



The Public Health Authority of Cabarrus County Board
Meeting Agenda
Tuesday, August 10, 2021
5:30 pm

- A. CALL TO ORDER AND INVOCATION...James T. Mack, Jr., Chairman
B. ADMINISTRATION OF OATH FOR NEW BOARD MEMBERS...Dr. Bonnie Coyle
C. ADOPTION OF THE AGENDA Motion...Chairman Mack
D. APPROVAL OF THE MINUTES Motion...Chairman Mack
June 8, 2021 Regular Meeting Minutes
E. REPORTS
CHA Snapshot (as of 7/31/21)...Sue Yates
Variance Analysis Year-to-Date...Sue Yates
Financial Summary Report (ending 7/31/21)...Sue Yates
Financial Summary Report (ending 6/30/21)...Sue Yates
Community Needs Assessment Report...Marcella Beam
Volunteer Presentation...Rocio Arguijo
Environmental Health Strategic Plan...Chrystal L. Swinger
School Health Strategic Plan...Barbara Sheppard
COVID-19 Update- Focus on Delta Variant...Erin Shoe
Director's Report...Dr. Bonnie Coyle
F. CONSENT AGENDA Motion...Chairman Mack
Budget Revisions...Sue Yates
G. BUSINESS AGENDA...Chairman Mack
Finance Policies Motion...Chairman Mack
Covid-19/Flu Vaccine Policy...Erin Shoe & Dr. Bonnie Coyle
H. INFORMAL PUBLIC COMMENTS/SPEAKERS FROM THE FLOOR...Chairman Mack
I. ANNOUNCEMENTS...Chairman Mack
J. MOTION TO ENTER INTO CLOSED SESSION
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
K. MOTION TO ADJOURN Motion...Chairman Mack

Next regular meeting date
Tuesday, September 14, 2021



Public Health Authority of Cabarrus County  
Board Meeting Minutes  
June 8, 2021

A regular meeting of The Public Health Authority Board was held on Tuesday, June 8, 2021.

The meeting was held in the Cabarrus Health Alliance Community Rooms. The meeting was live streamed on YouTube.

Members Present on-site: James T. Mack, Jr., Chairman  
Lara Pons, MD, Vice-Chair  
Mark Spitzer  
Steve Morris  
Dr. Chip Buckwell  
Kimberly Dehler, DDS  
Dan Hagler, MD  
Tom Kincaid (left early)

Members Absent: Chris Bowe

Staff Present: Dr. Bonnie Coyle, Dr. Steve Cathcart, Erin Shoe, Kevin Shanus (moderating online streaming), Sue Yates, Betty Foh, Medjatu Kuyateh, Maddy Turner, Keon Lewis, Rolanda Patrick Forehand

Guests Present: Nancy Litton and Michael Hurlbert

#### **CALL TO ORDER**

Chairman Mack called the meeting to order at 5:36 pm, and offered the invocation.

#### **SPECIAL PRESENTATION**

A special presentation was made from the Modern Woodmen of America by Nancy Litton and Michael Hurlbert. The Modern Woodmen of America is a financial planning Institution; helps with financial planning. Modern Woodmen dedicates a portion of proceeds back to the community. The two chapters identified the work of CHA as being a hometown hero – 2020 Wonderful. The award includes two stipends - \$100 from 5311, \$100 from 16721. Nancy and Michael shared the matching fundraising events and suggested we partner together for a matching gift in the future! Their goal is to put the seeds back into the community.

#### **ADOPTION OF THE AGENDA**

Chairman James Mack shared that the agenda has been amended to remove Item J. Mr. Steve Morris moved to approve as amended. Dr. Buckwell made the second motion. Motion passed unanimously.

#### **APPROVAL OF THE MINUTES**

Dr. Chip Buckwell made the motion to approve the open and closed May 11, 2021 regular meeting minutes. The motion was seconded by Mr. Mark Spitzer. Approved 7:0.

## **REPORTS**

**Financial Summary Reports** – CHA Snapshot, Financial Summary Report, Variance Analysis Year-to-Date

Sue Yates shared the three financial monthly reports starting with the snapshot. All areas are in the green aside from Dental Health which is yellow. The summary report shows that end of fiscal year CHA will end in a surplus of \$543,703 (as a reminder, Sue shared that CHA had a loss of \$700,000 last year). We are still waiting on the cost settlement to arrive. The state anticipates providing \$2,400,000 for cost settlement. The variance report compares this year to last year. Last year, CHA did not have COVID vaccine funds or expenses but we did have NCTN funds. No questions regarding financial reports.

### **Equity Coordinator Introduction**

Dr. Steve Cathcart introduced Mr. Keon Lewis introduced CHA Board as CHA's first Equity Coordinator. Keon shared that he is looking forward to being a contributor to the community, the DEI committee, and the proclamation. Mr. Lewis shared items that he has completed so far during his time at CHA. Includes DEI charter, employee feedback line, relationships with HBCU and minority serving institutions to create career pipelines at CHA. Additionally, Mr. Lewis is working with Racial Equity Cabarrus. In the future, he will be creating a health equity webpage, conduct an organizational equity assessment, develop an equity report, and coordinate an annual public health equity conference.

Chairman Mack skipped to the announcements to ensure we were able to present to Mr. Tom Kincaid for his years of service at CHA along with Dr. Chip Buckwell. Chairman Mack thanked both board members for their service and their dedication to improving the health of Cabarrus County.

### **Quality Improvement and Accreditation Strategic Plan**

Betty Foh introduced herself along with two colleagues, Medilynn Turner and Medjatu Kuyateh. Maddy is our CDC PHAP. Medjatu is our Epidemiologist. Betty shared that this is a real team effort. Betty shared her goals for creating a public facing data repository, SharePoint, and data website. 2022 – ArcGIS programming. Mark Spitzer asked about which data set will be used. Betty shared it will be a variety of data sets. 85% of scorecards are built and populated. Betty shared the CHA webpage which will have all of the scorecards. Betty shared goal 2 – focusing on a data equity plan. We realize there is a discrepancy in how we collect our R.E.A.L.L. (Race, Ethnicity, Age, Language and Location) data. Will be providing training for staff, a full epidemiology tool, and focusing on the data pillars of the Racism a Public Health Crisis proclamation. CHA has 15 super users that are updating the scorecards in real time, Healthy Weight, Oral Health, and Tobacco scorecards are being used across the clinical areas to cross-inform their work. Betty shared the team would be attending trainings, evaluating racism as a public health crisis. Aligning and integrating public health programs to address social determinants of health – screening tool to be better informed to assist the program we're working with. Detailed program plan to monitor health outcomes. SDOH and Health Equity 12 month challenge. Data series complete and working with roles to understand how PHAB and NC Accreditation are aligned. Betty shared the topics for the 5 part data series. Culture of quality – population indicator and performance measures – picking each of these for each department for QI projects this year. Goal 5 – recognized as an Academic Health Department – bridging the gap between practice and education and submitting a workforce development plan to meet PHAB standards. Dr. Haglar asked if we receive robust income data. Betty shared that is an area where we are weak. CHA has an opportunity to improve the quality and quantity of data for Cabarrus County. He shared some information about outcomes data, perception of care, and actual outcomes.

Dr. Buckwell challenged the group to start with infant mortality and focus there and it will impact so much more.

### **Salary Study Results**

The salary study was completed May 2021. Dr. Cathcart Reviewed the results and made recommendations for adjustments. Adjustments will be completed in 3 phases

- Phase 1 – Effective July 1
  - No employee will make less than \$17/hr
  - No pay reductions
  - o Adjustments for 2 specific groups
    - Employees on the lower end of the pay scale
    - Employees in hard to fill positions
- Phase 2 to begin by 09/01/2021
  - o Class and compensation restructure – 3 major components to be complete by next fiscal year
    - New Salary bands and job grades implementation – Complete by 05/2022
    - Salary adjustments for higher paid employees – Complete by 07/2022
    - Salary table will be aged in accordance with vendor recommendations
- Phase 3 – Ongoing salary studies
  - o Begin 09/2022 – Complete 03/2023
    - salary studies will be conducted on a 3-year, ongoing basis
    - 1/3 of the organization will be studied every 3 years
  - o Ongoing salary studies and adjustments

The Board agreed with all recommendations.

### **Admin Asst. Update**

The job description for the Senior Administrative Assistant/Clerk to the Board role was presented by Dr. Cathcart. The role will assist senior leadership with administrative duties, act as Clerk to the Board, and supervise front desk staff. The Board agreed to the job description and asked Dr. Cathcart to post immediately.

### **COVID-19 Update:**

Erin Shoe provided an overview of COVID efforts and response. All metrics are improving. Ms. Shoe shared future vaccine clinic plans and how to continue to encourage individuals to receive a vaccine. Board member Mark Spitzer asked about specific groups who may be vaccine hesitant/reluctant.

### **Health Directors Update:**

Dr. Bonnie Coyle shared a truncated report based on time. Asked the board to review the notes and send questions to her if they have them.

### **CONSENT AGENDA**

The **Budget Revisions** were presented by Sue Yates. She noted there were more this month than in normal months. These are the last revisions for this fiscal year. No questions. Dr. Hagler made the motion to approve the budget revisions as presented, Dr. Buckwell seconded. Passed unanimously, 7:0.

### **BUSINESS AGENDA**

#### **Fiscal Year 2022 Budget**

Ms. Yates presented high level overview of the Fiscal Year 2022 budget. Two primary changes from the preliminary budget presented in May. WIC was awarded more month along with dental requesting additional equipment along with receiving additional revenues. The fee schedule is at the end of the budget report.

### **Budget Ordinance**

Ms. Yates presented the ordinance; no questions presented.

### **Public Hearing on Fiscal Year 2022 Budget**

No comments from the public. Chairman Mack opened and closed the floor.

### **Adoption of the Fiscal Year 2022 Budget**

Dr. Dan Hagler made a motion to approve the Fiscal Year 2022 budget. Dr. Chip Buckwell made the second motion. The board approved unanimously.

Mr. Mark Spitzer made a recommendation on a profit/loss report in the future to show trends.

### **INFORMAL COMMENTS/SPEAKERS FROM THE FOOR**

Chairman Mack called for comments from the floor. There were none.

### **ANNOUNCEMENTS**

James Mack shared with the group that we will miss Dr. Chip Buckwell and wished him well.

### **ADJOURN**

There being no further business to come before the Board, Mr. Mark Spitzer made a motion to adjourn the meeting. The motion was seconded by Dr. Dehler. Approved 7:0. The meeting was adjourned at 7:20pm.

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

ATTEST

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Bonnie Coyle, MD  
Public Health Director

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Minutes Taken by Erin Shoe, MPH

## Cabarrus Health Alliance Snapshot

**July 31,2021      Target Percentage 8.3%**

	Budget	Actual	YTD Percentage		Comments
<b>Environmental Health</b>					
Revenue	1,196,025	119,701	10.01%		
Expense	1,196,025	58,539	4.89%		
<b>Information Technology</b>					
Revenue	1,030,489	60,276	5.85%		
Expense	1,030,489	65,647	6.37%		
<b>General Administration</b>					
Revenue	2,857,498	190,800	6.68%		
Expense	2,856,567	140,602	4.92%		
<b>Family Care Coordination</b>					
Revenue	1,133,604	45,245	3.99%		
Expense	1,133,604	40,717	3.59%		
<b>School Health</b>					
Revenue	4,266,235	11,125	0.26%		School nurses start back in August. Revenue is received one month after expense.
Expense	4,266,235	44,013	1.03%		
<b>Public Health Solutions</b>					
Revenue	1,352,507	193,915	14.34%		A few grants paid upfront vs reimbursement.
Expense	1,352,507	42,370	3.13%		
<b>Dental Health</b>					
Revenue	4,027,013	221,160	5.49%		
Expense	3,882,175	155,941	4.02%		
<b>Vital Records</b>					
Revenue	63,913	5,326	8.33%		
Expense	63,913	2,768	4.33%		
<b>Communicable Disease</b>					
Revenue	4,277,798	92,434	2.16%		Most of revenue is received one month after expense.
Expense	4,277,798	165,400	3.87%		
<b>Clinical Services</b>					
Revenue	3,370,864	386,801	11.47%		
Expense	3,516,633	137,348	3.91%		
<b>WIC</b>					
Revenue	796,027	7,982	1.00%		Revenue is received one month after expense.
Expense	796,027	32,665	4.10%		

***Variance Analysis Year-to-Date***

	YTD					Comments
	VARIANCE ANALYSIS					
	2022 BUDGET	2022 ACTUAL	2021 ACTUAL	2022 BUD vs ACT	YOY ACTUAL	
<b>Revenue</b>						
Environmental Health	1,196,025	119,701	99,673	10.01%	20,028	
Information Technology Sy	1,030,489	60,276	58,754	5.85%	1,522	
General Administration	2,857,498	190,800	177,993	6.68%	12,806	
Family Care Coordination	1,133,604	45,245	60,162	3.99%	(14,917)	
School Health	4,266,235	11,125	-	0.26%	11,125	
Public Health Solutions	1,352,507	193,915	414,850	14.34%	(220,935)	Walmart Foundation Grant Paid in July for FY21.
Dental Health	4,027,013	221,160	197,046	5.49%	24,114	
Vital Records	63,913	5,326	5,193	8.33%	133	
Communicable Disease	4,277,798	92,434	93,918	2.16%	(1,484)	
Clinical Services	3,370,864	386,801	437,890	11.47%	(51,090)	FY21 Clinical services had grant that paid upfront.
WIC	796,027	7,982	63,263	1.00%	(55,281)	Revenue is paid a month after expenses.
<b>Total Revenue</b>	<b>24,371,973</b>	<b>1,334,764</b>	<b>1,608,743</b>	<b>5.48%</b>	<b>(273,979)</b>	
<b>Expense</b>						
Environmental Health	1,196,025	58,539	52,144	4.89%	6,395	
Information Technology Sy	1,030,489	65,647	91,399	6.37%	(25,752)	
General Administration	2,856,567	140,602	169,267	4.92%	(28,665)	
Family Care Coordination	1,133,604	40,717	41,184	3.59%	(467)	
School Health	4,266,235	44,013	22,593	1.03%	21,419	Nurses for Summer School hours were increased.
Public Health Solutions	1,352,507	42,370	50,767	3.13%	(8,397)	
Dental Health	3,882,175	155,941	138,854	4.02%	17,087	
Vital Records	63,913	2,768	100	4.33%	2,668	
Communicable Disease	4,277,798	165,400	160,504	3.87%	4,895	
Clinical Services	3,516,633	137,348	132,593	3.91%	4,755	
WIC	796,027	32,665	30,950	4.10%	1,715	
<b>Total Expense</b>	<b>24,371,973</b>	<b>886,010</b>	<b>890,355</b>	<b>3.64%</b>	<b>(4,346)</b>	
Discussion						
Our Year to Date Percentage should be around 8.33% for July 2021.						

**PUBLIC HEALTH AUTHORITY OF CABARRUS COUNTY**  
**FINANCIAL SUMMARY REPORT**  
**FY 2022**      **1 months ending**      **7/31/2021**

<b>GENERAL FUND</b>								
	<b>ACTUAL FY 2018</b>	<b>ACTUAL FY 2019</b>	<b>ACTUAL FY 2020</b>	<b>ACTUAL FY 2021</b>	<b>FY 2022 BUDGET</b>	<b>ACTUAL 07/31/21</b>	<b>Y-T-D % COLLECTED</b>	
<b>REVENUES</b>								
INTERGOVERNMENTAL REVENUES	\$ 21,490,440	\$ 21,168,562	\$ 19,287,274	\$ 22,120,317	\$ 21,454,795	\$ 678,074	3.16%	
PERMITS & FEES	\$ 246,785	\$ 203,853	\$ 216,482	\$ 285,057	188,117	\$ 10,050	5.34%	
SALES & SERVICES	\$ 1,491,663	\$ 1,785,752	\$ 1,618,074	\$ 1,708,630	1,458,877	\$ 60,273	4.13%	
INVESTMENT EARNINGS	\$ 95,743	\$ 180,096	\$ 104,186	\$ 4,223	5,000	\$ -	0.00%	
MISCELLANEOUS	\$ 71,980	\$ 65,673	\$ 47,320	\$ 72,847	33,675	\$ 9,371	27.83%	
CONTRIBUTIONS & PRIVATE GRANTS	\$ 418,892	\$ 498,089	\$ 577,794	\$ 1,002,571	351,303	\$ 122,811	34.96%	
FUND BALANCE APPROPRIATED	\$ -	\$ -	\$ -	\$ -	880,206	\$ -	0.00%	
<b>TOTAL</b>	<b>\$ 23,815,503</b>	<b>\$ 23,902,025</b>	<b>\$ 21,851,130</b>	<b>\$ 25,193,646</b>	<b>\$ 24,371,973</b>	<b>\$ 880,579</b>	<b>3.61%</b>	
	<b>ACTUAL FY 2018</b>	<b>ACTUAL FY 2019</b>	<b>ACTUAL FY 2020</b>	<b>ACTUAL 6/30/2021</b>	<b>FY 2022 BUDGET</b>	<b>ACTUAL 07/31/21</b>	<b>Y-T-D % SPENT</b>	
<b>EXPENDITURES</b>								
ENVIRONMENTAL HEALTH	\$ 1,023,662	\$ 940,537	\$ 942,173	\$ 1,124,681	1,196,025	58,539.43	4.89%	
INFORMATION TECHNOLOGY SYSTEMS	\$ 838,463	\$ 958,323	\$ 1,153,424	\$ 951,084	1,030,489	65,646.58	6.37%	
GENERAL ADMINISTRATION	\$ 7,112,525	\$ 6,881,284	\$ 4,055,399	\$ 2,779,340	2,856,567	140,601.80	4.92%	
FAMILY CARE COORDINATION	\$ 978,968	\$ 1,040,588	\$ 1,177,374	\$ 1,109,438	1,133,604	40,717.34	3.59%	
SCHOOL HEALTH	\$ 2,825,137	\$ 2,994,421	\$ 3,117,582	\$ 3,965,717	4,266,235	44,012.79	1.03%	
HEALTH INITIATIVES	\$ 2,124,811	\$ 2,268,964	\$ 1,948,057	\$ 1,260,913	1,352,507	42,369.98	3.13%	
DENTAL HEALTH	\$ 3,523,777	\$ 3,723,191	\$ 4,020,629	\$ 2,933,844	3,882,175	155,941.00	4.02%	
VITAL RECORDS	\$ 62,420	\$ 65,439	\$ 54,625	\$ 57,632	63,913	2,767.89	4.33%	
COMMUNICABLE DISEASE	\$ 1,081,174	\$ 1,159,678	\$ 2,191,236	\$ 4,657,174	4,277,798	165,399.67	3.87%	
CLINICAL SERVICES	\$ 3,373,731	\$ 3,147,325	\$ 3,129,082	\$ 3,220,341	3,516,633	137,348.08	3.91%	
WIC	742,540	710,171	767,128	832,770	796,027	32,665.14	4.10%	
<b>TOTAL</b>	<b>\$ 23,687,208</b>	<b>\$ 23,889,921</b>	<b>\$ 22,556,709</b>	<b>\$ 22,892,933</b>	<b>\$ 24,371,973</b>	<b>\$ 886,010</b>	<b>3.64%</b>	
<b>Y-T-D FUND BALANCE INCREASE (DECREASE)</b>	<b>\$ 128,295</b>	<b>\$ 12,104</b>	<b>\$ (705,580)</b>	<b>\$ 2,300,712</b>	<b>\$ -</b>	<b>\$ (5,431)</b>		

**ESTIMATED NET Y-T-D BALANCE 7/31/2021**

**\$ (5,431)**

**\*\*PLUS 1 MOS MEDICAID SETTLEMENT - ( \$1,466,558)**

**\$ 122,213**

**\$ 116,782**

**PUBLIC HEALTH AUTHORITY OF CABARRUS COUNTY**  
**FINANCIAL SUMMARY REPORT**  
**FY 2021 12 months ending 6/30/2021**

<b>GENERAL FUND</b>								
	<b>ACTUAL FY 2017</b>	<b>ACTUAL FY 2018</b>	<b>ACTUAL FY 2019</b>	<b>ACTUAL FY 2020</b>	<b>FY 2021 BUDGET</b>	<b>ACTUAL 06/30/21</b>	<b>Y-T-D % COLLECTED</b>	
<b>REVENUES</b>								
INTERGOVERNMENTAL REVENUES	\$ 21,610,099	\$ 21,490,440	\$ 21,168,562	\$ 19,287,274	\$ 22,134,792	\$ 19,728,628	89.13%	
PERMITS & FEES	236,375	\$ 246,785	\$ 203,853	\$ 216,482	251,021	\$ 285,057	113.56%	
SALES & SERVICES	1,461,455	\$ 1,491,663	\$ 1,785,752	\$ 1,618,074	1,651,639	\$ 1,708,630	103.45%	
INVESTMENT EARNINGS	34,710	\$ 95,743	\$ 180,096	\$ 104,186	4,000	\$ 4,223	105.58%	
MISCELLANEOUS	88,171	\$ 71,980	\$ 65,673	\$ 47,320	69,912	\$ 72,847	104.20%	
CONTRIBUTIONS & PRIVATE GRANTS	417,283	\$ 418,892	\$ 498,089	\$ 577,794	1,000,942	\$ 1,002,571	100.16%	
FUND BALANCE APPROPRIATED	-	\$ -	\$ -	\$ -	-	\$ -	#DIV/0!	
<b>TOTAL</b>	<b>\$ 23,848,092</b>	<b>\$ 23,815,503</b>	<b>\$ 23,902,025</b>	<b>\$ 21,851,130</b>	<b>\$ 25,112,306</b>	<b>\$ 22,801,957</b>	<b>90.80%</b>	
	<b>ACTUAL FY 2017</b>	<b>ACTUAL FY 2018</b>	<b>ACTUAL FY 2019</b>	<b>ACTUAL FY 2020</b>	<b>FY 2021 BUDGET</b>	<b>ACTUAL 06/30/21</b>	<b>Y-T-D % SPENT</b>	
<b>EXPENDITURES</b>								
ENVIRONMENTAL HEALTH	\$ 1,016,611	\$ 1,023,662	\$ 940,537	\$ 942,173	1,205,891	1,124,681.06	93.27%	
INFORMATION TECHNOLOGY SYSTEMS	713,288	\$ 838,463	\$ 958,323	\$ 1,153,424	1,037,151	951,084.02	91.70%	
GENERAL ADMINISTRATION	6,245,407	\$ 7,112,525	\$ 6,881,284	\$ 4,055,399	3,180,190	2,779,339.60	87.40%	
FAMILY CARE COORDINATION	936,255	\$ 978,968	\$ 1,040,588	\$ 1,177,374	1,156,459	1,109,438.31	95.93%	
SCHOOL HEALTH	2,664,527	\$ 2,825,137	\$ 2,994,421	\$ 3,117,582	4,236,056	3,965,716.71	93.62%	
HEALTH INITIATIVES	2,914,080	\$ 2,124,811	\$ 2,268,964	\$ 1,948,057	1,268,276	1,260,912.67	99.42%	
DENTAL HEALTH	2,982,327	\$ 3,523,777	\$ 3,723,191	\$ 4,020,629	3,354,580	2,933,844.41	87.46%	
VITAL RECORDS	51,579	\$ 62,420	\$ 65,439	\$ 54,625	58,314	57,632.18	98.83%	
COMMUNICABLE DISEASE	1,109,753	\$ 1,081,174	\$ 1,159,678	\$ 2,191,236	4,933,211	4,657,173.76	94.40%	
CLINICAL SERVICES	3,224,268	\$ 3,373,731	\$ 3,147,325	\$ 3,129,082	3,849,363	3,220,340.78	83.66%	
WIC	846,997	742,540	710,171	767,128	832,815	832,769.58	99.99%	
<b>TOTAL</b>	<b>\$ 22,705,092</b>	<b>\$ 23,687,208</b>	<b>\$ 23,889,921</b>	<b>\$ 22,556,709</b>	<b>\$ 25,112,306</b>	<b>\$ 22,892,933</b>	<b>91.16%</b>	
<b>Y-T-D FUND BALANCE INCREASE (DECREASE)</b>	<b>\$ 1,143,000</b>	<b>\$ 128,295</b>	<b>\$ 12,104</b>	<b>\$ (705,580)</b>	<b>\$ -</b>	<b>\$ (90,976)</b>		

**ESTIMATED NET Y-T-D BALANCE 6/30/2021**

**\$ (90,976)**

**\*\*PLUS 12 MOS MEDICAID SETTLEMENT**

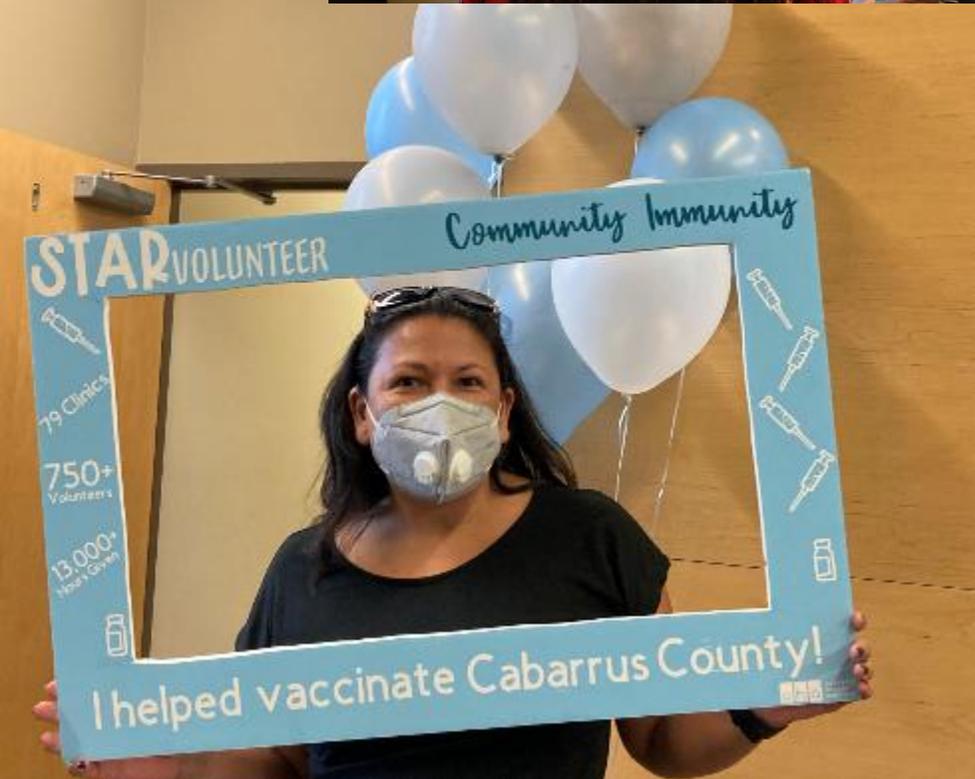
**\$ 2,391,689**

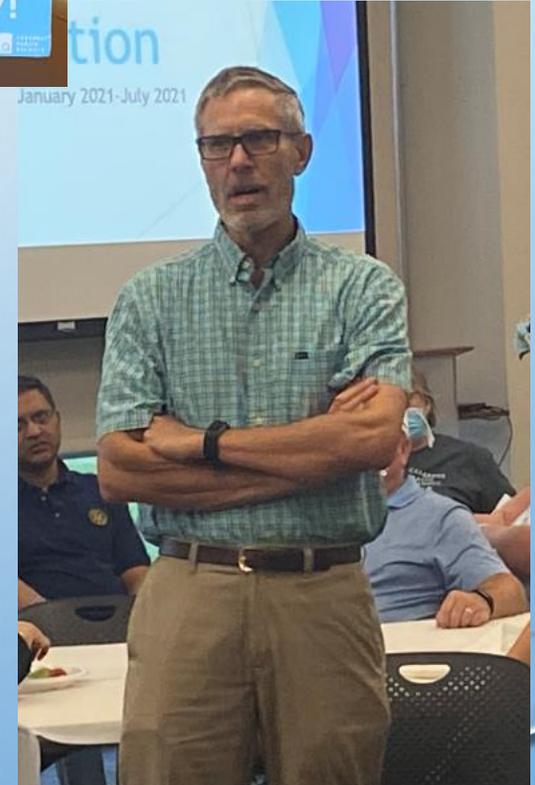
**\$ 2,300,712**

LAST WEEK, WE HAD A  
**VOLUNTEER**  
**APPRECIATION**  
EVENT FOR A GROUP OF  
OUR MOST DEDICATED  
VOLUNTEERS

CHA VOLUNTEER  
STATISTICS:

- **79** CLINICS
- **771** VOLUNTEERS
- **13,326.46** HOURS GIVEN
- VALUED AT **\$505,589.02**

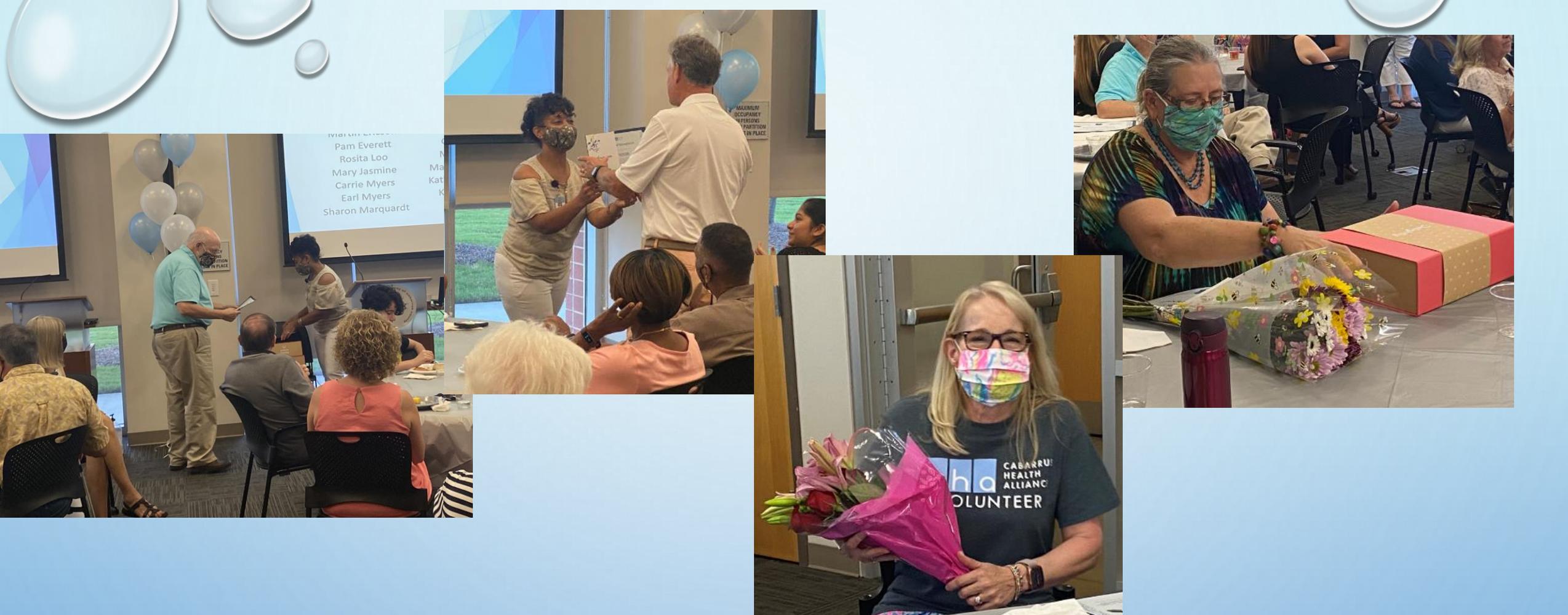




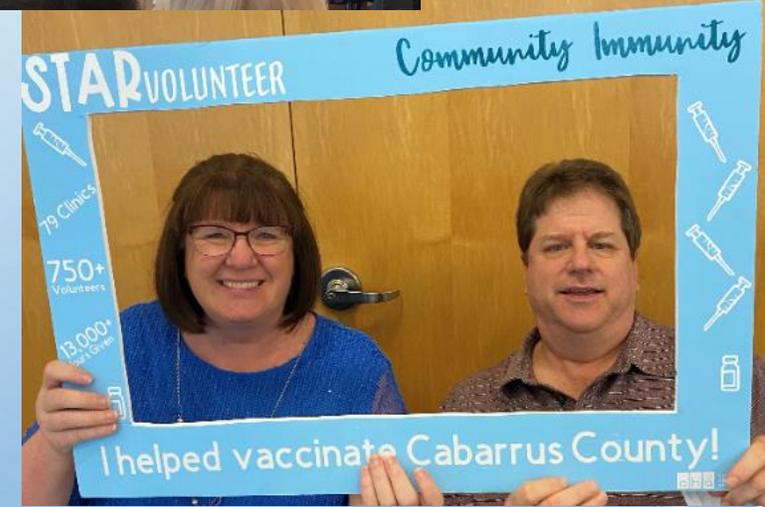
**70 VOLUNTEERS WERE IN ATTENDANCE WHO RECEIVED RECOGNITION IN THE FORM OF CERTIFICATES, PINS, CANDLES, AND FLOWERS**







**WE ARE SO GRATEFUL TO HAVE HAD THE CHANCE TO  
RECOGNIZE OUR AMAZING VOLUNTEERS**



# THANK YOU TO ALL THE STAFF MEMBERS WHO MADE THE EVENT A SUCCESS!

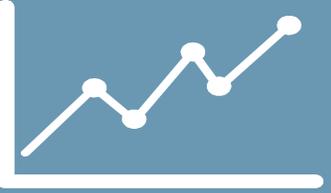


\*\* NOT ALL PICTURED

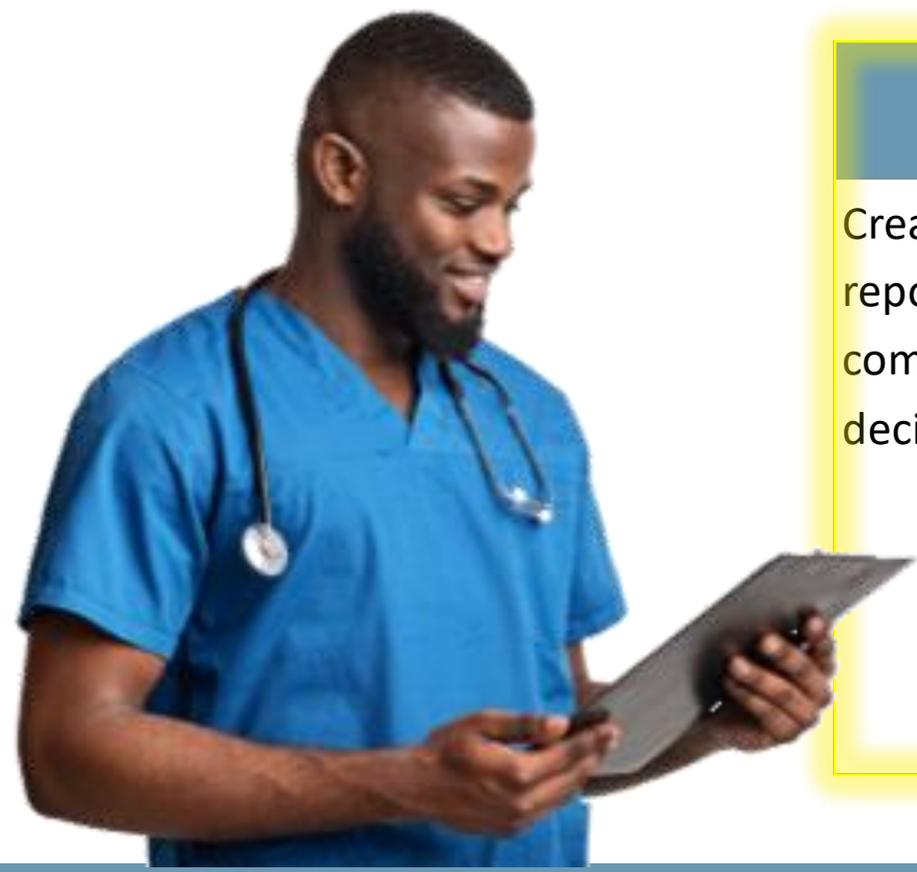


# Environmental Health Department Strategic Plan

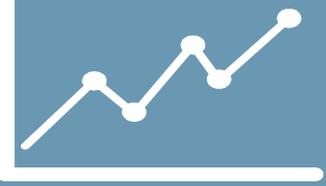
June 9, 2021



# Use Data to Improve Health



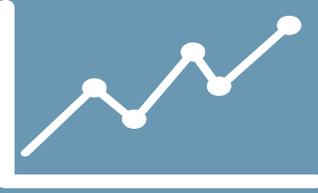
Goal 1	Goal 2	Goal 3
Create a public facing data repository to inform the community and enhance decision making	Use an equity lens for data collection, analysis, use and dissemination	Make strategic decisions and create work environments that foster the data integration, sharing, and analysis necessary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

Objectives	Action Steps	Metric/Measure	Champion	Deadline
By June 30, 2021 Environmental Health Scorecard will be live on CHA website.	<ul style="list-style-type: none"> <li>Population Accountability</li> <li>Performance Accountability and survey metrics will be explored for various programs</li> <li>Story Behind the Curve will be completed</li> </ul>	<ul style="list-style-type: none"> <li>75% of indicators and performance measures will be complete on the scorecard</li> </ul>	Chrystal Swinger Maddy Turner Medjie Kuyateh Betty Foh	June 30, 2021  <b>COMPLETED</b>



# 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

Objectives	Action Steps	Metric/Measure	Champion	Deadline
By December 2022 analyze Priority/Priority Foundation (P/PF) data once a year to address top violations and introduce solutions.	<ul style="list-style-type: none"><li>• Solutions can be through the use of job aides, online trainings, videos, and the Food Safety Advisory Group</li><li>• Request standard reports for Digital Health Department</li><li>• Analyze data to rank the top five P/PF violations</li><li>• Report out to Food &amp; Lodging Institutions staff</li><li>• Determine how best to address these violations to the targeted audience</li></ul>	<ul style="list-style-type: none"><li>• Food Safety Meeting completed 4/29/21</li><li>• Use the 'before' report of quarter 1 and 2 and compare that to 'after intervention report' of quarter 3 and 4</li></ul>	Mary Barbee Jennifer Hatley	December 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
By August 2021 successfully secure funding to enhance and effectively communicate with diverse populations	<ul style="list-style-type: none"> <li>Secure funding               <ul style="list-style-type: none"> <li>12/18/20 received \$2,996 for equipment needs grant from FDA/AFDO</li> </ul> </li> <li>Acquire               <ul style="list-style-type: none"> <li>IPads (2)</li> <li>Language line solution software licensing (2 users) and training</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Utilization rate of IPad through documentation (grant deliverable requirement)</li> <li>Record the different types of languages used via language app</li> </ul>	Mary Barbee Jennifer Hatley	-IPad received March 2021 -put in use beginning April 2021
By August 2021 Identify a range of identifiable strata to target information in mosquito disease prevention	<ul style="list-style-type: none"> <li>Hire interns</li> <li>Implement vector program tip and top outreach</li> <li>Use economic and population density information to target neighborhoods</li> </ul>	<ul style="list-style-type: none"> <li>Number of households targeted for information</li> <li>Locations and number of residents documented; will compare trapping at the beginning and end of summer to identify impact of educational disbursement</li> </ul>	Chrystal Swinger Jennifer Hatley Kurtis Nelson	August 2021 -interns interviewed and hired/start date is 5/21/21 -lit distribution and initial trapping June 2021 -Comparative trapping August 2021



# 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 create a GIS tool to document water quality and lead present in homes based off of zip codes to ensure accessibility of services and outreach</p>	<p>LEAD</p> <ul style="list-style-type: none"> <li>• Conduct home inspections</li> <li>• Collect demographics data from inspections</li> <li>• Ensure NCLEAD is up to date for all Cabarrus lead cases</li> <li>• Strengthen working relationship with CHA lead nurse</li> <li>• Monitor case load,</li> <li>• Create lead resource area within EH</li> <li>• Collect demographic data from lead investigations</li> <li>• Group common trends and analyze</li> <li>• Identify sub-standard housing during lead investigations</li> </ul> <p>Well Program</p> <ul style="list-style-type: none"> <li>• Conduct well assessment</li> <li>• Collect zip code data</li> <li>• Share data with Dental- for Oral Health information</li> </ul> <p>Upload in ARCGIS</p> <ul style="list-style-type: none"> <li>• Utilizing ArcGIS when conducting LEAD investigations and well program evaluations.</li> <li>• Develop funding for new GPS dedicated for LEAD and well programs.</li> </ul>	<ul style="list-style-type: none"> <li>• GIS map creation</li> <li>• Number of SDOH surveys completed in conjunction with lead investigations</li> <li>• Number of referrals to other entities/programs from these completed observable surveys</li> </ul>	<p>Jennifer Hatley Jacob Snyder Karen Elledge Rickie Walker Estella Rice Medjie Kuyateh</p>	<p>Implement SDOH survey with every lead investigation beginning-2023</p>





# 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

Objectives	Action Steps	Metric/Measure	Champion	Deadline
By December 2022 collaborate with other internal departments to disseminate material and information to employees in kitchens to ensure wrap around services	<p>Update email &amp; mail distribution list through Boss Ticket with IT</p> <ul style="list-style-type: none"><li>• Strategize to keep a consistent update of current manager emails – IT can create this from DHD backend from nightly server update</li></ul> <p>Collaborating with marketing and other departments/programs</p> <ul style="list-style-type: none"><li>• Design an email template of services</li><li>• Flyers</li><li>• Posters</li><li>• Brochures</li></ul>	<ul style="list-style-type: none"><li>• Track how many are distributed</li><li>• Track any feedback from managers as to conversations from employees regarding these materials</li></ul>	Mary Barbee Jennifer Hatley	December 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

Objectives	Action Steps	Metric/Measure	Champion	Deadline
By fiscal year 2023 all EH staff will be trained in NC Care 360	<ul style="list-style-type: none"> <li>• Trained in NC Care 360</li> <li>• Provide educational material</li> <li>• Awareness of what qualifies as sub-standard</li> </ul>	<ul style="list-style-type: none"> <li>•Percent of referrals made through NC Care 360 platform</li> <li>•Rank which EH program utilizes the NC 360 program the most</li> </ul>	Jennifer Hatley Chrystal Swinger Ryan McGhee	FY 2023



# 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	<b>Maintain a culture of quality improvement to advance departmental performance</b>	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 2: Maintain a culture of quality improvement to advance departmental performance

Objectives	Action Steps	Metric/Measure	Champion	Timeline
By December 2024 acquire FDA Standardization of 2 Food & Lodging Inspection staff	<ul style="list-style-type: none"> <li>• Use current QA plan to determine deficient areas.</li> <li>• Work with FDA for supervisor to become standardized.</li> <li>• Supervisor Standardize other staff.</li> </ul>	<ul style="list-style-type: none"> <li>• Only applicable if awarded the NACCHO grant/mentorship program</li> <li>• Completion of standardization</li> </ul>	All Food and Lodging Staff	December 2024
By the end of FY 2022 Environmental Health department will enhance the promotion of the inspection database and increase community access to enhance decision making	<p>Reimaging campaign of Environmental Health Services</p> <ul style="list-style-type: none"> <li>• Work with marketing to create a web layout</li> <li>• Organize services</li> <li>• Design fillable online applications for permits</li> <li>• Provide service descriptions to enhance awareness               <ul style="list-style-type: none"> <li>• Informational videos</li> <li>• Facebook posting</li> </ul> </li> <li>• Database to drain cover database for all permitted pools</li> </ul>	<ul style="list-style-type: none"> <li>• Measurement of baseline website interaction</li> <li>• Tally Facebook comments to track public interaction</li> </ul>	Chrystal Swinger Jennifer Hatley Tracy Adams	June 2022



# Transform Agency Capacity, Culture and Practices to Achieve Excellence

## Goal 2: Maintain a culture of quality improvement to advance departmental performance

Objectives	Action Steps	Metric/Measure	Champion	Timeline
By FY 2023 EH department will digitize all permits to enhance public access to public records and reduce request turnaround time by 50%.	Scanning documents (laserfische) <ul style="list-style-type: none"><li>Determine the best platform to use for this process</li><li>Allocate staff to input files</li><li>Partner with county GIS for public accessibility</li><li>Make public files searchable online</li></ul>	<ul style="list-style-type: none"><li>To have 50% of the paper files online and accessible to public</li></ul>	Jacob Snyder Rickie Walker Estella Rice	FY 2023



# Transform Agency Capacity, Culture and Practices to Achieve Excellence

## Goal 5: Enhance the existing workforce development plan and program

Objectives	Action Steps	Metric/Measure	Champion	Timeline
<p>By the end of FY 2021 collaborate with HR to design effective and efficient hiring, onboarding and succession planning for EH staff</p>	<p>Talent and acquisition</p> <ul style="list-style-type: none"> <li>Design Talent and acquisition template to ensure candidate selection</li> <li>Building a framework of interview questions based on position needs</li> </ul> <p>Onboarding and workforce development</p> <ul style="list-style-type: none"> <li>Complete staff authorizations and establish key lead roles</li> <li>EH should acquire and utilize 3 “deep” personnel in each program</li> <li>Cross-training for each employee to ensure successful coverage of services</li> <li>Create training plan for those newly authorized to provide support and mentoring post-authorization</li> <li>Written training manual needed</li> </ul> <p>Succession Planning</p> <ul style="list-style-type: none"> <li>Increase awareness of environmental health profession in educational systems</li> <li>Connect with local high schools and university/colleges for speaking engagements and create contacts for referrals</li> <li>List collaborative educational professionals</li> <li>Create framework for staff continuity and succession plan for EH sustainability</li> </ul>	<ul style="list-style-type: none"> <li>Onboarding and training manual created for FLI and OSWW trainee positions</li> <li>Once a year shadow in authorizations outside of daily work functions</li> <li>Taylored interview questions for FLI positions</li> <li>Taylored interview questions for OSWW positions</li> <li>Succession plan in place for cross authorizations of staff</li> </ul>	<p>Chrystal Swinger</p> <p>Jamie Newman</p> <p>All EH</p>	<p>FY 2024</p>



# School Health Strategic Plan

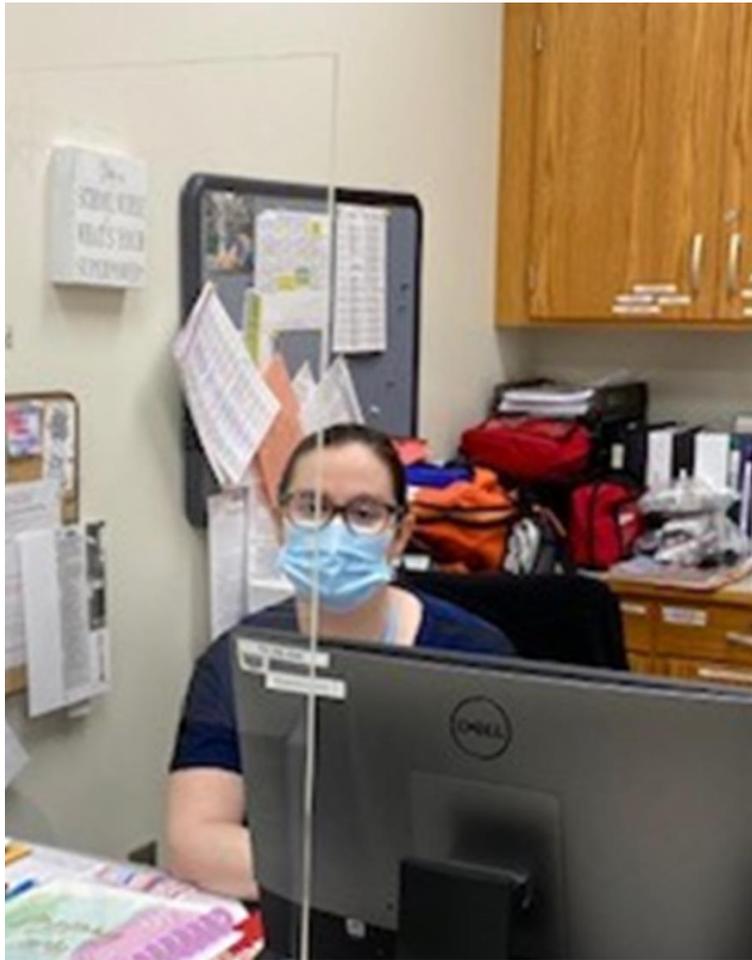
June 9, 2021



CABARRUS  
HEALTH  
ALLIANCE



# Strategic Priority 1: 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>
<p>By June 2021, School Health will create a data platform so that data can be leveraged for funding and to make data-driven programmatic decisions</p>	<p>Complete data for population indicators &amp; performance measures</p> <p>Investigate strategies to disaggregate data</p>	<p>75% of population indicators and performance measures will contain updated information</p>	<p>Kim Ragan SH Admin Team Betty Foh Maddy Turner Medjie Kuyateh</p>	<p>June 2021</p>

# 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>
<p>By December 2022, identify and/or develop an assessment process to determine School Health needs based on location, race/ethnicity, socio-economic status that will strategically inform School Health initiatives</p>	<ul style="list-style-type: none"> <li>• Develop or identify a survey to collect data</li> <li>• Hold focus groups to identify perceived needs based on school realities that have a focus on disparities and social determinants of health</li> <li>• Assess current prevention work being delivered to see where an equity approach can be integrated</li> <li>• Select a pilot school from both districts and CYDC</li> <li>• Inform/educate relevant staff and partners on system-level work</li> <li>• Inform/educate relevant staff on identified issues (some examples could include ACEs and toxic stress)</li> <li>• Solicit grant funds to further support new initiatives</li> </ul>	<ul style="list-style-type: none"> <li>• Completed Survey</li> <li>• At least 20% of schools will have focus groups</li> <li>• Focus groups will mirror Cabarrus County Census Data</li> <li>• 100% of focus groups will have data that focus on equity &amp; SDOH</li> </ul>	<p>Barbara Sheppard SH Admin Team PMQI Team</p>	<p>December 2022</p>



# 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 December 2022, identify best practices and evidence-based approaches to improve access to community services for under-served youth at CYDC</p>	<ul style="list-style-type: none"> <li>• Examine the process of managing community providers to establish a framework for community re-entry and the continuity of care for students who are discharged from residential facilities</li> <li>• Identify metric guidelines that promote program consistency and tracking capabilities</li> <li>• Create scorecard for CYDC Overview: Develop a “Release with Care” process</li> <li>• Engage community partners for “Release with Care” process</li> </ul>	<ul style="list-style-type: none"> <li>• Use of psychiatric clinic use and schedule already created by medical unit nurses</li> <li>• Population Demographics,</li> <li>• % chronic illness</li> <li>• % behavioral health</li> <li>• % psychiatric clinic</li> <li>• % psychotropic medications</li> <li>• average length of stay</li> <li>• % recidivism rate</li> <li>• Client tracking tools               <ul style="list-style-type: none"> <li>○ Appointments scheduled</li> <li>○ Necessary new patient paperwork completed in tool</li> </ul> </li> </ul>	<p>Tanja Salary CYDC Team</p>	<p>December 2022</p>



# Strategic Priority 3: 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>Timeline</u>
By June 2023, School Health will increase NC Care 360 usage by 60%, to make referrals and track success	<ul style="list-style-type: none"><li>• Assessment of time commitment to oversee referral process (School Health Nurses)</li><li>• Identify a working model for student referral and scheduling</li><li>• NCCares360 representative</li></ul>	<ul style="list-style-type: none"><li>• % of patients referred through NC Care 360 platform</li><li>• % of types of referrals</li><li>• % of patients with completed referral</li></ul>	Tammy Alexander SH Team CCS KCS	June 2023





# 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>Timeline</u>
<ul style="list-style-type: none"><li>By June 2023, School Health will establish a standard social determinants of health (SDOH) screening tool to be utilized to identify and assist students and families with unmet health-related resource needs</li></ul>	<ul style="list-style-type: none"><li>Review existing screening tools (example: <a href="https://www.ncdhhs.gov/about/departments/initiatives/healthy-opportunities/screening-questions">https://www.ncdhhs.gov/about/departments/initiatives/healthy-opportunities/screening-questions</a>)</li><li>Collaborate with CCS and KCS partners to identify or develop a SDOH screening tool</li><li>Multidisciplinary teams within the school systems</li><li>Education for SN for use of screening tool and support/referral processes</li><li>Engage in cross-sector collaboration between CHA, CCS, KCS, and others to identify ways to address social determinants of health and connect families to resources</li><li>Collect and compile timely, reliable, actionable data to guide SH interventions</li></ul>	<ul style="list-style-type: none"><li>Collection of end of year data to include information about social determinants of health and connection of families to resources</li></ul>	Tammy Alexander SH Admin Team Maddy Turner CCS KCS	June 2023



# Strategic Priority 4: 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 1: Adopt Public Health 3.0 strategies as guiding principles to ensure CHA is prepared to respond to community needs this decade

Objectives	Action Steps	Metric/Measure	Champion	Timeline
<p>By June 2022, Public Health 3.0 will be incorporated into the daily practices of the School Health program</p>	<ul style="list-style-type: none"> <li>• Participate in PH 3.0 training (data series)</li> <li>• Select strategies based on assessment and community realities.</li> <li>• Utilize Department meetings and weekly newsletter to highlight 3.0 Initiatives.</li> <li>• Integrate the PH 3.0 into new school health orientation.</li> <li>• Deliver PH 3.0 concepts and strategic direction to community stakeholders.</li> <li>• Leverage the partnerships that we have with CCS &amp; KCS to develop and provide staff training and assistance for interventions which promote the health of the school community and are inclusive for all.</li> <li>• Utilize PH intern to assess the current role of SN and develop a plan for SN to focus on data collection and preventative health strategies</li> </ul>	<ul style="list-style-type: none"> <li>• Team reports % improved understanding of PH 3.0 as reflected by self-competency scores.</li> <li>• 100% of school nurses will complete PH 3.0 training and pass post assessment with a score of 80% or greater</li> <li>• Team has adopted 1-2 strategies to enhance current programming</li> <li>• End of year report of PH 3.0 findings</li> <li>• Meeting agendas and presentations</li> </ul>	<p>Kim Ragan SH Team KCS CCS</p>	<p>Ongoing</p>



# Transform Agency Capacity, Culture and Practices to Achieve Excellence

## Goal 2: Maintain a culture of quality improvement to advance departmental performance

<u>Objectives</u>	<u>Action Steps</u>	<u>Metric/Measure</u>	<u>Champion</u>	<u>Timeline</u>
<p>By September 2022, School Health will create a structured QI plan that focuses on continual improvement of processes and performance in the School Health department that align with strategic priorities of the agency</p>	<ul style="list-style-type: none"> <li>• Design survey to assess trends/needed improvements within the SH team</li> <li>• Create a QI focus group of school nurses that address departmental improvements</li> <li>• Establish two QI Metrics to ensure health and wellness outcomes for students</li> <li>• Work with CHA Quality Improvement team to facilitate a Turn the Curve activity</li> <li>• Plan, Coordinate, and promote QI trainings for staff.               <ul style="list-style-type: none"> <li>• Provide CEUs, pre and post-test, and survey for QI trainings.</li> </ul> </li> <li>• Develop and implement a systematic process for assessing and improving customer satisfaction based on SH QI practices</li> </ul>	<ul style="list-style-type: none"> <li>• Quarterly Pulse survey to nurses</li> <li>• Bi-Annual SH Administrative meeting to review QI metrics</li> <li>• Quarterly SH advisory meeting to work on Turn the Curve Activities</li> <li>• 60% of nurses will show knowledge improvement (Based on post test scores)</li> <li>• Disseminate QI updates and processes               <ul style="list-style-type: none"> <li>• Quarterly Newsletters</li> </ul> </li> <li>• Customer satisfaction surveys, students, staff, and school leaders</li> </ul>	<p>Wendy Harsch SH Admin Team Betty Foh Maddy Turner Medjie Kuyateh</p>	<p>September 2022</p>



# Transform Agency Capacity, Culture and Practices to Achieve Excellence

## Goal 5: Enhance the existing workforce development plan and program

<u>Objectives</u>	<u>Action Steps</u>	<u>Metric/Measure</u>	<u>Champion</u>	<u>Timeline</u>
By June 2022, initiate a School Health department workforce development plan to enhance the performance of school nurses	<ul style="list-style-type: none"><li>• Review SH Competency Self-Assessment results</li><li>• Work with HR to enhance trainings<ul style="list-style-type: none"><li>• Develop continuing education opportunities</li></ul></li><li>• Redesign new employee orientation schedule and incorporate more interactive sessions</li><li>• Research and develop evidence-based approaches and best practices to incorporate a preventative branch of SH services</li><li>• Provide paid opportunities for nurses to attend professional development</li></ul>	<p>New employee orientation survey results</p> <p>Pre and post competency test</p>	Tammy Alexander SH Admin Team Rolanda Patrick	June 2022

# CHA Public Health Director's Report

August 2021

## Human Resources

- New hiring process implemented; Time to Fill positions reduced from 100 days to 42 days.
- New Benefits Coordinator hired, Angie Wallace, formerly in school Health.
- Phase 2 salary study recommendations underway.

## Finance

- Online Donation Button available on CHA's website
- Submitted Lifestyle Medicine with PrEP patients to NCCU for \$40,000
- Submitted a COSSAP Grant for MAT for \$900,000
- Submitted Social determinants of health accelerator plan for \$125,000
- Awarded DFC continuation for \$125,000

## IT

- Created EHR reports related to the performance measures from Provider Workgroup. These performance measures address obesity, access to dental care, psychological risk screening status, social determinants of health, and tobacco use in our patient population.

## Clinical Services

- Medicaid Transformation rolled out across NC July 1<sup>st</sup>. Many families coming into CHA who with new cards, and many more need assistance, as they missed first opportunity to choose provider. CHA staff has been assisting these families, as well as attending virtual meet-n-greets with representatives from new private payer plans.
- Hepatitis A outbreak is continuing in Cabarrus and surrounding counties, with 28 cases to date in Cabarrus. One case in a food worker necessitated post-exposure prophylaxis clinic on Saturday, July 3<sup>rd</sup>, with 8 doses of Hep A vaccine administered by CD staff. In addition, CD staff continue to offer Hep A vaccine in Syringe Services Center, with 44 doses administered thus far.
- In addition to outreach efforts of COVID Department, COVID vaccines are being administered in the CD, Women's Health and Pediatric Departments, alongside routine appointments and immunizations. To date, approximately 500 COVID vaccines have been administered in "routine" clinics.

- **Dental Health**

- Welcome to Dr. Tashana Detwiler, DMD and Amy Maughon, RDH as well as several support staff members.
- The NC Senate voted unanimously in favor of the House version of Senate Bill 146 -oral health legislation that will allow our state to take steps toward a more accessible, equitable oral health care system. Governor Cooper signed the bill into law. A brief overview of key provisions in the bill:
  - Codifies teledentistry, which could dramatically increase the number of providers who offer remote care services, increasing access and breaking barriers in rural communities.
  - Simplifies and works to align two existing regulatory provisions that allow dental hygienists to work in community-based settings.
  - Allows dental hygienists to administer local anesthesia upon training and qualifications.

## **School Health**

### **Day to day operational:**

- Summer school concluded in both districts this week. School nurses worked during each session to keep students healthy and safe and spent time beginning to review immunization records and prepare for the upcoming school year.
- Several school nurses worked vaccine clinics throughout the summer months.
- The School Health Admin Team continues to collaborate closely with the CHA COVID department and our external school partners to strategize and plan for the return of students to campus on August 23<sup>rd</sup>.
- The Admin Team spent the last month finalizing orientation plans for the six new school nurses and new school nurse supervisor who joined CHA on July 30<sup>th</sup>.

### **Progress towards strategic plan:**

- Conducted the initial meeting with school partners to develop plan to screen for social determinants of health and to utilize NC Care 360 to make and track referrals for community resources.
- Initiated first phases of program in Kannapolis City Schools to bring movement and mindfulness into the classroom. Plans are to expand into Cabarrus County Schools once pilot is complete.
- Received \$1.6 million in grant funds from Office of Population Affairs. This will facilitate a more strategic approach as we integrate more preventive health initiatives into the school health program. Work will focus on systems level work around equity and overall adolescent social emotional health. It will also have a direct program component focused on teen pregnancy prevention for 9<sup>th</sup> graders attending AL Brown.

## **COVID Response**

- Substantial rise in cases have the team re-arranging roles to focus on case investigation.
- Vaccine adoption continues albeit slowly.
- The team is preparing for back-to-school time by supporting school nurses and administrators through contact tracing and quarantines.
- CHA was awarded the CDC Community Health Worker grant which will have a connection to COVID response. Six community health workers will be embedded at partner locations.

## **Cabarrus Public Health Interest**

- The recruitment and interviewing process for the new staff in the Cabarrus Public Health Interest is underway. We plan to select someone by the end of August.
- We have decided to not hold the Swing 4 the Kids Golf Tournament in October due to the on-going pandemic.
- CPHI submitted an application to Cabarrus County's American Recovery Funds for expanding mental health services at CHA.

## **Healthy Living Programs**

- CHA was approved as a CDC site location for a Worksite Wellness PHAP.
- CHA's Cabarrus Healthy Corner Store Initiative has relaunched through the Healthy Communities program.
- CHA hosted CCS' USDA Summer Professional Development Institute this week (August 2-5, 2021).
- Twenty-one students attended CHA's Kids in the Kitchen Summer Camp.

## **Environmental Health**

- The department is fully staffed! New staff are working through the state certification process now.
- On-site Waste Water had a five-week backlog which is now down to three weeks.

## **Healthy Cabarrus/Marketing**

- Facilitated North Carolina State Health Improvement Planning session for Infant Mortality, Teen Birth and Prenatal Care.
- Hosted Housing Collaborative Meeting among 30 Cabarrus County housing partners, organizations and municipal representatives.

- Assumed role as Chair of the Cabarrus County Early Childhood Task Force (priority need).
- Assisted with coordination of message related to COVID-19 Vaccinations with Congressman Hudson's office. (COVID)

#### Drug Free Communities (theme: Media and Messaging)

- **Messaging to parents and caregivers:** Underage drinking prevention messaging campaign in partnership with Center for Prevention Services and Talk It Out NC.
  - o 140,530 impressions for whole campaign
- **Messaging to parent and caregivers:** January – June (6 substance use messaging on CHA Facebook)
  - o 11,027 impressions
  - o **In progress and youth focused:** CHA and Cabarrus County Schools (ABC grant recipient) will be joining efforts to implement a youth focused substance use prevention marketing campaign. \$40k contract with Lee Enterprises to implement a strategic and research driven messaging campaign for Cabarrus County middle and high school aged youth. Messaging will be created by the company to be relevant, effective and in platforms commonly used by youth like video game platforms.

#### Syringe Service Program

- 1147 unique interactions this year
- 145 new participants who have signed up this year
- Restructuring data collection tools and intake form to help us collect stronger data to measure effectiveness, obtain key data for grant applications, and questions will be structured in a way that aligns with NCDHHS: IVPB new reporting questions.

#### NC Behavioral Health Equity Initiative Grant

- We finalized the VideoVoice project with a final product that truly shows the children's candid and straightforward perspective on the impact of substances, and creates awareness to the issue.
- Our **Cultural Awareness/Humility** and the Latino Community workshops continued to inform community leaders about the specific challenges Latinos face and how much of an asset they are for our community. As a result of this and other efforts, agencies reached out to Sandra to help them recruit bilingual staff for their organizations.
- 

#### Walmart Healthy Food Access (GO GO Bags) Program Updates:

- GO GO Bags program implementation began on July 19<sup>th</sup> when the website went live, allowing families to order and pay for meals. The first day of meal deliveries was July 26<sup>th</sup>. As of 3:30pm on August 2<sup>nd</sup>, 20 meals have been ordered among 6 families, at 2 of the 3 participating daycare centers. Program partners continue to meet monthly to discuss challenges and successes.

### **Performance/Quality Improvement and Accreditation:**

- NACCHO Statewide Training/Technical Assistance Performance Improvement Project completed
- NACCHO 360 Conference Town Hall Presentation 7/1/2021

#### **Accreditation**

- PHAB Annual Report Submitted 8/4/2021
- NCLHDA- Annual document internal submission in progress

#### **Epidemiology**

- Delta variant tracking at the state level
- Cabarrus County 2020 STD Analysis completed

#### **Population Health**

- SDOH-Equity Challenge in Progress
  - Topic: Maternal Child Health
- PHAB Report: Population Health Outcomes report submitted

### **BOH activities**

- New member orientation held 8/2 for two new board members.
- Governor Cooper, Dr. Betsy Tilson and their team visited CHA COVID vaccine clinic at NW Cabarrus High School and held a press conference to promote vaccines on July 13. Mr. Mack and Commissioner Morris were present for the event.
- Mr. Mack and Dr. Pons represented the Board at our first Annual Volunteer Appreciation event on July 29.

### **National/State/Local Updates**

- CDC updated recommendations to encourage all individuals, regardless of vaccine status, to wear masks in indoor settings, in areas of high/substantial transmission. Also

recommended universal indoor masking for all teachers, staff, students and visitors to K-12 schools, regardless of vaccination status.

- Governor Cooper announced requirement for some state employees in Cabinet agencies to be vaccinated or wear masks and undergo regular testing. He also encouraged employers to implement required vaccine policies for their employees.
- NC Strong Schools Toolkit updated to modify definition of close contact in school settings for mask-on-mask situations, and to recommend that all schools adopt universal masking for the start of this school year.
- Advocacy outreach conducted with Representatives Baker and Sasser to encourage support of additional CD funding for local health departments.
- Prepared educational packet and met with Senator Newton's Legislative Assistant regarding SB711, NC Compassionate Care Act.



# Cabarrus Health Alliance Board Agenda

Meeting Date: August 10, 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 the Opioid CLC Grant. - \$0
2. To align budget with actuals for the clinical Office of Rural Health Grant. - \$0
3. To align budget with actuals for the WIC Department. - \$0
4. To budget for Finance, Human Resources, and Facilities separate from General Administration. - \$0
5. To align budget for the 340B program in the Communicable Disease Department with actuals. - \$0
6. To adjust budget based on County FY22 Contract. - \$6
7. To align budget with actuals for the Smart Start Grant. - \$(5,000)
8. To budget for additional personnel cost in Environmental Health. - \$53,667
9. To budget for the NACCHO Grant received for Environmental Health. - \$12,000
10. To adjust budget based on FY21 actuals and with current FY22 projections for the Population Health Funds. - \$50,009
11. To adjust budget based on FY21 actuals and with current FY22 projections for the ELC Grant. - \$181,834
12. To budget for grant received for dental from the Office of Rural Health. - \$150,000
13. To budget for the Elevate Grant for Kannapolis City Schools programming. - \$1,195,901
14. To budget for the Positive Parenting Program Grant. - \$140,000

**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: 8/10/2021

Amount: \$ \_\_\_\_\_ -

Type of Adjustment:

Health Director: Dr. Bonnie Coyle

Internal Transfer Within Program

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

Transfer Between Programs

Supplemental Request

Account	Account Name	Present Approved Budget	Increase	Decrease	Revised Budget Amount
00295845-9101-50491	Salaries & Wages-Opioid CLC	\$ 49,157	\$ 3,402	\$ -	\$ 52,559
00295845-9420-50491	Telecommunications	\$ -	\$ 288	\$ -	\$ 288
00295845-9611-50491	Mileage-Opioid CLC	\$ 30	\$ 38	\$ -	\$ 68
00295845-9301-50491	Office Supplies - Opioid CLC	\$ 150	\$ -	\$ 30	\$ 120
00295845-9635-50491	Training & Ed - Opioid CLC	\$ 300	\$ -	\$ 150	\$ 150
00295845-9320-50491	Printing & Binding-Opioid CLC	\$ 450	\$ -	\$ 218	\$ 232
00295845-9355-5049A	OtherOperCosts-OpioidCLC Indir	\$ 9,820	\$ -	\$ 326	\$ 9,494
00295845-9205-50491	Group Hospital Ins-Opioid CLC	\$ 7,593	\$ -	\$ 650	\$ 6,943
00295845-9447-50491	Contracted Services-Opioid CLC	\$ 2,630	\$ -	\$ 923	\$ 1,707
00295845-9355-50491	Other Oper Costs-Opioid CLC	\$ 16,579	\$ -	\$ 1,431	\$ 15,148

**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: 8/10/2021

Amount: \$ \_\_\_\_\_ -

Type of Adjustment:

Health Director: Dr. Bonnie Coyle

Internal Transfer Within Program

Purpose of Request: To align budget with actuals for the clinical Office of Rural Health Grant.

Transfer Between Programs

Supplemental Request

Account	Account Name	Present Approved Budget	Increase	Decrease	Revised Budget Amount
00295875-9102-405	Part Time > 1000 Hours - RH	\$ 25,879	\$ 4,185	\$ -	\$ 30,064
00295875-9320-405	Printing & Binding - RH	\$ -	\$ 420	\$ -	\$ 420
00295875-9635-405	Training & Education - RH	\$ -	\$ 1,460	\$ -	\$ 1,460
00295875-9210-405	Retirement - RH	\$ 8,813	\$ -	\$ 2,747	\$ 6,066
00295875-9355-405	Other Operation Costs- RH	\$ 16,556	\$ -	\$ 1,880	\$ 14,676
00295875-9109-51010	Salary Adjustments-MH	\$ 5,785	\$ -	\$ 1,438	\$ 4,347

**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: 8/10/2021

Amount: \$ \_\_\_\_\_ -

Type of Adjustment:

Health Director: Dr. Bonnie Coyle

Internal Transfer Within Program

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

Transfer Between Programs

Supplemental Request

Account	Account Name	Present Approved Budget	Increase	Decrease	Revised Budget Amount
00295880-9101-54030	Salaries & Wages - WICCS	\$ 176,750	\$ 8,275	\$ -	\$ 185,025
00295880-9101-54050	Salaries & Wages-WICAd	\$ 43,491	\$ 3,028	\$ -	\$ 46,519
00295880-9101-179	Salaries & Wages-SS WIC BFPS	\$ 47,091	\$ -	\$ 66	\$ 47,025
00295880-9101-54040	Salaries & Wages - WICNE	\$ 95,228	\$ -	\$ 2,003	\$ 93,225
00295880-9101-54090	Salaries & Wages - WICBF	\$ 19,646	\$ -	\$ 9,234	\$ 10,412

**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

#4

Date: 8/10/2021

Amount: \$ \_\_\_\_\_ -

Type of Adjustment:

Health Director: Dr. Bonnie Coyle

Internal Transfer Within Program

Purpose of Request: To budget for Finance, Human Resources, and Facilities separate from

Transfer Between Programs

General Administration.

Supplemental Request

Account	Account Name	Present Approved Budget	Increase	Decrease	Revised Budget Amount
00295815-9101-41100	Salaries & Wages - Admin Aid	\$ 1,213,918	\$ -	\$ 758,432	\$ 455,486
00295815-9205-41100	Group Hospital Ins Admin Aid	\$ 149,750	\$ -	\$ 116,583	\$ 33,167
00295815-9206-41100	HRA-Gen Admin	\$ 28,750	\$ -	\$ 22,440	\$ 6,310
00295815-9102-41100	Part Time > 1000 Hours - Adm A	\$ 33,322	\$ -	\$ 33,322	\$ -
00295815-9103-41100	Part Time < 1000 Hours - Adm A	\$ 32,479	\$ -	\$ 1,045	\$ 31,434
00295815-9109-41100	Salary Adjustments	\$ 50,099	\$ -	\$ 50,099	\$ -
00295815-9201-41100	Social Security - Admin Aid	\$ 112,188	\$ -	\$ 73,960	\$ 38,228
00295815-9202-41100	Medicare - Admin Aid	\$ 26,238	\$ -	\$ 17,297	\$ 8,941
00295815-9210-41100	Retirement - Admin Aid	\$ 201,592	\$ -	\$ 135,394	\$ 66,198
00295815-9211-41100	401K Match	\$ 35,522	\$ -	\$ 23,858	\$ 11,664
00295815-9230-41100	Workers' Comp - Admin Aid	\$ 5,894	\$ -	\$ 3,682	\$ 2,212
00295815-9640-41100	Insurance & Bonds-Admin	\$ 23,715	\$ -	\$ 14,911	\$ 8,804
00295815-9659-41100	Unemployment Compensation	\$ 3,667	\$ -	\$ 2,475	\$ 1,192
00295855-9101-41400	Salaries & Wages - Dental	\$ 1,429,211	\$ -	\$ 350,000	\$ 1,079,211
00295815-9394-41100	Janitorial Supplies-Admin	\$ 10,000	\$ -	\$ 10,000	\$ -
00295815-9501-41100	Building & Ground Maintenance	\$ 52,192	\$ -	\$ 52,192	\$ -
00295815-9440-41100	Laundry & Dry Cleaning-Admin	\$ 800	\$ -	\$ 800	\$ -
00295815-9445-41100	Purchased Svcs-Admin	\$ 16,000	\$ -	\$ 16,000	\$ -
00295815-9635-41100	Training & Ed-Admin	\$ 77,134	\$ -	\$ 24,000	\$ 53,134
00295815-9151-41100	Auditors	\$ 22,500	\$ -	\$ 22,500	\$ -
00295815-9331-41100	Minor Office Equip&Furn-Admin	\$ 7,668	\$ -	\$ 5,000	\$ 2,668
00295815-9101-16	Salaries & Wages-Facilities	\$ -	\$ 118,980	\$ -	\$ 118,980
00295815-9201-16	Social Security-Facilities	\$ -	\$ 7,377	\$ -	\$ 7,377
00295815-9202-16	Medicare-Facilities	\$ -	\$ 1,725	\$ -	\$ 1,725
00295815-9205-16	Group Hospital Ins - Facilitie	\$ -	\$ 13,878	\$ -	\$ 13,878
00295815-9206-16	HRA - Facilities	\$ -	\$ 2,640	\$ -	\$ 2,640
00295815-9210-16	Retirement-Facilities	\$ -	\$ 13,504	\$ -	\$ 13,504
00295815-9211-16	401K Match-Facilities	\$ -	\$ 2,380	\$ -	\$ 2,380
00295815-9230-16	Workers' Comp-Facilities	\$ -	\$ 357	\$ -	\$ 357
00295815-9640-16	Insurance & Bonds-Facilities	\$ -	\$ 1,487	\$ -	\$ 1,487
00295815-9659-16	Unemployment Compensation	\$ -	\$ 300	\$ -	\$ 300
00295815-9394-16	Janitorial Supplies-Facilities	\$ -	\$ 10,000	\$ -	\$ 10,000
00295815-9501-16	Building & Ground Maintenance	\$ -	\$ 52,192	\$ -	\$ 52,192
00295815-9101-17	Salaries & Wages-HR	\$ -	\$ 401,428	\$ -	\$ 401,428
00295815-9201-17	Social Security-HR	\$ -	\$ 24,889	\$ -	\$ 24,889

00295815-9202-17	Medicare-HR	\$	-	\$	5,821	\$	-	\$	5,821
00295815-9205-17	Group Hospital Ins-HR	\$	-	\$	34,695	\$	-	\$	34,695
00295815-9206-17	HRA-HR	\$	-	\$	6,600	\$	-	\$	6,600
00295815-9210-17	Retirement-HR	\$	-	\$	45,562	\$	-	\$	45,562
00295815-9211-17	401K Match-HR	\$	-	\$	8,029	\$	-	\$	8,029
00295815-9230-17	Workers' Compensation-HR	\$	-	\$	1,204	\$	-	\$	1,204
00295815-9640-17	Insurance & Bonds-HR	\$	-	\$	5,018	\$	-	\$	5,018
00295815-9659-17	Unemployment Compensation	\$	-	\$	750	\$	-	\$	750
00295815-9440-17	Laundry & Dry Cleaning	\$	-	\$	800	\$	-	\$	800
00295815-9445-17	Purchased Services	\$	-	\$	16,000	\$	-	\$	16,000
00295815-9635-17	Training & Education	\$	-	\$	12,000	\$	-	\$	12,000
00295815-9101-18	Salaries & Wages-Finance	\$	-	\$	638,124	\$	-	\$	638,124
00295815-9102-18	Part Time > 1000 Hours-Finance	\$	-	\$	34,269	\$	-	\$	34,269
00295815-9103-18	Part Time < 1000 Hours-Finance	\$	-	\$	98	\$	-	\$	98
00295815-9201-18	Social Security-Finance	\$	-	\$	41,694	\$	-	\$	41,694
00295815-9202-18	Medicare-Finance	\$	-	\$	9,751	\$	-	\$	9,751
00295815-9205-18	Group Hospital Ins-Finance	\$	-	\$	68,009	\$	-	\$	68,009
00295815-9206-18	HRA - Finance	\$	-	\$	13,200	\$	-	\$	13,200
00295815-9210-18	Retirement-Finance	\$	-	\$	76,328	\$	-	\$	76,328
00295815-9211-18	401K Match-Finance	\$	-	\$	13,450	\$	-	\$	13,450
00295815-9230-18	Workers' Compensation-Finance	\$	-	\$	2,120	\$	-	\$	2,120
00295815-9640-18	Insurance & Bonds-Finance	\$	-	\$	8,406	\$	-	\$	8,406
00295815-9659-18	Unemployment Compensation	\$	-	\$	1,425	\$	-	\$	1,425
00295815-9151-18	Auditors	\$	-	\$	22,500	\$	-	\$	22,500
00295815-9635-18	Training & Education	\$	-	\$	12,000	\$	-	\$	12,000
00295815-9331-18	Minor Office Equipment & Furn	\$	-	\$	5,000	\$	-	\$	5,000

**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

#5

Date: 8/10/2021

Amount: \$ \_\_\_\_\_ -

Type of Adjustment:

Health Director: Dr. Bonnie Coyle

Internal Transfer Within Program

Purpose of Request: To align budget for the 340B program in the Communicable Disease Department with actuals.

Transfer Between Programs

Supplemental Request

Account	Account Name	Present Approved Budget	Increase	Decrease	Revised Budget Amount
00265865-6807-090	340B Program Income	\$ -	\$ 108,000	\$ -	\$ 108,000
00265865-6807-235	340B Program Income-PrEP	\$ 108,000	\$ -	\$ 108,000	\$ -
00295865-9355-090	Other Operation Costs-Pharmacy	\$ -	\$ 47,000	\$ -	\$ 47,000
00295865-9360-090	Medical Supplies-Pharmacy	\$ -	\$ 14,000	\$ -	\$ 14,000
00295865-9445-090	Purchased Services-Pharmacy	\$ -	\$ 47,000	\$ -	\$ 47,000
00295865-9355-235	Other Operation Costs-PREP	\$ 108,000	\$ -	\$ 108,000	\$ -

**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

#6

Date: 8/10/2021

Amount: \$                 6

Type of Adjustment:

Health Director: Dr. Bonnie Coyle

Internal Transfer Within Program

Purpose of Request: To adjust budget based on FY22 County Contract.

Transfer Between Programs

Supplemental Request

Account	Account Name	Present Approved Budget	Increase	Decrease	Revised Budget Amount
00265815-6904-41100	Contribution from Cabarrus Cty	\$ 2,058,785	\$ 6	\$ -	\$ 2,058,791
00295815-9101-41100	Salaries & Wages - Admin Aid	\$ 1,213,918	\$ 6	\$ -	\$ 1,213,924

**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: 8/10/2021

Amount: \$           (5,000)

Type of Adjustment:

Health Director: Dr. Bonnie Coyle

Internal Transfer Within Program

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

Transfer Between Programs

Supplemental Request

Account	Account Name	Present Approved Budget	Increase	Decrease	Revised Budget Amount
00265855-6286-129	Cab Partfor Child SmartStart D	\$ 20,000	\$ -	\$ 5,000	\$ 15,000
00295855-9445-129	Purchased Serv-SmartStart Dent	\$ 20,000	\$ -	\$ 5,000	\$ 15,000

**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

#8

Date: 8/10/2021

Amount: \$ 53,667

Type of Adjustment:

Health Director: Dr. Bonnie Coyle

Internal Transfer Within Program

Purpose of Request: To budget for additional personnel cost in Environmental Health.

Transfer Between Programs

Supplemental Request

Account	Account Name	Present Approved Budget	Increase	Decrease	Revised Budget Amount
00265805-6508-47510	Environmental Health Fees	\$ 182,117	\$ 53,667	\$ -	\$ 235,784
00295805-9101-47510	Salaries & Wages-EH	\$ 225,074	\$ 16,719	\$ -	\$ 241,793
00295805-9109-47510	Salary Adjustments-EH	\$ 16,900	\$ 446	\$ -	\$ 17,346
00295805-9201-47510	Social Security-EH	\$ 16,736	\$ 1,846	\$ -	\$ 18,582
00295805-9202-47510	Medicare-Env Hlth	\$ 3,914	\$ 432	\$ -	\$ 4,346
00295805-9210-47510	Retirement-Env Hlth	\$ 25,960	\$ 3,368	\$ -	\$ 29,328
00295805-9211-47510	401K Match	\$ 4,574	\$ 594	\$ -	\$ 5,168
00295805-9230-47510	Workers' Comp-Env Hlth	\$ 968	\$ 90	\$ -	\$ 1,058
00295805-9640-47510	Insurance & Bonds-Env Hlth	\$ 3,374	\$ 372	\$ -	\$ 3,746
00295805-9640-47510	Contracted Personnel - Env Hlth	\$ -	\$ 29,800	\$ -	\$ 29,800

**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: 8/10/2021

Amount: \$ 12,000

Type of Adjustment:

Health Director: Dr. Bonnie Coyle

Internal Transfer Within Program

Purpose of Request: To budget for NACCHO Grant received by Environmental Health.

Transfer Between Programs

Supplemental Request

Account	Account Name	Present Approved Budget	Increase	Decrease	Revised Budget Amount
00265805-6288-47520	NACCHO Grant-Food & Lodging	\$ -	\$ 12,000	\$ -	\$ 12,000
00295805-9101-47520	Salaries & Wages-F&L	\$ 491,334	\$ 9,200	\$ -	\$ 500,534
00295805-9206-47520	HRA-Food & Lodging	\$ 10,560	\$ 2,271	\$ -	\$ 12,831
00295805-9320-47520	Print&Bind-Food&Lodging	\$ 49	\$ 529	\$ -	\$ 578

**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: 8/10/2021

Amount: \$ 50,009

Type of Adjustment:

Health Director: Dr. Bonnie Coyle

Internal Transfer Within Program

Purpose of Request: To adjust the Population Health budget based on FY21 actuals and align budget with current projections.

Transfer Between Programs

Supplemental Request

Account	Account Name	Present Approved Budget	Increase	Decrease	Revised Budget Amount
00265875-6442-507	CCofSP-PopulationHealth	\$ 270,966	\$ 50,009	\$ -	\$ 320,975
00295845-9355-906	Other Operation Costs-SEP	\$ 24,000	\$ 10,000	\$ -	\$ 34,000
00295875-9101-507	Salaries & Wages-PopHealth	\$ 147,846	\$ 35,000	\$ -	\$ 182,846
00295875-9355-507	Other Oper Costs-PopHealth	\$ 24,000	\$ 5,009	\$ -	\$ 29,009

**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: 8/10/2021

Amount: \$ 181,834

Type of Adjustment:

Health Director: Dr. Bonnie Coyle

Internal Transfer Within Program

Purpose of Request: To adjust budget based on FY21 actuals and align budget with current projections for the ELC Grant.

Transfer Between Programs

Supplemental Request

Account	Account Name	Present Approved Budget	Increase	Decrease	Revised Budget Amount
00265865-6200-50543	CHA Grant-ELC EnhDectAct	\$ 1,733,591	\$ 181,834	\$ -	\$ 1,915,425
00295865-9101-50543	Salaries & Wages-ELC	\$ 1,200,731	\$ -	\$ 293,665	\$ 907,066
00295865-9201-50543	Social Security-ELC	\$ 75,850	\$ -	\$ 18,803	\$ 57,047
00295865-9202-50543	Medicare-ELC	\$ 20,570	\$ -	\$ 7,228	\$ 13,342
00295865-9205-50543	Group Hospital Ins-ELC	\$ 158,750	\$ -	\$ 57,604	\$ 101,146
00295865-9206-50543	HRA-ELC	\$ 36,400	\$ -	\$ 17,920	\$ 18,480
00295865-9210-50543	Retirement-ELC	\$ 141,702	\$ -	\$ 36,994	\$ 104,708
00295865-9211-50543	401K Match-ELC	\$ 27,855	\$ -	\$ 9,453	\$ 18,402
00295865-9640-50543	Insurance & Bonds-ELC	\$ 15,555	\$ -	\$ 4,054	\$ 11,501
00295865-9659-50543	Unemployment Comp-ELC	\$ 4,000	\$ -	\$ 1,900	\$ 2,100
00295865-9230-50543	Workers' Compensation-ELC	\$ 4,628	\$ -	\$ 1,878	\$ 2,750
00295865-9301-50543	Office Supplies-ELC	\$ 7,500	\$ 25,421	\$ -	\$ 32,921
00295865-9355-50543	Other Oper Costs-ELC	\$ 25,000	\$ 545,400	\$ -	\$ 570,400
00295865-9447-50543	Contracted Services-ELC	\$ -	\$ 15,000	\$ -	\$ 15,000
00295865-9635-50543	Training & Education - ELC	\$ -	\$ 50,000	\$ -	\$ 50,000
00295865-9320-50543	Printing & Binding-ELC	\$ 3,500	\$ -	\$ 2,900	\$ 600
00295865-9420-50543	Telecommunications-ELC	\$ 2,500	\$ -	\$ 1,588	\$ 912

**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: 8/10/2021

Amount: \$ 150,000

Type of Adjustment:

Health Director: Dr. Bonnie Coyle

Internal Transfer Within Program

Purpose of Request: To budget for grant received for dental from the Office of Rural Health.

Transfer Between Programs

Supplemental Request

Account	Account Name	Present Approved Budget	Increase	Decrease	Revised Budget Amount
00265855-6285-407	Office of Rural Health	\$ -	\$ 150,000	\$ -	\$ 150,000
00295855-9101-407	Salaries & Wages-ORH	\$ -	\$ 63,103	\$ -	\$ 63,103
00295855-9201-407	Social Security-ORH	\$ -	\$ 3,912	\$ -	\$ 3,912
00295855-9202-407	Medicare-ORH	\$ -	\$ 915	\$ -	\$ 915
00295855-9205-407	Group Hospital Insurance-ORH	\$ -	\$ 6,939	\$ -	\$ 6,939
00295855-9206-407	HRA-ORH	\$ -	\$ 1,320	\$ -	\$ 1,320
00295855-9210-407	Retirement-ORH	\$ -	\$ 7,181	\$ -	\$ 7,181
00295855-9211-407	401K Match-ORH	\$ -	\$ 1,262	\$ -	\$ 1,262
00295855-9230-407	Workers' Compensation-ORH	\$ -	\$ 189	\$ -	\$ 189
00295855-9640-407	Insurance & Bonds-ORH	\$ -	\$ 789	\$ -	\$ 789
00295855-9659-407	Unemployment Comp-ORH	\$ -	\$ 150	\$ -	\$ 150
00295855-9367-407	Dental Supplies-ORH	\$ -	\$ 64,240	\$ -	\$ 64,240

**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: 8/10/2021

Amount: \$ 1,195,901

Type of Adjustment:

Health Director: Dr. Bonnie Coyle

Internal Transfer Within Program

Purpose of Request: To budget for the Elevate Grant received for Kannapolis City Schools programming.

Transfer Between Programs

Supplemental Request

Account	Account Name	Present Approved Budget	Increase	Decrease	Revised Budget Amount
00265845-6289-184	DHHS/OPA-Elevate	\$ -	\$ 1,195,901	\$ -	\$ 1,195,901
00295845-9101-184	Salaries & Wages-Elevate	\$ -	\$ 407,185	\$ -	\$ 407,185
00295845-9102-184	Part Time>1000 Hrs-Elevate	\$ -	\$ 45,000	\$ -	\$ 45,000
00295845-9201-184	Social Security-Elevate	\$ -	\$ 22,010	\$ -	\$ 22,010
00295845-9202-184	Medicare-Elevate	\$ -	\$ 5,142	\$ -	\$ 5,142
00295845-9205-184	Group Hospital Ins-Elevate	\$ -	\$ 36,239	\$ -	\$ 36,239
00295845-9206-184	HRA-Elevate	\$ -	\$ 7,920	\$ -	\$ 7,920
00295845-9210-184	Retirement-Elevate	\$ -	\$ 35,399	\$ -	\$ 35,399
00295845-9211-184	401K Match-Elevate	\$ -	\$ 7,100	\$ -	\$ 7,100
00295845-9230-184	Workers' Comp-Elevate	\$ -	\$ 1,065	\$ -	\$ 1,065
00295845-9640-184	Insurance & Bonds-Elevate	\$ -	\$ 4,438	\$ -	\$ 4,438
00295845-9659-184	Unemployment Comp-Elevate	\$ -	\$ 900	\$ -	\$ 900
00295845-9301-184	Office Supplies-Elevate	\$ -	\$ 27,095	\$ -	\$ 27,095
00295845-9355-184	Other Operation Costs-Elevate	\$ -	\$ 225,945	\$ -	\$ 225,945
00295845-9447-184	Contracted Services-Elevate	\$ -	\$ 256,090	\$ -	\$ 256,090
00295845-9635-184	Training & Education-Elevate	\$ -	\$ 16,691	\$ -	\$ 16,691
00295845-9356-184A	Special Program Supp-Elevate	\$ -	\$ 97,682	\$ -	\$ 97,682

**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: 8/10/2021

Amount: \$ 140,000

Type of Adjustment:

Health Director: Dr. Bonnie Coyle

Internal Transfer Within Program

Purpose of Request: To budget for the Positive Parenting Program Grant.

Transfer Between Programs

Supplemental Request

Account	Account Name	Present Approved Budget	Increase	Decrease	Revised Budget Amount
00265832-6250-186	DHHS-NC Div of SS	\$ -	\$ 140,000	\$ -	\$ 140,000
00295832-9101-186	Salaries & Wages-PosParentProg	\$ -	\$ 20,232	\$ -	\$ 20,232
00295832-9102-186	PartTime>1000 Hours-PosParentP	\$ -	\$ 23,400	\$ -	\$ 23,400
00295832-9201-186	Social Security-PosParentProg	\$ -	\$ 2,705	\$ -	\$ 2,705
00295832-9202-186	Medicare-PosParentProg	\$ -	\$ 633	\$ -	\$ 633
00295832-9205-186	Group Hospital Ins-PosParentPr	\$ -	\$ 7,739	\$ -	\$ 7,739
00295832-9206-186	HRA - PosParentProg	\$ -	\$ 1,389	\$ -	\$ 1,389
00295832-9210-186	Retirement-PosParentProg	\$ -	\$ 4,965	\$ -	\$ 4,965
00295832-9211-186	401K Match-PosParentProg	\$ -	\$ 873	\$ -	\$ 873
00295832-9230-186	Workers' Comp-PosParentProg	\$ -	\$ 131	\$ -	\$ 131
00295832-9640-186	Insurance & Bonds-PosParentPro	\$ -	\$ 545	\$ -	\$ 545
00295832-9659-186	Unemployment Comp-PosParentPro	\$ -	\$ 150	\$ -	\$ 150
00295832-9325-186	Postage-PosParentProgram	\$ -	\$ 120	\$ -	\$ 120
00295832-9331-186	Minor Office Equipment & Furn	\$ -	\$ 3,714	\$ -	\$ 3,714
00295832-9355-186	Other Operation Costs-PosParen	\$ -	\$ 2,200	\$ -	\$ 2,200
00295832-9356-186	Special Program Supplies-PPP	\$ -	\$ 16,464	\$ -	\$ 16,464
00295832-9356-186A	SpecialProgramSupp-PPPIndirect	\$ -	\$ 11,072	\$ -	\$ 11,072
00295832-9420-186	Telecommunications-PPP	\$ -	\$ 1,496	\$ -	\$ 1,496
00295832-9447-186	Contracted Services-PosParentP	\$ -	\$ 28,850	\$ -	\$ 28,850
00295832-9611-186	Mileage-PosParentProgram	\$ -	\$ 1,382	\$ -	\$ 1,382
00295832-9635-186	Training & Education-PPP	\$ -	\$ 11,940	\$ -	\$ 11,940

**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: August 10, 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 and revised policies:

- Credit Card Processing Policy (reviewed; no changes)
- Public Health & Primary Care Services Fee Policy (reviewed; no changes)
- Public Health, Primary Care & Dental Services False Claims and Fraud Prevention Policy (reviewed; no changes)
- Public Health, Primary Care & Dental Services Billing Policy (reviewed; minor changes)

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

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

### **Items reviewed by:**

Sue Yates, Chief Finance Officer  
Pam Simpson, Finance Program Manager

**SUBJECT: CREDIT CARD PROCESSING POLICY**

**EFFECTIVE DATE:** June 12, 2018

**REVISION DATE:** June 11, 2019

**DATE OF LAST REVIEW:** May 25, 2018; June 11, 2019, July 30, 2020; July 26, 2021

**POLICY STATEMENT:** Merchant credit or debit card transactions are monetary transactions and are subject to the same control and reconciliation policies as cash transactions. Improper protection of merchant card data, whether in electronic or paper form, could lead to a security breach that may result in customer ill-will, fines, legal fees and response-related costs. All technology implementation associated with the credit card processing must be in accordance with the Payment Card Industry (PCI) Data Security Standard. The goal of the PCI Data Security Standard is to protect cardholder data and sensitive authentication data wherever it is processed, stored or transmitted. Violations of this policy and these procedures may result in disciplinary action, termination of employment or legal action.

**DEFINITION:** We currently use credit card terminals connected to a phone line for processing in our clinical and environmental health locations. Current process does not use a computer or any device connected to our network. We currently use credit card terminals connected to our data network for our dental locations. Current process is that no data is stored on the network. It uses point 2 point encryption. Once the card is swiped or inserted the numbers are encrypted as they traverse our network and internet till they're decrypted and processed in AxiaMed's network. We use the PCI Data Security Standard SAQ B (Self-Assessment Questionnaire) and Attestation of Compliance for our connection via phone lines. We use the PCI Data Security Standard SAQ P2PE for our connection via the network. Employees will be trained on how to process credit cards safely and securely, and on the importance of cardholder data security.

**PROCEDURES TO BE FOLLOWED:**

**1. PERMITTED PROCESSES:**

- 1.1. Entering credit card number or swiping credit card while customer is present.
- 1.2. Entering credit card number while customer is on the phone.
- 1.3. Writing down a credit card number on a sheet of paper to type into credit card terminal. This sheet of paper must be secured until the credit card has been processed and then placed in a Shred-It bin. Under no circumstances should this information be stored.
- 1.4. Only the last four digits of a credit card number is displayed on printed receipts.
- 1.5. Only employees authorized by management are handling and processing customer's credit cards, and using the credit card machines.
- 1.6. Cardholder data received via an unintended channel should be immediately removed. An example of this would be receiving an email from a customer with cardholder data. If this

happens, do not “reply” using the same email that contains the cardholder data. Contact the customer via an alternate communication to complete the transaction or remove sensitive data from the email response before replying.

- 1.7. When necessary communicate with clients on the risks of sending cardholder data through unsecure channels and ensure customers are aware of our secure methods for submitting payment information.
- 1.8. Report to your supervisor if you aware of any tampering or substitution of devices.
- 1.9. A daily accounting of receipts from our patient software systems should be balanced against merchant card transactions via daily batch settlement reports. The actual funds for the merchant card transactions are electronically deposited into the agency’s bank account automatically and reconciled by the Finance Department.
2. **PROHIBITED PROCESSES:**
  - 2.1. Storing CHD (cardholder data) on paper following the completion of a transaction as it must be disposed of immediately in a Shred-IT bin.
  - 2.2. Receiving credit card numbers and storing credit card numbers in any digital format. This includes Excel, Word, PDF files, in Email, in instant chat and also in any database.
  - 2.3. Scanning in any paperwork which contains credit card numbers.
  - 2.4. Employees making any changes to the credit card terminals without authorization.
  - 2.5. No employee may disclose or acquire any information concerning a cardholder’s account without the cardholder’s consent. Employees shall not sell, purchase, provide, disclose or exchange card account information or any other transaction information to any third person other than Cabarrus Health Alliance (CHA) Staff for assistance, to merchant card processor, to any Card Association as applicable, or as may be required by applicable law or regulation.
  - 2.6. Accepting payment cards for cash advances.

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Cabarrus Health Alliance Board Chairman

Date

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

**EFFECTIVE DATE:** July, 1999

**REVISION DATE(S):** June, 2000; September 2002; January 2004; August 2006;  
November 13, 2007; June 17, 2008; July 26, 2010; December 20,  
2011; September 27, 2013; September 26, 2014; May 9, 2017;  
October 26, 2017; August 1, 2018

**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 14, 2013; September 27, 2013;  
September 26, 2014; December 30, 2015; December 30, 2016;  
May 9, 2017; October 26, 2017; August 1, 2018; August 1, 2019;  
July 30, 2020; July 26, 2021

**POLICY STATEMENT:** This policy is being written to define and implement charges for public health and primary care services rendered by the Public Health Authority of Cabarrus County dba Cabarrus Health Alliance (CHA). This policy does not include dental services. This policy may be revised at any time if necessary and will be reviewed at least annually.

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

### **FEES**

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)

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.

### **SLIDING FEE SCALES**

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 CHA Eligibility Policy) will be applied to determine individual's charges. Primary care services not covered by state and/or federal grant funds will have fees and copays assessed.

### **PRIMARY CARE**

For non-mandated services, flat rate fees will be established.

### **PROGRAM SERVICES**

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

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

- a. No one will be denied services based solely on the **inability** to pay. (2)
- b. 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.
- c. 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.
- d. There shall be no minimum fee requirement or surcharge that is indiscriminately applied to all patients.
- e. Donations can be accepted from any patient regardless of income status as long as they are voluntary. There cannot be any “schedule of donations”, bills for donations or implied or overt coercion. Approved policy billing requirements are not waived because of client donations.
- f. 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.
- g. According to General Statues, there cannot be a charge imposed on the patient for Communicable Disease activity.
- h. Esuperbills will be created in the Electric Medical Record system by providers at the time of a visit for the services received for that day. In the event a procedure was omitted that was performed, the appropriate party will be billed.
- i. Title X funds may be used to provide non-title X patient services (i.e., thyroid test) as long as adequate title X funds are available to provide contraceptive care, if approved by the Clinical Director.

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

### **340B**

Programs utilizing 340B purchased medication at CHA include, Family Planning (Title X), STD, and Tuberculosis.

IUDs, Nexplanons, and Depo that are billed through the Family Planning Clinic process must bill Medicaid the actual (or acquisition) cost which was paid for the method/device, and no dispensing fee is allowed.

Other Family Planning contraceptives that are dispensed and billed through the Family Planning Clinic process (health departments that fill contraceptive prescriptions only for clients seen at CHA) must bill Medicaid the actual (or acquisition) cost which was paid for the method/device and no dispensing fee is allowed.

Per the NC Department of Health and Human Services Division of Public Health, we can determine our average cost for a year for each 340B method or device. This amount can be used for billing using the UD-modifier and FP-modifier. As this methodology is updated annually, this should provide the least amount of risk as it will be the closest to our actual cost. The purchased cost for each device should be reviewed and updated at least annually.

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

Utilizing the UD-modifier when billing Medicaid for family planning methods and devices purchased at the 340B rate will let Medicaid know this method did not qualify for the rebate process. This modifier does not alert Medicaid to the actual (acquisition) cost that you paid to purchase the device. Note that the FP-modifier must be used in addition to the UD-modifier for the claim in order for Be Smart and Regular Medicaid to cover the method/device.

Fees for drugs and devices billed to private insurance or billed to self-pay patients can be based on usual and customary charges.

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Cabarrus Health Alliance Board Chairman

Date

**SUBJECT: PUBLIC HEALTH, PRIMARY CARE AND DENTAL SERVICES BILLING POLICY**

**EFFECTIVE DATE:** November 14, 2017

**REVISION DATE(S):** October 31, 2017; August 1, 2018; July 26, 2021

**DATE OF LAST REVIEW:** October 31, 2017; August 1, 2018, August 1, 2019; July 30, 2020; July 26, 2021

**POLICY STATEMENT:** This policy provides guidelines to be followed when billing charges for public health, primary care services and dental rendered by the Public Health Authority of Cabarrus County dba Cabarrus Health Alliance (CHA). We are committed to preventing fraud and abuse in billing and are responsible to submit only charges that are truthful and accurate, that reflect medically necessary or appropriate services, and that are fully supported by health care record documentation. Attention is given to submitting a correct claim for payment the first time. This policy may be revised at any time if necessary and will be reviewed at least annually.

#### **BILLING MEDICAID AND THIRD PARTY INSURANCE**

Clients presenting with third party health insurance coverage where copayments are required shall be subject to collection of the required copayment at the time of service. For Family Planning (Title X) clients, the copay may not exceed the amount they would have paid for services based on sliding fee scale (SFS).

Patients will electronically or manually sign a consent allowing CHA to file insurance and a copy of the insurance card will be scanned at that time into the patient's medical record.

Third party is billed the total amount of the service provided and will not receive the benefit of the SFS. The charge and any remaining balance (minus copayments) is billed to the client based on the SFS.

Claims are filed electronically using our patient management systems or a claims clearinghouse for both clinical and dental claims.

Payments are posted electronically/manually to patient accounts. If applicable, secondary insurance is filed.

Denials are researched using the Remittance Advice (RA) for Medicaid and Medicare and EOB's (explanation of benefits) for private insurance. Any denials deemed incorrect are resubmitted as quickly as possible. Any remittance or final denial is posted to the patient's account. Remaining balance for Medicaid or Medicare clients are adjusted off unless it was for a non-covered service that the client was made aware of prior to the service being rendered.

If a patient has any form of third-party reimbursement, the payer should be billed (required if the agency is "in network," otherwise optional), unless confidentiality is a barrier. Filing an

insurance claim will result in an EOB being sent to the subscriber which would violate confidentiality if requested. Patients requesting confidentiality will sign a form that states how they will allow us to contact them and how they wish to handle payments/billing. Patients that receive STD services sign an electronic statement on the STD consent for treatment form stating whether they want services billed to their insurance. Medicaid will be billed as the payer of last resort. Patients should be made aware that they will be responsible for any balance remaining after the insurance claim has been processed. This may include coinsurance, deductibles and non-allowed charges (applied to the SFS). Family Planning clients will pay the lesser of the copay or where they fall on SFS as required by Title X.

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Cabarrus Health Alliance Board Chairman

Date

**SUBJECT:** **PUBLIC HEALTH, PRIMARY CARE AND DENTAL  
FALSE CLAIMS AND FRAUD PREVENTION POLICY**

**EFFECTIVE DATE:** November 14, 2017

**REVISION DATE(S):** October 31, 2017; August 1, 2018

**DATE OF LAST REVIEW:** October 31, 2017; August 1, 2018; August 1, 2019; July 30, 2020;  
July 26, 2021

**POLICY STATEMENT:** The purpose of this policy is to inform employees of the key provisions of laws relating the prevention of fraud, abuse, and waste of Federal and State Programs and to comply with the requirements of Section 1396(a)(68) of the Social Security Act and other related laws. In addition, this policy provides guidance regarding efforts to combat fraud, waste, and abuse within the Public Health Authority of Cabarrus County dba Cabarrus Health Alliance (CHA). The benefits of this policy include, but are not limited to demonstrating our commitment to honest and responsible conduct, decreasing the likelihood of unlawful and unethical behavior at an early stage, and encouraging employees to report potential problems to allow for appropriate internal inquiry and corrective action. This policy may be revised at any time if necessary and will be reviewed at least annually.

### **DEFINITIONS**

1. *Fraud:* An intentional deception or misrepresentation to achieve an unauthorized benefit.
2. *Knowing and Knowingly:* Generally means that a person with respect to information:
  - a. Has actual knowledge of the information,
  - b. Acts in deliberate ignorance of the trust or falsity of the information, or
  - c. Acts in reckless disregard of the truth or falsity of the information, and no proof of specific intent to defraud is required.
3. *Claim:* Includes any billing to Medicare, Medicaid, or other State or Federal programs.

### **OVERVIEW OF RELEVANT LAWS:**

- *Federal Deficit Reduction Act (DRA) of 2005: Section 6032 of the DRA of 2005.* The DRA was signed into law in February 2006 and contains many provisions that reform Medicare and Medicaid. This law also provides provisions for reducing Medicaid fraud and requires an entity that receives or makes annual payments under the State Medicaid Plan of at least \$5,000,000 to establish written policies for all employees of the entity, and of any contractor or agent of the entity, that provide detailed information about the False Claims Act, administrative remedies for false claims and statements, as well as whistleblower protections for reporting waste, fraud, and abuse.
- *The False Claims Act (FCA): 31 U.S.C. Sections 3729 through 3733.* This law is one of several that have been implemented to assist in the detection and prevention of fraud, abuse, and waste in federal programs. The FCA provides that anyone who “knowingly” presents, or causes to be presented, a “false or fraudulent claim” is liable for damages.

The FCA prohibits retaliation against any party that reports any actual or potential violation of the False Claims Act.

- *North Carolina State False Claims Laws: Medicaid Fraud Statute, § 108A-70.10 et seq.*  
The North Carolina Medicaid fraud statute makes it unlawful for any provider to:
  - Knowingly present, or cause to be presented to the Medical Assistance, a false or fraudulent claim for payment or approval; or
  - Knowingly make, use or cause to be made or used a false record or statement to get a false or fraudulent claim paid or approved by the Medical Assistance Program
  - Knowingly means that a provider with respect to the information:
    - Has actual knowledge of the information;
    - Acts in deliberate ignorance of the truth or falsity of the information; or
    - Acts in reckless disregard of the truth and falsity of the information. No proof of specific intent to defraud is required.
  - Upon finding that such person has intentionally violated the Medicaid Fraud Statute, the court shall assess against any provider of medical assistance under the Medical Assistance Program a civil penalty of not less than \$5,000 and not more than \$10,000 plus three times the amount of damages which the Medicaid Program sustained because of the act of the provider.
- *Program Fraud Civil Remedies Act of 1986 (DFCRA)*. DFCRA authorizes Federal agencies such as the Dept. of Health and Human Services (DHHS) to investigate and assess penalties for the submission of false claims to the agency.

It is essential that each employee be aware of compliance to existing standards for activities performed on the job. Areas include but are not limited to, medical record documentation, coding, billing, accounts receivable and compliance with state/federal regulatory requirements.

### **STANDARDS OF CONDUCT FOR PERSONNEL**

1. No employee shall make false, or use any false, fictitious, or fraudulent statements or documents in connection with the delivery of, or payment for, health care benefits, items, or services.
2. No employee shall falsify, conceal, or cover up a material fact in the performance of their duties.
3. Each employee will be responsible for reporting any violations of this policy to their immediate supervisor.

### **POTENTIAL RISK AREAS**

1. Billing for procedures, items or services that were not provided.
2. Billing for procedures, items or services that are not documented.
3. Submitting duplicate claims:
  - a. More than one claim for the same service.
  - b. Claim is submitted to more than one primary payer at the same time.
4. Up-coding; using a billing code that provides a higher payment rate than the billing code that accurately reflects the service furnished to the patient.
5. Inappropriate balance billing.

6. Inappropriate resolution of overpayments.
7. Incorrectly or improperly recording receivables.
8. Failure to maintain the confidentiality of information/records.
9. Alteration of documentation.
10. Destroying records/documentation without proper authority.

### **CLAIM AND DEVELOPMENT AND SUBMISSION PROCESS**

1. Provide a mechanism for the billing or reimbursement staff to communicate effectively and accurately with the clinical and dental staff.
2. Provide proper and timely documentation of all physician, dental and other professional services prior to billing to ensure that only accurate and properly documented services are billed.
3. Emphasize that claims will be submitted only when appropriate documentation supports the claims and only when such documentation is maintained appropriately, organized in legible form, and available for audit and review.
4. Ensure that the diagnosis and procedures reported on the reimbursement claim are based on the medical record and other documentation.
5. Ensure all billings to government and private insurance payers reflect true and accurate information and conform to all pertinent federal and state laws and regulations.

### **REPORTING COMPLIANCE CONCERNS**

Each employee has a duty to report possible wrongdoing or suspected violations of applicable federal and state laws and regulations. CHA has an open door policy available to all employees acting in good faith to encourage communication, dialogue, and the reporting of incidents of potential wrongdoing or suspected violations. CHA will not retaliate or discriminate against any employee who makes a good faith report of a suspected violation regarding the observed conduct or actions by another person by reason of such a report being made. Also see the CHA Whistleblowers Policy and Reporting Policy.

In the event you discover a compliance error that could lead to a violation of the FCA, you should bring it to the attention of your immediate supervisor or program manager.

### **TRAINING AND EDUCATION**

Training and education is an essential component of an effective compliance policy. The amount of training provided to employees will be directly related to how much their job requires them to be involved with the provision of services, or in the coding and billing of services.

### **AUDITING AND MONITORING**

Ongoing auditing and monitoring is an essential part of any effective compliance policy. Auditing and monitoring activities shall be conducted on an ongoing basis. These auditing and monitoring activities will be designed to address compliance with laws governing CPT, HCPCS, and ICD-10 coding, claim development and submission and reimbursement.

### **RESPONSE AND PREVENTION**

Violations of the compliance policy threaten our status as a reliable, honest and trustworthy provider and may result in our being excluded from participating in federal healthcare programs. For this reason, supervisors will promptly respond to any and all reports of non-compliance. All

violations will be assessed to determine whether a violation of the compliance policy actually exists. If warranted, appropriate corrective action measures shall be determined on a case-by-case basis. Disciplinary action, if required will be managed in accordance with the CHA disciplinary policies.

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Cabarrus Health Alliance Board Chairman

Date

# COVID Vaccine Recommendations for Staff 8.10.2021



# Recommended Policy



By October 31, 2021, Cabarrus Health Alliance staff are required to be fully vaccinated or have an approved exemption on file.

1. This policy applies to all staff including remote staff, interns, temporary staff, volunteers, and contractors providing patient-facing services.
2. All new hires have 30 days from date of hire to receive first dose of vaccine if not already vaccinated or have an approved exemption (medical or non-medical exemption). Documentation will be submitted with other routine pre-employment immunizations.
3. Medical exemptions to be written and signed by an MD or APP, per NC statute.
4. If an employee is on FMLA, she/he will have two weeks after returning to regular duty to receive the first dose of the COVID-19 vaccine.



Staff who are not fully vaccinated (including those with approved exemptions) will:

1. Not be approved for work-related travel outside of your normal, daily duties (conferences, etc.); requests declined until vaccinated
2. Test every 7-days
3. Be required to use vacation or sick time for COVID related absences

Staff who are fully vaccinated will:

1. Receive 5 days paid MISC time for any COVID related absence (40 hours total; end date: June 30, 2022)

Staff who are unvaccinated and do not have an approved exemption on November 1, 2021 will:

1. Meet one-on-one with a CHA clinician to discuss concerns about the vaccine
2. Meet with Human Resources to discuss continued employment

# Additional Considerations



Cabarrus Health Alliance will incorporate the required COVID vaccine and flu vaccine into the immunization policy for employees.

Exemption process to include medical exemptions and non-medical exemptions; Human Resources is detailing this process and criteria with the CHA legal team.

The Leadership Team is already discussing the best communication plan for these new requirements. Will use multiple strategies to ensure all staff have the opportunity to share concerns and have questions answered.