



The Public Health Authority of Cabarrus County Board
Meeting Agenda
Tuesday, April 13, 2021
5:30 pm

- A. CALL TO ORDER AND INVOCATION.....James T. Mack, Jr., Chairman
B. ADOPTION OF THE AGENDA Motion.....Chairman Mack
C. APPROVAL OF THE MINUTES MotionChairman Mack
March 9, 2021 Regular Meeting Minutes
March 9, 2021 Closed Session Meeting Minutes
D. REPORTS
Financial Summary Report (ending 3/31./21).....Sue Yates
CHA Snapshot (as of 3/31/21).....Sue Yates
Variance Analysis Year-to-Date.....Sue Yates
Employee Separations Report (3rd Qtr FY21).....Dr. Steve Cathcart
COVID-19 Update.....Erin Shoe
Health Director’s Report.....Dr. Bonnie Coyle
Healthy Living Department Strategic Plan..... Alicia McDaniel, Casey Brown, Mark Allison,
Anna Thadani
E. CONSENT AGENDA Motion.....Chairman Mack
Budget Revisions..... Sue Yates
F. BUSINESS AGENDAChairman Mack
Finance Policies Motion.....Sue Yates
Nepotism Policy Revisions Motion..... Dr. Steve Cathcart
Board By-Laws Revisions Motion.....Chairman Mack
Board Nominating Committee Recommendations Motion.....Chairman Mack
G. INFORMAL PUBLIC COMMENTS/SPEAKERS FROM THE FLOOR.....Chairman Mack
H. ANNOUNCEMENTS.....Chairman Mack
I. MOTION TO ADJOURN Motion.....Chairman Mack

Next regular meeting date
Tuesday, May 11, 2021



Public Health Authority of Cabarrus County
Board Meeting Minutes
March 9, 2021

A regular meeting of The Public Health Authority Board was held on Tuesday, March 9, 2021.

Chairman James T. Mack, Jr., conducted the meeting from the Board Room. Board members participated electronically via Microsoft TEAMS.

Members Present: James T. Mack, Jr., Chairman

Members Present: Chris Bowe
Dr. Chip Buckwell
Dan Hagler, MD
Kimberly Dehler, DDS
Lara Pons, MD, Vice-Chair
Mark Spitzer
Steve Morris

Members Absent: Tom Kincaid

Staff Present: Dianne Berry, Dr. Bonnie Coyle, Dr. Steve Cathcart, Erin Shoe, Kristen Boatright, Ryan McGhee, Sue Yates

CALL TO ORDER

Chairman Mack called the meeting to order at 5:33 pm, and offered the invocation.

ADOPTION OF THE AGENDA

Steve Morris made a motion to approve the agenda. The motion was seconded by Mark Spitzer.
Approved 7:0.

APPROVAL OF THE MINUTES

Chris Bowe made the motion to approve the February 9, 2021 regular meeting minutes. The motion was seconded by Mark Spitzer and approved 7:0.

REPORTS

Financial Summary Report was presented by Sue Yates. She also presented the CHA Snapshot and Variance Analysis Year-to-Date Report, which shows Budget vs. Actuals.

COVID-19 Update

Erin Shoe presented the COVID-19 update. She shared data on number of positive cases specific to Cabarrus County and testing data. She also shared the number of hospitalizations from January – March 2021. Erin reported on outreach efforts by CHA to reach those in the community. She noted clinics at El Puente, Perdue, and at Cabarrus Arena. She also informed the Board how to access vaccine tracking information by county and shared the number of COVID vaccinations administered by date by Cabarrus Health Alliance staff and volunteers. As of March 9, the total number of vaccines given by CHA is 21,540, with 12,920 (8.0%) receiving 1st dose and 8,620 (5.3%) have already been fully vaccinated. Erin also presented demographic data on first doses administered to date by race, ethnicity, age and gender. Vaccine Access Initiatives to date were shared, including utilizing the Community Paramedic Program, Transportation Partnership, El Puente and Meals on Wheels. Erin

also shared a list of new COVID vaccine providers in Cabarrus County. She reviewed the criteria for Group 3 COVID vaccine recipients. She also shared a map of recent COVID cases in Cabarrus County from the month of February and CHA's most recent recommendations for municipalities, businesses and schools. She thanked the Board and community partners and sponsors for their continued support.

Health Director's Report

Dr. Bonnie Coyle presented the Health Director's Report. She updated the Board on accomplishments and successes and ongoing programs and projects from each CHA Department within the agency. She also thanked CHA Board members for their continued support in volunteering at the COVID vaccine clinics. Dr. Coyle also announced that she has requested a meeting with Rep Wayne Sasser to advocate for additional funding for Communicable Disease.

CONSENT AGENDA

The Budget Revisions were presented by Sue Yates. She shared that budget revisions were being requested due to changes in revenues and expenses, either from an increase or decrease in funding courses, new sources of funding, or realignment of revenues and/or expenses. Mark Spitzer made a motion to approve the consent agenda. The motion was seconded by Dr. Kim Dehler. Approved 8:0.

BUSINESS AGENDA

Finance and Grant Development Strategic Plan 2020-25

Kristen Boatright, Assistant Finance Director, shared the 2020-25 Finance/Grant Development Strategic Plan which included objectives, action steps, measures and deadlines for each goal. Goal 1) To create a public facing data repository to inform the community and enhance decision making 2) To use an equity lens for data collection, analysis, use and dissemination. 3) To make strategic decisions and create work environments that foster the data integration, sharing and analysis necessary to support better health outcomes. Kristen shared objects for grant applications starting February 2021 and deadlines and shared that starting June 30, 2023, 90% of all new awards staff will participate in a grants management award kick-off program.

401(k) Discussion

Dr. Coyle shared that the Board approved additional an additional 1% employer match with NC Prudential 401(k) on June 10, 2020. However, due to COVID the implementation was postponed. She asked the Board if they wish to move forward with the implementation of this employer match now or after July 1, 2021. The Board unanimously concurred that they felt this additional 401(k) increase should remain as it could be very beneficial to CHA employees, but they left it up to Dr. Coyle and the CHA Leadership Team to decide on when the CHA employer match of 2% would be implemented.

Mark Spitzer asked how the Board could join with CHA Management in showing our appreciation to and thanking all CHA staff, 401(k) or not. He noted that we should not wait too much longer. "I don't know what or how, but we need to be thinking about it. He asked Chris Bowe what Atrium is doing for their employees. Chris stated that Atrium – Cabarrus did not furlough any teammates. We kept them whole throughout, including merit increases. Chris stated "we need to budget, be good stewards of the budget. I would have preferred that this discussion would have started way before now."

ANNOUNCEMENTS

Chairman Mack announced that the next Public Health Authority Board meeting will be held on Tuesday, April 13, 2021. He asked the Board, since most of us have COVID vaccinated, would you feel comfortable coming back to our regular in-person meetings at CHA on April 13th? Chairman Mack said the meeting would be held in the CHA 1st floor Community Rooms. He stated that there being no opposition, April 13th returns to in-person meetings. He also asked Board Members to let him know if there was any opposition so that we can decide how to move forward.

MOTION TO ADJOURN

There being no further business to come before the Board Dr. Lara Pons, Vice-Chair, made a motion to enter into closed session pursuant to NCGS 143-318-11 (a)(1) to prevent the disclosure of information that is privileged or confidential pursuant to North Carolina Law. The motion was seconded by Mark Spitzer. Approved 8:0.

The Board convened into Closed Session at 6:43 p.m.

Steve Morris made a motion to leave Closed Session at 6:59 p.m. The motion was seconded by Dr. Chip Buckwell. Approved 8:0.

The Board reconvened into Regular Session at 6:56 pm

Chris Bowe made the motion to re-appoint James T. Mack, Jr. to his 4th term on the Public Health Authority Board. Chris stated that James has been a leader in exceptional times. “He knows CHA’s history. And he has a passion for the citizens of our community.” Dr. Kim Dehler seconded the motion. Approved 7:0 (James T. Mack, Jr. abstained from the voting process).

Steve Morris made a motion to reappointment Mark Spitzer to a 2nd term on the Public Health Authority Board. The motion was seconded by Dr. Chip Buckwell and approved 7:0. (Mark Spitzer abstained from the voting process).

Chairman Mack stated that next steps in the process would be for letters of support on behalf of the Board be submitted to the Cabarrus County Clerk.

There being no further business to come before the Board, Steve Morris made a motion to adjourn the meeting at 7:01 p.m. The motion was seconded by Chairman James T. Mack, Jr. Approved 8:0.

James T. Mack, Jr., Chairman
Public Health Authority Board of Commissioners

ATTEST

Dianne P. Berry, CMC, NCCMC
Clerk to the Board

PUBLIC HEALTH AUTHORITY OF CABARRUS COUNTY
FINANCIAL SUMMARY REPORT
FY 2021 **9 months ending** **3/31/2021**

GENERAL FUND								
	ACTUAL FY 2017	ACTUAL FY 2018	ACTUAL FY 2019	ACTUAL FY 2020	FY 2021 BUDGET	ACTUAL 03/31/21	Y-T-D % COLLECTED	
REVENUES								
INTERGOVERNMENTAL REVENUES	\$ 21,610,099	\$ 21,490,440	\$ 21,168,562	\$ 19,287,274	\$ 19,940,096	\$ 13,934,862	69.88%	
PERMITS & FEES	236,375	\$ 246,785	\$ 203,853	\$ 216,482	175,117	\$ 185,950	106.19%	
SALES & SERVICES	1,461,455	\$ 1,491,663	\$ 1,785,752	\$ 1,618,074	1,253,216	\$ 882,607	70.43%	
INVESTMENT EARNINGS	34,710	\$ 95,743	\$ 180,096	\$ 104,186	5,000	\$ 3,012	60.24%	
MISCELLANEOUS	88,171	\$ 71,980	\$ 65,673	\$ 47,320	85,248	\$ 62,343	73.13%	
CONTRIBUTIONS & PRIVATE GRANTS	417,283	\$ 418,892	\$ 498,089	\$ 577,794	1,052,162	\$ 868,434	82.54%	
FUND BALANCE APPROPRIATED	-	\$ -	\$ -	\$ -	1,371,171	\$ -	0.00%	
TOTAL	\$ 23,848,092	\$ 23,815,503	\$ 23,902,025	\$ 21,851,130	\$ 23,882,010	\$ 15,937,208	66.73%	
	ACTUAL FY 2017	ACTUAL FY 2018	ACTUAL FY 2019	ACTUAL FY 2020	FY 2021 BUDGET	ACTUAL 03/31/21	Y-T-D % SPENT	
EXPENDITURES								
ENVIRONMENTAL HEALTH	\$ 1,016,611	\$ 1,023,662	\$ 940,537	\$ 942,173	1,084,580	678,335.76	62.54%	
INFORMATION TECHNOLOGY SYSTEMS	713,288	\$ 838,463	\$ 958,323	\$ 1,153,424	1,127,543	718,078.85	63.69%	
GENERAL ADMINISTRATION	6,245,407	\$ 7,112,525	\$ 6,881,284	\$ 4,055,399	2,931,097	2,194,986.21	74.89%	
FAMILY CARE COORDINATION	936,255	\$ 978,968	\$ 1,040,588	\$ 1,177,374	1,136,405	704,580.38	62.00%	
SCHOOL HEALTH	2,664,527	\$ 2,825,137	\$ 2,994,421	\$ 3,117,582	3,997,146	2,966,763.51	74.22%	
HEALTH INITIATIVES	2,914,080	\$ 2,124,811	\$ 2,268,964	\$ 1,948,057	1,276,800	861,704.78	67.49%	
DENTAL HEALTH	2,982,327	\$ 3,523,777	\$ 3,723,191	\$ 4,020,629	3,360,443	2,223,996.78	66.18%	
VITAL RECORDS	51,579	\$ 62,420	\$ 65,439	\$ 54,625	62,288	41,971.19	67.38%	
COMMUNICABLE DISEASE	1,109,753	\$ 1,081,174	\$ 1,159,678	\$ 2,191,236	4,271,368	3,358,091.71	78.62%	
CLINICAL SERVICES	3,224,268	\$ 3,373,731	\$ 3,147,325	\$ 3,129,082	3,797,314	2,391,717.42	62.98%	
WIC	846,997	742,540	710,171	767,128	837,026	624,474.55	74.61%	
TOTAL	\$ 22,705,092	\$ 23,687,208	\$ 23,889,921	\$ 22,556,709	\$ 23,882,010	\$ 16,764,701	70.20%	
Y-T-D FUND BALANCE INCREASE (DECREASE)	\$ 1,143,000	\$ 128,295	\$ 12,104	\$ (705,580)	\$ -	\$ (827,493)		

ESTIMATED NET Y-T-D BALANCE 3/31/2021

\$ (827,493)

****PLUS 9 MOS MEDICAID SETTLEMENT - (\$1,275,706)**

\$ 956,780

\$ 129,286

Cabarrus Health Alliance Snapshot

March 31,2021 Target Percentage 75%

	Budget	Actual	YTD Percentage		Comments
Environmental Health					
Revenue	1,084,580	873,276	80.52%		On-site activities are high. Environmental Health has lapse salary from vacant positions.
Expense	1,084,580	678,336	62.54%		
Information Technology					
Revenue	1,127,543	528,886	46.91%		Budgeted revenue include Fund Balance Appropriation.
Expense	1,127,543	718,079	63.69%		
General Administration					
Revenue	2,813,538	1,898,518	67.48%		
Expense	2,931,097	2,194,986	74.89%		
Family Care Coordination					
Revenue	1,136,405	830,640	73.09%		
Expense	1,136,405	704,580	62.00%		
School Health					
Revenue	3,997,146	2,440,255	61.05%		Revenue is received one month after expenses.
Expense	3,997,146	2,966,764	74.22%		
Public Health Solutions					
Revenue	1,272,569	1,105,120	86.84%		Grant funds received prior to expenditures.
Expense	1,276,800	861,705	67.49%		
Dental Health					
Revenue	3,856,003	2,126,006	55.13%		Continuing to monitor budget.
Expense	3,360,443	2,223,997	66.18%		
Vital Records					
Revenue	62,288	46,713	75.00%		
Expense	62,288	41,971	67.38%		
Communicable Disease					
Revenue	4,271,368	3,417,001	80.00%		Response efforts are in Communicable Disease. We are monitoring budget closely.
Expense	4,271,368	3,358,092	78.62%		
Clinical Services					
Revenue	3,423,544	2,409,921	70.39%		Clinical personnel are assisting with COVID vaccine clinics.
Expense	3,797,314	2,391,717	62.98%		
WIC					
Revenue	837,026	577,768	69.03%		
Expense	837,026	624,475	74.61%		

Variance Analysis Year-to-Date

	YTD					Comments
	VARIANCE ANALYSIS					
	2021 BUDGET	2021 ACTUAL	2020 ACTUAL	2021 BUD vs ACT	YOY ACTUAL	
Revenue						
Environmental Health	1,084,580	873,276	811,417	80.52%	61,859	
Information Technology Sy	1,127,543	528,886	509,128	46.91%	19,758	Partially funded by Fund Balance so revenue will be lower
General Administration	2,813,538	1,898,518	2,998,023	67.48%	(1,099,506)	The NCTN project was sold last year
Family Care Coordination	1,136,405	830,640	693,752	73.09%	136,888	
School Health	3,997,146	2,440,255	2,202,045	61.05%	238,210	Revenue is paid a month after expenses.
Public Health Solutions	1,272,569	1,105,120	1,388,041	86.84%	(282,922)	The Walmart Grant paid prior to expenditures
Dental Health	3,856,003	2,126,006	3,004,953	55.13%	(878,948)	Due to COVID-19 Revenues are down
Vital Records	62,288	46,713	36,750	75.00%	9,963	
Communicable Disease	4,271,368	3,417,001	863,995	80.00%	2,553,006	Additional funding received for COVID-19
Clinical Services	3,423,544	2,409,921	1,889,180	70.39%	520,741	
WIC	837,026	577,768	550,504	69.03%	27,264	
Total Revenue	23,882,010	16,254,102	14,947,790	68.06%	1,306,313	
Expense						
Environmental Health	1,084,580	678,336	690,125	62.54%	(11,789)	Environmental Health has a vacant position
Information Technology Sy	1,127,543	718,079	899,270	63.69%	(181,192)	
General Administration	2,931,097	2,194,986	3,302,133	74.89%	(1,107,147)	The NCTN project was sold last year
Family Care Coordination	1,136,405	704,580	848,969	62.00%	(144,389)	
School Health	3,997,146	2,966,764	2,454,280	74.22%	512,483	
Public Health Solutions	1,276,800	861,705	1,324,297	67.49%	(462,592)	
Dental Health	3,360,443	2,223,997	3,146,688	66.18%	(922,691)	
Vital Records	62,288	41,971	41,109	67.38%	863	
Communicable Disease	4,271,368	3,358,092	977,314	78.62%	2,380,778	
Clinical Services	3,797,314	2,391,717	2,238,100	62.98%	153,618	
WIC	837,026	624,475	539,152	74.61%	85,323	
Total Expense	23,882,010	16,764,701	16,461,436	70.20%	303,265	
Discussion						
Our Year to Date Percentage should be around 75% for March 2021.						
COVID-19 is affecting Dental and Communicable Disease the most.						
Revenue is higher than the CHA Report due to CPHI funds, Community Care of Southern Piedmont, and Walmart funds. These funds have been received but not yet earned. They are reduced in the CHA Financial Report, however, they are reported here as they are received.						



Employee Separations Report

3rd Quarter FY2021
(January – March 2021)

January 2021				
Total # Positions	Total Separations	FTE Status	Final #	% Rate
237	4	(2) 9101 (1) 9102 (1) 9104 (Temp)	3	1.27%

February 2021				
Total # Positions	Total Separations	FTE Status	Final #	% Rate
237	2	(2) 9101	2	.84

March 2021				
Total # Positions	Total Separations	FTE Status	Final #	% Rate
237	5	(3) 9101 (1) 9102 (1) 9103	5	2.11%

3 rd Quarter FY21 Totals				
Total # Positions	Total Separations	FTE Status	Final #	% Rate
237	11	(7) 9101 (2) 9102 (1) 9103	10	4.22%

Definitions	
Employee	All persons on the payroll who worked or received pay
Separation Rate	All employees leaving the payroll (excludes deaths, retirements, consultants, temporary employees, reductions in force, and out-of county or out-of state relocations)
Positions	Budgeted positions, filled or vacant
FTE Status	9101 – Full-time (40 hrs/week) 9102 – Part-time (20 - 39 hrs/week) 9103 – Part-time (<20 hrs/week) 9104 – Temporary positions



Cabarrus County COVID Update

April 13, 2021

Erin Shoe

Cabarrus Case Data

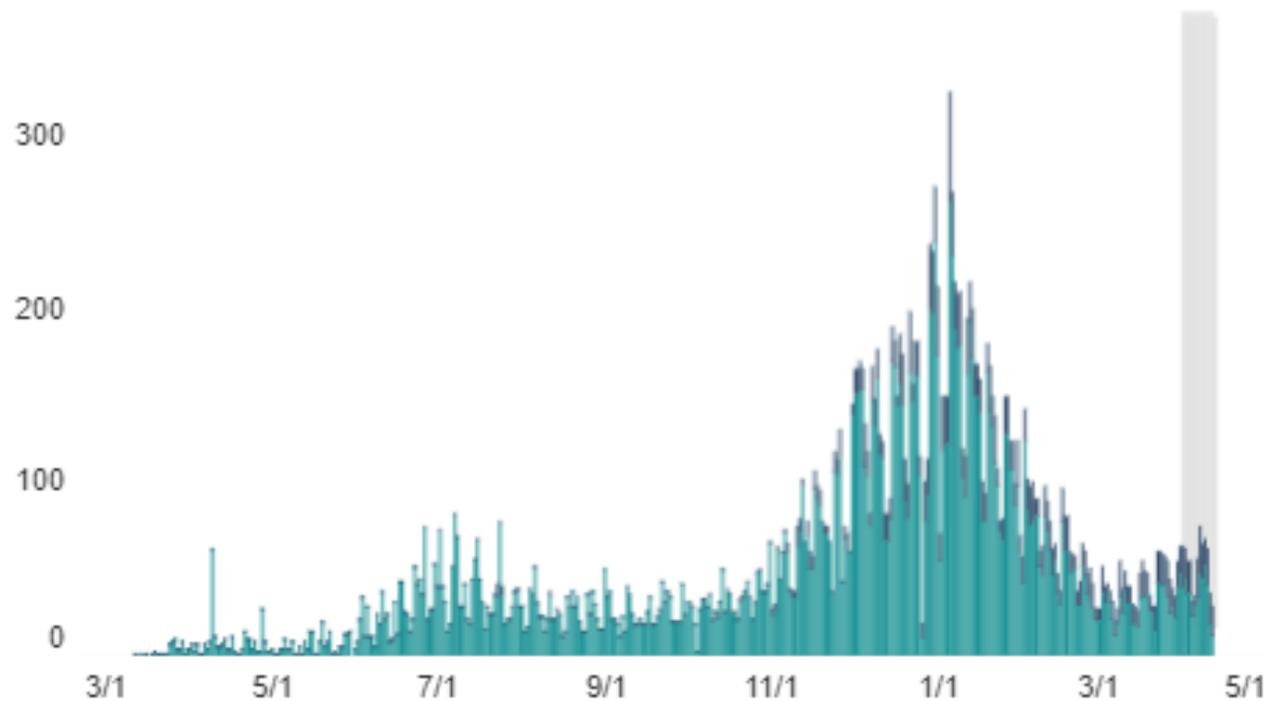
	3.15.21	3.22.21	3.29.21	4.5.2021	4.13.2021*
Total Confirmed Cases in Cabarrus County	18785	19059	19393	19608	20478
Percent Positive	5.2%	4.8%	5.2%	5.7%	6.4%
Deaths	238	241	243	244	247
Cabarrus Residents Hospitalized: Hospitalizations in Cabarrus Co. (including non-Cabarrus residents)	12 21	14 38	14 32	8 44	28 62
Recovered	18013	18245	18390	18555	19248
Active (all)	533	573	760	809	779
Active, Non Long Term Care	533	573	759	808	773
Active, Long Term Care	0	0	1	1	6
Individuals in county-provided shelter due to COVID	0	0	0	1	1

Cases and Deaths by Date

Select County:

Cabarrus County

Cases by Date of Specimen Collection - Cabarrus County



TOTAL CASES
Cabarrus County

20,478

**MOLECULAR (PCR)
POSITIVE CASES**
17,932

**ANTIGEN POSITIVE
CASES**
2,546

Specimen collection date
missing for 2 cases.



CHA COVID-19: Testing Data



Testing Data

Total Tests Percent Positive

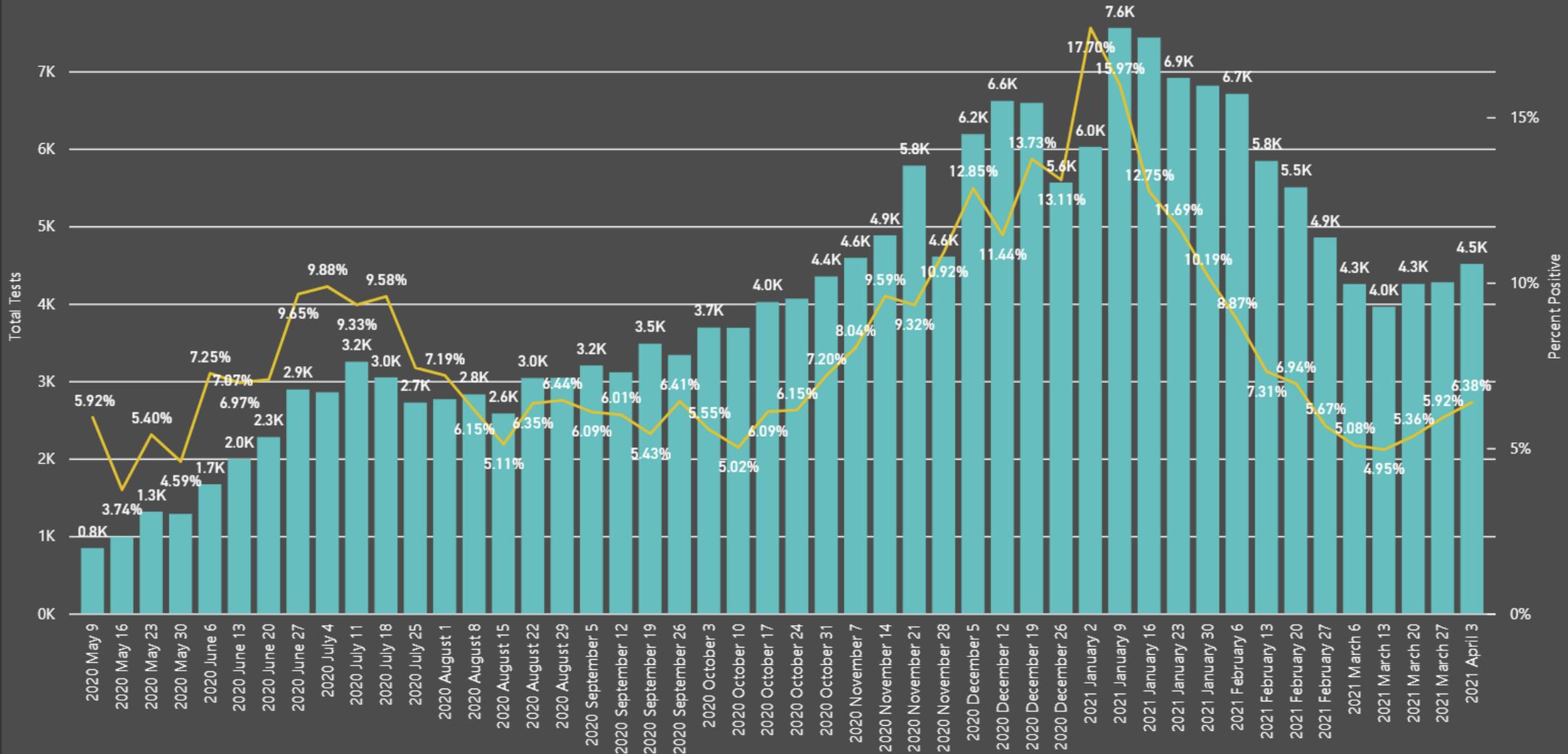


4513

Most Recent Weekly Tests

6.4%

Most Recent % Positive



Vaccine Clinics – <https://www.cabarrushealth.org/vaccineclinics>

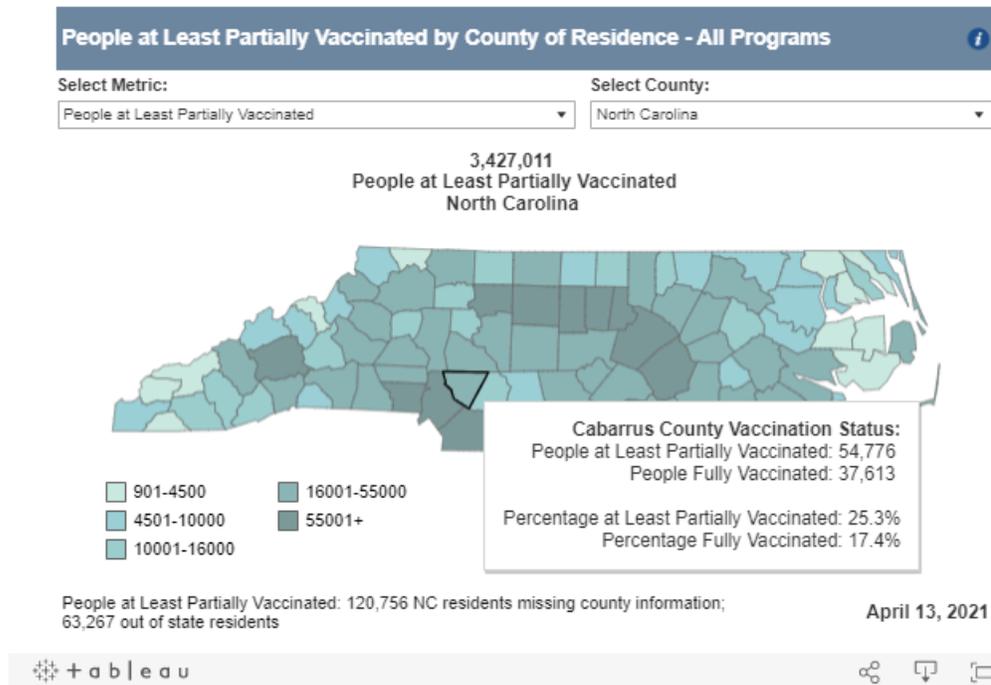
- Monday, December 28th @ CHA for EMS
- Wednesday, December 30th @ Arena for Phase 1a
- Saturday, January 2nd @ Arena for Phase 1a
- ~~Monday, January 4th @ Arena for Phase 1a~~
- Wednesday, January 6th @ Arena for Phase 1a and 1b-1
- Sunday, January 10th @ Arena for Phase 1a and 1b-1
- Tuesday, January 12th @ Arena for Phase 1a and 1b-1
- Thursday, January 14th @ Arena for Phase 1a and 1b-1
- Monday, January 18th @ Arena for Groups 1 and 2
- Tuesday, January 19th @ Arena for Groups 1 and 2
- Friday, January 22nd @ Arena for Groups 1 and 2
- Saturday, January 23rd @ Arena for Groups 1 and 2 (1st dose and 2nd dose)
- Tuesday, January 26th – first doses, clinic full
- Friday, January 29th – first and second doses, clinic full
- Saturday, January 30th – second doses, clinic full
- Tuesday, February 2nd – second dose clinic
- Friday, February 5th – second dose clinic and first dose clinic (900)
- Saturday, February 6th – second dose clinic
- Tuesday, February 9th – second dose clinic
- Friday, February 12th – second dose clinic
- Saturday, February 13th – first dose clinic (1100 doses)
- Tuesday, February 16th – second dose clinic
- Friday, February 20th – second dose clinic
- Saturday, February 21st – second dose clinic
- Tuesday, February 23rd – small clinic @ CHA
- Thursday, February 25th – first and second dose clinic @ Cabarrus Arena
- Friday, February 26th – second dose clinic @ Cabarrus Arena

- Saturday, February 27th - first and second dose clinic @ Cabarrus Arena
- Thursday, March 4th- first dose clinic (100 doses) @ El Puente
- Friday, March 5th- first dose clinic (1000 doses) @ Cabarrus Arena
- Saturday, March 6th- second dose clinic (1000 doses) @ Cabarrus Arena
- Thursday, March 11th- first dose clinic (100 doses) @ El Puente
- Friday, March 12th- first dose clinic (1000 doses) @ Cabarrus Arena
- Saturday, March 13th- second dose clinic (1000 doses) @ Cabarrus Arena
- Thursday, March 18th- (100 1st doses & 100 2nd doses) @ El Puente
- Friday, March 19th- first dose clinic (1000 doses) @ Cabarrus Arena
- Saturday, March 20th- second dose clinic (1000 doses) @ Cabarrus Arena
- Thursday, March 25th- (100 1st doses & 100 2nd doses) @ El Puente
- Friday, March 26th- first dose clinic (970 doses) @ Cabarrus Arena
- Saturday, March 27th- second dose clinic (770 doses) @ Cabarrus Arena
- Thursday, April 1st – 2nd dose clinic @ arena
- Thursday, April 8th - (100 doses) @ El Puente
- Friday, April 9th - first dose clinic (doses) @ Cabarrus Arena
- Saturday, April 10th - second dose clinic (doses) @ Cabarrus Arena
- **Monday, April 12th – second doses @ CHA**
- **Thursday, April 15th - @ El Puente (170)**
- **Friday, April 16th - first dose clinic @ Cabarrus Arena (700)**
- **Friday, April 16th - first dose clinic @ Barber Scotia (300)**
- **Saturday, April 17th - second dose clinic @ Cabarrus Arena**

Vaccine Tracking

- You can track the number of Cabarrus County residents vaccinated by hovering over the county at this link:

<https://covid19.ncdhhs.gov/dashboard/vaccinations>.



Dashboard last updated: April 13, 2021 @ 3:00 pm



Public Health Director's Report

April 2021

Human Resources

- Salary Study Complete April 15
- New Hiring Process Pilot Complete - ready to implement CHA-wide.
- HRIS and LMS Implementation and training to begin in May.

Finance

- In March, CHA submitted one (1) grant for a total of \$420,000 for the Positive Parenting Program (Triple P). No award determinations were made. Two (2) applications are currently awaiting submission in April for a total value of \$3,375,000: SNAP Ed and Medication-Assisted Treatment for people with Opioid Use Disorder.

Information Technology

- Deployed data analysis and presentation software (Tableau) and GIS software (ESRI Arc Desktop) - enables CHA epidemiologist to share data in ways that are easy to understand and use to drive public health decisions.
- Updated all IT performance measures in Clear Impact.
- Worked with EHR vendor to interface with NC COVID Vaccine Management System (CVMS). This eliminates redundant data entry previously required to receive vaccine, and enables us to bill for allowable services (vaccine administration fee) in a timely manner.

CLINICAL SERVICES

Dental

- Developing new approach to be implemented in Fall 2021 within the Community Program to align with updates from NC Dental Board with Public Health Hygienists (Rule 16W .0104). This will allow Public Health Hygienists to provide clinical care within the community (schools, nursing homes, etc.) in areas defined as dental access shortage areas based on a written standing order, rather than an in-person evaluation by the dentist.

Medical

- **Medicaid Transformation** open enrollment began **March 15th**. Megan Shuping and Julia Patterson are leading the CHA team. We have been diligently marketing to CHA Pediatrics families, in order to help them understand the process, and to let them know to continue to choose us as their provider when they re-enroll with their DHS caseworker.
- **Brooke Nartey**, a PHAP working on Population Health, utilized grant dollars awarded to us from the American Society of Breast Cancer Surgeons Foundation to carry out a peer-educator program designed to increase breast health awareness in the African American community. She has trained four African American hairdressers as peer-educators, and has conducted bi-weekly check-ins with each peer educator and monthly virtual meetings. As a result, 7 women have been assisted in obtaining mammograms, 5 of whom have NEVER had a mammogram before!

School Health

- As we begin examining ways to integrate additional preventive health strategies, several school nurses have started gardens at their schools and are taking the opportunity to provide nutrition education to students as their spring crops become ready for harvest.
- Two of our nurses Abraya Johnson and Dallas Picard along with several garden enthusiasts will present their health and wellness initiatives to the entire school health team. They are teaching students how to grow and prepare delicious nutritious foods into the school curriculum using math, science, health, and even English/literature as the focus and connectivity of learning. One of the school sites wrote and published a book about nutrition.

- An additional aspect of the garden initiative is leveraging our partnership with Atrium Health through supporting the 5210 initiative with Children Win. Wendy Harsch is the school health liaison to connect these efforts.
- School Health Director is meeting with small groups within the larger school health team as a strategy to increase retention rates and overall morale. This will include putting supports in place to enhance a positive work environment based on the data collected through surveys and focus group findings.

Non-traditional support from the school nurse program includes:

- Collaborating with CHA's COVID department and school partners to manage positive cases with large numbers of close contacts at several schools. This past month school nurses were intricately involved with contract tracing.
- Helping to meet the staffing needs at weekly El Puente clinics.
- Providing COVID antigen testing at 18 school sites to help identify COVID positive cases as quickly as possible.

COVID Response

- New process for Case Investigation started with “real” time data entry.
- Live calls being answered in the Call Center.
- New process for LTCF that are in “outbreak” that includes COVID team members, Regional Prevention Specialists, EH and the LTCF staff. 3 meetings have been conducted in the past month.
- Planning meetings pertaining to the COVID department and the direction it would like to move in FY 22 are being held.

Cabarrus Public Health Interest

- Director resigned in late March; Dr. Coyle and Erin Shoe are discussing best strategy moving forward
- Cabarrus Brewery chose CHA as annual beneficiary for anniversary celebration; \$2,000 was donated to support public health

Healthy Living Programs/Lifestyle Medicine:

- The Healthy Living Department has partnered with NC State’s Plants for Human Health Institute to revive our rooftop garden, which will provide fresh produce for our blessing box. The CHA blessing box was developed by a local Boy Scout Troop and provides emergency food to patients and patrons.
- The Lifestyle Medicine program was recently highlighted in the Independent Tribune, for their walking group support efforts. Article link:

https://link.zixcentral.com/u/f700a8c8/yucHcAGX6xGEgrTGhnsoMg?u=https%3A%2F%2Findependenttribune.com%2Fnews%2Flocal%2Fone-step-forward-to-healthy-living-even-in-a-pandemic%2Farticle_95c65480-93d0-11eb-bb3e-93f1699807e0.html

Culinary Innovation has secured two UNC Chapel Hill students to assist with our 2021 Kids in the Kitchen Summer Camp.

Environmental Health

- A FLI grant provided us with iPads and a Language app that can be used in the field during inspections. It allows the inspector to immediately provide a live interpreter for a variety of languages and the video aspect allows the interpreter to see what it is we want them to explain to the manager. Our first experience was with a Turkish restaurant owner, and was a great success!
- A second FLI grant is with NACCHO that is a mentorship program that will align our program with National Food Regulatory Program Standards. We are addressing 2 out of 7 standards for this grant cycle and will pursue the other standards in the future.
- Jacob in OSWW (Onsite Wastewater) completed his Masters in Public Health.

HEALTHY CABARRUS/MARKETING

Healthy Cabarrus

- Cabarrus Needs Assessment Report will be drafted and sent to the graphic design
- Marcella Beam has been confirmed to join the Cabarrus County Early Childhood Education Task Force, overseen by Carla Brown.

Substance Use Prevention and Harm Reduction

- Just conducted the 'Are You Better Off?' program survey for Syringe Service Participants
 - 146 respondents participated in the survey
 - 97% reported that they made healthier choices since they started coming here (ex. using a clean rig every time, never sharing supplies, safer sex)
 - 97% reported that they felt that they are better connected to resources since coming to the program
 - 49% reported that they had been tested up for Hep C or HIV at CHA since you started coming to the Syringe Services program. This is up from 39% in March 2020 – 1 year ago.
- Cabarrus Youth Substance Use Survey will be conducted within a few weeks after spring break in Cabarrus County Schools. The Teen Substance Use Survey, public data collection, will be conducted in the coming weeks.

Marketing

- Worked with MDPP staff to develop regional campaign to recruit participants for the program. Campaign includes digital, print and video ads.
- Continue to support COVID-19 vaccine marketing/education.

PERFORMANCE/QUALITY IMPROVEMENT AND ACCREDITATION:

Performance/Quality Improvement

- Received funding from NACCHO to be the lead agency for Statewide Association Training/Support Program for Performance Improvement will be working with the following county health departments: Gaston, Hoke, Iredell, Mecklenburg, Cleveland, Scotland
- Scorecards are live for Healthy Living (WIC, MDPP, Culinary Innovation)

Epidemiology

- COVID Response
- All Providers Scorecard – Data being collected for Tobacco use, BMI and Oral Health status
- Disaggregated racial/ethnic data
 - Communicable Disease
 - WIC

Proclamation Project

- Equity campaign- the team will be designing a year-long equity campaign that will promote equity (racial, health, LGBTQ, etc.) equity

Accreditation

- North Carolina Local Health Department Accreditation
 - Letter of extension 2017-2023
 - Scheduling individual meetings to review documentation

BOARD OF HEALTH ACTIVITIES

- Nominating committee spoke with 5 potential candidates for the community BOH position.
- Dr. Coyle worked with our legal team to revise Board of Health By-laws for clarity regarding process for nominating candidates.

NATIONAL/STATE/LOCAL UPDATES

- Representative Wayne Sasser visited CHA on March 26 for a tour of our vaccine clinic, and for CHA and NCALHD to discuss communicable disease priorities and funding. Chairman Mack joined CHA staff for the session.



CABARRUS
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Cabarrus Health Alliance Board Meeting Agenda Form

Meeting Date: 4/13/21

Name of Item: Healthy Living Strategic Plan

Submitted by: Alicia McDaniel

Expected Length of Presentation: 20 minutes or less

Brief Summary:
Review of Healthy Living Strategic Plan goals

Requested Action:
Present findings

Previous Action/Discussion on this item? If yes, explain

Items reviewed by:



Healthy Living Department Strategic Plan

April 13, 2021



Build and Sustain Collaborative Systems that Address Social Determinants of Health



Goal 1	Goal 2	Goal 3	Goal 4
Lead the development of CHIP based on the identified priority needs	Align program and services with the Community Health Improvement Plans (CHIP) to ensure staff are engaged and actively involved in the plan development	Expand and maximize community partnerships to effectively address social determinants of health	Align and integrate public health programs to address social determinants of health



Build and Sustain Collaborative Systems that Address Social Determinants of Health

Goal 3: Expand and maximize community partnerships to effectively address social determinants of health				
<u>Objectives</u>	<u>Action Steps</u>	<u>Metric/Measure</u>	<u>Champion</u>	<u>Deadline</u>
By the end of FY 2022, Healthy Living will begin to utilize NC Care 360 to make program referrals and track success	<ul style="list-style-type: none"> • Identify a lead for each Healthy Living program • Register each program with NC Care 360 • Seek NC Care 360 training for staff • Identify a working model for patient referral and scheduling • Establish a baseline of referrals 	Number of referrals made and received	Alicia McDaniel	FY 2022



Develop Internal and External Practices, Programs, and Policies that Achieve Equity



Goal 1	Goal 2	Goal 3
Ensure equitable access to services, programs, opportunities, and information	Transform our workplace to be inclusive and equitable for employees from marginalized and underrepresented communities.	Integrate diversity, equity, and inclusion within our work to continuously improve the health of our community



Transform Agency Capacity, Culture and Practices to Achieve Excellence

Goal 1: Adopt Public Health 3.0 strategies as guiding principles to ensure CHA is prepared to respond to community needs this decade

<u>Objectives</u>	<u>Action Steps</u>	<u>Metric/Measure</u>	<u>Champion</u>	<u>Timeline</u>
By May 2021, incorporate Public Health 3.0 in Healthy Living department meetings	<ul style="list-style-type: none">• Team discusses strategies• Team participates in activities (webinars, readings, etc.) outside of meetings to enhance knowledge• Team creates goal & tracking sheet for implementation• Participate in PH 3.0 training (data series)	<ul style="list-style-type: none">• Team reports improved understanding of PH 3.0• Team has adopted 1-2 strategies to enhance current programming• Fiscal year-end report of PH 3.0 findings and implementation• 100% of employees complete PH 3.0 training• Pre and Post assessment from Department meetings• Meeting agendas and presentations	Alicia McDaniel	May 2021 Ongoing

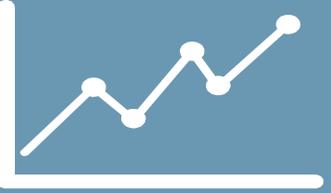


Minority Diabetes Prevention Program Strategic Plan

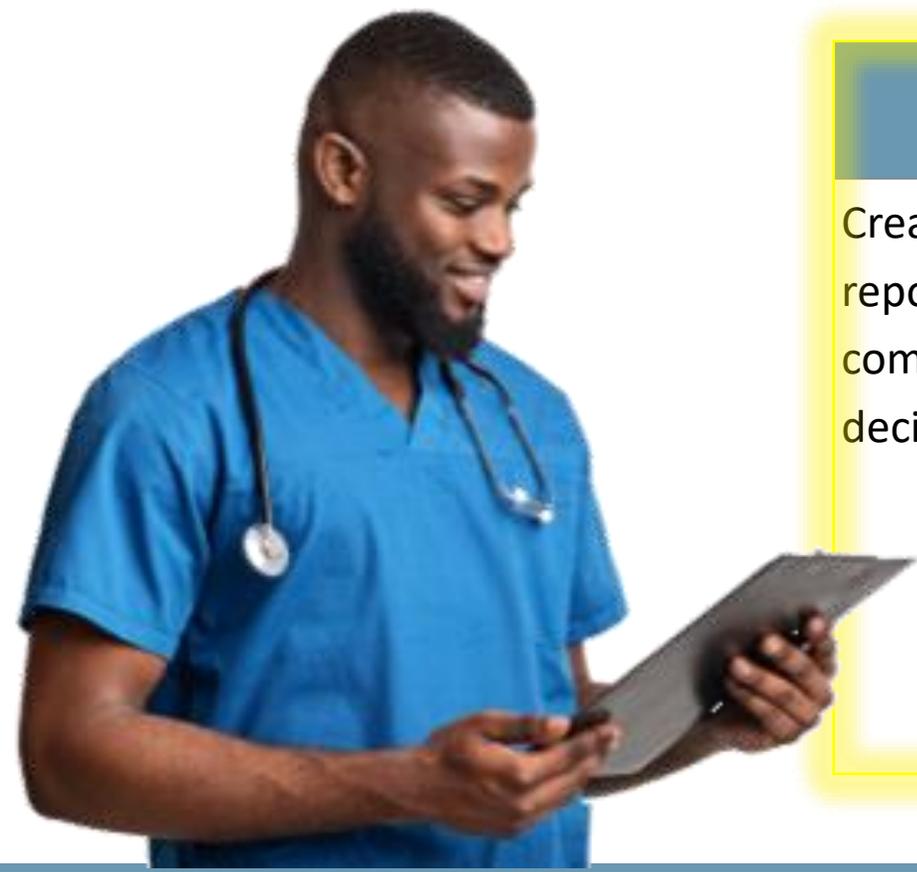
March 3, 2021



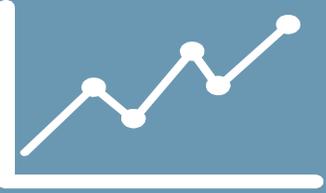
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Use Data to Improve Health



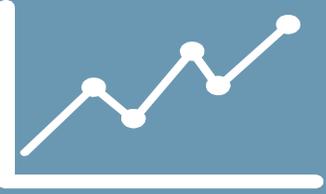
Goal 1	Goal 2	Goal 3
Create a public facing data repository to inform the community and enhance decision making	Use an equity lens for data collection, analysis, use and dissemination	Make strategic decisions and create work environments that foster the data integration, sharing, and analysis necessary to support better health outcomes



Use Data to Improve Health

Goal 1: Create a public facing data repository to inform the community and enhance decision making

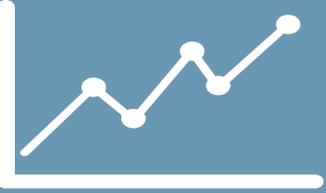
<u>Objectives</u>	<u>Action Steps</u>	<u>Metric/Measure</u>	<u>Champion</u>	<u>Deadline</u>
By end of fiscal year 2021 completion of Clear Impact Scorecard	<ul style="list-style-type: none">• Review scorecard to determine if changes are needed• Enter MDPP data into Wake Forest portal weekly/monthly• Request knowledge & behavior survey reports from Wake Forest (Week 1, 16 and 26)• Track A1cs (Week 1, 16, and 26)• Track % weight loss (Week 1 and 26)• Update scorecard as classes end	75% of population indicators and performance measures will contain updated information.	Casey Brown Alicia McDaniel	November 15, 2020 Ongoing



Use Data to Improve Health

Goal 2: Use an equity lens for data collection, analysis, use and dissemination

<u>Objectives</u>	<u>Action Steps</u>	<u>Metric/Measure</u>	<u>Champion</u>	<u>Deadline</u>
By FY 2022 expand the equity lens of existing data by disaggregating participant demographics (race, ethnicity, and zip code)	<ul style="list-style-type: none"> • Create survey for collecting information • Assign lifestyle coaches to cohorts • Update getting to know you form to include address • Update section on performance measure scorecard to show demographics 	60% of participant demographics on scorecard	Casey Brown Carolina Bonilla Alicia McDaniel Medjatu Kuyateh	June 30, 2021 Ongoing



Use Data to Improve Health

Goal 3: Make strategic decisions and create work environments that foster the data integration, sharing, and analysis necessary to support better health outcomes

<u>Objectives</u>	<u>Action Steps</u>	<u>Metric/Measure</u>	<u>Champion</u>	<u>Deadline</u>
<p>By November 2020 improve data sharing with regional partners through the addition of data sharing agreements</p>	<ul style="list-style-type: none"> Engage partners (One Charlotte) in creating/updating data collection tools Determine data each partner can show (how & what) Create collaborative sharing agreement/expectations for programming, gaps & needs Send program updates 	<ul style="list-style-type: none"> 100% of partner updates completed (average attendance, weight loss total, highest weight loss %, total physical activity minutes, highest physical activity minutes/week, significant dietary changes made) via the program's public facing scorecard 75% of End of Program Reports completed (Knowledge and Behavior Survey improvements, A1c improvements) 	<p>Casey Brown Alicia McDaniel</p>	<p>November 2020 Ongoing</p>



Develop Internal and External Practices, Programs, and Policies that Achieve Equity



Goal 1	Goal 2	Goal 3
Ensure equitable access to services, programs, opportunities, and information	Transform our workplace to be inclusive and equitable for employees from marginalized and underrepresented communities.	Integrate diversity, equity, and inclusion within our work to continuously improve the health of our community



Develop Internal and External Practices, Programs, and Policies that Achieve Equity

Goal 1: Ensure equitable access to services, programs, opportunities, and information

<u>Objectives</u>	<u>Action Steps</u>	<u>Metric/Measure</u>	<u>Champion</u>	<u>Deadline</u>
By October 2021 adopt a tailored approach to MDPP program implementation (i.e. selection of meeting location, transportation assistance, time of service, internet availability)	<ul style="list-style-type: none">• Use the intake form to assess potential participants' needs & barriers• Create individualized plans to address gaps	<ul style="list-style-type: none">• 100% of participants accommodated within means of program• 80% of participants retained due to tailored approach	Casey Brown Alicia McDaniel	October 2021 Ongoing



Build and Sustain Collaborative Systems that Address Social Determinants of Health



Goal 1	Goal 2	Goal 3	Goal 4
Lead the development of CHIP based on the identified priority needs	Align program and services with the Community Health Improvement Plans (CHIP) to ensure staff are engaged and actively involved in the plan development	Expand and maximize community partnerships to effectively address social determinants of health	Align and integrate public health programs to address social determinants of health



Build and Sustain Collaborative Systems that Address Social Determinants of Health

Goal 3: Expand and maximize community partnerships to effectively address social determinants of health				
<u>Objectives</u>	<u>Action Steps</u>	<u>Metric/Measure</u>	<u>Champion</u>	<u>Deadline</u>
By January 2021 use NC Care 360 to make referrals, track success, and assess needed resources in Cabarrus County)	<ul style="list-style-type: none"> • Register program • Participate in NC Care 360 & internal trainings & webinars 	<ul style="list-style-type: none"> • Number of referrals made and received • % of participants referred through NC Care 360 platform 	Casey Brown	January 2021 Ongoing



Transform Agency Capacity, Culture and Practices to Achieve Excellence



Goal 1	Goal 2	Goal 3	Goal 4	Goal 5
Adopt Public Health 3.0 strategies as guiding principles to ensure CHA is prepared to respond to community needs this decade	Maintain a culture of quality improvement to advance departmental performance	Adapt and adopt staffing models and funding sources that reduce the number of positions and programs that are short-term, and grant funded	Expand CHA capacity to include alternative service delivery and outreach models that improve access to care	Enhance the existing workforce development plan and program



Transform Agency Capacity, Culture and Practices to Achieve Excellence

Goal 3: Adapt and adopt staffing models and funding sources that reduce the number of positions and programs that are short-term and grant funded plan

<u>Objectives</u>	<u>Action Steps</u>	<u>Metric/Measure</u>	<u>Champion</u>	<u>Timeline</u>
By the end of FY 2022, MDPP will seek out opportunities to become an approved Medicare Diabetes Prevention Program supplier.	<ul style="list-style-type: none">• Participate in Medicare DPP Supplier webinars/prep sessions• Submit application	CHA obtains approval to be a Medicare DPP supplier and can bill for participants generating income for agency	Casey Brown Alicia McDaniel	By the end of FY 2022 Ongoing



Transform Agency Capacity, Culture and Practices to Achieve Excellence

Goal 4: Expand CHA capacity to include alternative service delivery and outreach models that improve access to care

<u>Objectives</u>	<u>Action Steps</u>	<u>Metric/Measure</u>	<u>Champion</u>	<u>Timeline</u>
By October 2020 make MDPP available virtually; transform traditional classroom to Zoom	<ul style="list-style-type: none">• Obtain permission from state to purchase business Zoom account• Update recruitment documents to ascertain technology needs• Offer class virtually at various times throughout the week	<ul style="list-style-type: none">• 100% classes are registered with CDC DPP with virtual option & on their website• 100% of participants are offered virtual option	Casey Brown Alicia McDaniel	October 2020 Ongoing

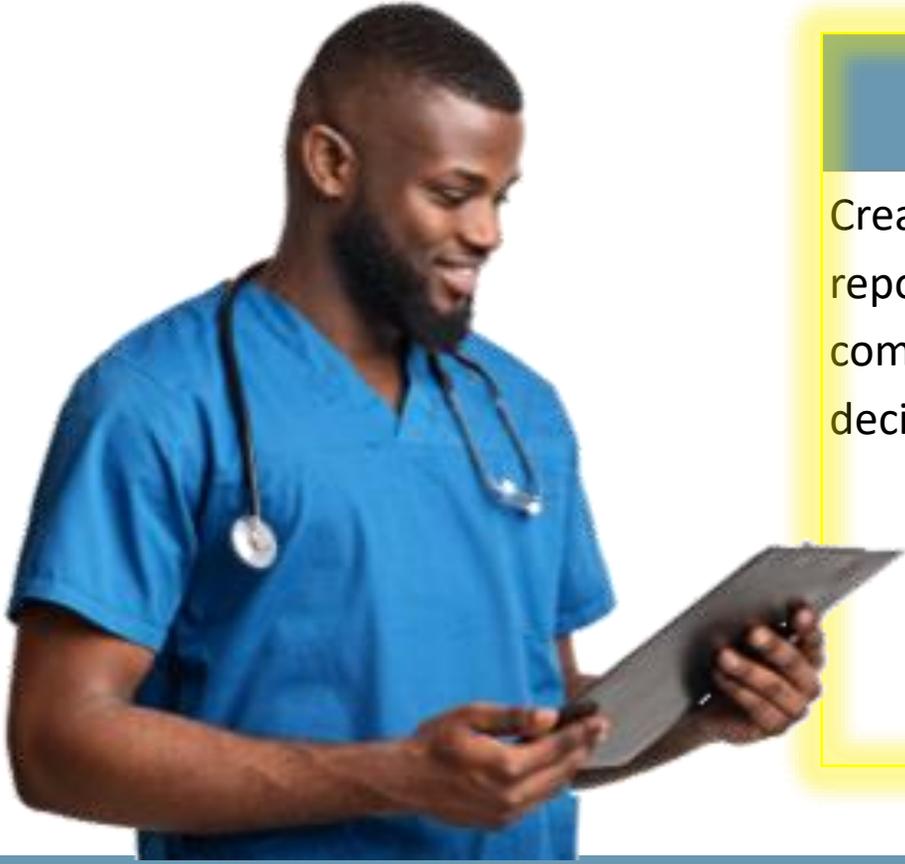


Lifestyle Medicine Program Strategic Plan

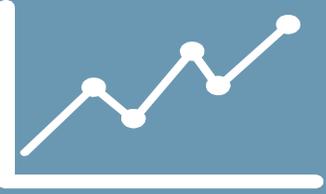
March 3, 2021



Use Data to Improve Health



Goal 1	Goal 2	Goal 3
Create a public facing data repository to inform the community and enhance decision making	Use an equity lens for data collection, analysis, use and dissemination	Make strategic decisions and create work environments that foster the data integration, sharing, and analysis necessary to support better health outcomes



Use Data to Improve Health

Goal 1: Create a public facing data repository to inform the community and enhance decision making

<u>Objectives</u>	<u>Action Steps</u>	<u>Metric/Measure</u>	<u>Champion</u>	<u>Deadline</u>
By end of FY 2021 completion of Clear Impact Scorecard- Lifestyle Medicine	<ul style="list-style-type: none"> • Implementation of a data collection process (online based) • Complete data for Population Indicators & Performance measures • Regular (quarterly) scorecard updates 	75% of population indicators and performance measures will contain updated information.	Alicia McDaniel Betty Foh	FY 2021



Use Data to Improve Health

Goal 2: Use an equity lens for data collection, analysis, use and dissemination

<u>Objectives</u>	<u>Action Steps</u>	<u>Metric/Measure</u>	<u>Champion</u>	<u>Deadline</u>
By the end of FY 2021 Lifestyle Medicine will collect participant demographics via patient records	<ul style="list-style-type: none"> Identify meaningful demographics to collect Review patient records Document demographics Upload participant demographics on scorecard 	<ul style="list-style-type: none"> 100% of patient demographics recorded via EMR will be uploaded on scorecards 	Alicia McDaniel Greg Stewart	FY 2021



Develop Internal and External Practices, Programs, and Policies that Achieve Equity



Goal 1	Goal 2	Goal 3
Ensure equitable access to services, programs, opportunities, and information	Transform our workplace to be inclusive and equitable for employees from marginalized and underrepresented communities.	Integrate diversity, equity, and inclusion within our work to continuously improve the health of our community



Develop Internal and External Practices, Programs, and Policies that Achieve Equity

Goal 1: Ensure equitable access to services, programs, opportunities, and information

<u>Objectives</u>	<u>Action Steps</u>	<u>Metric/Measure</u>	<u>Champion</u>	<u>Deadline</u>
By the end of FY 2021, Offer Living Healthy with Chronic Disease Workshops in Spanish and in a virtual format via phone and video conferencing.	<ul style="list-style-type: none">• Partner with Centralina Regional Council for materials• Recruit participants	Number of classes offered	Alicia McDaniel Greg Stewart	FY 2021 Sept.2020



Build and Sustain Collaborative Systems that Address Social Determinants of Health



Goal 1	Goal 2	Goal 3	Goal 4
Lead the development of CHIP based on the identified priority needs	Align program and services with the Community Health Improvement Plans (CHIP) to ensure staff are engaged and actively involved in the plan development	Expand and maximize community partnerships to effectively address social determinants of health	Align and integrate public health programs to address social determinants of health



Build and Sustain Collaborative Systems that Address Social Determinants of Health

Goal 3: Expand and maximize community partnerships to effectively address social determinants of health				
<u>Objectives</u>	<u>Action Steps</u>	<u>Metric/Measure</u>	<u>Champion</u>	<u>Deadline</u>
Provide technical assistance for a food pharmacy initiative offered in partnership with the Community Free Clinic to reduce food insecurity	<ul style="list-style-type: none">• Ongoing surveillance of food insecurity rates amongst patients• Assess nutrition education needs of the population• Identify supplemental materials to support healthy eating• Collect food pharmacy utilization records• Develop cooking skill development opportunities for patients	<ul style="list-style-type: none">• Number of food pharmacy pick up dates• Percentage of patients utilizing the pharmacy	Alicia McDaniel Greg Stewart Community Free Clinic	Ongoing until FY 2022



Build and Sustain Collaborative Systems that Address Social Determinants of Health

Goal 4: Align and integrate public health programs to address social determinants of health				
<u>Objectives</u>	<u>Action Steps</u>	<u>Metric/Measure</u>	<u>Champion</u>	<u>Deadline</u>
By the end of FY 2023, establish a Lifestyle Medicine program with CHA clinics to address food access and the six components of LM (healthy relationships, stress management, sleep, nutrition, physical activity, and substance use treatment/prevention)	<ul style="list-style-type: none"> Identify funding opportunities Assess which CHA clinic the program would best integrated within Redesign the existing prescriptions for the new population Collaboration with Lifestyle Medicine 	<ul style="list-style-type: none"> Number of prescriptions made Number of referrals made Number of enrolled patients 	CHA Clinic: Pediatrics and Women’s Health Alicia McDaniel	FY 2023



5210 Program Strategic Plan

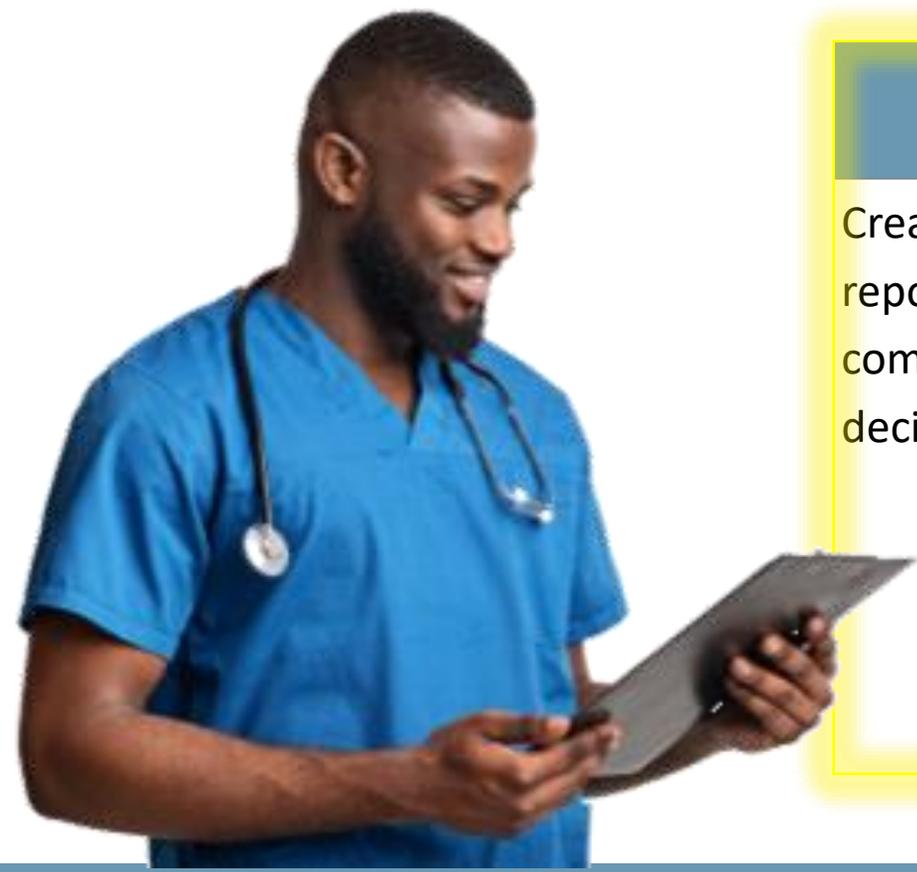
March 3, 2021



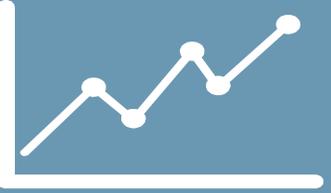
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Use Data to Improve Health



Goal 1	Goal 2	Goal 3
Create a public facing data repository to inform the community and enhance decision making	Use an equity lens for data collection, analysis, use and dissemination	Make strategic decisions and create work environments that foster the data integration, sharing, and analysis necessary to support better health outcomes



Use Data to Improve Health

Goal 1: Create a public facing data repository to inform the community and enhance decision making

<u>Objectives</u>	<u>Action Steps</u>	<u>Metric/Measure</u>	<u>Champion</u>	<u>Deadline</u>
By end of fiscal year 2021 completion of Clear Impact Scorecard- 5210	<ul style="list-style-type: none"> • Implementation of a data collection process (online based) • Complete data for Population Indicators & Performance measures • Regular (quarterly) scorecard updates 	75% of population indicators and performance measures will contain updated information.	Alicia McDaniel Betty Foh	FY 2021

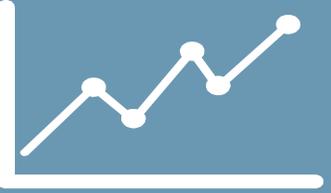


Culinary Innovation Program Strategic Plan

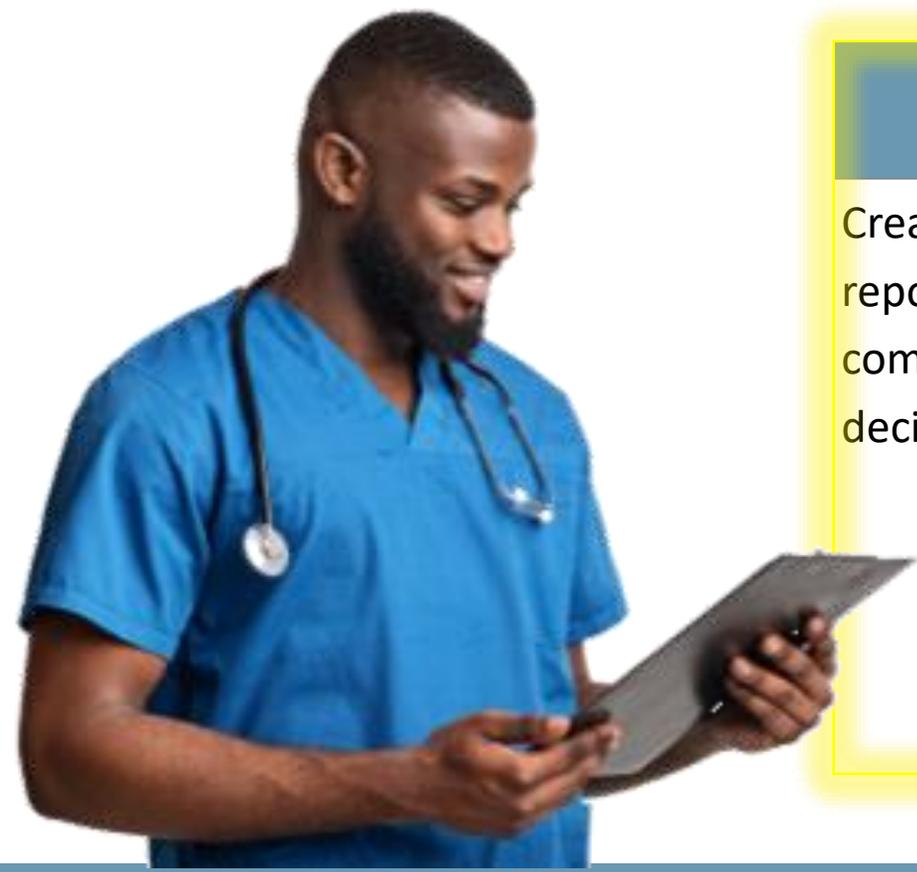
March 3, 2021



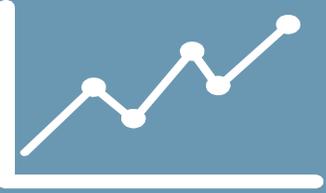
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Use Data to Improve Health



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Use Data to Improve Health

Goal 1: Create a public facing data repository to inform the community and enhance decision making

<u>Objectives</u>	<u>Action Steps</u>	<u>Metric/Measure</u>	<u>Champion</u>	<u>Deadline</u>
By end of FY 2021 completion of Clear Impact Scorecard- Culinary Innovations	<ul style="list-style-type: none">• Implementation of a data collection process (online based)• Development of a participant survey• Complete data for Population Indicators & Performance measures• Regular (quarterly) scorecard updates	75% of population indicators and performance measures will contain updated information.	Mark Allison Alicia McDaniel Betty Foh	FY 2021



Use Data to Improve Health

Goal 2: Use an equity lens for data collection, analysis, use and dissemination

<u>Objectives</u>	<u>Action Steps</u>	<u>Metric/Measure</u>	<u>Champion</u>	<u>Deadline</u>
By the end of FY 2021 Culinary Innovation will collect participant demographics via intake and participant survey (i.e. age, race, ethnicity, zip code)	<ul style="list-style-type: none"> Identify meaningful demographics to collect Development of a participant pre and post survey Administer survey before and after every class 	100% of patient demographics collected will be uploaded on scorecards	Alicia McDaniel Mark Allison	Fy 2021



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Develop Internal and External Practices, Programs, and Policies that Achieve Equity

Goal 1: Ensure equitable access to services, programs, opportunities, and information

<u>Objectives</u>	<u>Action Steps</u>	<u>Metric/Measure</u>	<u>Champion</u>	<u>Deadline</u>
By the end of FY 2021, Culinary Innovations will secure a Spanish speaking chef to provide regular (monthly) cooking classes	<ul style="list-style-type: none"> Identify a potential contractor Arrange a meet and greet with potential contractor(s) and Culinary Innovations Team Select a contractor Draft and finalize a contract Identify Class dates 	<ul style="list-style-type: none"> Signed Contract Number of LIVE classes offered Number of recipe demonstrations recorded Participant demographics (Culinary Innovations pre and post assessment) 	Mark Allison Alicia McDaniel	FY 2021 Dec.2020
By the end of FY 2021, Culinary Innovations will develop a culturally diverse and cross-departmental nutrition education and cooking skills video library	<ul style="list-style-type: none"> Identify an appropriate communication medium and required equipment List of priority topics and series ideas Collaborate with Marketing to schedule taping, live streaming, and development of supplemental materials 	<ul style="list-style-type: none"> Number of video publications Number of educational materials developed Reach of videos released Number of established collaborations Number of collaborative projects 	Mark Allison Alicia McDaniel Marketing	FY 2021 Jan. 2021 and ongoing



Build and Sustain Collaborative Systems that Address Social Determinants of Health



Goal 1	Goal 2	Goal 3	Goal 4
Lead the development of CHIP based on the identified priority needs	Align program and services with the Community Health Improvement Plans (CHIP) to ensure staff are engaged and actively involved in the plan development	Expand and maximize community partnerships to effectively address social determinants of health	Align and integrate public health programs to address social determinants of health



Build and Sustain Collaborative Systems that Address Social Determinants of Health

Goal 3: Expand and maximize community partnerships to effectively address social determinants of health				
<u>Objectives</u>	<u>Action Steps</u>	<u>Metric/Measure</u>	<u>Champion</u>	<u>Deadline</u>
By the end of FY 2021, establish a Culinary Innovations partnership with the North Carolina Research Campus to develop free and/or low-cost cooking skills/nutrition education initiatives	<ul style="list-style-type: none">• Schedule initial meeting with NCRC staff and/or leadership• Brainstorm potential ideas, cost of ideas, and implementation feasibility• Establish a MOU (if necessary)• Select an initiative(s) to implement	<ul style="list-style-type: none">• Number of services offered• Reach (Number of people reached)• Number of partners involved (MOU is necessary)	Mark Allison Alicia McDaniel	FY 2021 April 2021



Build and Sustain Collaborative Systems that Address Social Determinants of Health

Goal 4: Align and integrate public health programs to address social determinants of health				
Objectives	Action Steps	Metric/Measure	Champion	Deadline
By the end of FY 2022, establish a Culinary Innovation initiative(s) with food access partners such as WIC, SNAP, farmers' markets, School Nutrition, Cabarrus County Farm and Food Council, or food pantries.	<ul style="list-style-type: none"> Identify interested organizations Organize meetings to discuss collaboration efforts Develop a collaborative effort 	<ul style="list-style-type: none"> Number of partners Number of events or classes Reach (number of views or participations, dependent on the medium utilized) 	Mark Allison Alicia McDaniel	FY 2022
By the end of FY 2023, Culinary Innovations will support and/or initiate a food access policy advocacy effort	<ul style="list-style-type: none"> Survey stakeholders on their interest in food access policy Research the ideas supported by the majority Work on convening all local food advocacy groups Assess the feasibility of launching a collaborative effort If possible, select an effort to advocate support for. 	<ul style="list-style-type: none"> Number of partners engaged Survey tool Survey results Documentation of advocacy efforts (i.e. Proclamation, Grant proposal) 	Alicia McDaniel Mark Allison	FY 2023 November 2020



Transform Agency Capacity, Culture and Practices to Achieve Excellence



Goal 1	Goal 2	Goal 3	Goal 4	Goal 5
Adopt Public Health 3.0 strategies as guiding principles to ensure CHA is prepared to respond to community needs this decade	Maintain a culture of quality improvement to advance departmental performance	Adapt and adopt staffing models and funding sources that reduce the number of positions and programs that are short-term and grant funded	Expand CHA capacity to include alternative service delivery and outreach models that improve access to care	Enhance the existing workforce development plan and program



Transform Agency Capacity, Culture and Practices to Achieve Excellence

Goal 4: Adapt and adopt staffing models and funding sources that reduce the number of positions and programs that are short-term and grant funded plan

<u>Objectives</u>	<u>Action Steps</u>	<u>Metric/Measure</u>	<u>Champion</u>	<u>Timeline</u>
By the end of FY 2022, reconstruct the existing Culinary Innovations business development model to support contracted services and free/low-cost programs.	<ul style="list-style-type: none">• Review existing plan• Research potential funding models• Assess current staff capacity for external services• Update the current service menu and price listings• Identify sectors and businesses that have an interest in CI services• Dissemination of promotion materials	<ul style="list-style-type: none">• Completed Business Development Model• Developed Service Menu and Price listings• Number of companies engaged• Number of services rendered• Cost and Revenue of services	Mark Allison Alicia McDaniel Marketing	FY 2022



Transform Agency Capacity, Culture and Practices to Achieve Excellence

Goal 4: Expand CHA capacity to include alternative service delivery and outreach models that improve access to care

<u>Objectives</u>	<u>Action Steps</u>	<u>Metric/Measure</u>	<u>Champion</u>	<u>Timeline</u>
By the end of FY 2021, develop a regular live online cooking class program	<ul style="list-style-type: none">• Establish a registration and fees scale• Develop a class schedule alongside Marketing	<ul style="list-style-type: none">• Number of live classes• Number of class supplemental materials• Reach (number of participants)	Mark Allison Alicia McDaniel Marketing	FY 2021 January 2021

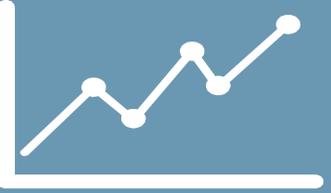


Employee Wellness Program Strategic Plan

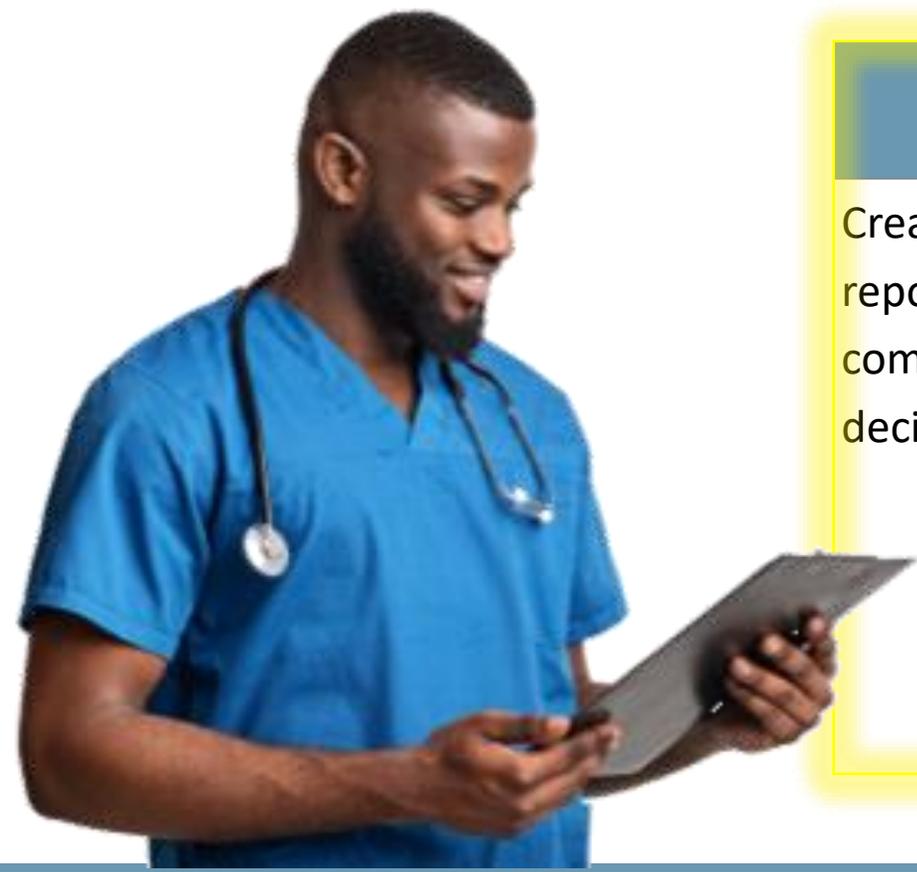
March 3, 2021



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Use Data to Improve Health



Goal 1

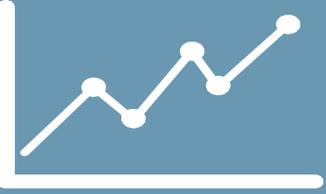
Create a public facing data repository to inform the community and enhance decision making

Goal 2

Use an equity lens for data collection, analysis, use and dissemination

Goal 3

Make strategic decisions and create work environments that foster the data integration, sharing, and analysis necessary to support better health outcomes



Use Data to Improve Health

Goal 1: Create a public facing data repository to inform the community and enhance decision making

<u>Objectives</u>	<u>Action Steps</u>	<u>Metric/Measure</u>	<u>Champion</u>	<u>Deadline</u>
By end of FY 2021 completion of Clear Impact Scorecard- Worksite Wellness	<ul style="list-style-type: none"> • Implementation of a data collection process (online based) • Complete data for Population Indicators & Performance measures • Regular (quarterly) scorecard updates 	75% of population indicators and performance measures will contain updated information.	Alicia McDaniel Betty Foh	FY 2021



Use Data to Improve Health

Goal 3: Make strategic decisions and create work environments that foster the data integration, sharing, and analysis necessary to support better health outcomes

<u>Objectives</u>	<u>Action Steps</u>	<u>Metric/Measure</u>	<u>Champion</u>	<u>Deadline</u>
By the end of FY 2022, complete a worksite wellness assessment, which will evaluate the effectiveness of existing initiatives on improving staff health, gaps in services, and areas to improve.	<ul style="list-style-type: none"> • Research the CDC’s Workplace Assessment Model • Collect and review existing worksite wellness data • Submit a CDC PHAP Associate application • Convene a worksite wellness improvement taskforce (i.e. Human Resources, Healthy Living, and Employee Health) • Design and disseminate a staff wellness survey • Create a summative evaluation report detailing strengths, weakness and internal/external opportunities 	<ul style="list-style-type: none"> • Existing worksite wellness utilization data • Identification of the taskforce members • Staff survey results • Completion of the summative report 	Alicia McDaniel Human Resources Employee Health	FY 2022



Develop Internal and External Practices, Programs, and Policies that Achieve Equity



Goal 1	Goal 2	Goal 3
Ensure equitable access to services, programs, opportunities, and information	Transform our workplace to be inclusive and equitable for employees from marginalized and underrepresented communities.	Integrate diversity, equity, and inclusion within our work to continuously improve the health of our community



Develop Internal and External Practices, Programs, and Policies that Achieve Equity

Goal 1: Ensure equitable access to services, programs, opportunities, and information

Objectives	Action Steps	Metric/Measure	Champion	Deadline
<p>By the end of FY 2023, launch an enhanced worksite wellness program and policy aimed to improve health outcomes for staff and eliminate access barriers.</p>	<ul style="list-style-type: none"> • Reference the FY 2022 summative evaluation report detailing strengths, weakness and internal/external opportunities • Research evidence and practice-based strategies and methods to linked results with insurance benefits • Regular meeting with the Worksite wellness Improvement Taskforce • Develop a worksite wellness improvement plan • Amend the wellness policy to ensure the operating structure allows for equitable access for all departments • Improve the vending machines options for staff to ensure the alternative are healthy • Implement the improvement plan in pilot and full implementation phases • Share findings with staff on the benefits of offering employee/worksite wellness initiatives 	<ul style="list-style-type: none"> • Taskforce Notes and Agendas • Staff Survey Results • Completion of the enhancement plan • Amended wellness policy • Number of new healthy vending machine options (percentage of the composite offering) • Documented changes in staff health outcomes • Number of staff communications 	<p>Alicia McDaniel Human Resources Employee Health</p>	<p>April 2023</p>



Transform Agency Capacity, Culture and Practices to Achieve Excellence



Goal 1	Goal 2	Goal 3	Goal 4	Goal 5
Adopt Public Health 3.0 strategies as guiding principles to ensure CHA is prepared to respond to community needs this decade	Maintain a culture of quality improvement to advance departmental performance	Adapt and adopt staffing models and funding sources that reduce the number of positions and programs that are short-term and grant funded	Expand CHA capacity to include alternative service delivery and outreach models that improve access to care	Enhance the existing workforce development plan and program



Transform Agency Capacity, Culture and Practices to Achieve Excellence

Goal 4: Expand CHA capacity to include alternative service delivery and outreach models that improve access to care

<u>Objectives</u>	<u>Action Steps</u>	<u>Metric/Measure</u>	<u>Champion</u>	<u>Timeline</u>
By the end of FY 2023, develop a worksite wellness framework that can be offered to external partners and/or billable to insurance	<ul style="list-style-type: none">• Review pilot and full implementation results• Assess internal capacity to provide external services• Research billable worksite wellness services CHA could offer.• Establish a menu of services• Market services to external partners and vendors• Share findings with external partners on the benefits of offering employee/worksite wellness initiatives and the services of available	<ul style="list-style-type: none">• Service menu• Number of invoiced services• Number of vendors served• Number of people reached• Revenue and Expenses of serviced provided	Alicia McDaniel Human Resources Employee Health Marketing	FY 2023

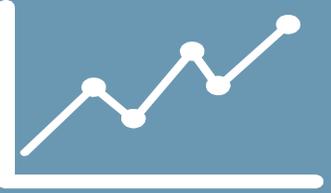


Womens Infant & Children Program Strategic Plan

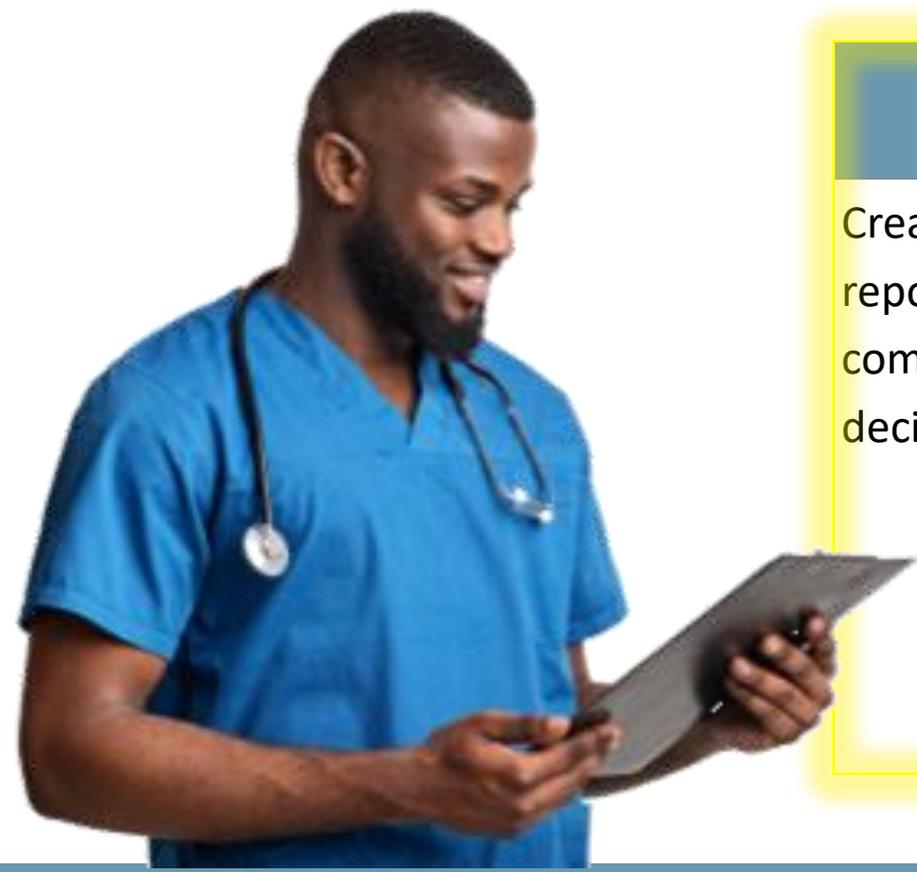
March 3, 2021



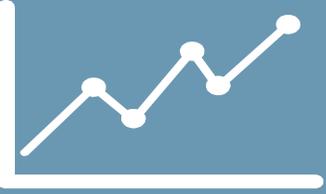
CABARRUS
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Use Data to Improve Health



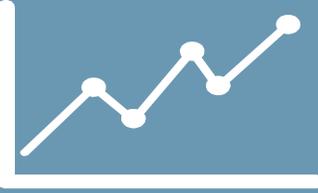
Goal 1	Goal 2	Goal 3
Create a public facing data repository to inform the community and enhance decision making	Use an equity lens for data collection, analysis, use and dissemination	Make strategic decisions and create work environments that foster the data integration, sharing, and analysis necessary to support better health outcomes



Use Data to Improve Health

Goal 1: Create a public facing data repository to inform the community and enhance decision making

<u>Objectives</u>	<u>Action Steps</u>	<u>Metric/Measure</u>	<u>Champion</u>	<u>Deadline</u>
By end of fiscal year 2021 completion of Clear Impact Scorecard- Pediatrics & Womens' Health	<ul style="list-style-type: none"> • Complete data for Population Indicators & Performance measures • Training for Clear Impact scorecard (Anna Thadani & Alicia McDaniel) 	75% of population indicators and performance measures will contain updated information.	Anna Thadani Alicia McDaniel Betty Foh Medjatu Kuyateh	FY 2021



Use Data to Improve Health

Goal 2: Use an equity lens for data collection, analysis, use and dissemination

<u>Objectives</u>	<u>Action Steps</u>	<u>Metric/Measure</u>	<u>Champion</u>	<u>Deadline</u>
By December 2020 generate a quarterly Crossroads System report to ensure consistent tracking of NC WIC participant demographic in the lens of race and ethnicity.	<ul style="list-style-type: none"> Identify staff who have access to the technology (only WIC Director has access) Determine reporting calendar Run quarterly reports for Concord and Kannapolis Write a sentence overview of factors to consider for each month when appropriate. (i.e. July 2020, patients originally seen in Concord were moved in Kannapolis). Anna to send report to Medjatu to further understand the report 	<ul style="list-style-type: none"> Monthly Crossroads Reports *Reports will be delayed by a quarter to eliminate error from finalization of info. 	Anna Thadani Alicia McDaniel Betty Foh	December 2020 – Ongoing
By July 2021 generate a report from the Breast-Feeding Peer Counselor (BFPC) disaggregating data by race and ethnicity.	<ul style="list-style-type: none"> Set up meeting with Medjatu to look over BFPC data The BFPC staff continuously updating the BFPC excel data workbook for the year. Data excel workbook will be sent to Medjatu to summarize information and make a final report. Look at data by breast feeding duration, initiation and formula supplementation by race and ethnicity 	<ul style="list-style-type: none"> The BFPC excel data workbook Final report 	Medjatu Kuyateh Anna Thadani Alicia McDaniel BFPC staff	July 2020-June 2021 **can be analyzed annually



Develop Internal and External Practices, Programs, and Policies that Achieve Equity



Goal 1	Goal 2	Goal 3
Ensure equitable access to services, programs, opportunities, and information	Transform our workplace to be inclusive and equitable for employees from marginalized and underrepresented communities.	Integrate diversity, equity, and inclusion within our work to continuously improve the health of our community



Develop Internal and External Practices, Programs, and Policies that Achieve Equity

Goal 1: Ensure equitable access to services, programs, opportunities, and information

<u>Objectives</u>	<u>Action Steps</u>	<u>Metric/Measure</u>	<u>Champion</u>	<u>Deadline</u>
By April 2021, develop sustainability plan for the HPRIL-QLESS project to continue progress when grant ends in June 2021	<ul style="list-style-type: none">• Meet with different vendors and demo different online appointment systems other than QLESS (currently being used)• Collect and disseminate ideas to Anna, Erin, and Alicia.• Finalize vendor (Flexbooker)• Submit contract with Flexbooker	<ul style="list-style-type: none">• Develop budget with the award GlaxoSmithKline Local Health Department Recognition Award• Written document/report• Possibly onboard new vendor	Pady Doroodchi	April 2021



Build and Sustain Collaborative Systems that Address Social Determinants of Health



Goal 1	Goal 2	Goal 3	Goal 4
Lead the development of CHIP based on the identified priority needs	Align program and services with the Community Health Improvement Plans (CHIP) to ensure staff are engaged and actively involved in the plan development	Expand and maximize community partnerships to effectively address social determinants of health	Align and integrate public health programs to address social determinants of health



Build and Sustain Collaborative Systems that Address Social Determinants of Health

Goal 3: Expand and maximize community partnerships to effectively address social determinants of health				
<u>Objectives</u>	<u>Action Steps</u>	<u>Metric/Measure</u>	<u>Champion</u>	<u>Deadline</u>
By fiscal year 2022, WIC programs will begin to utilize NC Care 360 to make referrals and track success	<ul style="list-style-type: none"> • Identify a lead for each program • Register program(s) • Train nutritionist on NC Care 360 • Identify a working model for patient referral and scheduling • Establish a baseline of referrals 	<ul style="list-style-type: none"> • % of patients referred through NC Care 360 platform • % of types of referrals • % of patients with completed referral 	Monica Hernandez Susan Anderson	FY 2022



Transform Agency Capacity, Culture and Practices to Achieve Excellence



Goal 1	Goal 2	Goal 3	Goal 4	Goal 5
Adopt Public Health 3.0 strategies as guiding principles to ensure CHA is prepared to respond to community needs this decade	Maintain a culture of quality improvement to advance departmental performance	Adapt and adopt staffing models and funding sources that reduce the number of positions and programs that are short-term and grant funded	Expand CHA capacity to include alternative service delivery and outreach models that improve access to care	Enhance the existing workforce development plan and program



Transform Agency Capacity, Culture and Practices to Achieve Excellence

Goal 4: Expand CHA capacity to include alternative service delivery and outreach models that improve access to care

<u>Objectives</u>	<u>Action Steps</u>	<u>Metric/Measure</u>	<u>Champion</u>	<u>Timeline</u>
By May 2021, WIC will ensure continuation of remote WIC services for applicable appointment types.	<ul style="list-style-type: none">• Developing best practices to work with participants remotely• Utilizing Microsoft Teams as a means of constant communication and a more organized approach for prescriptions, food package changes, and specific appointments.• Staff's ability to work a more flexible schedule (early in the morning, after hours, weekends) while teleworking	<ul style="list-style-type: none">• Documentation could include standards of works• Documentation of marketing strategies• Number of people we are serving (caseload report)• QLESS and its online platform report	Anna Thadani Susan Anderson Pady Doroodchi	May 30, 2021- Ongoing



Cabarrus Health Alliance Board Agenda

Meeting Date: April 13, 2021

Name of Item: Budget Revision Request

Submitted by: Sue K Yates

Brief Summary: Budget revisions are being requested due changes in revenues and expenses. These changes are due to either an increase or decrease in a funding source, new source of funding, or realignment of revenues and/or expenses.

Requested Action: Approval of budget revisions

1. To align budget with actuals for Cooking Classes. - \$0
2. To budget for the STOP Grant. - \$112,845
3. To align budget with actuals for Triple P. - \$0
4. To align budget with actuals for ELC Agreement Addendum. - \$0
5. To align budget with actuals for the Communicable Disease Department. - \$(15,512)
6. To align budget with actuals for SEP Funding. - \$75
7. To align budget with actuals for the IPC RT Grant. - \$0
8. To align budget with actuals for CC4C. - \$0
9. To align budget with actuals for the Pregnancy Care Management Program. - \$0
10. To align budget with actuals for the TPPI Grant. - \$0
11. To align budget with actuals for the Innovative Approaches Grant. - \$0
12. To budget for Food and Lodging Agreement Addendum and the AFDO Managed Retail Program Standards Grant Program. - \$45,507
13. To budget for COVID funding received from Cabarrus County. - \$250,000
14. To align budget with actuals for General Administration. - \$1,026

Previous Action/Discussion on Item: ____ Yes No

If yes, explain

Items Reviewed by:

Bonnie Coyle, MD, Health Director
Sue K. Yates, Chief Financial Officer

CABARRUS HEALTH ALLIANCE

Budget Revision/Amendment Request

#1

Date: 4/13/2021

Amount: \$ _____ -

Type of Adjustment:

Health Director: Dr. Bonnie Coyle

Internal Transfer Within Program

Purpose of Request: To align budget with actuals for Cooking Classes.

Transfer Between Programs

Supplemental Request

Account	Account Name	Present Approved Budget	Increase	Decrease	Revised Budget Amount
00295815-9447-311	Contracted Svcs-CookingClass	\$ 100	\$ 700	\$ -	\$ 800
00295815-9611-311	Mileage-Cooking	\$ 760	\$ -	\$ 700	\$ 60

Finance Office Use Only

Finance Director _____ Health Director _____ Chairman of Cabarrus Health Alliance _____
 Approved/Denied Date _____ Approved/Denied Date _____ Approved/Denied Date _____

CABARRUS HEALTH ALLIANCE

Budget Revision/Amendment Request

#2

Date: 4/13/2021

Amount: \$ 112,845

Type of Adjustment:

Health Director: Dr. Bonnie Coyle

Internal Transfer Within Program

Purpose of Request: To budget for the STOP Grant.

Transfer Between Programs

Supplemental Request

Account	Account Name	Present Approved Budget	Increase	Decrease	Revised Budget Amount
00265845-6344-373	Department of Justice-STOP	\$ -	\$ 112,845	\$ -	\$ 112,845
00295845-9101-373	Salaries & Wages-STOP	\$ -	\$ 26,672	\$ -	\$ 26,672
00295845-9201-373	Social Security-STOP	\$ -	\$ 1,654	\$ -	\$ 1,654
00295845-9202-373	Medicare-STOP	\$ -	\$ 387	\$ -	\$ 387
00295845-9205-373	Group Hospital Ins-STOP	\$ -	\$ 4,773	\$ -	\$ 4,773
00295845-9206-373	HRA-STOP	\$ -	\$ 1,320	\$ -	\$ 1,320
00295845-9210-373	Retirement-STOP	\$ -	\$ 2,721	\$ -	\$ 2,721
00295845-9211-373	401K Match-STOP	\$ -	\$ 533	\$ -	\$ 533
00295845-9230-373	Workers' Compensation-STOP	\$ -	\$ 80	\$ -	\$ 80
00295845-9640-373	Insurance & Bonds-STOP	\$ -	\$ 333	\$ -	\$ 333
00295845-9659-373	Unemployment Comp-STOP	\$ -	\$ 10	\$ -	\$ 10
00295845-9301-373	Office Supplies-STOP	\$ -	\$ 1,000	\$ -	\$ 1,000
00295845-9320-373	Printing-STOP	\$ -	\$ 200	\$ -	\$ 200
00295845-9331-373	Minor Office Equip-STOP	\$ -	\$ 4,259	\$ -	\$ 4,259
00295845-9355-373	Other Operation Costs-STOP	\$ -	\$ 23,173	\$ -	\$ 23,173
00295845-9420-373	Telecommunications-STOP	\$ -	\$ 76	\$ -	\$ 76
00295845-9447-373	Contracted Services-STOP	\$ -	\$ 23,000	\$ -	\$ 23,000
00295845-9611-373	Mileage-STOP	\$ -	\$ 200	\$ -	\$ 200
00295845-9635-373	Training & Education-STOP	\$ -	\$ 1,709	\$ -	\$ 1,709
00295845-9355-373A	Other Operation-STOP ID	\$ -	\$ 20,745	\$ -	\$ 20,745

Finance Office Use Only

Finance Director _____ Health Director _____ Chairman of Cabarrus Health Alliance _____
 Approved/Denied Date _____ Approved/Denied Date _____ Approved/Denied Date _____

CABARRUS HEALTH ALLIANCE

Budget Revision/Amendment Request

#3

Date: 4/13/2021

Amount: \$ _____ -

Type of Adjustment:

Health Director: Dr. Bonnie Coyle

Internal Transfer Within Program

Purpose of Request: To align budget with actuals for Triple P.

Transfer Between Programs

Supplemental Request

Account	Account Name	Present Approved Budget	Increase	Decrease	Revised Budget Amount
00295845-9101-58760	Salaries & Wages-TripleP	\$ 46,754	\$ 5,441	\$ -	\$ 52,195
00295845-9355-58760	OtherOperCosts-TripleP	\$ 15,523	\$ 7,148	\$ -	\$ 22,671
00295845-9102-58760	PT > 1000 Hrs-TripleP	\$ 7,622	\$ -	\$ 7,622	\$ -
00295845-9109-58760	Salary Adjustments-TripleP	\$ 1,400	\$ -	\$ 1,400	\$ -
00295845-9320-58760	Printing & Binding-TripleP	\$ 120	\$ -	\$ 117	\$ 3
00295845-9611-58760	Mileage-TripleP	\$ 600	\$ -	\$ 600	\$ -
00295845-9635-58760	Trng&Educ-TripleP	\$ 5,500	\$ -	\$ 2,850	\$ 2,650

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Finance Director _____ Health Director _____ Chairman of Cabarrus Health Alliance _____
 Approved/Denied Date _____ Approved/Denied Date _____ Approved/Denied Date _____

CABARRUS HEALTH ALLIANCE

Budget Revision/Amendment Request

#4

Date: 4/13/2021

Amount: \$ _____ -

Type of Adjustment:

Health Director: Dr. Bonnie Coyle

Internal Transfer Within Program

Purpose of Request: To align budget with actuals for ELC Agreement Addendum.

Transfer Between Programs

Supplemental Request

Account	Account Name	Present Approved Budget	Increase	Decrease	Revised Budget Amount
00295865-9301-50543	Office Supplies-ELC	\$ 1,500	\$ 4,524	\$ -	\$ 6,024
00295865-9447-50543	Contracted Services	\$ -	\$ 30,815	\$ -	\$ 30,815
00295865-9101-50543	Salaries & Wages-ELC	\$ 319,692	\$ -	\$ 35,339	\$ 284,353

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Finance Director _____ Health Director _____ Chairman of Cabarrus Health Alliance _____
 Approved/Denied Date _____ Approved/Denied Date _____ Approved/Denied Date _____

CABARRUS HEALTH ALLIANCE
Budget Revision/Amendment Request

#5

Date: 4/13/2021

Amount: \$ (15,512)

Type of Adjustment:

Health Director: Dr. Bonnie Coyle

Internal Transfer Within Program

Purpose of Request: To align budget with actuals for the Communicable Disease Department.

Transfer Between Programs

Supplemental Request

Account	Account Name	Present Approved Budget	Increase	Decrease	Revised Budget Amount
00265865-6637-131	Private Insurance-Int Travel	\$ 1,500	\$ -	\$ 300	\$ 1,200
00295865-9327-131	International Travel Vaccine	\$ 2,515	\$ -	\$ 300	\$ 2,215
00265865-6415-146	Medicaid-Flu/Pneumonia	\$ 18,300	\$ 4,000	\$ -	\$ 22,300
00265865-6637-146	Private Ins-Flu/Pneumonia	\$ 11,700	\$ -	\$ 1,800	\$ 9,900
00265865-6672-146	Patient Fees-Flu/Pneumonia	\$ 700	\$ -	\$ 200	\$ 500
00295865-9365-146	Pharmacy-Flu & Pneumonia	\$ 8,297	\$ 2,000	\$ -	\$ 10,297
00295865-9107-45100	Contracted Personal Svcs-CD	\$ 6,312	\$ -	\$ 6,000	\$ 312
00295865-9109-45100	Salary Adjustments-CD	\$ 6,000	\$ -	\$ 6,000	\$ -
00295865-9560-45100	Minor Equip Mntnce-CD	\$ 6,219	\$ -	\$ 2,000	\$ 4,219
00295865-9635-45100	Training & Ed-CD	\$ 5,368	\$ -	\$ 2,000	\$ 3,368
00295865-9570-45100	Service Contracts-CD	\$ 4,462	\$ -	\$ 251	\$ 4,211
00295865-9325-45100	Postage-CD	\$ 577	\$ 23	\$ -	\$ 600
00295865-9356-45100	Special Prog Supp-CD	\$ 38	\$ 50	\$ -	\$ 88
00295865-9447-45100	Contracted Services-CD	\$ 519	\$ 122	\$ -	\$ 641
00295865-9202-45100	Medicare - CD	\$ 3,936	\$ 500	\$ -	\$ 4,436
00295865-9640-45100	Insurance & Bonds-CD	\$ 2,211	\$ 750	\$ -	\$ 2,961
00295865-9206-45100	HRA - Comm Diseases	\$ 4,101	\$ 800	\$ -	\$ 4,901
00295865-9201-45100	Social Security - CD	\$ 16,029	\$ 1,000	\$ -	\$ 17,029
00295865-9211-45100	401K Match	\$ 697	\$ 1,200	\$ -	\$ 1,897
00295865-9205-45100	Group Hospital Ins - CD	\$ 23,271	\$ 2,000	\$ -	\$ 25,271
00295865-9331-45100	Minor Off Equip & Furn CD	\$ -	\$ 2,806	\$ -	\$ 2,806
00295865-9102-45100	Part Time > 1000 Hours-CD	\$ 14,766	\$ 3,000	\$ -	\$ 17,766
00295865-9210-45100	Retirement - CD	\$ 19,913	\$ 4,000	\$ -	\$ 23,913
00295865-9103-45510	Part Time < 1000 Hours - TB	\$ 1,107	\$ 1,000	\$ -	\$ 2,107
00295865-9659-45510	UnempComp-TB Grant	\$ 79	\$ 20	\$ -	\$ 99
00295865-9109-45510	Salary Adjustments-TB	\$ 1,786	\$ -	\$ 1,020	\$ 766
00265865-6415-55410	Medicaid-HIV/STD	\$ 7,900	\$ 3,000	\$ -	\$ 10,900
00265865-6664-55410	Medicare Reimb - HIV/STD	\$ -	\$ 23	\$ -	\$ 23
00265865-6637-55410	Pvt Ins-HIV/STD	\$ 4,186	\$ -	\$ 1,800	\$ 2,386
00295865-9101-55410	Salaries & Wages-HIV/STD	\$ 133,535	\$ -	\$ 10,528	\$ 123,007
00295865-9109-55410	Salary Adjustments-HIV/STD	\$ 4,564	\$ -	\$ 4,564	\$ -
00295865-9102-55410	PT>1000Hrs-HIV/STD	\$ 19,889	\$ 7,000	\$ -	\$ 26,889
00295865-9103-55410	PT<1000Hrs-HIV/STD	\$ 11,194	\$ 7,000	\$ -	\$ 18,194
00295865-9210-55410	Retirement-HIV/STD	\$ 9,211	\$ 1,000	\$ -	\$ 10,211
00295865-9640-55410	Insurance & Bonds-HIV/STD	\$ 1,208	\$ 115	\$ -	\$ 1,323
00295865-9211-55410	401K Match	\$ 271	\$ 1,200	\$ -	\$ 1,471
00265865-6451-45100	Rowan Co Health Dept	\$ 22,806	\$ -	\$ 18,435	\$ 4,371
00295865-9101-45100	Salaries & Wages - CD	\$ 378,657	\$ -	\$ 38,435	\$ 340,222
00295865-9445-55410	PurchasedSvcs-HIV/STD	\$ 14,651	\$ 20,000	\$ -	\$ 34,651

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Finance Director _____ Health Director _____ Chairman of Cabarrus Health Alliance _____
 Approved/Denied Date _____ Approved/Denied Date _____ Approved/Denied Date _____

CABARRUS HEALTH ALLIANCE

Budget Revision/Amendment Request

#6

Date: 4/13/2021

Amount: \$ 75

Type of Adjustment:

Health Director: Dr. Bonnie Coyle

Internal Transfer Within Program

Purpose of Request: To budget for additional SEP funding.

Transfer Between Programs

Supplemental Request

Account	Account Name	Present Approved Budget	Increase	Decrease	Revised Budget Amount
00265845-6803-906	Miscellaneous Revenue-SEP	\$ 18,050	\$ 75	\$ -	\$ 18,125
00295845-9355-906	Other Operation Costs-SEP	\$ 30,050	\$ 75	\$ -	\$ 30,125

Finance Office Use Only

Finance Director _____ Health Director _____ Chairman of Cabarrus Health Alliance _____
 Approved/Denied Date _____ Approved/Denied Date _____ Approved/Denied Date _____

CABARRUS HEALTH ALLIANCE

Budget Revision/Amendment Request

#7

Date: 4/13/2021

Amount: \$ _____ -

Type of Adjustment:

Health Director: Dr. Bonnie Coyle

Internal Transfer Within Program

Purpose of Request: To align budget with actuals for the IPC RT Grant.

Transfer Between Programs

Supplemental Request

Account	Account Name	Present Approved Budget	Increase	Decrease	Revised Budget Amount
00295865-9355-50544	Other Oper Costs-IPC-RT	\$ 43,960	\$ -	\$ 27,350	\$ 16,610
00295865-9102-50544	Part Time>1000 Hours-IPC RT	\$ 20,000	\$ -	\$ 20,000	\$ -
00295865-9205-50544	Group Hospital Ins-IPC RT	\$ 23,504	\$ -	\$ 17,207	\$ 6,297
00295865-9206-50544	HRA - IPC RT	\$ 4,270	\$ -	\$ 3,074	\$ 1,196
00295865-9210-50544	Retirement-IPC RT	\$ 9,655	\$ -	\$ 2,899	\$ 6,756
00295865-9211-50544	401K Match-IPC RT	\$ 1,890	\$ -	\$ 1,447	\$ 443
00295865-9103-50544	Part Time<1000 Hours-IPC RT	\$ 750	\$ -	\$ 750	\$ -
00295865-9640-50544	Insurance & Bonds-IPC RT	\$ 1,619	\$ -	\$ 586	\$ 1,033
00295865-9659-50544	Unemployment Comp-IPC RT	\$ 700	\$ -	\$ 521	\$ 179
00295865-9202-50544	Medicare-IPC RT	\$ 1,693	\$ -	\$ 503	\$ 1,190
00295865-9104-50544	Temp - Part & Full Time-IPC RT	\$ 500	\$ -	\$ 500	\$ -
00295865-9201-50544	Social Security-IPC RT	\$ 5,030	\$ -	\$ 159	\$ 4,871
00295865-9230-50544	Workers' Comp-IPC RT	\$ 389	\$ -	\$ 153	\$ 236
00295865-9635-50544	Training & Education-IPC RT	\$ 200	\$ -	\$ 60	\$ 140
00295865-9611-50544	Mileage-IPC RT	\$ 1,200	\$ 790	\$ -	\$ 1,990
00295865-9301-50544	Office Supplies-IPC RT	\$ 42,000	\$ 18,745	\$ -	\$ 60,745
00295865-9101-50544	Salaries & Wages-IPC RT	\$ 60,000	\$ 24,061	\$ -	\$ 84,061
00295865-9320-50544	Printing & Binding-IPC RT	\$ 10,000	\$ 31,613	\$ -	\$ 41,613

Finance Office Use Only

Finance Director _____ Health Director _____ Chairman of Cabarrus Health Alliance _____
 Approved/Denied Date _____ Approved/Denied Date _____ Approved/Denied Date _____

CABARRUS HEALTH ALLIANCE

Budget Revision/Amendment Request

#8

Date: 4/13/2021

Amount: \$ _____ -

Type of Adjustment:

Health Director: Dr. Bonnie Coyle

Internal Transfer Within Program

Purpose of Request: To align budget with actuals for CC4C.

Transfer Between Programs

Supplemental Request

Account	Account Name	Present Approved Budget	Increase	Decrease	Revised Budget Amount
00295832-9611-53180	Mileage-CC4C	\$ 3,000	\$ -	\$ 2,500	\$ 500
00295832-9635-53180	Training & Education - CC4C	\$ 6,000	\$ -	\$ 1,250	\$ 4,750
00295832-9420-53180	Telecommunications-CC4C	\$ 6,696	\$ -	\$ 1,000	\$ 5,696
00295832-9301-53180	Office Supplies-CC4C	\$ 1,000	\$ 250	\$ -	\$ 1,250
00295832-9331-53180	Minor Office Equip-CC4C	\$ 900	\$ 4,500	\$ -	\$ 5,400

Finance Office Use Only

Finance Director _____ Health Director _____ Chairman of Cabarrus Health Alliance _____
 Approved/Denied Date _____ Approved/Denied Date _____ Approved/Denied Date _____

CABARRUS HEALTH ALLIANCE

Budget Revision/Amendment Request

#9

Date: 4/13/2021

Amount: \$ (2,959)

Type of Adjustment:

Health Director: Dr. Bonnie Coyle

Internal Transfer Within Program

Purpose of Request: To align budget with actuals for the Pregnancy Care Management Program.

Transfer Between Programs

Supplemental Request

Account	Account Name	Present Approved Budget	Increase	Decrease	Revised Budget Amount
00295832-9635-51070	Training & Ed-PCM	\$ 5,030	\$ -	\$ 2,564	\$ 2,466
00295832-9611-51070	Mileage - PCM	\$ 3,000	\$ -	\$ 2,000	\$ 1,000
00295832-9320-51070	Printing & Binding - PCM	\$ 386	\$ -	\$ 286	\$ 100
00295832-9301-51070	Office Supplies - PCM	\$ 900	\$ 100	\$ -	\$ 1,000
00295832-9331-51070	Minor Office Equip & Furn- PCM	\$ 1,250	\$ 4,750	\$ -	\$ 6,000
00265832-6200-51070	CHA Grant - PCM	\$ 46,667	\$ -	\$ 2,959	\$ 43,708
00295832-9109-51070	Salary Adjustments-PCM	\$ 8,063	\$ -	\$ 2,959	\$ 5,104

Finance Office Use Only

Finance Director _____ Health Director _____ Chairman of Cabarrus Health Alliance _____
 Approved/Denied Date _____ Approved/Denied Date _____ Approved/Denied Date _____

CABARRUS HEALTH ALLIANCE

Budget Revision/Amendment Request

#10

Date: 4/13/2021

Amount: \$ _____ -

Type of Adjustment:

Health Director: Dr. Bonnie Coyle

Internal Transfer Within Program

Purpose of Request: To align budget with actuals for the TPPI Grant.

Transfer Between Programs

Supplemental Request

Account	Account Name	Present Approved Budget	Increase	Decrease	Revised Budget Amount
00295845-9355-50158	Other Operation Costs-TPPI	\$ 6,484	\$ 5,100	\$ -	\$ 11,584
00295845-9447-50158	Contracted Services-TPPI	\$ 3,000	\$ -	\$ 3,000	\$ -
00295845-9635-50158	Training & Education - TPPI	\$ 2,100	\$ -	\$ 2,100	\$ -

Finance Office Use Only

Finance Director _____ Health Director _____ Chairman of Cabarrus Health Alliance _____
 Approved/Denied Date _____ Approved/Denied Date _____ Approved/Denied Date _____

CABARRUS HEALTH ALLIANCE

Budget Revision/Amendment Request

#11

Date: 4/13/2021

Amount: \$ _____ -

Type of Adjustment:

Health Director: Dr. Bonnie Coyle

Internal Transfer Within Program

Purpose of Request: To align budget with actuals for the Innovative Approaches Grant.

Transfer Between Programs

Supplemental Request

Account	Account Name	Present Approved Budget	Increase	Decrease	Revised Budget Amount
00295832-9331-50846	MinorOfficeEquip-InnovApproach	\$ -	\$ 286	\$ -	\$ 286
00295832-9356-50846	SpProgSup-InnovApproach	\$ 3,640	\$ 2,164	\$ -	\$ 5,804
00295832-9325-50846	Postage-InnovApproach	\$ -	\$ 279	\$ -	\$ 279
00295832-9301-50846	Office Supplies-InnovApproach	\$ 480	\$ -	\$ 474	\$ 6
00295832-9335-50846	Food-InnovApproach	\$ 2,255	\$ -	\$ 2,255	\$ -

Finance Office Use Only

Finance Director _____ Health Director _____ Chairman of Cabarrus Health Alliance _____
 Approved/Denied Date _____ Approved/Denied Date _____ Approved/Denied Date _____

CABARRUS HEALTH ALLIANCE

Budget Revision/Amendment Request

#12

Date: 4/13/2021

Amount: \$ 45,507

Type of Adjustment:

Health Director: Dr. Bonnie Coyle

Internal Transfer Within Program

Purpose of Request: To budget for Food and Lodging Agreement Addendum and the AFDO

Transfer Between Programs

Managed Retail Program Standards Grant Program.

Supplemental Request

Account	Account Name	Present Approved Budget	Increase	Decrease	Revised Budget Amount
00265805-6200-47520	CHA Grant - Food & Lodging	\$ 5,000	\$ 42,511	\$ -	\$ 47,511
00265805-6345-47520	Association of Food and Drug Office	\$ -	\$ 2,996	\$ -	\$ 2,996
00295805-9331-47520	Minor Office Equipment & Furn	\$ 6,478	\$ 10,507	\$ -	\$ 16,985
00295805-9860-47520	Equipment & Furniture	\$ -	\$ 35,000	\$ -	\$ 35,000

Finance Office Use Only

Finance Director _____ Health Director _____ Chairman of Cabarrus Health Alliance _____
 Approved/Denied Date _____ Approved/Denied Date _____ Approved/Denied Date _____

CABARRUS HEALTH ALLIANCE

Budget Revision/Amendment Request

#13

Date: 4/13/2021

Amount: \$ 250,000

Type of Adjustment:

Health Director: Dr. Bonnie Coyle

Internal Transfer Within Program

Purpose of Request: To budget for COVID funding received from Cabarrus County.

Transfer Between Programs

Supplemental Request

Account	Account Name	Present Approved Budget	Increase	Decrease	Revised Budget Amount
00265865-6904-509	Contribution from Cabarrus Cty	\$ 756,571	\$ 250,000	\$ -	\$ 1,006,571
00295865-9101-509	Salaries & Wages-CRC	\$ 478,860	\$ 158,024	\$ -	\$ 636,884
00295865-9102-509	Part Time > 1000 Hrs-CRC	\$ 95,019	\$ 31,687	\$ -	\$ 126,706
00295865-9103-509	Part Time < 1000 Hrs-CRC	\$ 1,344	\$ 444	\$ -	\$ 1,788
00295865-9104-509	Temp - Part & Full Time-CRC	\$ 7,185	\$ 2,371	\$ -	\$ 9,556
00295865-9201-509	Social Security-CRC	\$ 34,318	\$ 11,325	\$ -	\$ 45,643
00295865-9202-509	Medicare-CRC	\$ 8,102	\$ 2,674	\$ -	\$ 10,776
00295865-9205-509	Group Hospital Ins-CRC	\$ 53,413	\$ 17,626	\$ -	\$ 71,039
00295865-9206-509	HRA-CRC	\$ 11,158	\$ 3,682	\$ -	\$ 14,840
00295865-9210-509	Retirement-CRC	\$ 53,933	\$ 17,798	\$ -	\$ 71,731
00295865-9211-509	401K Match-CRC	\$ 3,294	\$ 1,087	\$ -	\$ 4,381
00295865-9230-509	Workers' Comp-CRC	\$ 1,609	\$ 531	\$ -	\$ 2,140
00295865-9640-509	Insurance & Bonds-CRC	\$ 6,984	\$ 2,305	\$ -	\$ 9,289
00295865-9659-509	Unemployment Comp-CRC	\$ 1,350	\$ 446	\$ -	\$ 1,796

Finance Office Use Only

Finance Director _____ Health Director _____ Chairman of Cabarrus Health Alliance _____
 Approved/Denied Date _____ Approved/Denied Date _____ Approved/Denied Date _____

CABARRUS HEALTH ALLIANCE

Budget Revision/Amendment Request

#14

Date: 4/13/2021

Amount: \$ 1,026

Type of Adjustment:

Health Director: Dr. Bonnie Coyle

Internal Transfer Within Program

Purpose of Request: To align budget with actuals for General Administration.

Transfer Between Programs

Supplemental Request

Account	Account Name	Present Approved Budget	Increase	Decrease	Revised Budget Amount
00265815-6701-41100	Interest on Investments	\$ 5,000	\$ -	\$ 1,000	\$ 4,000
00265815-6803-41100	Miscellaneous Revenue	\$ 10,000	\$ 2,126	\$ -	\$ 12,126
00265815-6806-41100	Sale of Assets-Gen Ad	\$ 150	\$ -	\$ 100	\$ 50
00295815-9611-41100	Mileage-Administration	\$ 550	\$ 50	\$ -	\$ 600
00295815-9320-41100	Printing & Binding-Admin	\$ 350	\$ 150	\$ -	\$ 500
00295815-9699-41100	Recruitment	\$ 1,332	\$ 750	\$ -	\$ 2,082
00295815-9306-41100	Employee Recognition-Admin Aid	\$ 6,790	\$ 900	\$ -	\$ 7,690
00295815-9104-41100	Temporary - Part & Full Admin	\$ 2,000	\$ -	\$ 824	\$ 1,176

Finance Office Use Only

Finance Director _____ Health Director _____ Chairman of Cabarrus Health Alliance _____
 Approved/Denied Date _____ Approved/Denied Date _____ Approved/Denied Date _____



CABARRUS
HEALTH
ALLIANCE

Cabarrus Health Alliance Board Meeting Agenda Form

Meeting Date: April 13, 2021

Name of Item: Annual Finance Policy Review

Submitted by: Sue Yates

Expected Length of Presentation: 5 minutes

Brief Summary:

Policies are reviewed at least annually for accreditation purposes and revisions are made when necessary.

Requested Action:

To approve the following reviewed (no changes) policies:

- Reserve Policy
- Public Health & Primary Care Services Eligibility Policy
- Dental Clinic Fee Policy
- Public Health Primary Care Services Debt Management Policy
- Dental Clinic Debt Management Policy

Previous Action/Discussion on this item? If yes, explain

Yes - The reviewed policies were approved at a prior Board Meeting(s).

Items reviewed by:

Sue Yates, Chief Finance Officer
Kathy Hartsell, Financial Project Manager

SUBJECT: RESERVE POLICY

EFFECTIVE DATE: August 12, 2008

REVISION DATE(S): July 26, 2010; December 31, 2012

DATE OF LAST REVIEW: July 22, 2009; July 26, 2010; December 8, 2011;
December 31, 2012; February 28, 2014; April 24, 2015;
May 2, 2016; May 9, 2017; April 25, 2018; March 14,
2019; April 28, 2020; March 24, 2021

POLICY STATEMENT: The Public Health Authority of Cabarrus County dba Cabarrus Health Alliance shall maintain an appropriate reserve in the fund balance to meet state statutes and sustain operations during unanticipated emergencies and disasters.

General

In accordance with state statute, appropriated fund balance in any fund will not exceed the sum of cash and investments minus the sum of liabilities, encumbrances, and deferred revenues arising from cash receipts.

Cabarrus Health Alliance will maintain an undesignated fund balance that exceeds eight percent (8%) of general fund expenditures in accordance with the North Carolina Local Government Commission's (LGC) recommendation. Based on historical cash flow analysis, Cabarrus Health Alliance shall maintain a target goal of fifteen percent (15%) of general fund expenditures. These funds will be used to avoid cash-flow interruptions, generate interest income, sustain operations during unanticipated emergencies and disasters and/or initiate new programs.

Cabarrus Health Alliance Board Chairman

Date

**SUBJECT: PUBLIC HEALTH & PRIMARY CARE SERVICES
ELIGIBILITY POLICY**

EFFECTIVE DATE: July 1999

REVISION DATE(S): June 2000; September 2002; January 2004; August 2006;
November 13, 2007; June 17, 2008; July 30, 2009; July 26, 2010;
December 20, 2011; January 30, 2013; June 10, 2013; September 27,
2013; September 26, 2014; April 6, 2016; May 9, 2017; April 18, 2018;
March 11, 2019; April 30, 2020

DATE OF LAST REVIEW: June 2000; September 2002; January 2004; August 2006; November 13,
2007; June 17, 2008; July 30, 2009; July 26, 2010; December 20, 2011;
January 30, 2013; June 10, 2013; September 27, 2013; September 26,
2014; December 30, 2015; April 6, 2016; May 9, 2017; April 18, 2018;
March 11, 2019; April 30, 2020; March 24, 2021

POLICY STATEMENT: The purpose of this policy is to determine the financial and residency requirements for patients requesting services from the Public Health Authority of Cabarrus County dba Cabarrus Health Alliance (CHA). This policy covers all public health services, pediatric primary care services and extensive maternal health services. The guidelines for the NC Department of Health & Human Services Purchase of Medical Care Services Payment Programs **are not** part of this policy. Those guidelines can be found online at <https://publichealth.nc.gov/lhd/pomcs.htm>. The WIC program has specific eligibility guidelines, which are partially incorporated in this policy. The complete WIC eligibility guidelines are documented in the NC WIC Interim Program Manual, which can be found online at <http://www.nutritionnc.com/wic/crossroads.htm>. Eligibility guidelines for dental health services are not part of this policy.

CHA shall assure that no person, on the grounds of race, color, age, religion, sex, marital status, immigration status, national origin or otherwise qualified handicapped individual, solely by reason of his/her handicap (unless otherwise medically indicated), be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity.

1. FINANCIAL REQUIREMENTS:

The following public health programs: Family Planning, Maternal Health and Child Health, are mandated to see patients at 100% of poverty and below, and Medicaid patients. Primary care services not covered by state and/or federal grant funds will have fees and copays assessed.

CHA will see patients for all public health services, regardless of income status, except for WIC.(1) Applicants are eligible for WIC if their gross family income is no more than 185% of the Federal Poverty

(1) Patients who have HMO and/or PPO insurance will be encouraged, but cannot be required, to see their primary care physician for public health services.

Income Guidelines. The income scales for public health services will be updated according to state guidelines (usually annually) per program, and patients will be placed on the sliding scale according to their income and family size. The Family Planning Program utilizes the 101-250% sliding fee scale. The Maternal Health and Child Health Programs utilize the 100-200% sliding fee scale. The Breast and Cervical Cancer Program utilizes the recommended program's poverty level scale. Charges for Primary Care services **will not** be adjusted on a sliding scale. Patients who receive only primary care services, regardless of income, will be charged in full; therefore, income will not be assessed. Patients who have an HMO or PPO insurance plan listing another agency as their primary care provider and are requesting primary care services from CHA will be referred to their primary care physician for services.

2. RESIDENCY REQUIREMENTS:

Public Health:

Due to Federal/State program rules, patients who apply for Family Planning, STD, and Immunization public health program services must be seen regardless of income or residency status. Only NC residents may apply for the NC WIC program. Persons requesting program services are not required to apply for Medicaid.

Maternity services will be available for individuals who choose CHA. CHA will give priority to Cabarrus County or Kannapolis City residents and the Clinic Director or designee can deny or restrict services to out of county residents based on demand for services, capacity and caseload of clinic. The Clinic Director or designee must approve any exceptions for clients requesting services in the Maternal Health Clinic. Patients may be seen in the Maternal Health Clinic if they have current Carolina Access III from a county with a Carolina Access contract (Rowan, Stanly, Mecklenburg) (this does not include Presumptive Medicaid). Members with one of our contracted health plans can be seen in Maternal Health regardless of county due to contract guidelines.

Child Health and Pediatric Primary Care services will be available for individuals who choose CHA from birth to age 21. CHA will give priority to Cabarrus County or Kannapolis City residents and the Clinic Director or designee can deny or restrict services to out of county residents at any time based on demand for services, capacity and caseload of clinic. The Clinic Director or designee must approve any exceptions for clients requesting services. Patients will be seen for Child Health or Pediatric Primary Care if they have current Carolina Access III from a county with a Carolina Access contract (Rowan, Stanly, Mecklenburg) (this does not include Presumptive Medicaid). Members with one of our contracted health plans will be seen regardless of county due to contract guidelines. Established Child Health patients no longer residing in county will be seen regardless of payor source if they choose.

Proof of Residency:

Proof of residency (with patient's name, parent or guardian if minor) will be required at time of eligibility process for Child Health and/or Maternal Health services. Patients and or additional family members may be requested to provide proof of residency. The following sources may be used:

- Current utility bill (current – within past two months) with their name and address (bills printed off the internet are not acceptable); or
- Driver's license; or
- Official ID issued by NCDMV; or

- Current rent receipt or rental agreement on official company form with address (current – within past two months); or
- Official Cabarrus County school enrollment/registration form with child(ren)'s address; or
- Matricula Consular may be used for proof of address
- DSS correspondence

3. ASSESSMENT OF FAMILY SIZE & INCOME:

Determining family size (economic unit):

To use the Poverty Income Guidelines, the family size must be calculated. A family is defined as a group of related or non-related individuals who are living together as one economic unit. Individuals are considered members of a single family or economic unit when their production of income and consumption of goods are related.

A key rule to apply to all participants, including minors, is that an economic unit must have its own source of income. For example, a pregnant teenager with no income must be considered part of a larger economic unit that provides her support. Also, groups of individuals living in the same house with other individuals may be considered a separate economic unit. For example, two sisters and their respective children who live in the same house are separate economic units if each sister supports herself and her children.

If an unemancipated minor, (2) requesting Family Planning services, does not request confidential contact, the parents' income and insurance information should be taken if a parent is available to provide this information. If a parent is not available, the patient is considered a family of one and only her income is assessed.

Any participant requesting confidential services should be treated as a "family of one" and considered on the basis of the patient's resources alone.

A pregnant woman is counted as two in determining family size for the maternal health program. This increased family size may be used to certify her or any other categorically eligible family members. If multiple births are expected, family size should be increased by the number of expected births. Proof of multiple births is not required.

In some cases, counting a fetus in determining family size conflicts with the client's cultural, religious, or personal beliefs. In these situations, this policy can be waived and the family size would not be increased.

Other examples of economic units are:

- a foster child assigned by DSS is a family of one with income considered to be that paid to the foster parent for support of the child. A foster child cannot confer adjunct income eligibility on family members.
- a student maintaining a separate residence and receiving most of her/his support from her/his parents or guardians may be counted as a dependent of the family or be considered a family

(2) Unemancipated minor – A minor, (under the age of 18), who *is* under a parent or guardian's care and responsibility. A minor, who is married and living with his/her spouse, is not an unemancipated minor.

of one according to the income of the student for the family planning program because this group is extremely high-risk for unintended pregnancy. A self-supporting student maintaining a separate residence would be a separate economic unit.

- an individual or family in an institution is considered a separate economic unit. For example, if a mother and her children were staying in a shelter for battered women, the income of the other residents is not included.

Determining Income:

In determining income, it is important to remember that a person's income must be counted if he/she is counted as a family member.

Income information reported during the financial eligibility screening for one program can be used for other programs offered in the agency, rather than to re-verify income or rely solely on the client's self-report.

When necessary to determine income, telephone confirmation of past employment termination dates may be required for clients stating they are no longer employed or recent job termination. The Employment Security Commission and other databases may be used to verify income of applicants or members of their household unit. We reserve the right to verify by telephone any information needed to help in determining eligibility such as employment, verification of household members and income information without compromising confidentiality for those that seek confidential services. Medical release and assignment of benefits form will be given to patients to sign when presenting for services.

Documentation of Income:

Documentation of income will not be required for mandated services such as Sexually Transmitted Diseases, Tuberculosis, Communicable Diseases and Immunizations.

Documentation of income is required for all sliding fee scale services. Family planning clients must be informed of the need to bring income information at time of eligibility appointment. If a Family Planning Client does not provide proof of income information, they will be charged full fee for any service rendered. Gross income shall be used in fee determinations and shall be defined as the combined cash income received by the economic unit (all members in household contributing to the family unit) from the following sources listed in this section.

An applicant will be required and told to bring income/address information on the date of service or they will be certified at 100% on the sliding scale fee and expected to pay at time of services. (3) Applicants have the option to be rescheduled if not able to bring in proof of income. Eligibility will not be retroactive if income information is brought in at a later date for all programs. All patients must present their health insurance or Medicaid card at each visit and those who receive Medicaid may be exempt from income eligibility determinations for some services.

(3) If a patient refuses to be certified or does not bring appropriate information to complete certification, this will be noted in our patient management system for documentation of refusal/lack of appropriate information.

SOURCES OF INCOME:

Income from the following sources should be counted:

- Salaries, wages, overtime pay, commissions, fees, tips
- Earnings from self-employment
- Interest earned on investments
- Periodic trust fund payments
- Public assistance money
- Unemployment compensation
- Alimony payments
- Child support payments (cannot consider as income for Family Planning)
- Military allotments
- Social Security benefits
- Veteran's Administration benefits
- Retirement and pension payments
- Worker's Compensation
- Educational stipends in excess of the cost of tuition and books
- Income tax refunds (annual – not quarterly)
- Allowances paid for basic living expenses
- Regular contributions from individuals not living in the household
- All other sources of cash income except those specifically excluded
- Supplementary Security Income (SSI) benefits
- Prize winnings
- Bank statements (only use for SSI benefits)
- Cash earnings, contributions received
- Disability
- Dividends

Income from the following should not be counted:

- Irregular income that a child earns from babysitting, lawn mowing, or other tasks
- Proceeds from the sale of an asset
- Withdrawals from a bank account
- Gifts
- Inheritances
- Life insurance proceeds or one time settlements
- Military housing benefits (on base or off)
- Payments under the Low Income Energy Assistance Act
- Assistance to child or families for Free Lunch and Food Stamps
- Payments received under the Job Training Partnership Act
- Payments to volunteers under Title I (VISTA) and Title II (RSVP, foster grandparents and others) of the Domestic Volunteer Service Act of 1973

TIME FRAME:

To determine gross income, agency staff should consider the income of the family for the past 12 months, the family's current income or the family's income from the past six months; whichever best reflects the

family’s status. Current income is defined as the income received by the household during the month (4.3 weeks) prior to application. The six month formula must be used to determine eligibility of unemployed persons. Income will be determined six months back and six months forward to total 12 months. There may be other sources of income to consider from the prior months (e.g., unemployment compensation, and child support) in determining income.

Following are some examples in which annual income must be used rather than the six month formula:

- self-employed persons, including any business or seasonally employed persons whose income fluctuates throughout the year.
- patients that provide services or goods for cash would be considered self-employed and would need to provide proof of current taxes.
- a family member on temporary leave of absence (maternal, paternal, family leave, or extended vacation).
- teachers paid on a 10-month basis, who are temporarily on leave during the summer months.

COMPUTING INCOME:

To determine annual or monthly income when you have hourly wages, weekly wages, or bi-weekly wages, use the following approach.

(hourly wage)	x	(hours worked/ weekly)	x	(52)	=	(Annual Income)
(hourly wage)	x	(hours worked/ biweekly)	x	(26)	=	(Annual Income)
(hourly wage)	x	(hours worked/ bimonthly)	x	(24)	=	(Annual Income)
(hourly wage)	x	(hours worked/ weekly)	x	(4.3)	=	(Average Monthly Income)
(hourly wage)	x	(hours worked/ biweekly)	x	(2.15)	=	(Average Monthly Income)
(hourly wage)	x	(hours worked/ bimonthly)	x	(2)	=	(Average Monthly Income)

To convert net income to gross income multiply by 1.25. Multiply gross income by .25 and deduct amount to obtain net income.

When computing income, amounts will not be rounded until data is entered in the computer system.

ZERO INCOME:

If the applicant reports zero or very little income, the application must include an explanation of what the family is actually living on. In most cases, a statement of zero income would be acceptable only when the applicant lives on income from sources not counted (see Source of Income List).

Applicant’s reporting no income must have a Third-Party Confirmation Letter completed by a reliable third party knowledgeable of the applicant’s family income. Reliable third parties are limited to staff of a social service agency, church, relief organization, shelter, legal aid society, school counselor or nurse. Relatives of the applicant or members of the economic unit or CHA employees cannot be third party verifiers. The Third-Party Confirmation Letter must be signed, dated, include a telephone number and on official letterhead. This letter will be scanned into the patient management system.

When necessary to determine income, telephone confirmation of past employment termination dates may be required for clients stating no employment or recent job termination.

INSURANCE:

The patient management system should include the following information about the patient’s health insurance coverage:

- Insurance company name
- Policy number
- Insurance company address and telephone number
- Whether or not the patient is covered by the policy
- Whether or not the coverage is an HMO or prepaid plan
- Any known waiting period requirements or benefits exclusions
- Whether or not there are any out-of-network benefits with their HMO plan

The accompanying parent/guardian of an unemancipated minor or a patient requesting confidential services with appropriate insurance benefits for requested public health services would be given the opportunity to choose whether or not to have the insurance filed. This is to avoid breaching the patient’s confidentiality in the home via notification from insurance company (EOB) of services received at CHA. The insured party may not be aware of the patient’s request for services.

Patients who receive public health services, will be certified and placed on the sliding scale fee and charged accordingly for services not covered by their insurance with the exception of any applicable copays. Copays are the patients’ responsibility and will not be placed on the sliding scale fee. (4)(5)

Patients who have an HMO or PPO insurance plan listing another agency as their primary care provider and are requesting primary care services from CHA will be referred to their assigned primary care physician for services.

VERIFICATION OF INCOME:

An applicant’s reported income can be verified several ways by looking at the applicant’s:

- W-2 Form (if represents total income)
- Income Tax Form (If annual income is used they must be validated by a stamp of the tax preparer or an email confirmation for an on-line verification if prepared electronically.)
- Earnings Statement (pay stub)

An applicant’s income will be reported in our patient management system for public health services.

An Income Statement should be completed at the annual income screening, or whenever a change has occurred in the income status of the family/household unit. This statement also includes an authorization giving CHA the right to verify this information. The eligibility screening will be good for one year unless there has been a change in the income status and confirmation will be required at each visit.

Since program services are based upon current federal poverty income guidelines anyone found giving

(4) Patients who request public health services and have an HMO or PPO insurance plan listing another agency as their primary care provider will be encouraged, but cannot be required, to see their primary care provider for services. The patient will be given the opportunity to choose to have their income assessed to determine charges or to see their primary care physician; however the patient will not be refused services. Patients are responsible for any visit copays.

(5) All charges (deductible, denied amounts, etc.) will be billed to the client at their eligibility percentage rate for that program service.

false information will be recertified for services and changes noted on eligibility worksheet. If the eligibility is completed electronically, then the patient will sign the income statement at the time eligibility is completed or at their first appointment. If the eligibility is completed in person, then the income statement will be signed at the time of the eligibility appointment. This will be signed by the interviewer as well. The Income Statement will become part of the patient record in our patient management system.

Cabarrus Health Alliance Board Chairman

Date

SUBJECT: DENTAL CLINIC FEE POLICY

EFFECTIVE DATE: July 1999

REVISION DATE(S): June 2000; September 2002; January 2004; November 2006; November 13, 2007; June 17, 2008; July 26, 2010; December 20, 2011; February 28, 2014; May 9, 2017; May 25, 2018; April 25, 2019; April 30, 2020

DATE OF LAST REVIEW: June 2000; September 2002; January 2004; November 2006; November 13, 2007; June 17, 2008; July 30, 2009; July 26, 2010; December 20, 2011; January 14, 2013; February 28, 2014; September 29, 2014; December 30, 2015; December 30, 2016; May 9, 2017; April 18, 2018; May 25, 2018; April 25, 2019; April 30, 2020; March 24, 2021

POLICY STATEMENT: This policy is being written to define and implement charges for dental services rendered by the Public Health Authority of Cabarrus County dba Cabarrus Health Alliance (CHA). This dental policy applies to dental services only. This policy may be revised at any time if necessary and will be reviewed at least annually.

Fees for CHA services are authorized in accordance with a plan recommended by the CHA Board when they are not otherwise prohibited by law.

1. FEES

- 1.1. A master list of charges for all services rendered will be updated as needed and no less than annually. The Board can request to review these charges at any time according to board policy. (1)
- 1.2. Fees will be determined by studying the cost of providing the service and also a Geographic Adjustment Factor (GAF) and/or Customized Fee Analyzer may be used to determine charges.

2. SLIDING FEE SCALES

- 2.1. Sliding fee scales received from the state will be utilized for the public health programs supported by state/federal dollars. Assessment of family size and income (according to guidelines from the Cabarrus Health Alliance Dental eligibility policy) will be applied to determine individual's charges.
- 2.2. Patients will be placed on the Sliding Fee Schedule from 40% to 100%. The following patients will automatically be considered for 40% on the sliding fee scale:

(1) See CHA Corporate Resolution, Section No. Admin. 015, Subject: Fee Policy, change approved by CHA Board 05/16/00.

- Patients with a current CCP card
- Participants of the Cabarrus County Lunch+ Clubs with proof of participation
- Participants of the Kannapolis YMCA Senior Program with proof of participation

2.3. **The mobile dental unit will provide services at a 40% fee to patients at sites that have been identified as high risk for poor oral health through the dental outreach program.** Metrics include:

- Majority of group at site is a minority
- Located in food desert
- Districted to Title I school
- Last time to a dentist for preventive dental services
- Last time to a dentist for emergency dental services
- Has primary care physician
- Has moved x amount of times in last year (residential mobility)
- (Un)employment in adults in household
- Number of dependents in household
- Number of single parent families
- Number of English speaking adults in household
- Physical issues (pain, swelling, pregnant, comorbidities, tobacco use)

3. PROGRAM SERVICES

3.1. When a client has been assessed according to eligibility guidelines for public health program services, the following NC Administrative Code requirements will be followed:

- 3.1.1. No one will be denied services based solely on the **inability** to pay. (2)
- 3.1.2. Patient charges must be assessed upon family size and income (use of a sliding fee scale), if state/federal dollars are budgeted to support the program.
- 3.1.3. No fee can be imposed on persons or their families whose income falls below the 100% federal poverty level if state/federal dollars are budgeted to support the program.
- 3.1.4. There shall be no minimum fee requirement or surcharge that is indiscriminately applied to all patients.
- 3.1.5. Donations can be accepted from any patient regardless of income status as long as they are voluntary. There cannot be any “schedule of donations”,

(2) The inability to pay is defined as a 0% assessed eligible client with no third party payer.

bills for donations, or implied or overt coercion. Approved policy billing requirements are not waived because of client donations.

- 3.1.6. CHA must continue to use an acceptable accounts receivable system which reflects total charge, adjustment, balance, and amount collected. The system of choice must balance.
- 3.1.7. Encounter forms will be completed by providers at the time of a visit. This is an estimation for the services received for that day. In the event a procedure was omitted that was performed, the appropriate party will be billed.

Account collections and bad debt write-off activities are addressed in the CHA Debt Management Policy.

Cabarrus Health Alliance Board Chairman

Date

**SUBJECT: PUBLIC HEALTH & PRIMARY CARE SERVICES
DEBT MANAGEMENT POLICY****EFFECTIVE DATE:** July 1999**REVISION DATE(S):** February 2000; June 2000; September 2002; January 2004;
August 2006; November 13, 2007; June 17, 2008; July 30, 2009;
July 26, 2010; September 13, 2011; January 30, 2013; September
26, 2014; April 6, 2016; December 30, 2016; December 30, 2017;
May 18, 2018; April 30, 2020**DATE OF LAST REVIEW:** February 2000; June 2000; September 2002; January 2004;
August 2006; November 13, 2007; June 17, 2008; July 30, 2009;
July 26, 2010; September 13, 2011; January 30, 2013; September
27, 2013; September 26, 2014; December 30, 2015; April 6, 2016;
December 30, 2016; December 30, 2017; May 18, 2018; April 30,
2020; March 24, 2021**POLICY STATEMENT:** To implement policies and procedures ensuring collection of debts by providing necessary follow-up actions on delinquent debts resulting from billings initiated by the Public Health Authority of Cabarrus County dba Cabarrus Health Alliance (CHA).

Debt management follows a logical path or series of events, beginning from the time the service is provided to the point when it is determined that a debt is uncollectible and should be written off.

All staff members involved in fee services shall consistently follow the established guidelines for fee collection through the policy and procedure statements addressed in this document, and shall hold all client information confidential.

1. FEE COLLECTION

- 1.1. At the time of services are received, the patient will be informed of the cost of the service for that visit and of the balance of their account. Payment is due and expected at the time services are rendered. Fees may be paid by cash, check, money order, credit card, debit card or on-line payments. An itemized receipt will be provided to individuals at time of payment showing charges less any allowable discounts. Medicaid and third party payment plans will be billed showing total charges without applying any discount. However, all chargeable fees are the responsibility of the patient. Clients presenting with third party insurance coverage where co-payments are required, shall be subject to collection of the required co-payment at the time of service. For Family Planning (Title X) clients, the co-payment must not exceed the amount they would have paid for services on a sliding scale fee. Failure to pay a charge for services when rendered constitutes a debt for collection and we will endeavor to collect the unpaid balance.
- 1.2. Each self-pay family planning client including zero pay clients will be given a receipt showing the total charges for their services, the discounted amount due to where they fall on the sliding fee scale, any amount paid on the account and the outstanding balance.

- 1.3. Fees will be collected prior to the provision of environmental health services unless prior authorization has been granted.
- 1.4. Any payment received at the time of visit shall be applied to current day's charges and any overage to oldest unpaid charges. Any payment received via mail shall be posted to the oldest unpaid charge unless otherwise specified by client.
- 1.5. Payment for services provided are due on the day of service, however, when the patient is unable to pay in full at the time services are rendered; a receipt will be issued for partial payment. A patient may discuss, establish, and sign a payment plan with agency personnel. **When a patient requests "confidential contact" status,** discussion of payment of outstanding debts shall occur at the time service is rendered. No statements will be mailed. Client is reminded every visit of their account balance and their responsibility for the balance.
- 1.6. If the debtor doesn't pay on the service date or has a balance over \$200.00 a legally enforceable written payment agreement may be obtained from and signed by the debtor that specifies all of the terms of the installment arrangement and contains a provision accelerating the debt payment in the event the debtor defaults. The size and frequency of the installment payments should bear a reasonable relationship to the size of the debt and the debtor's ability to pay. If possible, the installment payments should be sufficient in size and frequency to liquidate the debt in no more than one year. Medical Records staff, Supervisors, Clinic Directors, and Finance staff have the authority to discuss payment arrangements with clients. In the event the client fails to pay their debts as set forth in their installment agreement, the CHA has the ability to deny any future services to the debtor that is not statutorily required, until he/she pays the delinquent debt.
- 1.7. Clients will have 45 days to make payment of any monies received from any source that is sent directly to them as payment for services received from the CHA and also a copy of the benefits summary received from the payment source.
- 1.8. A prompt pay discount of 10% may be given if patient asks or at the discretion of the Chief Finance Officer (CFO), Accounts Receivable Supervisor or designee to reduce collection costs. Prompt pay discounts should not be applied to balances due after insurance payments, deductibles, or co-pays. Payments must be made within thirty (30) days of the patient's being informed of the discount offer.

2. SERVICE DENIALS OR APPOINTMENT RESTRICTIONS

- 2.1. Service denials or appointment restrictions will be applied to patients who do not make a "good faith effort" (1) to pay unless restricted by State or Federal regulations. (2) Any exceptions will require approval of the Medical Director AND CFO, or their designee(s), on a case by case basis. Family Planning services will not be denied because the client has a delinquent account balance. Clients presenting for emergency services can never be denied. Patients will be encouraged to pay their balance at the time of service. Patient payment plans will be established upon need or request and monitored by the CHA

(1) Good Faith Effort – payment of 10% of total bill per month or adherence to established patient payment plan.

(2) See CHA policy for protocol regarding dismissing client from services.

financial services department. Services will not be denied until after a clinic visit during which the purpose and details of the fee system are explained. Patients with active Medicaid will not be denied or have appointment restrictions if they have outstanding balances or in debt setoff.

3. RETURN CHECK FEE

3.1. A service charge fee will be applied to a patient's ledger for a returned check. The client will be notified and the fee and check must be paid in full with cash or credit card before the client receives a future appointment unless restricted by State or Federal regulations.

4. PATIENT STATEMENTS

4.1. A patient statement will be sent monthly from the date of service reminding patient of account balances of \$3.00 or more. Patient statements will continue to be sent monthly until the balance is paid in full. Accounts, with the exception of Family Planning, will be turned over to a collection agency or collection attempt to be made by the CHA Finance Department. The patient will be given a patient service ledger for balance information at the time services are rendered.

5. COLLECTION OF UNPAID DEBTS

5.1. A Family Planning patient, with a past due account of any amount, will never be required to meet with the Health Director/Chief Executive Officer (CEO) as an attempt to collect the past due amount.

5.2. A collection attempt will be made by the CHA Finance Department on accounts that have no activity after three months. If there is no response after this attempt, outstanding accounts may either be submitted to the North Carolina Debt Setoff Collection Clearinghouse, pursuant to which qualifying debts may be automatically deducted from any State tax refund or lottery winnings that is owed or turned over to a collection agency unless restricted by State or Federal regulations. Family Planning patients will not be sent to a Collection Agency for collecting past due amounts. Family Planning patients that are confidential contacts will not be sent to the North Carolina Debt Setoff Collection Clearinghouse.

6. DEBT WRITE-OFFS

6.1. When it is determined that the debt is basically uncollectible and no activity has been reported during the preceding 12 months or if a notification of client bankruptcy or deceased status is received the account will be considered uncollectible. An itemized list of uncollectible outstanding patient balances will be prepared at least annually for the Health Director/CEO's and CFO's review and approval.

6.2. Staff members may take request to have fees waived to the Clinical Director or designee, CFO or Financial Services Supervisor or designee for patients unable to pay and do not qualify for the schedule of discounts (SFS). Fees of individuals may be waived once determination is made and if good cause is found. Documentation of waived fees must be made in the patient management system along with name of authorizing person.

6.3. The patient should never be informed that a debt has been written off with the exception of a Title X who has fees waived.

- 6.4. A patient that returns to the CHA within 60 months (5 years) after a bad debt has been determined uncollectible shall have the bad debt write-off reactivated as a prior balance and the billing process actively resumed according to the CHA Fee Policy.
- 6.5. The Accounts Receivable system shall indicate the recording of the bill as uncollectible and evidence shall be on file to document required billings. The system will also apply a consistent method of “aging” accounts.
- 6.6. Any balances less than \$1.00 will be written off when accounts are reviewed for collection letters or when bad debt write-offs are done.
- 6.7. Any balances written off for minors will not be reinstated if they return for services as an adult.

7. BANKRUPTCY

- 7.1. A legal notification must be received from the Bankruptcy Court. Once received, the patient’s account will be flagged to indicate that bankruptcy has been filed and the patient is no longer obligated for his/her outstanding debt. No further attempts will be made to collect the outstanding account. The account may be written off as an uncollectible debt. If the patient returns for services, the patient will not be responsible for any debt prior to filing bankruptcy.

8. REFUNDS

- 8.1. Refunds on patients’ accounts will be processed for amounts exceeding \$1.00 by the Finance Department unless otherwise requested by patient or third party payer. Any credits found on accounts will be used when possible before refunding. Credits can be used on any account patient has responsibility for, including any previous bad debt write offs. Only credit amount will be added back to account.

9. FOSTER PARENT OBLIGATION

- 9.1. Foster parents are not responsible for any debts incurred before child was placed in their care. Any previous debts are the responsibility of parent or guardian at that time.
- 9.2. The Debt Management Policy may be revised at any time if necessary and will be reviewed at least annually. This policy does not include dental services.

Cabarrus Health Alliance Board Chairman

Date

SUBJECT: DENTAL CLINIC DEBT MANAGEMENT POLICY

EFFECTIVE DATE: January 2004

REVISION DATE(S): August 2006; January 14, 2004; November 13, 2007; June 17, 2008; June 17, 2008; July 30, 2009; July 26, 2010; January 30, 2013; February 28, 2014; September 29, 2014; December 30, 2016; December 30, 2017; May 18, 2018; April 25, 2019

DATE OF LAST REVIEW: August 2006; January 14, 2004; November 13, 2007; June 17, 2008; June 17, 2008; July 30, 2009; July 26, 2010; December 20, 2011; January 30, 2013; February 28, 2014; September 29, 2014; December 30, 2015; December 30, 2016; December 30, 2017; May 18, 2018; April 25, 2019; April 30, 2020; March 24, 2021

POLICY STATEMENT: To implement policies and procedures ensuring collection of debts by providing necessary follow-up actions on delinquent debts resulting from billings initiated by the Public Health Authority of Cabarrus County dba Cabarrus Health Alliance (CHA). This policy covers dental health services only.

Debt management follows a logical path or series of events, beginning from the time the service is provided to the point when it is determined that a debt is uncollectible and should be written off.

Fees for the CHA services are authorized in accordance with a plan recommended by the CHA Board when they are not otherwise prohibited by law.

1. FEE COLLECTION

1.1. At the time services are received, the patient will be informed of the cost of the service for that visit and of the balance of their account. Payment is due and expected at the time services are rendered. Fees may be paid by cash, check, money order, and credit card, or debit card. An itemized receipt will be provided to individuals at time of payment showing charges less any allowable discounts. Medicaid and third party payment plans will be billed showing total charges without applying any discount. However, all chargeable fees are the responsibility of the patient. Any visit co-pay amounts must be paid at the time of service and is not subject to the sliding eligibility scale. Clients will be expected to pay any applicable deductibles or co-payments. Failure to pay a charge for services when rendered constitutes a debt for collection and we will endeavor to collect the unpaid balance.

1.2. Any payment received at the time of visit shall be applied to current day's charges and any overage to oldest unpaid charges. Any payment received via mail shall be posted to the oldest unpaid charge unless otherwise specified by client.

- 1.3. Payment for services provided are due on the day of service; however, when the patient is unable to pay in full at the time services are rendered, a receipt will be issued for partial payment. A patient may discuss, establish, and sign a payment agreement with agency personnel. Client is reminded at every visit of their account balance and their responsibility for the balance.
- 1.4. If the debtor doesn't pay on the service date or has a balance over \$200.00 per patient or \$400 per family, a legally enforceable written payment agreement may be obtained from and signed by the debtor that specifies all of the terms of the installment arrangement and contains a provision accelerating the debt payment in the event the debtor defaults. The size and frequency of the installment payments should bear a reasonable relationship to the size of the debt and the debtor's ability to pay. If possible, the installment payments should be sufficient in size and frequency to liquidate the debt in no more than one year. In the event the client fails to pay their debts as set forth in their payment agreement, the CHA has the ability to restrict or deny any future services until he/she pays the delinquent debt unless they are below 100% of federal poverty level and we cannot refuse to provide services if they are unable to pay.
- 1.5. Clients will have 45 days to make payment of any monies received from any source that is sent directly to them as payment for dental services received from CHA and also a copy of the benefits summary received from the payment source.

2. DISCOUNTS

- 2.1. A prompt pay discount of 10% may be given if patient asks or at the discretion of the Chief Finance Officer (CFO), Accounts Receivable Supervisor or designee to reduce collection costs. Prompt pay discounts should not be applied to balances due after insurance payments, deductibles, or co-pays. Payments must be made within thirty (30) days of the patient's being informed of the discount offer.
- 2.2. Employee discounts will be given on CHA dental services. This also includes family members of the employee that are immediate family members living in the same household. Employees/Family will receive either a 20% discount or the sliding fee scale discount whichever is more beneficial to the employee but not both discounts. Discount will be applied after any insurance payments are made.

3. SERVICE DENIALS OR APPOINTMENT RESTRICTIONS

- 3.1. Service denials or appointment restrictions will be applied to patients who do not make a "good faith effort" (1) to pay unless restricted by State or Federal regulations. (2) Emergency services can never be denied. Patients will be encouraged to pay their balance at the time of service. Patient payment plans will be established upon need or request and monitored by the CHA financial services department. Services will not be denied until after a clinic visit during which the

(1) Good Faith Effort – payment of 10% of total bill per month or adherence to established patient payment plan.

(2) See CHA policy for protocol regarding dismissing client from services.

purpose and details of the fee system are explained. Patients with active Medicaid will not be denied or have appointment restrictions if they have outstanding balances or in debt setoff. The Dental Director or designee makes the final decision regarding service limitations/denials or appointment restrictions.

4. RETURN CHECK FEE

- 4.1. A service charge fee will be applied to a patient's ledger for a returned check. The client will be notified and the fee and check must be paid in full before the client receives a future appointment unless restricted by State or Federal regulations. Only the Dental Director or designee can determine exemption from paying these charges prior to having an appointment scheduled if the patient's health or situation warrants otherwise.

5. PATIENT STATEMENTS

- 5.1. A patient statement will be sent monthly from the date of service reminding patient of their account balance.

6. COLLECTION OF UNPAID DEBTS

- 6.1. Collection attempt will be made by the CHA Finance Department on accounts that have no activity after three months. If there is no response after this attempt, outstanding accounts may either be submitted to the North Carolina Debt Setoff Collection Clearinghouse, pursuant to which qualifying debts may be automatically deducted from any State tax refund or lottery winnings that is owed or turned over to a collection agency unless restricted by State or Federal regulations or debt write offs.

7. DEBT WRITE-OFFS

- 7.1. When it is determined that the debt is basically uncollectible and no activity has been reported during the preceding 12 months or if a notification of client bankruptcy or deceased status is received the account will be considered uncollectible. An itemized list of uncollectible outstanding patient balances will be prepared at least annually for the Health Director/Chief Executive Officer (CEO) and CFO's review and approval.
- 7.2. Staff members may take request to have fee waived to the Dental Director or designee, CFO or Financial Services Supervisor or designee for patients unable to pay and do not qualify for the schedule of discounts (SFS). Fees of individuals may be waived once determination is made and if good cause is found. Documentation of waived fees must be made in the patient management system along with name of authorizing person.
- 7.3. The patient should never be informed that a debt has been written off.
- 7.4. When a patient requests to return to the Alliance within 60 months (5 years) after a bad debt has been determined uncollectible and written off, the entire balance must be reinstated and paid in full before an appointment can be made. Only the Dental Director or designee, CFO or Financial Services Supervisor can determine

exemption from payment in full. If an exemption is made the bad debt write-off will be reactivated as a prior balance and the billing process actively resumed according to the CHA Fee Policy.

- 7.5. The Accounts Receivable system shall indicate the recording of the bill as uncollectible and evidence shall be on file to document required billings. The system will also apply a consistent method of “aging” accounts.
- 7.6. Any balances less than \$1.00 will be written off when accounts are reviewed for collection letters or when bad debt write-offs are done.
- 7.7. Any balances written off for minors will not be reinstated if they return for services as an adult.

8. BANKRUPTCY

- 8.1. A legal notification must be received from the Bankruptcy Court. Once received, the patient’s account will be flagged to indicate that bankruptcy has been filed and the patient is no longer obligated for his/her outstanding debt. No further attempts will be made to collect the outstanding account. The account may be written off as an uncollectible debt. If the patient returns for services, the patient will not be responsible for any debt prior to filing bankruptcy.

9. REFUNDS

- 9.1. Refunds on patients’ accounts will be processed for amounts exceeding \$1.00 by the Finance Department unless otherwise requested by patient or third party payer. Any credits found on accounts will be used when possible before refunding. Credits can be used on any account patient has responsibility for, including any previous bad debt write offs. Only credit amount will be added back to account.

10. FOSTER PARENT OBLIGATION

- 10.1. Foster parents are not responsible for any debts incurred before child was placed in their care. Any previous debts are the responsibility of parent or guardian at that time.
- 10.2. The Debt Management Policy may be revised at any time if necessary and will be reviewed at least annually. This dental policy applies to dental services only.

Cabarrus Health Alliance Board Chairman

Date



CABARRUS
HEALTH
ALLIANCE

Cabarrus Health Alliance Board Meeting Agenda Form

Meeting Date: April 13, 2021

Name of Item: Change to Nepotism Policy

Submitted by: Dr. Steve Cathcart

Expected Length of Presentation: 5 minutes

Brief Summary:

The current Nepotism Policy does not allow the hiring of certain immediate family but, does not reference other immediate family members.

Requested Action:

Recommend a change to the policy that allows hiring relatives as long as they are not in their relative's direct chain of command.

Previous Action/Discussion on this item? If yes, explain

N/A

Items reviewed by:

CHA Leadership

CHA Nepotism Policy

Current

Limitation of Employment of Relatives

- (a) Members of an immediate family may not be employed at the same time. This applies to all employee and individual contractors in full-time, part-time, and internship positions.
- (b) This policy shall not be retroactive, and no action will be taken concerning those members of the same family employed in conflict with (a) above prior to the adoption of this policy.
- (c) Immediate family is defined for the purpose of this section as spouse, mother, father, guardian, children, sister, brother, grandparents, grandchildren plus the various combinations of half, step, in-law, and adopted relationships that can be derived from those named.

Proposed

Limitation of Employment of Relatives

- (a) Members of an immediate family may not be employed in a supervisor's direct chain of command. This applies to all employee and individual contractors in full-time and part-time, positions.
- (b) This policy applies to all employment actions including, but not limited to: promotions, demotions, progressive disciplinary actions, etc. Supervisors may not participate in any decisions related to family members.
- (c) The Public Health Director has sole discretion on this policy and will make the final decision for hiring of family members for leadership team members.

BYLAWS OF THE PUBLIC HEALTH AUTHORITY OF CABARRUS COUNTY

ARTICLE I.

Name, Seal and Offices

1. Name. The name of the Public Health Authority of Cabarrus County (the “Authority” or “Public Health Authority of Cabarrus County”) is set forth in the Articles of Incorporation of the Authority as the “Public Health Authority of Cabarrus County.” The Authority may also be referred to generally as “Cabarrus Health Alliance” and the Authority is authorized to file such assumed name certificates in that name in Cabarrus and Rowan Counties as may be advisable or required by law.
2. Seal. The corporate or official seal of the Authority shall consist of a circle inside of which is inscribed the name of the Authority and in the center of which shall be the established date of 1997 and the words “official seal”.
3. Offices. The principal office of the Authority shall be 300 Mooresville Road, Kannapolis, North Carolina 28081, or at such other place as the Commissioners of the Authority may from time to time provide.

ARTICLE III.

Appointment, Tenure, Resignation and Replacement of ~~Members or Directors~~the Commissioners

1. Membership.
 - (a) The members of the Authority shall be appointed as provided by the North Carolina Hospital Authorities Act, i.e. Part B of Article 2 of Chapter 131E of the General Statutes of North Carolina, as amended (the “Act”), the Articles of Incorporation of the Authority, and these Bylaws.
 - (b) There shall be nine (9) members of the ~~Commission~~commission of the Authority (the “~~Commissioners~~Commission”) and each member of the Authority shall be called a Commissioner of the Authority (a “Commissioner”).
 - (c) Commissioners shall be appointed and removed as follows:
 - (i) ~~+~~All appointments shall be for three- (3) year terms. Vacancies from resignation or removal from office shall be filled for the unexpired portion of the term. ~~No~~Except as set forth below, no Commissioner shall serve more than two (2) consecutive full or partial terms without at least a one (1) year respite between the dates of leaving the Commission and taking office for another term. The Commission may waive the term limit and/or the one (1) year respite for ~~a particular Commissioner~~one or more Commissioners and allow him or her to serve one or more additional terms upon the recommendation of the ~~Board~~ Nominating Committee and for good and specific cause shown and reflected in the meeting minutes of the Commission. These term limits shall not apply to the individuals

| serving on behalf of the Board of ~~County~~ Commissioners of Cabarrus County and Atrium Health-Cabarrus, who may (but are not required to) remain as Commissioners for so long as they serve in such capacities.

(ii) Commissioners may be removed, in accordance with Section 131E-22 of the Act, by the Chairman of the Board of Commissioners of Cabarrus County with the advice of the Commission as well as of the Board of Commissioners of Cabarrus County.

iii The Commission shall appoint a Nominating Committee to recommend individuals suitable for consideration by the Commission for future appointment to the Commission. The Nominating Committee shall be ~~made up~~ comprised of the Clerk to the Commission, at least one Commission member, and at least one other person who need not be a Commissioner. The Nominating Committee shall research and recommend at least three (3) candidates in writing for each seat on the Commission which is vacant or may be coming vacant in the near future. Such candidates shall be considered by the Commission, along with any other individuals who may be suggested by the Commission, ~~with~~ The Commission shall then approve a ~~list~~ slate of candidates, ~~which shall then approved by the Commission~~ and be provided to the Chairman of the Board of Commissioners of Cabarrus County ~~Commission~~ for appointment as provided in subparagraph 3 below.

iv (iv) Candidates for membership on the Commission shall be chosen as follows:

(1) ~~1~~ Candidates shall have significant knowledge, expertise or professional experience in the fields or businesses generally engaged in by the Authority. Due consideration shall be paid to appointing a Commission which is diverse in this regard. For example, if the member appointed by the hospital system as provided below is an infectious disease specialist, then appointing another infectious disease specialist should be avoided if possible in favor of a person with experience in, for example, mental health, or some other field in which the Authority engages which may not be otherwise then currently represented on the Commission. Multiple appointees from the same organization or affiliation should be avoided to the extent reasonably possible.

(2) ~~2~~ Due consideration shall be given to appointing a Commission which is diverse in its overall makeup with regard to gender, ethnicity, and geographic location of residence within the areas the Authority serves.

(3) ~~3~~ The Commission has historically and in accordance with its Articles of Incorporation been made up of members representing certain fields or organizations. Due to the passage of time and changes in such organizations, many of these organizations no longer exist. The matters engaged in by the Authority have also changed over time. Therefore, in consideration of these factors, the Commission shall now consist of members representing the following fields or organizations:

(a) ~~a~~ One member who is a practicing dentist whose primary practice is located in Cabarrus County.

(b) ~~b~~ One member with significant knowledge, expertise and professional experience in the field of infectious diseases.

(c) ~~c~~ One member who is a practicing physician in the field of family medicine, internal medicine or community health whose primary practice is located in Cabarrus County.

~~a~~

(d) ~~d~~—One representative of the Cabarrus County School System or Kannapolis City School System, which shall alternate no less often than every two (2) terms.

(e) ~~e~~—One member of the ~~Cabarrus County~~ Board of Commissioners of Cabarrus County.

(f) ~~f~~—One member appointed by the local governing or advisory board of the main hospital located in Concord, currently known as Atrium Health-Cabarrus.

(g) ~~g~~—Three (3) public members with significant interest, knowledge, expertise or professional experience in the fields or businesses generally engaged in by the Authority, and especially the fields of community health, mental health, and/or other areas of community concern as identified by the periodic community needs assessment conducted by the Authority along with its community partners.

(d) Commissioners who have served at least ten (10) years may request emeritus status. This status would be granted by the existing ~~Board~~Commission. After leaving the ~~Board~~Commission as an active Commissioner, emeritus status shall allow the former Commissioner to sit at the ~~Board~~Commission table during meetings, to participate in discussions, to represent the ~~Board~~Commission as directed, but not to vote. Emeritus status shall not preclude subsequent appointment to future terms as an active, voting Commissioner, but the one (1) year respite period set forth in subparagraph (c)(i) above shall apply between any emeritus term and any subsequent active voting appointment.

2. Resignation. Any Commissioner may resign from membership of the Authority at any time by giving written notice of such resignation to the Authority and to the Chairman of the Board of Commissioners of Cabarrus County. Notwithstanding any resignation, a Commissioner shall continue to hold office until his or her successor has been appointed, qualified and taken office, unless the Commission takes action to make a resignation effective as of a different date.

3. Vacancies. Any vacancy in the membership of the Authority shall be filled for ~~the~~any new or unexpired term by the Chairman of the Board of Commissioners of Cabarrus County, with the advice of the Board of Commissioners of Cabarrus County, from a list of nominees supplied by the Commission as set forth in subparagraph 1(c) above. Every effort shall be made to fill any vacant or resigned seat within ninety (90) days of the vacancy or the resignation giving rise to the vacancy.

4. Oath of Office. Each Commissioner, before entering upon his or her duties as a member of the Authority, shall take and subscribe an oath of affirmation to support the Constitution of the United State and of the State of North Carolina and to discharge faithfully the duties of his or her office as Commissioner, and a record of each oath or affirmation shall be filed with the Secretary of the Authority and kept among its official documents.

ARTICLE ~~III~~ III.

Meetings

1. Annual Meetings. Annual meetings of the Commissioners shall be held in August of each year at the time and place designated in the notice of the respective annual meeting. Written notice of the time and place of each annual meeting shall be given by the Secretary or Administrator of ~~1~~.

the Authority by mailing such notice to each Commissioner at his or her regular address not less than (10) days prior to the date of such annual meeting.

2. Regular Meetings. The Commissioners may establish a schedule of regular meetings to be held on a monthly basis. Meetings will be held at least once per quarter. No notice of the purpose or purposes of a regular meeting shall be required to be given to the Commissioners, and all business of the Authority may be transacted at such meeting, provided a quorum is in attendance.
3. Special Meetings and Emergency Meetings. Special meetings and emergency meetings of the Commissioners may be called by the Chairman or Vice-Chairman of the Authority. At special meetings, only action reasonably related to the matters described in the notice of the special meeting may be taken.
4. Notice of Meetings. Notice of each meeting shall be given in accordance with the requirements of Section 143-318.12 of the General Statutes of North Carolina, as amended, as well as the requirements of this Article set forth above.
5. Quorum. A majority of the membership of the Commissioners shall constitute a quorum, including any vacant seats, and the affirmative vote of a majority of all present and constituting a quorum shall constitute official action taken by the Authority.

If at any meeting there is less than a quorum present, a majority of the Commissioners present may adjourn the meeting to a later date and time no less than one (1) day nor more than ten (10) days from the date of the original meeting, with reasonable notice of the rescheduled meeting provided to any absent Commissioner, with no further official notice of any kind being necessary except as may otherwise be required by law.

6. Meetings to be Open to the Public.

Subject only to lawfully recognized exceptions, all official meetings of the Commissioners, including committee meetings, shall be conducted openly and otherwise in compliance with Article 33C of Chapter ~~159~~143 of the General Statutes of North Carolina, as amended.

At each meeting of the Commissioners, the presiding officer shall devote an agenda item to hearing petitions and requests to the Commissioners from the public. When this agenda item is reached, the presiding officer shall determine whether any member of the public wishes to petition or make any request of the Commissioners, and the Commissioners may hear petitions and requests for such period as they deem appropriate. Reasonable time limitations may be placed upon such speakers by the presiding officer.

The Commissioners encourage public attendance at all of their meetings. Only such discussion or participation by visiting persons as is invited by consent of the Commissioners shall be permitted at times other than when petitions and requests are being heard.

7. Duty to Vote. No Commissioner shall be excused from voting, except on matters involving consideration of his or her own official conduct or ~~whether~~when his or her financial or personal interests are involved.

ARTICLE IV.

Officers

1. Designation. The officers of the Authority shall be a Chairman, a Vice-Chairman, and a Secretary. Only the Chairman and Vice-Chairman are required to be Commissioners of the Authority.
2. Election and Terms. The officers provided for in Section 1 of this Article shall be elected at each annual meeting of the Commissioners and shall hold office until the next annual meeting or until their successors are elected, qualified, and take office.
3. Officer Succeeding Self. Any officer may be elected by the Commissioners to succeed himself or herself in office, provided that the requirement that the Chairman and Vice-Chairman be members or Commissioners of the Authority be observed.
4. Chairman. The Chairman shall preside at all meetings of the Commissioners and shall have and exercise such authority and perform such duties as shall be determined by the Commissioners.
5. Vice-Chairman. At the request of the Chairman, or in the event of the absence or disability of the Chairman, the Vice-Chairman shall perform the duties and possess and exercise the authority of the Chairman; and the Vice-Chairman shall have such other powers and exercise such other authority and perform such other duties as shall be determined by the Commissioners.
6. Secretary. The Secretary, or appointed designee, which may be the Clerk to the Commission, shall have charge of such books, documents and papers as the Commissioners may determine and shall have the custody of the corporate or official seal. The Secretary, or appointed designee, shall attend and keep the minutes of all the meetings of the Commissions. The Secretary shall keep a record of the names of all persons who are Commissioners, the dates of their appointments and dates of expiration of their terms, and their places of residence, and such record shall be open for inspection as prescribed by law. The Secretary, or Clerk to the Commission, shall notify in writing the Chairman of the Commission at least ninety (90) days prior to the expiration of the term for which a Commissioner was appointed so that the Commission may have time to propose the reappointment of such person or to undertake the nomination process as set forth in Article II hereof. The Secretary shall, in general, perform all duties incident to the office of Secretary, subject to the control and direction of the Commissioners, and shall perform such other duties as may be determined by the Commissioners.
7. Removal from Office.
 - (a) Grounds. Any officer provided for in Section 1 of this Article who is also a member or

Commissioner of the Authority may be removed from his or her office (but not from membership or as a Commissioner of the Authority) by the Commissioners:

- (i) For mental or physical incapacity to perform properly and adequately the duties and functions of the respective office;
 - (ii) For repeated absence from meetings of the Commissioners or from the offices of the Authority or meetings of committees of the Commissioners to the extent that such absences constitute gross neglect in the performance of the duties of such office to the inconvenience, damage or disadvantage of the Authority in carrying on its functions and purposes;
 - (iii) For any act of dishonesty;
 - (iv) For any act or series of acts or omissions which are contrary to the best interests of the Authority and tend to impede or obstruct the carrying on of its functions and purposes in an orderly manner, or
 - (v) For any other cause which is deemed less than reasonably satisfactory performance of the duties and function so such office.
- (b) Procedure. In the event, the Commissioners for any reason request the resignation of an officer to which subsection (a) above applies and such request is declined, the Commissioners may by resolution state the grounds upon which they claim such officer should be removed from office, and such statement shall be served upon such officer at least ten (10) days prior to a meeting at which action is to be taken thereon. Such officer is entitled to be present at such hearing and be heard if he or she so desires and is also entitled to offer such evidence as he or she may deem appropriate in response to the statement served upon such officer. The decision of the majority of the Commissioners in such matter shall be final.

ARTICLE V.

Personnel

1. General. The Commission may employ such personnel as may be necessary or convenient in carrying out the objectives and purposes for which the Authority was created, define their duties and functions and set their terms of employment, such as compensation, fringe benefits, separation from service arrangements, and other pertinent details.
2. CEO. The Commissioners shall employ a CEO, Chief Executive Officer, who shall also serve ~~at~~as the Public Health Director. The CEO shall be responsible for the efficient administration of the operations of the Authority and shall carry out the policies and directives of the Commissioners and is authorized to sign ~~these~~those documents as may from time to time be approved by the Commission. The CEO or her designee shall attend all official meetings of the Commissioners and, when requested, all committee meetings of the Commissioners, shall be entitled to notice of all meetings, and shall be entitled to take part in discussions of matters before the Commissioners

but shall have no vote. The CEO shall be responsible for obtaining and furnishing to the Commissioners financial and other reports as may be required by the Commissioners, and he or she shall recommend to the Commissioners from time to time such measures as he or she shall deem necessary or advisable. The CEO shall be responsible for the preparation and submission to the Commissioners the proposed annual budget, shall keep the Commissioners informed as to the financial needs and condition of the Authority and shall perform such other duties as may be determined by the Commissioners.

3. ~~1.~~ Professional Assistants. The Commissioners may employ such accountants, engineers, legal counsel and other professional experts or assistants as they may determine to be necessary or advisable and fix the terms of such employment.

ARTICLE VI.

Compensation/Expenses

1. ~~2.~~ Compensation of Commissioners. For their services as Commissioners, the Commissioners shall receive no compensation. Due to the frequent, ongoing requests of the ~~Board~~-Chairman of the Commission to travel to the Authority's office in order to execute required documents to ensure timely processing and state requirements, the ~~Board~~-Chairman of the Commission shall receive a monthly stipend of \$100/month to cover time and travel (effective May 10, 2016).
2. ~~3.~~ Expenses. Commissioners shall be entitled to reimbursement for the amount of actual necessary expenses including travel expense incurred by them in the discharge of their duties, and the Commissioners may make policies concerning such reimbursement.
3. Compensation of Persons Other Than Commissioners. Any officer, agent or employee of the Commissioners or the Authority, other than a Commissioner, and any professional expert or assistant retained by the Commissioners shall receive such compensation and be reimbursed for such expenses as the Commissioners may approve by resolution or otherwise.

ARTICLE VII.

Reports

1. Annual Report. At each annual meeting, the Commissioners shall receive from any person who has been charged with such responsibility a full and accurate report of the operations of the Authority during the preceding fiscal year, the assets and liability of the Authority as of the end of such fiscal year, the financial condition of the Authority as of the end of such fiscal year and any and all other information which may have a significant bearing upon the condition and operation of the Authority. Such report shall include such matters as may be directed by the Commissioners and shall be filed with the minutes of such meeting and be open to inspection by the public.
2. Other Reports. The Commissioners may require the filing of reports other than annual reports on

a monthly, quarterly or other basis containing such information in such detail as they may deem appropriate.

ARTICLE VIII.

Contracts

The Commissioners may, except as herein or by law otherwise provided, authorize any officer or other person to enter into any contract or execute and deliver any written instrument in the name of an on behalf of the Authority, and such authority may be general or confined to a specific instance; and unless so authorized by the Commissioners no officer or other person shall have any power or authority to bind the Authority by any contract or engagement or to render it liable pecuniarily for any purpose or in any manner.

ARTICLE IX.

Advisory Committees

The Commissioners may from time to time appoint from among the Commissioners or such other persons as the Commissioners may deem fit one or more advisory committees for recommendatory purposes only. The members of such committees shall serve at the pleasure of the Commissioners and be disbanded at such time as the Commissioners may elect. None of the authority or responsibility vested in the Commissioners may be delegated or surrendered to any such committee.

ARTICLE X.

Fiscal Year

The fiscal year of the Authority shall begin on July 1 and end on the following June 30.

ARTICLE XI.

Amendments

The Commissioners may amend and repeal these bylaws provided that such action shall be taken only at an annual, regular or special meeting of the Commissioners.

Before any amendment or repeal of any bylaw may be made, written notice thereof and of the text of the proposed amendment or repeal shall be given to the Commissioners at least seven (7) days prior to the date of the meeting at which official action with respect thereto is to be taken.

This and the foregoing ~~seven~~eight (8) pages contain the amended bylaws adopted by the Commissioners of the Public Health Authority of Cabarrus County on this ~~11th~~ day of ~~August~~, ~~2020~~2021.

Chairman of the Commission of the Public Health Authority ~~Board~~

Printed name:

Date signed: _____

ATTEST:

Dianne P. Berry, CMC, NCCMC
Secretary to the Commission

Established February 18, 1997

Amended August 14, 2012

Reviewed January 8, 2013

Reviewed February 11, 2014

Reviewed May 12, 2015

Revised May 10, 2016

Revised May 14, 2019

Reviewed and Adopted by the Cabarrus County Board of Commissioners June 17, 2019

Revised August 3, 2020

Revised, 2021

Document comparison by Workshare 10.0 on Monday, April 5, 2021 9:39:30 AM

Input:	
Document 1 ID	PowerDocs://JAH/1123654/1
Description	JAH-#1123654-v1-Bylaws_of_the_Public_Health_Authority_of_Cabarrus_County
Document 2 ID	PowerDocs://JAH/1123654/3
Description	JAH-#1123654-v3-Bylaws_of_the_Public_Health_Authority_of_Cabarrus_County
Rendering set	Standard

Legend:	
	<u>Insertion</u>
	Deletion
	Moved from
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	Style change
	Format change
	Moved deletion
Inserted cell	
Deleted cell	
Moved cell	
Split/Merged cell	
Padding cell	

Statistics:	
	Count
Insertions	55
Deletions	54
Moved from	0
Moved to	0
Style changes	0
Format changes	0
Total changes	109

BYLAWS OF THE PUBLIC HEALTH AUTHORITY OF CABARRUS COUNTY

ARTICLE I.

Name, Seal and Offices

1. Name. The name of the Public Health Authority of Cabarrus County (the “Authority” or “Public Health Authority of Cabarrus County”) is set forth in the Articles of Incorporation of the Authority as the “Public Health Authority of Cabarrus County.” The Authority may also be referred to generally as “Cabarrus Health Alliance” and the Authority is authorized to file such assumed name certificates in that name in Cabarrus and Rowan Counties as may be advisable or required by law.
2. Seal. The corporate or official seal of the Authority shall consist of a circle inside of which is inscribed the name of the Authority and in the center of which shall be the established date of 1997 and the words “official seal”.
3. Offices. The principal office of the Authority shall be 300 Mooresville Road, Kannapolis, North Carolina 28081, or at such other place as the Commissioners of the Authority may from time to time provide.

ARTICLE II.

Appointment, Tenure, Resignation and Replacement of the Commissioners

1. Membership.
 - (a) The members of the Authority shall be appointed as provided by the North Carolina Hospital Authorities Act, i.e. Part B of Article 2 of Chapter 131E of the General Statutes of North Carolina, as amended (the “Act”), the Articles of Incorporation of the Authority, and these Bylaws.
 - (b) There shall be nine (9) members of the commission of the Authority (the “Commission”) and each member of the Authority shall be called a Commissioner of the Authority (a “Commissioner”).
 - (c) Commissioners shall be appointed and removed as follows:
 - (i) All appointments shall be for three (3) year terms. Vacancies from resignation or removal from office shall be filled for the unexpired portion of the term. Except as set forth below, no Commissioner shall serve more than two (2) consecutive full or partial terms without at least a one (1) year respite between the dates of leaving the Commission and taking office for another term. The Commission may waive the term limit and/or the one (1) year respite for one or more Commissioners and allow him or her to serve one or more additional terms upon the recommendation of the Nominating Committee and for good and specific cause shown and reflected in the meeting minutes of the Commission. These term limits shall not apply to the individuals serving on behalf of the Board of Commissioners of Cabarrus County and Atrium Health-Cabarrus, who may (but are not required to) remain as Commissioners for so long as they serve in such capacities.

- (ii) Commissioners may be removed, in accordance with Section 131E-22 of the Act, by the Chairman of the Board of Commissioners of Cabarrus County with the advice of the Commission as well as of the Board of Commissioners of Cabarrus County.
- (iii) The Commission shall appoint a Nominating Committee to recommend individuals suitable for consideration by the Commission for future appointment to the Commission. The Nominating Committee shall be comprised of the Clerk to the Commission, at least one Commission member, and at least one other person who need not be a Commissioner. The Nominating Committee shall research and recommend at least three (3) candidates in writing for each seat on the Commission which is vacant or may be coming vacant in the near future. Such candidates shall be considered by the Commission, along with any other individuals who may be suggested by the Commission. The Commission shall then approve a slate of candidates, which shall then be provided to the Chairman of the Board of Commissioners of Cabarrus County for appointment as provided in subparagraph 3 below.
- (iv) Candidates for membership on the Commission shall be chosen as follows:
 - (1) Candidates shall have significant knowledge, expertise or professional experience in the fields or businesses generally engaged in by the Authority. Due consideration shall be paid to appointing a Commission which is diverse in this regard. For example, if the member appointed by the hospital system as provided below is an infectious disease specialist, then appointing another infectious disease specialist should be avoided if possible in favor of a person with experience in, for example, mental health, or some other field in which the Authority engages which may not be otherwise then currently represented on the Commission. Multiple appointees from the same organization or affiliation should be avoided to the extent reasonably possible.
 - (2) Due consideration shall be given to appointing a Commission which is diverse in its overall makeup with regard to gender, ethnicity, and geographic location of residence within the areas the Authority serves.
 - (3) The Commission has historically and in accordance with its Articles of Incorporation been made up of members representing certain fields or organizations. Due to the passage of time and changes in such organizations, many of these organizations no longer exist. The matters engaged in by the Authority have also changed over time. Therefore, in consideration of these factors, the Commission shall now consist of members representing the following fields or organizations:
 - (a) One member who is a practicing dentist whose primary practice is located in Cabarrus County.
 - (b) One member with significant knowledge, expertise and professional experience in the field of infectious diseases.

- (c) One member who is a practicing physician in the field of family medicine, internal medicine or community health whose primary practice is located in Cabarrus County.
 - (d) One representative of the Cabarrus County School System or Kannapolis City School System, which shall alternate no less often than every two (2) terms.
 - (e) One member of the Board of Commissioners of Cabarrus County.
 - (f) One member appointed by the local governing or advisory board of the main hospital located in Concord, currently known as Atrium Health-Cabarrus.
 - (g) Three (3) public members with significant interest, knowledge, expertise or professional experience in the fields or businesses generally engaged in by the Authority, and especially the fields of community health, mental health, and/or other areas of community concern as identified by the periodic community needs assessment conducted by the Authority along with its community partners.
- (d) Commissioners who have served at least ten (10) years may request emeritus status. This status would be granted by the existing Commission. After leaving the Commission as an active Commissioner, emeritus status shall allow the former Commissioner to sit at the Commission table during meetings, to participate in discussions, to represent the Commission as directed, but not to vote. Emeritus status shall not preclude subsequent appointment to future terms as an active, voting Commissioner, but the one (1) year respite period set forth in subparagraph (c)(i) above shall apply between any emeritus term and any subsequent active voting appointment.
2. Resignation. Any Commissioner may resign from membership of the Authority at any time by giving written notice of such resignation to the Authority and to the Chairman of the Board of Commissioners of Cabarrus County. Notwithstanding any resignation, a Commissioner shall continue to hold office until his or her successor has been appointed, qualified and taken office, unless the Commission takes action to make a resignation effective as of a different date.
 3. Vacancies. Any vacancy in the membership of the Authority shall be filled for any new or unexpired term by the Chairman of the Board of Commissioners of Cabarrus County, with the advice of the Board of Commissioners of Cabarrus County, from a list of nominees supplied by the Commission as set forth in subparagraph 1(c) above. Every effort shall be made to fill any vacant or resigned seat within ninety (90) days of the vacancy or the resignation giving rise to the vacancy.
 4. Oath of Office. Each Commissioner, before entering upon his or her duties as a member of the Authority, shall take and subscribe an oath of affirmation to support the Constitution of the United State and of the State of North Carolina and to discharge faithfully the duties of his or her office as Commissioner, and a record of each oath or affirmation shall be filed with the Secretary of the Authority and kept among its official documents.

ARTICLE III.

Meetings

1. Annual Meetings. Annual meetings of the Commissioners shall be held in August of each year at the time and place designated in the notice of the respective annual meeting. Written notice of the time and place of each annual meeting shall be given by the Secretary or Administrator of the Authority by mailing such notice to each Commissioner at his or her regular address not less than (10) days prior to the date of such annual meeting.
2. Regular Meetings. The Commissioners may establish a schedule of regular meetings to be held on a monthly basis. Meetings will be held at least once per quarter. No notice of the purpose or purposes of a regular meeting shall be required to be given to the Commissioners, and all business of the Authority may be transacted at such meeting, provided a quorum is in attendance.
3. Special Meetings and Emergency Meetings. Special meetings and emergency meetings of the Commissioners may be called by the Chairman or Vice-Chairman of the Authority. At special meetings, only action reasonably related to the matters described in the notice of the special meeting may be taken.
4. Notice of Meetings. Notice of each meeting shall be given in accordance with the requirements of Section 143-318.12 of the General Statutes of North Carolina, as amended, as well as the requirements of this Article set forth above.
5. Quorum. A majority of the membership of the Commissioners shall constitute a quorum, including any vacant seats, and the affirmative vote of a majority of all present and constituting a quorum shall constitute official action taken by the Authority.

If at any meeting there is less than a quorum present, a majority of the Commissioners present may adjourn the meeting to a later date and time no less than one (1) day nor more than ten (10) days from the date of the original meeting, with reasonable notice of the rescheduled meeting provided to any absent Commissioner, with no further official notice of any kind being necessary except as may otherwise be required by law.

6. Meetings to be Open to the Public.

Subject only to lawfully recognized exceptions, all official meetings of the Commissioners, including committee meetings, shall be conducted openly and otherwise in compliance with Article 33C of Chapter 143 of the General Statutes of North Carolina, as amended.

At each meeting of the Commissioners, the presiding officer shall devote an agenda item to hearing petitions and requests to the Commissioners from the public. When this agenda item is reached, the presiding officer shall determine whether any member of the public wishes to petition or make any request of the Commissioners, and the Commissioners may hear petitions and requests for such period as they deem appropriate. Reasonable time limitations may be placed upon such speakers by the presiding officer.

The Commissioners encourage public attendance at all of their meetings. Only such discussion or participation by visiting persons as is invited by consent of the Commissioners shall be permitted at times other than when petitions and requests are being heard.

7. Duty to Vote. No Commissioner shall be excused from voting, except on matters involving consideration of his or her own official conduct or when his or her financial or personal interests are involved.

ARTICLE IV.

Officers

1. Designation. The officers of the Authority shall be a Chairman, a Vice-Chairman, and a Secretary. Only the Chairman and Vice-Chairman are required to be Commissioners of the Authority.
2. Election and Terms. The officers provided for in Section 1 of this Article shall be elected at each annual meeting of the Commissioners and shall hold office until the next annual meeting or until their successors are elected, qualified, and take office.
3. Officer Succeeding Self. Any officer may be elected by the Commissioners to succeed himself or herself in office, provided that the requirement that the Chairman and Vice-Chairman be members or Commissioners of the Authority be observed.
4. Chairman. The Chairman shall preside at all meetings of the Commissioners and shall have and exercise such authority and perform such duties as shall be determined by the Commissioners.
5. Vice-Chairman. At the request of the Chairman, or in the event of the absence or disability of the Chairman, the Vice-Chairman shall perform the duties and possess and exercise the authority of the Chairman; and the Vice-Chairman shall have such other powers and exercise such other authority and perform such other duties as shall be determined by the Commissioners.
6. Secretary. The Secretary, or appointed designee, which may be the Clerk to the Commission, shall have charge of such books, documents and papers as the Commissioners may determine and shall have the custody of the corporate or official seal. The Secretary, or appointed designee, shall attend and keep the minutes of all the meetings of the Commissions. The Secretary shall keep a record of the names of all persons who are Commissioners, the dates of their appointments and dates of expiration of their terms, and their places of residence, and such record shall be open for inspection as prescribed by law. The Secretary, or Clerk to the Commission, shall notify in writing the Chairman of the Commission at least ninety (90) days prior to the expiration of the term for which a Commissioner was appointed so that the Commission may have time to propose the reappointment of such person or to undertake the nomination process as set forth in Article II hereof. The Secretary shall, in general, perform all duties incident to the office of Secretary, subject to the control and direction of the Commissioners, and shall perform such other duties as may be determined by the Commissioners.
7. Removal from Office.
 - (a) Grounds. Any officer provided for in Section 1 of this Article who is also a member or Commissioner of the Authority may be removed from his or her office (but not from membership or as a Commissioner of the Authority) by the Commissioners:
 - (i) For mental or physical incapacity to perform properly and adequately the duties

and functions of the respective office;

- (ii) For repeated absence from meetings of the Commissioners or from the offices of the Authority or meetings of committees of the Commissioners to the extent that such absences constitute gross neglect in the performance of the duties of such office to the inconvenience, damage or disadvantage of the Authority in carrying on its functions and purposes;
- (iii) For any act of dishonesty;
- (iv) For any act or series of acts or omissions which are contrary to the best interests of the Authority and tend to impede or obstruct the carrying on of its functions and purposes in an orderly manner, or
- (v) For any other cause which is deemed less than reasonably satisfactory performance of the duties and function so such office.

(b) Procedure. In the event, the Commissioners for any reason request the resignation of an officer to which subsection (a) above applies and such request is declined, the Commissioners may by resolution state the grounds upon which they claim such officer should be removed from office, and such statement shall be served upon such officer at least ten (10) days prior to a meeting at which action is to be taken thereon. Such officer is entitled to be present at such hearing and be heard if he or she so desires and is also entitled to offer such evidence as he or she may deem appropriate in response to the statement served upon such officer. The decision of the majority of the Commissioners in such matter shall be final.

ARTICLE V.

Personnel

1. General. The Commission may employ such personnel as may be necessary or convenient in carrying out the objectives and purposes for which the Authority was created, define their duties and functions and set their terms of employment, such as compensation, fringe benefits, separation from service arrangements, and other pertinent details.
2. CEO. The Commissioners shall employ a CEO, Chief Executive Officer, who shall also serve as the Public Health Director. The CEO shall be responsible for the efficient administration of the operations of the Authority and shall carry out the policies and directives of the Commissioners and is authorized to sign those documents as may from time to time be approved by the Commission. The CEO or her designee shall attend all official meetings of the Commissioners and, when requested, all committee meetings of the Commissioners, shall be entitled to notice of all meetings, and shall be entitled to take part in discussions of matters before the Commissioners

but shall have no vote. The CEO shall be responsible for obtaining and furnishing to the Commissioners financial and other reports as may be required by the Commissioners, and he or she shall recommend to the Commissioners from time to time such measures as he or she shall deem necessary or advisable. The CEO shall be responsible for the preparation and submission to the Commissioners the proposed annual budget, shall keep the Commissioners informed as to the financial needs and condition of the Authority and shall perform such other duties as may be determined by the Commissioners.

3. Professional Assistants. The Commissioners may employ such accountants, engineers, legal counsel and other professional experts or assistants as they may determine to be necessary or advisable and fix the terms of such employment.

ARTICLE VI.

Compensation/Expenses

1. Compensation of Commissioners. For their services as Commissioners, the Commissioners shall receive no compensation. Due to the frequent, ongoing requests of the Chairman of the Commission to travel to the Authority's office in order to execute required documents to ensure timely processing and state requirements, the Chairman of the Commission shall receive a monthly stipend of \$100/month to cover time and travel (effective May 10, 2016).
2. Expenses. Commissioners shall be entitled to reimbursement for the amount of actual necessary expenses including travel expense incurred by them in the discharge of their duties, and the Commissioners may make policies concerning such reimbursement.
3. Compensation of Persons Other Than Commissioners. Any officer, agent or employee of the Commissioners or the Authority, other than a Commissioner, and any professional expert or assistant retained by the Commissioners shall receive such compensation and be reimbursed for such expenses as the Commissioners may approve by resolution or otherwise.

ARTICLE VII.

Reports

1. Annual Report. At each annual meeting, the Commissioners shall receive from any person who has been charged with such responsibility a full and accurate report of the operations of the Authority during the preceding fiscal year, the assets and liability of the Authority as of the end of such fiscal year, the financial condition of the Authority as of the end of such fiscal year and any and all other information which may have a significant bearing upon the condition and operation of the Authority. Such report shall include such matters as may be directed by the Commissioners and shall be filed with the minutes of such meeting and be open to inspection by the public.
2. Other Reports. The Commissioners may require the filing of reports other than annual reports on a monthly, quarterly or other basis containing such information in such detail as they may deem appropriate.

ARTICLE VIII.

Contracts

The Commissioners may, except as herein or by law otherwise provided, authorize any officer or other person to enter into any contract or execute and deliver any written instrument in the name of an on behalf of the Authority, and such authority may be general or confined to a specific instance; and unless so authorized by the Commissioners no officer or other person shall have any power or authority to bind the Authority by any contract or engagement or to render it liable pecuniarily for any purpose or in any manner.

ARTICLE IX.

Advisory Committees

The Commissioners may from time to time appoint from among the Commissioners or such other persons as the Commissioners may deem fit one or more advisory committees for recommendatory purposes only. The members of such committees shall serve at the pleasure of the Commissioners and be disbanded at such time as the Commissioners may elect. None of the authority or responsibility vested in the Commissioners may be delegated or surrendered to any such committee.

ARTICLE X.

Fiscal Year

The fiscal year of the Authority shall begin on July 1 and end on the following June 30.

ARTICLE XI.

Amendments

The Commissioners may amend and repeal these bylaws provided that such action shall be taken only at an annual, regular or special meeting of the Commissioners.

Before any amendment or repeal of any bylaw may be made, written notice thereof and of the text of the proposed amendment or repeal shall be given to the Commissioners at least seven (7) days prior to the date of the meeting at which official action with respect thereto is to be taken.

This and the foregoing eight (8) pages contain the amended bylaws adopted by the Commissioners of the Public Health Authority of Cabarrus County on this ___ day of _____, 2021.

Chairman of the Commission of the Public Health Authority

Printed name: _____

Date signed: _____

ATTEST:

Dianne P. Berry, CMC, NCCMC
Secretary to the Commission

Established February 18, 1997
Amended August 14, 2012
Reviewed January 8, 2013
Reviewed February 11, 2014
Reviewed May 12, 2015
Revised May 10, 2016
Revised May 14, 2019
Reviewed and Adopted by the Cabarrus County Board of Commissioners June 17, 2019
Revised August 3, 2020
Revised _____, 2021