NC TIDE

North Carolina Training, Instruction, Development, and Education (NC TIDE)

JUNE 2014

Summer Issue

Volume 3 Issue 2

Inside This Issue:

Special Interests:

Make your plans now for the NC TIDE Fall Conference

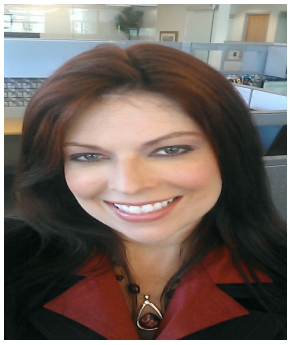
November 2 – 5, 2014

Crowne Plaza Resort
Asheville, North Carolina

Now Calling for Presentations! (See page 23 for more information)

A Message from the President

Jill Queen, 2014 NC TIDE President



Greetings,

Welcome to Summer and the Summer Edition of the NC TIDE newsletter. Since the Spring Conference, I am certain everyone stayed busy and the same is true for NC TIDE. Your officers and committee have been busy reviewing feedback from the Spring 2014 Conference. All reports reveal, the Spring 2014 Conference was a success!!! Thank You to all the members, participants, exhibitors and speakers that helped NC TIDE make the Spring Conference such a success!!

Even though it is Summer, NC TIDE has their eyes on Fall 2014! Currently, the planning for the Fall Conference is in full swing. NC TIDE continues to adapt our conferences to meet the needs of the behavioral health community by addressing hot topics in the industry. Your input on session ideas and topics are key factors to quality training. Please feel free to contact any of your NC TIDE Committee Members or Officers to share your thoughts and ideas for sessions or topics by July 17, 2014. The planning committee is currently recruiting speakers for the Fall Conference. A Call For Presentations has been posted on the NC TIDE website at: http://www.nctide.org/ . If you are interested in presenting, complete a Call for Presentation form by July 15, 2014.

Fall is a time for change and likewise, NC TIDE is planning for changes in officers. Currently, NC TIDE is accepting nominations for officers for the Fall elections. If you are an NC TIDE member, meet the qualifications for office under the NC TIDE By-Laws and are interested in running for an officer position; please contact Jill Queen or Anna North by July 31, 2014. NC TIDE is also recruiting for new committee members, if are interested in becoming an NC TIDE Committee member, please contact Jill Queen or Anna North. NC TIDE is currently recruiting for the following: individuals with clinical backgrounds and those with Information Technology backgrounds.

As the Summer progresses, be on the lookout for changes with NC TIDE. Your committee is constantly looking for ways to serve our members in an efficient, effective and quality manner. Be sure to periodically check out the NC TIDE website for news, conference updates and a new way to register for conferences.

Thank you again for all your support and allowing us to serve as your training resource. Be on the lookout for exciting information about the NC TIDE Fall Conference. Even though Fall seems a long time away, it is never too early to make your reservations to join NC TIDE for the Fall 2014 Conference in the scenic mountains of NC, scheduled for November 2-5, 2014!

Have a great summer, enjoy your summertime adventures! I hope each of you will look forward to the refreshing cool air of Fall and joining NC TIDE in Asheville, NC to continue the tradition of "***Excellence in Training and Promoting Professionalism"***. All my best to each of you!

Jill Queen
NC TIDE President

NC TIDE Steering Committee:

President:	Jill Queen
Vice President:	Anna North
Treasurer:	Rhonda Brown
Secretary:	Sherry Phillips
Past President:	Beth Brown
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Program/Registration:	Marilyn Brothers
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Eastern Provider Rep:	English Albertson
Western LME Rep:	Debbie Hatley
Western Provider Rep:	Richard Anderson
Website Development:	Ramon Santiago
DHHS Consultants:	Cathy Macemore
	Kathy Nichols
	Wanda Mitchell
Newsletter Coordinator:	Alice Matthews

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- Brenda Pittman, Chair
- Cathy Macemore
- Vince Wagner
- Ramon Santiago
- Pat Myers
- Art Harris

Training Development:
- Sharon Stanley
- Mike O'Connor
- Teresa Shirley
- Lisa Sullivan

Volunteer to be a part of the 2014 NC TIDE Committee.

Contact Jill Queen at
Jill.Queen@cardinalinnovations.org

NC Tide Mission Statement: ***"A Tradition of Excellence in Providing Training and Promoting Professionalism".***

2014 Goals:

NC TIDE strives to be the best training organization for our members by meeting the needs of the managed care environment and integration of behavioral and physical care.

- Promoting and increasing our strengths as a strong organization committed to quality training and education with a focus on consumers, families, stakeholders, providers and MCOs,
- Serving the state of North Carolina and the NC TIDE Membership with great leaders and members who are highly motivated, knowledgeable and experienced,
- Increasing membership by tailoring conferences to meet the needs of our members, providers, clinicians, MCOs and consumers by offering quality conferences and continued education units,
- Increasing exhibitors at NC TIDE conferences to offer the best resources, networking and connections to the latest technology and products available for the specialized market of behavioral health care.
- Pursuing and engaging in partnerships with key stakeholders and State Agencies in order to meet the needs of the managed care environment and integration of behavioral and physical care.

Our very own NC TIDE President, Jill Queen will be a guest on:

mentalhealth NEWS

The show is hosted by Kristin Sunanta Walker of everythingEHR and co-hosted by Rebecca Morehead of More for Your Practice Radio. The show will be available for your listening pleasure the morning of July 15 and can be heard at:
http://everythingehr.com/mental-health-news-radio-interviews-jill-queen-of-cardinal-innovations-and-nc-tide/
You can find out more about the interview by visiting www.mentalhealthnewsradio.com.

NC TIDE welcomes our newest members to the committee. Both have many years of experience in the MH/DD/SA field. Their contributions to NC TIDE will be a huge asset to the future growth of NC TIDE.

***Amanda Willett**, East Carolina Behavioral Health*
***Lisa Sullivan**, Alliance MCO*

We are excited to announce that **Wanda Mitchell**, DHHS, has returned as an active member of the NC TIDE committee. Welcome back Wanda!

U.S. Department of Labor
Wage and Hour Division

Why the Minimum Wage Deserves your Maximum Attention

Violations found among employers nationwide

When you create your business plan, forecast your expenses, and balance your budget, staffing costs play a pivotal role. Determining hourly rates to pay your employees causes you to take many factors into consideration. How much should you pay your entry level employees? How much should you pay your managers? Minimum wage requirements under the Fair Labor Standards Act (FLSA) are a key component in that formula. Minimum hourly rates, as well as the circumstances under which you are allowed to make deductions from employees' pay for items like uniforms, cash shortages, etc., not only steer your business decisions but are also clearly established by the requirements of the FLSA.

The U.S. Department of Labor, Wage and Hour Division enforces the FLSA, the federal law that provides minimum wage, overtime, child labor, and recordkeeping requirements for covered employers in the U.S. Determining and paying the minimum compensation due to your employees under that law depends upon paying at least the legally-required minimum wage for all hours worked. Unless a specific exemption applies, employees must be paid at least the minimum wage for each hour worked, and time-and-one-half their regular rates for any hours in excess of 40 hours worked in a workweek. Employees who do not qualify for an exemption are commonly referred to as "non-exempt" employees, while those who do qualify are referred to as "exempt" employees. The federal minimum wage for covered, non-exempt employees is currently $7.25 per hour, which has been effective since July 24, 2009.

Some of the most frequent problem areas identified in businesses that lead to violations of the minimum wage requirements include:

1) Paying hourly rates below $7.25 per hour;
2) Making deductions from employees' pay for uniforms;
3) Making deductions from employees' pay for cash register shortages;
4) Making deductions from employees' pay to cover damages to equipment, customers who walked out on their bills, or other property losses to the employer; and
5) Failing to pay for hours worked. FLSA violations result when all hours worked are not paid for and overall wages fall below $7.25 per hour.

Minimum Wage Principles:

The federal minimum wage provisions are contained in the FLSA. The federal minimum wage is $7.25 per hour, effective July 24, 2009. Many states also have their own minimum wage laws, some of which provide greater employee protections. In cases where an employer is subject to both a federal and a state law at the same time, the employer must comply with the higher standard in order to be in compliance with both. For example, the federal minimum wage is $7.25 per hour. If the minimum wage in your state is $8.00 per hour, you must pay your employees $8.00 per hour in order to be in compliance with both the federal and the state requirements. Generally speaking, when you're subject to two laws at the same time, *the stricter standard applies*.

[Continued on Page 5]

Posters:

Every employer of employees subject to the FLSA's minimum wage provisions must post, and keep posted, a notice explaining the law in a conspicuous place in all of their establishments (i.e., in a place where employees can readily read it). WHD prescribes the content of this notice. An approved copy of the poster may be downloaded free of charge at the following link:

www.dol.gov/whd/regs/compliance/posters/minwagep.pdf

Questions about the minimum wage often arise in the following situations:

1) What is the lowest amount I can legally pay my employees per hour?

The current federal minimum wage is $7.25 per hour. $7.25 per hour is the lowest amount you can pay a non-exempt employee. Even if an employee agrees to work for less, such an agreement would not make payment below that amount legal. However, certain specific programs do allow wage payments to certain employees in amounts less than $7.25 per hour, but only when specific conditions are met. Examples include student learners (vocational education students), and workers whose earning or productive capacities for the work to be performed are impaired by physical or mental disabilities. (See www.dol.gov/whd/specialemployment/index.htm for more information on these programs).

2) Can I charge my employees for uniforms?

Yes, under certain conditions. The FLSA does not require that employees wear uniforms. However, if the wearing of a uniform is required by some other law, the nature of a business or by an employer, the cost and maintenance of the uniform is considered to be a business expense of the employer. If the employer requires the employee to bear the cost, that cost may not reduce the employee's wage below the minimum wage of $7.25 per hour. Nor may that cost cut into overtime compensation required by the Act.

If an employee who is subject to the minimum wage of $7.25 per hour is paid only the minimum amount of $7.25 per hour, the employer may not make any deduction from the employee's wages for the cost of the uniform, nor may the employer require the employee to purchase the uniform on his/her own.

If an employer only requires a general type of ordinary basic street clothing to be worn while working and permits some variation (For example, the employer requires only khaki pants and a green polo-style shirt), such clothing would not be considered a uniform. The cost to the employee of buying these items, which could be worn for personal use outside of work, does not have to be considered by the employer.

Some states impose their own requirements with regard to permissible deductions. In areas of mutual jurisdiction, the higher standard applies.

[Continued on Page 6]

3) If the cash register comes up short at the end of a shift, can I require the employees responsible for the cash drawer to pay back the shortage?

No deduction may be made from an employee's wages which would reduce the employee's earnings below the required minimum wage or overtime compensation.

In addition to cash drawer shortages, employers sometimes consider making deductions for damages to their property caused by an employee, financial losses due to customers not paying their bills, and/or theft of the employer's property by the employee or others. Employees may not be required to pay for any of these items if, by doing so, their wages would be reduced below the required minimum wage or overtime compensation. This is true even if an economic loss suffered by the employer is due to the employee's negligence.

Employers may not avoid FLSA minimum wage and overtime requirements by having the employee reimburse the employer in cash for the cost of such items in lieu of deducting the cost directly from the employee's wages.

4) **How often does the federal minimum wage increase?**

The minimum wage does not increase automatically. Congress must pass a bill which the President signs into law in order for the minimum wage to go up. However, there is nothing in the law that prevents employers from paying more than the minimum wage.

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.

U.S. Department of Labor
Wage and Hour Division

Don't Overlook Overtime

What employers should know about overtime requirements under the Fair Labor Standards Act

As an employer, few expenses impact your weekly bottom line more directly than your staffing budget. You draft your schedule with care, assign the hours you expect your staff to work, and forecast what that will mean to your weekly payroll. Of all the factors that can impact your total expenditures, overtime is among those that can make the biggest difference in the shortest amount of time. Understanding and complying with federal labor regulations regarding overtime under the Fair Labor Standards Act (FLSA) is a critical piece of your payroll puzzle.

The DOL's Wage and Hour Division has found violations of the FLSA among employers nationwide. Many of these violations have resulted from employers failing to pay employees proper overtime when they work over 40 hours in a workweek. When such violations are disclosed, employers pay back wages to employees and risk exposure to additional damages and penalties.

The Wage and Hour Division enforces the FLSA, the federal law that provides minimum wage, overtime, child labor, and recordkeeping requirements for covered employers in the U.S. Determining which employees are due overtime, when they are due overtime, and how much overtime they are due requires a clear understanding of the law. Unless a specific exemption applies, employees must be paid at least the federal minimum wage of $7.25 per hour and ***overtime at time-and-one-half their regular rate of pay for any hours worked in excess of 40 hours in a workweek***. Employees who do not qualify for an exemption and are therefore entitled to overtime pay are commonly referred to as "non-exempt" employees, while those who do qualify for an exemption from overtime pay are referred to as "exempt" employees.

Some of the most frequent problem areas identified that lead to violations of the overtime requirements include:

1) Paying "straight time" rates for hours worked beyond 40 per workweek;
2) Failing to combine hours worked at two or more locations owned by the same enterprise for overtime calculation purposes (for example, paying an employee for 25 hours worked at Store A at straight time in one check, and for another 25 hours worked at Store B at straight time in another check);
3) Averaging workweeks (for example, paying overtime after 80 hours in two weeks, instead of after 40 hours in one week);
4) Failing to include bonus and other payments in employees' regular rates when calculating overtime compensation; and
5) Failing to record all hours worked, improperly decreasing employees' total hours below 40 when they really worked more than 40 hours and are due overtime.

[Continued on Page 8]

OVERTIME PRINCIPLES:

If a non-exempt employee works more than 40 hours in a workweek, the employer has to pay 1.5 times that employee's ***regular rate*** of pay for every hour worked past 40.

EXAMPLE:

An employee makes $10.00 per hour. The employee works 41 hours in a workweek.

The employee is due:

41 hours x $10.00 per hour =	$410.00
1 hour overtime premium @ ($10.00) x (0.5) =	$5.00
Total compensation due =	$415.00

Employers with more than one location should be aware that for an employee working at multiple sites, the employer needs to total all hours worked by the employee in the workweek, at all locations, to determine if overtime is due.

EXAMPLE:

An employer owns and operates 5 restaurants. During the workweek, an employee worked the following schedule:

Store A:	20 hours
Store B:	15 hours
Store C:	10 hours
Total:	45 hours

The employee is due 5 hours of overtime for the workweek. Even if the stores have their payrolls set up separately, all hours worked during the workweek must be combined to determine if overtime is due.

The FLSA and its overtime requirements apply *on a workweek basis*. An employee's workweek is a fixed and regularly-recurring period of seven consecutive 24-hour periods. The workweek may begin on any day and at any hour of the day. If more than 40 hours are worked during this 7-day period by a non-exempt employee, overtime is due.

[Continued on Page 9]

Averaging of hours over two or more weeks is not permitted. This means that employers cannot choose to pay overtime only when an employee exceeds 80 hours in two weeks, instead of when they work beyond 40 hours in one week. Even if payroll is run every two weeks, hours worked must be totaled separately for each workweek, and overtime must be paid when an employee's workweek goes over 40 hours.

EXAMPLE:

An employer pays employees every two weeks. An employee works the following numbers of hours:

Week 1: 45 hours
Week 2: 20 hours
Total: 65 hours

The employee is due 5 hours of overtime for Week 1.

An employee's ***regular rate***, upon which overtime must be computed, includes all wages for employment, except certain payments excluded by the FLSA - such as gifts, holiday bonuses, and reimbursements for expenses. Production bonuses and food allowances, which are non-discretionary, are payments for employment, and *must be included in the employee's regular hourly rate for overtime computation purposes.*

EXAMPLE:

An employee earns $10.00 per hour
The employee works 50 hours in a workweek
The employee earns a $50.00 production bonus during that workweek

The employee's "regular rate" is computed as follows:

50 hours at the employee's hourly rate:	50 hours x $10.00 =	$500.00
+ The production bonus:		$50.00
TOTAL STRAIGHT TIME EARNINGS due, before overtime:		$550.00

Divide total straight time earnings by number of hours worked:

$550.00 / 50 hours = **$11.00/hr regular rate**

(The bonus has the effect of increasing the employee's actual hourly rate by $1.00/hour)

$550 earned at straight time / 50 total hours =	$11.00/hour regular rate
$11.00/hour x 0.5 overtime differential	$5.50/hour
$5.50/hour x 10 overtime hours =	$55.00 **overtime due**
Total compensation: $550.00 + $55.00 =	$605.00 for the week

[Continued on Page 10]

All hours worked must be recorded and totaled to determine whether overtime is due. This means that all compensable pre-shift, post-shift, and training time must be included when totaling hours worked and determining whether overtime is due. Paying overtime according to scheduled hours only may not reflect hours actually worked.

Other questions frequently asked about overtime include:

1) **How many hours per day or per week can an employee work?**

   The FLSA does not limit the number of hours per day or per week that employees age 16 years and older can be required to work.

2) **How many hours is full-time employment? How many hours is part-time employment?**

   The FLSA does not define full-time employment or part-time employment. This is a matter generally to be determined by the employer. Whether an employee is considered full-time or part-time does not change the application of the FLSA, or eligibility for overtime.

3) **When is double time due?**

   The FLSA has no requirement for double time pay. That is a matter of agreement between an employer and employee.

4) **Is extra pay required for night or weekend work?**

   The FLSA does not require extra pay for night or weekend work. Extra pay for working nights or weekends is a matter of agreement between the employer and the employee.

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 requirements or different statutes or regulations. To find your state labor department's contact information, visit http://www.dol.gov/whd/contacts/state_of.htm .

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

The Art of Asking: Searching for a Behavioral Health EHR

When looking for innovative solutions to challenges associated with managing a mental or behavioral healthcare practice, we know that asking the 'right' questions often leads to solutions unthought-of before. These not only address immediate concerns, but propel our practices into the future we want for ourselves and our clients.

Finding the best **Mental Health EHR** for your practice is a journey that can begin as simply as **What? Why?** and, most importantly, **How?**

- What challenges does our practice face that can be addressed by an EHR?
- What needs aren't being met within our practice that could be met with an EHR?
- What haven't I thought of when considering what I want an EHR to do for our practice that might make a difference?
- Why have we continued to use our current information and record keeping systems as long as we have?
- Why have we hesitated from adopting an EHR up until now?
- Why haven't we stepped up to these challenges and incorporated new policies that will address some of the needs of our organization?
- How can we graduate from our current EHR that may have done an okay job of getting us off of paper, but is now crippling productivity and staff moral?
- How can we make a case for moving to a better behavioral health EHR?

With those two questions alone – **what and why** – you are well on your way to understanding exactly what you want your EHR to do for your practice. This will dramatically inform your search and – ultimately – you finding an EHR that works for your practice.

[Continued on Page 12]

But then…Ahhh, the **how? How to? How to find one?** How to use it and make it the 'norm' for our practice? How to watch out for the tell-tail signs of a Behavioral Health EHR vendor that shows up everywhere, has a pretty website, and seemingly great testimonials, but do they really have a great product?

Many people – in the spirit of entrepreneurialism – rise up in charlatan fashion to sell their snake oil. Some EHR vendors can, have, and do pay for testimonials. Incentives are offered in the form of cash, free services, free licenses, favors, you name it. ***Ask the vendor to put in writing that they do not and never have paid for or incentivized their clients for testimonials.***

We see these and other cheap tricks as appealing to the 'not-so-serious-mental-health-practice' agenda. Be aware of vendors that do one or two demos without a **guideline**. They may present a warm and fuzzy marketing pitch like, "We won't sell you our software if it isn't right for you." Every vendor wants to sell you their software. Some EHR vendors may steer or push you to purchase different software if theirs doesn't meet your needs. Take a pause. Some revenue sharing is likely to be going on for their referral.

So…smoke and mirrors aside ….how do you find *THE ONE*?

cost efficiency at the cost of our 'what' and our 'why'

Serious practices need to be careful about balancing cost effectiveness without ending up with a product that is cheap. Unfortunately, not-so-serious practices are often failing to take into account that "cheap" will hurt their practice in the long run. In mastering this artful balance, other questions arise that can guide us to solutions:

- How do you know if the vendors you are finding have a quality product?
- Should insurance companies dictate which EHRs your practice should be using?
- Has the behavioral health EHR software won notable awards for customer service, fastest growing organization, etc.?
- Are there several professionally produced video testimonials from providers who use the software on the website?
- Is the EHR pushing or suggesting you purchase other services, like billing/revenue cycle management? Is the EHR FREE or at a significant discount if you do decide to use their billing services?
- Does the EHR CEO and management team have credentials from notable universities in fields such as Information and Technology, Software Programming, or better yet, are they a Mental Health clinician? Have they ever run a mental health practice?
- Does the EHR company have **certified** billers/coders (ICD-10) on **staff**? Does the company have mental health providers on **staff**? If so, how many?
- How many people on staff are dedicated to support, development, and training? (If less than 10 in each department be concerned). Are the same employees in support and training?
- Does the EHR company affiliate with mental and behavioral health students (training the next generation of providers) at notable colleges/universities?
- Does the EHR organization regularly attend conferences to provide their users with free training clinics and also present their product?

[Continued on Page 13]

do your research and ask for help

Adopting a Behavioral health EHR is tough. Migrating from one EHR to another can be even tougher. Providers are always looking at things in relation to *other* things – they can't help it. Without a knowledgeable advisormailto:kristin@everythingehr.com guiding you through this technological overhaul, it's easy to lose sight of the forest for the trees.

Having an advocatemailto:kristin@everythingehr.com working on your behalf helps providers and organizations steer clear from an EHR vendors great **marketing agenda** which can hinder your decision making process.

Begin at the beginning: **Google Search**. But **beware** – good marketing can push a company to the top of internet search results. As with the medicine man and his snake oil – ***good marketing does not always equal a great product.***

Look into **Capterra**, which was designed for just this purpose: helping your practice find software to meet your needs. Keep in mind, however, that vendors PAY to be listed at the top of results for Capterra. Just because EHR vendors may show up at the top does **not** necessarily mean they are the BEST. Some other research options include **Software Advice** – which offers great advice.

Another place to look is the blogosphere where there are a plethora of **Blog Articles** on this and related topics (beware the Rabbit Hole!). Make a note of the **Referrals** of people and practices that you admire and wish to emulate.

Then, once you think you've found your match…

test the product

Here is where the rubber meets the road and a whole slew of 'how to' questions begin to popcorn:

- Will my practice be limited by having to install the software so it can only be used on devices where it is installed? Or is it really "in the cloud"?
- If I prefer that Windows "look and feel" of a product, can I use it on a MAC, iPad, Tablet, PC without any added expense or issues?
- How many add-on products are needed in order for my practice to make use of the EHR? How many times am I taken out of the program in order to use it at full functionality? How much do these add-ons cost?
- How often is the data backed up and to what sources? If the system goes down how quickly will I be up and running and, more importantly, will there be ANY data loss. Many EHRs only backup your data a few times a day.

Negotiate with the vendor for a 60- to 90-day **"get out of my contract"** clause. Follow a **guideline** for your practice to use during the demo process and talk about it. Keep in mind that reports of "great customer service" are good to know while you are searching for the product you decide to use, but they MAY NOT always equal a great product for YOUR practice.

[Continued on Page 14]

During the demo take over mouse control. Yes, that's right. Ask the EHR vendor to give you control of the mouse during the demo and do your own clicking around. Don't be afraid if you get lost. No one is there to slap your hand or move you to the back of class. The presenter is there to guide you but you are the one who should determine if this product is right for your practice and your staff. Click around! How many clicks does it take to do things? Do you have to click SAVE all over the place or does the software automatically safeguard your work?

next round, please

Once you begin to get a feel for your what the Behavioral Health EHR is and can do for you, revisit your original 'What' and 'Why' and 'How' questions that guided your purchase in the first place. Look for solutions to these original concerns once the software is at your fingertips. You may discover that a whole new set of questions emerge – questions about how this product looks and feels as a part of your day-to-day activities:

- What does the user interface look like?
- What do you see when you look at the software?
- Do you want this organizational method running your practice?
- Can you imagine this software helping your practice for the next 3 to 5 years?
- How big is the company that created this product?
- What is their vision?
- How many times has the EHR vendor rewritten their software? Updates and overhauls are standard practice in the software industry. It should be a MUST for every EHR vendor as well. A complete overhaul is sometimes a requirement simply to keep up with the latest advances in technology. How often has the EHR vendor undertaken a major overhaul since they have been in business?

And, excitingly, now that your practice is gaining in skill at using the EHR, what problems have been attenuated, and now where can you focus your energies and grow as a practice?

again…

Do your research and ask for help. Let this search reflect that yours is a serious practice. There is nothing more disheartening than watching a Behavioral Health practice suffer under the weight of an incorrect EHR choice.

Submitted By: Kristin Walker

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Best Compliance Plan for HIPAA in the Behavioral Health Practice

By Rebecca Morehead, CPCC, CHSE
info@practicemanagersolutions.com

Compliance is a term that many healthcare providers and staff, regardless of specialty, typically use when discussing patient compliance. Most of the time, compliance is used when addressing diet, medication or a regime related to the **health and wellness** of the patient. However, when it comes to **HIPAA compliance,** it really does affect the overall health of the practice going forward. In fact, the **Omnibus Rule gave all Covered Entities and Business Associates** the requirements to **HIPAA Compliance and a deadline of September 23, 2013** for completion.

Behavioral Health Practices are some of the most compliant when it comes to **HIPAA Privacy**, mostly due to the confidential nature of how they practice and super-confidential information that often requires special consent for release of information. However, did you know that **HIPAA Security** also applies to **Behavioral Health and Mental Health providers and practices**?

Breaking Down Compliance

HIPAA Privacy protects PHI (Protected Health Information) in all forms and **HIPAA Security protects PHI in electronic form**. This means if you are maintaining PHI on computers (or any device) in electronic form and transmitting that information or disclosing that information then it falls under the HIPAA Security Rule as ePHI (electronic Protected Health Information).

Now that we have established that both the **HIPAA Privacy Rule and HIPAA Security Rule** apply to most covered entities today, it is important to understand and apply the required steps to a compliance plan.

Steps to Compliance

1. **Conduct a thorough Risk Analysis for both Privacy and Security** to determine where your risks and vulnerabilities are within your processes, technical equipment, facilities, administrative functions and most importantly with staff. You will not be able to prepare for threats (internal or external) without knowing the current risks. There are many options available now to conducting a risk analysis. Some providers choose to use outsourcing while others are comfortable conducting their own risk assessments. The important thing is that it gets done and according to **the HIPAA Security Rule Administrative Safeguards (45 CFR 164.308 (a)(8))** that risk assessment must be conducted periodically (which is highly recommended to be annually).

2. **Develop a plan from the results of the risk analysis to address and mitigate risks**. That plan may consist of short term goals, intermediate and long term goals to correct deficiencies. This is done by prioritizing the risks that pose the biggest threat to PHI and will need addressing first. Some practices like to have assistance with outside agencies or consultants in order to address some of the risks while others are confident in addressing them in house with proper staff (i.e. Facilities Management, IT staff and Privacy and Security Officer(s)).

[Continued on Page 16]

A risk assessment will expose items from Administrative Safeguards, Technical Safeguards and Physical Safeguards per the **HIPAA Privacy and Security Rule** for example:

- Breach Investigation and Reporting Processes
- Business Associates Management
- HIPAA Workforce Training
- Workforce Sanctions and Enforcement
- Minimum Necessary Use
- Authorizations and Disclosures
- Communication processes
- Disaster Recovery, contingency plans, etc.
- Access and Controls
- Incident Responses and Actions
- Notice of Privacy Practices (and updating appropriately)
- Equipment Inventory and Management
- Mobile Device Management

3. **Document Policies and Procedures** for office protocols on how HIPAA Privacy and Security are utilized within the practice as it relates to operations, workflow and policy. It is not enough to just know the office operations, it must be documented. Additionally, a set of templated policies will not suffice as a good set until they have been customized to your practice's specific operations. Policies and procedures are forever changing and evolving so they will need updating and revision from time to time.

4. **Train your staff and providers on HIPAA Privacy and Security** annually, at new hire and maintain ongoing awareness with reminders and updates. Staff will need access to your policies and procedures for reference to documented protocols as well.

5. **Monitor and Adjust Accordingly**. Monitoring activity, access and maintenance are crucial to protecting health information integrity and must be an integral part of your compliance plan.

The Pain of Non-Compliance in Your Practice

Many would agree that in order to change a behavior, habit or practice, there must either be a great reward or a huge pain point to motivate an individual toward action. There really is no reward, monetarily per se, to creating and maintaining a HIPAA compliance plan. However to the contrary, breaches are occurring on a regular basis across the country and they can result in serious fines, penalties and sometimes public notification depending on the number of patients affected. That could cause serious pain to an individual or practice; in fact, **the fines were increased with the Omnibus Rule and could be as high as 1.5 million per violation** depending on the negligence. In this case, pain could be the motivating factor for a practicing provider and staff to maintain a compliance plan.

Others would say that creating a compliance plan could be costly both in time and money to complete and opt to take their chances. With a compliance deadline that has passed, OCR moves forward with its plan announcing a proposed 1200 audits in 2014. There are ways to address the issues of time and lack of resources and reduce the costs in order to effectively create a healthy compliance plan for your practice and relieve some of the pain.

In short, the **best compliance plan** is to have one because not having a plan or utilizing that plan could prove to be more costly; and most importantly could breach the confidentiality of your patient(s), even when you have the best intentions.

Ethics and Integrity: The First Line of Defense Against Fraud, Waste and Abuse

Submitted By: Jill Queen, BA, MBA/MHA, Regional Quality Manager
Cardinal Innovations Healthcare Solutions

Ethics are moral principles and beliefs that guide judgment and decision-making. Ethical principles and business ethics are synonymous with integrity, honesty and quality. Specifically, ethics is about how individuals determine what is good for individuals and society and then proceed to interact with one another and society (Cornell University Law School). Generally, most people define business ethics as a set of values, morals or behaviors by which people judge what is right and wrong (McShane & Glinow, 2010). Ethics guide employee's behaviors and decision making.

Why are ethics important? Society judges the conduct of individuals as the conduct of the organization. Furthermore, public perception that a business is highly ethical directly translates into consumer confidence (Kline, 2012). Consequently, building an ethically responsible organization is essential to success as an organization and the first line of defense against fraud, waste and abuse. Business ethics are required and extremely important in organizations like those that are: publicly funded, Managed Care Organizations, Behavioral Healthcare Organizations and Medicaid Contractors. Why is this true? Because, ethically responsible organizations have less occurrences of fraud, waste and abuse. As a result, it is important for organizations and businesses to develop and implement good business ethics and a code of ethics for employees in order to ensure success, ethical behavior, encourage reporting and reduce fraud (Jalil & Rahman, 2010). Therefore, it is essential that employees working in the behavioral health sector practice and follow good ethical principles, business ethics and code of ethics as part of Corporate Compliance. Every behavioral health organization should ensure effective procedures for Corporate Compliance and ethics by outlining the expectations of employees. Specifically, organization policies and procedures must clearly outline expectations for complying with the organization's culture, mission, vision, values and business ethics by listing out the expected employee behaviors in order to promote ethical behavior, integrity and honesty. Each of these items are paramount to business operations.

Ethical principles and business ethics are the road map for business success and permeate all aspects of a business. They outline expected behaviors and conduct for the business environment, and set the organizational culture. As responsible and ethical employees in the field of behavioral health, we are the first line in ensuring accountability. Ethical actions and working with integrity are the first lines of defense against fraud, waste and abuse of healthcare dollars. When thinking about Corporate Compliance, ask yourself, are you fraud proof and using every defense to combat fraud, waste and abuse?

Mindfulness: Intention

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

Intention can be described as the mental and emotional energy, or attention, going toward a certain experience or outcome. Tara Brach, a renowned meditation teacher reminds us, "Where our attention goes, energy flows." Our intentions can drive our thoughts, feelings, and behaviors. Often our intention is unconscious and we can easily respond to frustrating or stressful situations with heavy emotions, especially if we're feeling threatened in some way (including threats to our ego!). The stress of life often pushes our intentions aside and practicing mindfulness helps reconnect us to what is most important.

This practice of intention reminds us of what is most important in our lives. If we pay attention to what is valuable, it helps us appreciate our lives more fully. It's an act of love to pay attention to what matters most in life. Imagine how a child feels when he is acknowledged for having compassion, integrity, talent, or humor. Perhaps he experiences a calm energy that is expansive and joyous. Children automatically know how to lead with their heart. Maybe we can be reminded by children to lead with an open attention which honors and trusts our gut feelings. When we operate out of a sense of intuition that is wise and compassionate, we experience states of flow and freedom. Our freedom is found by stepping out of "clock time." Specifically, we are able to allow the worries of the future and the past to drop. When we let go, we are able pay full attention to this moment without judgment. While the present moment is so valuable, we easily forget about it through worrying and or reliving the past. The more we practice coming back to the present moment with kindness, the more we build a familiar path that is supportive and stabilizing.

Keeping what matters most important in our lives at the forefront of our awareness on a consistent basis is challenging. This way of paying attention is hard when we are bombarded throughout the day by events that demand attention (phone calls, emails, deadlines, etc.). When you find yourself in a stressful situation it can be helpful to bring your intention for that particular moment to mind. For instance, perhaps during a discussion you begin to exhibit behaviors that can be construed as defensive or argumentative. When you feel your body beginning to respond to the stressful situation, bring to mind what your intention is for that moment. Perhaps your intention is to simply be heard by others. Bringing your true intention to mind and holding it with kindness can assist us with awareness. Once we become aware, we can make mindful choices about moving forward, instead of reacting with emotion. Gandhi puts it this way, "from our intentions springs deed, from our deed springs the habit, from the habits grows the character, from the character develops destiny."

For those who meditate, it's beneficial to develop an intention or purpose at the beginning of each meditation. Another way of looking at intention is to ponder what matters most in life or to be in touch with our deepest aspirations. Some common intentions are to feel happy, peaceful or compassionate. You may have one or more intentions during the meditation and this may change over time. Multiple intentions may be effective; however it may be easier to set your focus on just one intention that feels the most sincere. Don't worry about actually experiencing the felt sense of your intention. While cultivating an intention may energize our attention during meditation, it can also remind us of what matters periodically throughout the day. Intentions are not supposed to be thought of once and then forgotten. The purpose of having intentions is to remind us of what is really important. Why are intentions so easily overlooked? Maybe it's because we

[Continued on Page 19]

are under stress over finances, traffic, work, relationships, or illness. Perhaps when we are stressed it is more of a challenge to consider how this simple act could change our circumstances. During meditation we may be swept away by negative thoughts or stories that seem far removed from our intentions. If we are not careful these stories or our projections of the future can take us away from experiencing the present moment. Intention is important because it has the power to energize the way we are paying attention. The simple act of naming our intention helps us stay grounded.

Mindfulness Corner

So for a moment, settle into your body and the space that surrounds you. Take some full deep breaths and exhale slowly. Allow your thoughts to gently bring to mind what is *really* important to you in your life? What matters to you? Perhaps what matters is love, trust, peacefulness, a feeling of safety, or being true to who you genuinely are. There's no right or wrong answer. Take time to investigate your life intention. Once our intention is present, allow the spirit of the intention to sink into your body, really embracing the intention. Notice what it feels like in your body; a sense of warmth, or tingling, a wave of calmness or a sense of being grounded? Taking time to nurture our intention can help us remember what matters in our lives.

Throughout the day see if you can keep your intention close. If we are able to hold what matters to us at the forefront, we can begin to change our relationship with our thoughts (which are frequently negative) and shape how we interact with others and the world around us. One way to remember to live intentionally is to slow down in periods of transition. Stop for a minute before hitting "send" on an email or text or before you put your car in gear to drive to your next destination. In these moments remind yourself of what matters. This may give rise to what you can appreciate in life and may provide a slight shift in how you go forward.

CFAC CONNECTIONS

Around the State

Over the past year the Alliance CFAC has had ever increasing input into Alliance Behavioral Healthcare. We are now three Area CFACs (Durham Wake & Cumberland) merged into a unified interconnected team. Not quite reaching full geographical representation as our Johnston County CFAC is still in its own inter-local agreement. We are all communicating and working together to advocate for the best system of care possible.

We have structured ourselves as having a primary CFAC - the "Alliance CFAC" and we have maintained our local area presence as Alliance CFAC subcommittees in Wake, Durham & Cumberland Counties. With this configuration, there are meetings every month with the Alliance CFAC meeting bi-monthly and the local area subcommittees - Wake, Cumberland and Durham meeting in the in-between months.

We have many seasoned advocates on our CFAC and we do our best to balance out representation between both consumers and families and across the disabilities – Mental Health, Developmental Disabilities and Substance Abuse. We commit ourselves to our legislative obligations as defined in 122c and although the process of input has evolved since the LME days most of us are satisfied at the level of input of the MCO CFAC.

One of our members Amelia Thorpe sits on the Alliance BHC Board and our chair attends the board meetings on a regular basis and is afforded the opportunity to give CFAC reports. Both the Board and the CFAC respect each other and our respective roles in the structure of the MCO. While many feel there is never enough money our CFAC has input into the CFAC Budget process and attend the annual Budget retreat. We have been able to successfully advocate for travel stipends and a modest meal at all the Alliance CFAC and subcommittee meetings. Importantly, there is money to send members to conferences and trainings. We have had annual retreats consisting of a peaceful venue fellowship and training.

Our scope of influence spreads out across the catchment area as many members have varied roles in the community. Information flows back and forth among a number of MH/DD/SA organizations and State committees and workgroups. Our members bring back those experiences and expertise to our CFAC enhancing both the participation and effectiveness.

Our members sit on a number of internal committees, the Human Rights Committee, Global Quality Management Committee, Request for Proposal Committees, and other ad-hoc opportunities offered up by the MCO.

We also participated in a number of projects (i.e. First responder Training project, planning a statewide CFAC meeting, Community Forums in each of our counties, Board Budget Retreat (presented our ideas around gaps and needs).

One of the things that we are particularly proud of is that CFAC members have been able to give input into the selection of several providers by also serving on many provider selection workgroups. Not the least of which were the vendors for the Individual Support and Placement - ISP/Dartmouth model of supported employment. Others included providers for Intensive In-Home, Substance Abuse Intensive Outpatient, and Community Support Team.

Submitted By: Marc Jacques
Alliance Behavioral Healthcare

CFAC – Around the State continued

Change is never without stress; however, the merger of Mecklenburg into Cardinal Innovations went relatively smooth. CFAC members from both Cardinal Innovations and Mecklenburg attended meetings with consumers, families and providers to assist in the transition. Cardinal Innovations staff and members of CFAC were committed to the transition process, and are working to ensure that services are not compromised for those who need them.

How did the CFACs transition to bring in new members? When Cardinal Innovations CFAC was first established during the initial mergers with Alamance-Caswell, Five County and OPC, it was decided to have equal representation on CFAC. Cardinal Innovations felt equal representation was important and expanded their membership by 3 to incorporate the expansion. CFAC wanted to be proactive and started the process of amending the by-laws to indicate these changes prior to the completion of the merger. Members from both CFAC's were invited to attend meetings. Members from Mecklink CFAC attended Cardinal Innovations CFAC meeting and the chair of CI CFAC attended a Mecklink CFAC meeting and spoke briefly about Cardinal Innovations CFAC. There were some differences in the two groups but we understood the importance of merging into one entity.

Each community will maintain their local presence and address issues occurring in their area as well as share the information with Cardinal Innovations CFAC. Each local CFAC has a voting member on the Community Oversight Board in their area. This allows CFAC's to share concerns at the local level. Cardinal Innovations CFAC has a voting member on the MCO Board. This allows concerns to be shared directly with the BOD's by a CFAC member. It is essential that we maintain this voice within the MCO world. We recognize that each local area has their unique characteristics as well as history in the community. These connections are important and must be maintained.

Cardinal Innovations CFAC by-laws were shared with Mecklink CFAC and talking points were identified that needed to be addressed. A workgroup was established with one member from each local Community Operations Center CFAC participating. This group met once with 100% participation and worked out the concerns to the satisfactions of all involved. We have not had the final reading of the by-laws in order to adopt them, but are very close. We stress that by-laws are a living document and can be amended as often as needed. We are pleased with the progress our CFAC has made. Our primary objective has always been and will always be to ensure the well being of consumers and their families. We want to be a leader in advocacy for the individuals we represent, as well as carry out all our duties as prescribed in legislation.

Submitted By: Benita Purcell, HR Director
CFAC Chair for OPC and CI
Person County Group Homes, Inc.

CFAC – Around the State continued

State CFAC Learns More About Medicaid Vision

By Stacy Bryant, Communication Officer, Partners Behavioral Health Management
First Published in Partners' *Monday Coffee Break*, May 19, 2014

The statewide Consumer Family Advisory Committee learned more about North Carolina's Medicaid Reform plans during its May 16th meeting at Partners Behavioral Health Management's Gastonia location.

Dave Richard, NC Department of Health and Human Services Deputy Secretary of Behavioral Health and Developmental Disabilities Services, shared information about the challenges of the state's current Medicaid system and developing reform efforts that will sustain the system for not a few years, but for decades.

Richard covered two items in the plan that were important to the audience. One is the creation of integrated care centers, where individuals can access primary care and behavioral healthcare needs in the same setting. The other was reviewing current behavioral health and intellectual/developmental disabilities service definitions to identify where flexibility is needed, and how providers can embrace technology and evidence-based practices in treatment.

Richard answered questions from the group, and encouraged the audience to contact NC DHHS and legislators with questions and feedback about Medicaid Reform.

Want to learn more about the NC DHHS Medicaid Reform Plan?

Visit http://www.ncdhhs.gov/medicaidreform/

Want to learn more about or get involved with Partners BHM's CFAC? Check out our CFAC brochure, or contact Shirley Moore at 704-884-2646 or email smoore@partnersbhm.org.

NC TIDE 2014 FALL CONFERENCE

When: November 2 – 5, 2014

Where: Crowne Plaza Resort, Asheville NC

ATTENTION!

NOW CALLING FOR PRESENTATIONS!

Deadline for Presentation Proposals: July 15, 2014

NC TIDE values input and ideas on sessions and speakers. The NC TIDE Conference is structured to meet the training needs of Providers, MCO's, Licensed Clinicians, Community Stakeholders and CFAC representatives. We recognize the value of the creative, innovative, and cutting-edge programs and services which are happening across the State of NC and believe our conference is the place to share those resources with a broad audience! If you are interested in presenting at the Fall NC TIDE Conference, we would like to hear from you. Topics should focus on behavioral healthcare topics in one of the following areas: Finance, Claims, Quality, Clinical Areas, Information Technology, Stakeholder Involvement, CFAC, Operations, and Data Management/Analysis.

***Call for Presentations Application and instructions can be found on website at www.nctide.org.

EXHIBITOR INFORMATION

Take advantage of the opportunity to highlight new products and services and gain beneficial marketing exposure as you speak to 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 newsletters? Go to www.nctide.org for sponsorship options.

OR

Learn more about the various exhibitor opportunities by contacting: 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.*

NC TIDE 2014 FALL CONFERENCE INFORMATION continued:

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.

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***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.