patient encounters, billing features made easy, and the reporting of practice measurements. Each critical department of a successful behavioral health practice must be able to see what is going on with their piece of the organizational puzzle. Links from the dashboard to areas within the program are critical so staff members and providers can easily manage their patients and the practice.

Billing System: A billing system that focuses on **easy** setup for direct billing to **many** payers within the application but also offers **built-in integration with clearinghouses** for payment and eligibility checking so you never have to leave the EHR to process your billing. Credit card processing within the application (make sure to ask your EHR vendor if they are profiting from your patient transactions using their credit card system). EHRs that have direct links to databases that house every insurance payers address, phone numbers, etc. which reduces the amount of time your practice needs to spend setting up the system, as well as, human error. EHRs with tools that show you as a provider what your reimbursement rates should be across multiple insurance payers.

Claims Submittal: A process for the submittal of both secondary and tertiary claims. Automatic dashboard alerts when claims have not been paid within 30 days. Another key feature is the ability to print HCFA claim forms.

Compatibility: Smartphone, iPad, Tablet and browser-independent access without additional charges. Make sure this access was built with your index finger in mind! Many EHRs offer rudimentary access for use on mobile devices or via browsers, but this access was not designed with the providers ease of use in mind.

Customization: A feature that allows for the adaption and **easy** creation of forms and fields within the application. A system may, for example, include the ability for answers to be graphed, include scoring and calculations, and the linking to clinical outcome measurements. A number of Behavioral Health EHRs created this functionality as long as a decade ago and have been adding to this functionality every year.

True Cloud Application: No software installation necessary!

Clinical Outcome Measurements: Many public libraries of outcome measurements exist already which can be accessed with direct links to EHRs. These measurements are available via the client portal and help providers build their clinical notes. Some of them have the capability to include outcome measurements from within their EHR so that users may link to public libraries or create their own.

Resources: Many EHRs have embedded publicly available guidelines into their software. Watch out for software offering simple links to information already available on the web. EHRs with adequate funding have this information built into the scope of the application.

Embedded Coding Libraries: EHRs that link to and provide embedded engines with content and tools for integrated mental health provider documentation, clinical decision support, and patient management, mapped to reference terminology standards. Databases of medical concepts with methods for presenting and documenting relevant symptoms, history, physical findings, tests, diagnoses and therapy for your behavioral health organization increase your effectiveness as a provider. EHRs with this kind of technology built in to their application includes support for reference and billing terminologies including CPT®, DSM, ICD, LOINC®, RxNorm, SNOMED CT®, Clinical Care Classification and others, as well as, for evaluation and management (E&M) coding. This kind of technology is built to make your life as a provider easier.

Staff Size: This is your patient health data. What is the size of the company housing your patient records? In our estimation any electronic health record company that stores your patient data should have a mixture of licensed mental health professionals, certified billers and coders, as well as, licensed professionals in software development and programming on staff.

Funding Sources: While we believe in small business enterprise, software companies that store health records must be able and willing to acquire funding from investors, venture capital sources, etc. in order to keep up with technology. If a company has not been able or willing to acquire significant investment capital in order to rewrite their software repeatedly (imperative for **any** software company) we question their stability. We are talking about medical records. Your mental health records are serious business.

Support: An updated and user friendly design. Support that is available when you need it but be mindful of how much support you require to use this software. Many EHRs tout their excellent support and your practice will need it. There is something to be said for simplicity. Support is a must but you should only need it occasionally once your practice is up and running.

The right Behavioral Health EHR can allow your practice the time to focus on organizational values and patient treatment. At everythingEHR we value your time and energy and are here to help in your search.

Submitted By: Kristin Walker, Behavioral Health Provider Solutions

Kristin@everythingehr.com

Mental Health EHRs: A Billing Company Perspective

The definition of insanity is doing the same thing over and over again but expecting a different result. This is what it is like for many behavioral health practices. They continue using an EHR that cannot help them and could be hurting their practice. Change is difficult especially when you have invested time, money, and energy into one of the biggest financial decisions your practice will make. I know this from personal experience and so do my providers.

"When you're the only sane person, you look like the only insane person." —Criss Jami

It is fast becoming imperative for all mental health providers to use electronic health records. Our clients have been with us for years. We handle their back office. We make sure they get paid and their practice grows. Of course they came to us with that all important question: *Which EHR should we choose?* We did what so many behavioral health organizations have done and jumped in headfirst with an EHR without properly testing the product or the company behind it. Ouch.

It was an exercise in insanity. There is nothing as cringe inducing as trying to get help with a product because of speed, incorrect balancing of accounts, labor intense setup, etc. Put this mental picture in your head (I bet it sounds familiar): we are sitting at a clients office, they are trying to schedule an appointment, the phone is ringing off the hook, patients are checking in and out, it takes 2 minutes for the appointment screen to display. The answer from support is: it's your internet connection. No problems with any other applications that use the internet, but okay.

Next, we look at billing. What we see on the screen doesn't match what you see on a report from the EHR. None of it balances with the statements we are supposed to send out. We have to send files in batches to clearinghouses to try and get our providers paid but the invoice numbers are coming back incorrect. The answer from support is: it's the clearinghouse.

Email responses to support issues were undecipherable and phone calls were worse. Hours upon hours were spent on our computers while they tried this thing and that thing to make the software work. In the end, we were told it was our fault. We were also asked to help fix the problems and this is when we decided we had to look elsewhere. Our only recourse was to do what is so hard for any company especially a mental health organization: find new software.

Sound familiar?

We thought so.

It was exhausting and expensive.

Battered and bruised we went on the hunt for new software for ourselves and for our providers. We looked at a long list of EHRs and in the end chose one that is not mental health specific but, in our opinion, has the best billing component in the business. It can be tailored for mental health practitioners. This didn't work for all of our providers because some of them really wanted something created for mental health. We chose two others run by and created by a mental health provider. We are now operating in a dream with our software and so are our providers.

Here is the truth at the heart of things:

EHR adoption is TOUGH. It was impossible with the first EHR we chose. It was still rough with the second. It just is tough. You are learning new software, trying to run a practice and, in our case, trying to help our providers run their practices. We were also trying to run our mental health billing company.

 If any mental health EHR company tells you implementation is easy buy some of that tropical acreage for sale in Alaska.

It isn't easy, not with ANY EHR regardless of mental health specifics or not. But, after our first experience, it was important to get things right for our providers and for us. Implementation and training took longer than expected and there were plenty of hiccups along the way. EHR vendors take a lot of heat especially during the first few months of use. **Some of it is fair and some of it isn't.**

From our perspective here is what every EHR that works with mental and behavioral health providers must have in order to be taken seriously:

A **large staff** that includes **licensed mental health professionals**, **certified billers and coders**, **licensed/certified software engineers, developers, and programmers**. Why? Your medical records are in their hands. A large staff to handle the inevitable issues that ARE going to come up as you use the program and also to help you setup the program is a must. One of the biggest problems we faced with our first experience was that we had only two or three people that could help us. It became a problem because the software had a steep learning curve and required a lot of hand holding. With our other EHRs if someone in support or training just doesn't click with us or with our providers we have plenty of people to turn to.

Funding. Every software company must be able to acquire large amounts of funding in order to stay on top of advances to technology especially technology housing patient data. I want to know that this company has the chops, willingness, and ability to obtain funding from outside sources that hold them accountable for what is being created for providers.

Funding comes from new sales of course but, if new sales is a software company's only source, it means they can't grow ahead of what their users want and need. Significant cash infusions help keep software ten steps in front of technology. Providers don't always know what they need. Software companies need to be aware of what is coming down the pike and build it into their application. The only way to do this is by obtaining funding to make sure their users have software that is ten steps ahead of what is on the market.

Live in the cloud. Many of our providers use a combination of MACs, Windows, iPads, Tablets, Smartphones, etc. They simply cannot be bogged down with having to install software and having to pay extra for it to work on mobile devices. They need to be able to open up a browser on any computer in order to use the software. A lot of the small EHR organizations that were built for Windows only will tell you the cloud isn't safe which is, quite frankly, not true. As a billing company not having to install software to handle our clients billing is a dream. My staff can process billing for our clients using our Smartphones. It is that easy.

What was the point of this article?

EHR adoption is tough no matter which EHR your practice chooses.

You do not have to stay with an EHR if they can't meet your needs. Switching is LESS expensive in the long run.

Have standards. The organization that created the EHR is just as important as the software itself. Make sure they have substance.

Work with an advocate that has your organization in mind and will show you all of the choices out there when it comes to an EHR. This was the best decision we ever made. It allowed us to make intelligent and educated choices based on facts not on a vendors marketing pitch.

Debbie Henderson, CEO, Manna Health Professional Services

debbie@mhpshealth.com

Mindfulness: Exaggerating

Submitted By: Karen S. Holst, MSW, LCSW, EdD
Monarch

We develop coping skills throughout life as a means of interacting with our environment; protecting ourselves and getting our needs met. The primary mode of interacting with our environment is through communication, verbal and non-verbal. Verbal communication is one behavior that is easily manipulated in order to protect ourselves and get our needs met and we frequently modify our communications through exaggerations, lies, or half-truths.

Part of protecting ourselves includes protecting our egos. We often put on a mask or give information that is inflated in order to appear more competent (slightly exaggerate past job responsibilities, special skills or past salary on a resume when apply for a job), to appear more popular (when talking with others overstate how "busy" we are to give an impression of having numerous friends and social engagements), or to protect vulnerable areas (amplify how much a significant other is attentive when talking to friends, when in fact the significant other is not attentive at all, which is an area of significant angst). We easily get in habit of telling "little white lies" more often than we think; often this behavior becomes unconscious. People in debt continue to inflate their amount of wealth through purchasing expensive items on credit; people in social circles continue to talk about "how busy their social calendars are" when in fact they spend the majority of time alone; people create factitious responsibilities in order to deflect requests for their time because they don't want to appear selfish or uncaring; people embellish events as being "amazing" or "horrendous" to create a dramatic story.

We exaggerate the truth to gain approval, love, acceptance, recognition or to avoid fear, rejection, and blame to name a few. Our behaviors can tell us a lot about the landscape of our minds if we pay attention. For example, at the end of a workday that wasn't typically busy, in fact a little on the slow side, you get asked to stay late to help with a task. A common response might be to emphasize how busy you've been today and how exhausted you are (wanting to appear that you've "given your all" today), or that you have other responsibilities (otherwise you'd be more than happy to stay). If we make a mistake, we can easily create "reasons" for the mistake as to not appear incompetent. We seek external explanations for when things go wrong, making statements such as "The mistake wouldn't have happened if I didn't have so many responsibilities." We are self-conscious creatures and how others perceive us is so important that we communicate little false bits of information in an attempt to control that perception.

A dangerous result of this can be a separation between who we really are and who we wish we were. This can separate us from our true selves and doesn't allow for the space or freedom to completely embrace the raw nature of who we are. When we embellish the truth, it can lead to great disappointment when we realize that all the little exaggerations we communicated about ourselves to appear more (fill in the blank), is different than the reality of who we are; it's simply not true. Embracing the truth about ourselves can be difficult and turning against ourselves with anger or frustration is a common reaction. We can become angry with ourselves for not truly living the life we talk about, or not having the "guts" to be honest as we hide behind excuses/blaming others.

Mindfulness Corner

Awareness is the foundation of mindfulness. Without being aware, we can easily continue to go through our lives continuing with the same habits that support a lifestyle of being on automatic pilot. So for a while simply pay attention to your choice of words when communicating. When you find yourself telling half-truths, exaggerating things or simply slipping into a white lie, pay attention to what's going on inside your body. Are you trying to inflate your accomplishments to appear more competent, trying to give an impression of…..what? Rest with those thoughts and feelings for a while and see what unfolds. Where do these exaggerations come from and what was your intention when exaggerating? Using R.A.I.N. can assist with this (Recognize, Allow, Investigate, No longer controlling/attached). We can learn a great deal about ourselves; our fears, aspirations, and hopes if we pay attention to our behaviors and investigate the reasons behind them. Often times when investigation occurs, uncomfortable thoughts or feelings may arise. So for an experiment see what it's like to just hold the thoughts in awareness without forcing them to go away. You may want to experiment with consciously telling the truth. Perhaps instead of finding a work excuse to not spend money to go out to eat lunch with co-workers, say "I'm watching my spending" (or whatever the truth is about a given situation). See if you notice a difference in your physical and emotional response when being completely honest in a situation where you allow the truth to prevail. Throughout this process remember to have an open heart while nurturing a sense kindness and compassion toward yourself; treating yourself as you would a dear loved one who is being harsh with him/herself.

"What we cannot hold with kindness about ourselves, controls us." – Tara Brach

ANNOUNCING

Andrew J. Imparato, JD
Executive Director
Association of Universities on Disabilities

National Speaker at the NC TIDE Fall
Conference

[Additional info can be found on Page 18]

EXHIBITOR INFORMATION

Take advantage of the opportunity to highlight new products and services and gain beneficial marketing exposure as you speak to 325+ behavioral healthcare professionals from all over the State of North Carolina. Sponsorship opportunities for the NC TIDE 2014 Fall Conference are available. Make sure your company responds quickly to the sponsorship opportunities because exhibitor slots are available on a first-come, first-served basis. NC TIDE Fall Conference will be held on *November 2-5, 2014*. Make your plans now to join us.

Would you like to see your logo in our newsletter? Go to wwww.nctide.org for sponsorship options.

OR

Learn more about the various exhibitor opportunities contact: Brenda Pittman bpittman@eastpointe.net, 910-298-7158

Thank You to all NC TIDE Exhibitors! The NC TIDE Conference would not be a success without the resources and financial support of our exhibitors.

National Speaker at NC TIDE....

Andrew J. Imparato, JD

Executive Director
Association of Universities on Disabilities
aimparato@aucd.org

As the Executive Director of AUCD, Mr. Imparato's perspective and passion is informed not only through his professional career but also through his own experience with bipolar disorder. Imparato comes to AUCD from the position of Senior Counsel and Disability Policy Director for the U.S. Senate Committee on Health, Education, Labor, and Pensions, chaired by Senator Tom Harkin of Iowa. In the last two and a half years, Imparato has been the lead staffer for Chairman Harkin's effort to reauthorize the Rehabilitation Act as part of the Workforce Investment Act; to expand the number of people with disabilities working in integrated, competitive employment; to improve accessibility of taxicabs, movie theaters, airplanes, and electronic and information technology; and to improve transition outcomes for the generation of young people with disabilities who have come of age since the passage of the Americans with Disabilities Act.

Previous positions include President and Chief Executive Officer of the American Association of People with Disabilities (AAPD), the largest cross-disability membership organization in the U.S. Prior to joining AAPD, Imparato was General Counsel and Director of Policy for the National Council on Disability, an attorney advisor with the US Equal Employment Opportunity Commission, counsel to the U.S. Senate Subcommittee on Disability Policy, and a staff attorney with the Disability Law Center in Boston, Massachusetts.

Imparato has been widely recognized for his leadership and advocacy. In 2005, he was named one of "Ten Outstanding Young Americans" by the U.S. Junior Chamber of Commerce (Jaycees). His work has been recognized by the Secretary of Health and Human Services, the Secretary of Transportation, the National Council on Independent Living, the National Association of the Deaf, and the Osteogenesis Imperfecta Foundation. In 2012, AUCD awarded him the Gold Star Award, presented to a Capitol Hill staffer who exemplifies a true partnership in crafting strong public policy in collaboration with AUCD and the greater disability community.

Imparato graduated with distinction from Stanford Law School and is a summa cum laude graduate of Yale College. He and his wife Betsy Nix live in Baltimore and have two sons, ages 20 and 15.

Sessions at NC TIDE include: *Moving Disability Employment Forward in North Carolina for People with Significant Disabilities: Leveraging National Trends and New Federal Policies and The New CMS Rule Defining "Community" for Medicaid Long-term Services and Supports: What it Means and How to Use it in North Carolina.*

Register today online at: *www.nctide.org*

NC TIDE 2014 FALL CONFERENCE HOTEL INFORMATION

November 2-5, 2014

CONFERENCE FACILITY INFORMATION

CROWNE PLAZA TENNIS & GOLF RESORT – ASHEVILLE NC

ONE RESORT DRIVE • ASHEVILLE, NORTH CAROLINA 28806

828-254-3211

Rooms and Rate:

A block of 139 rooms have been reserved for this conference.   A special "run of the house"* group rate of $109 is available until the reservation cut-off date on a first come first serve basis. The reservation cutoff date is 9/31/14. After the cut-off date, no reservations will be accepted at the special group rate.

PHONE NUMBER FOR RESERVATIONS:

The number to call for reservations is 888-233-9527, 7 days, 7 am – 11 pm.

This rate is available through the contracted cutoff date of September 31, 2014.

Please make sure to mention the group name - NC TIDE or the block code: N14.

After September 31, 2014, guests must call 800-733-3211 Monday – Friday, 9 am – 5 pm for reservations assistance.

www.ashevillecp.com

Guest Room Check In/Check Out Time: Check in time is after 4 p.m. and Check out time is before 11 a.m.

Cancellation Policy: The Resort has a 24-hour cancellation policy. Individual reservations cancelled less than 24 hours prior to arrival will be charged one-night's stay.

Early Departure Policy: The Resort requires 24-hour notice for early departure. Individuals checking out early without 24-hour notice will be charged a $50.00 early-departure fee.

∗∗∗Run of the House @$109.00 is a random combination of double/doubles and king bedded rooms and various view types. Room assignments in most cases are made at the time of check-in by the front desk. Any request of room type is only a request and is in no way guaranteed by The Resort.