

# Board of Health Meeting March 18, 2025

The Public Health  
 Authority of Cabarrus  
 County Board Meeting  
 Agenda

March 18, 2025  
 5:30 pm

<b>A. CALL TO ORDER</b>	Chairperson Lara Pons, MD
<b><u>B. ADOPTION OF THE AGENDA</u></b> March 18, 2025 <i>Motion</i>	Chairperson Lara Pons, MD
<b><u>C. APPROVAL OF THE MINUTES</u></b> February 18, 2025 February 18, 2025 – Closed Session	Chairperson Lara Pons, MD
<b><u>D. NEW BOARD MEMBER INSTALLATION</u></b> Cabarrus County Board of Commissioners	Alisha Richards, Notary Public Laura Lindsey
<b><u>E. INFORMAL PUBLIC COMMENTS</u></b>	Chairperson Lara Pons, MD
<b><u>F. REPORTS</u></b>	
<b><u>F1. Health Insurance Renewal</u></b>	Brian Burchfield, President, Burchfield Insurance Group
<b><u>F2. Child Protection &amp; Fatality Task Force</u></b>	Paula J. Yost, JD, LCMHC, Chair, Cabarrus County, Child Protection & Fatality Team
<b><u>F3. Strategic Planning Kick-off</u></b>	Geraldine Gardner, Executive Director, Centralina Regional Council
<b><u>F4. Finance Committee Reports</u></b> <b><u>Financial Summary Report</u></b> <b><u>CHA Snapshot</u></b>	Sue Yates, Chief Financial Officer
<b><u>G. CONSENT AGENDA</u></b> <i>Motion</i>	
<b><u>G1. Finance Policies &amp; Budget Revisions</u></b>	Sue Yates
<b><u>G2. Sliding Fee Schedule</u></b>	Sue Yates
<b><u>H. BUSINESS AGENDA</u></b> <i>Motion</i> <b><u>Nominations of New Board Members</u></b>	Chairperson Lara Pons, MD
<b><u>I. HEALTH DIRECTOR REMARKS</u></b>	Erin Shoe, MPH
<b><u>J. ANNOUNCEMENTS</u></b>	Chairperson Lara Pons, MD
<b><u>K. MOTION TO ADJOURN</u></b> <i>Motion</i>	Chairperson Lara Pons, MD



## C. APPROVAL OF THE MINUTES

*Chairperson Lara Pons, MD*

February 18, 2025  
Meeting Minutes (click) &  
Closed Session (hard copy)



## D. NEW BOARD MEMBER INSTALLATION

*Alisha Richards, Notary Public*

### Cabarrus County Board of Commissioners

*Laura Lindsey*



## E. INFORMAL PUBLIC COMMENTS

*Chairperson Lara Pons, MD*



## F. REPORTS

### F1. Health Insurance Renewal

*Brian Burchfield, President, Burchfield Insurance Group*

### F2. Child Fatality Annual Report

*Paula J. Yost, , JD, LCMHC, Chair, Cabarrus County, Child Protection & Fatality Team*

### F3. Strategic Planning Kick-off

*Geraldine Gardner, Executive Director, Centralina Regional Council*

### F4. Committee Reports

Finance Committee Report

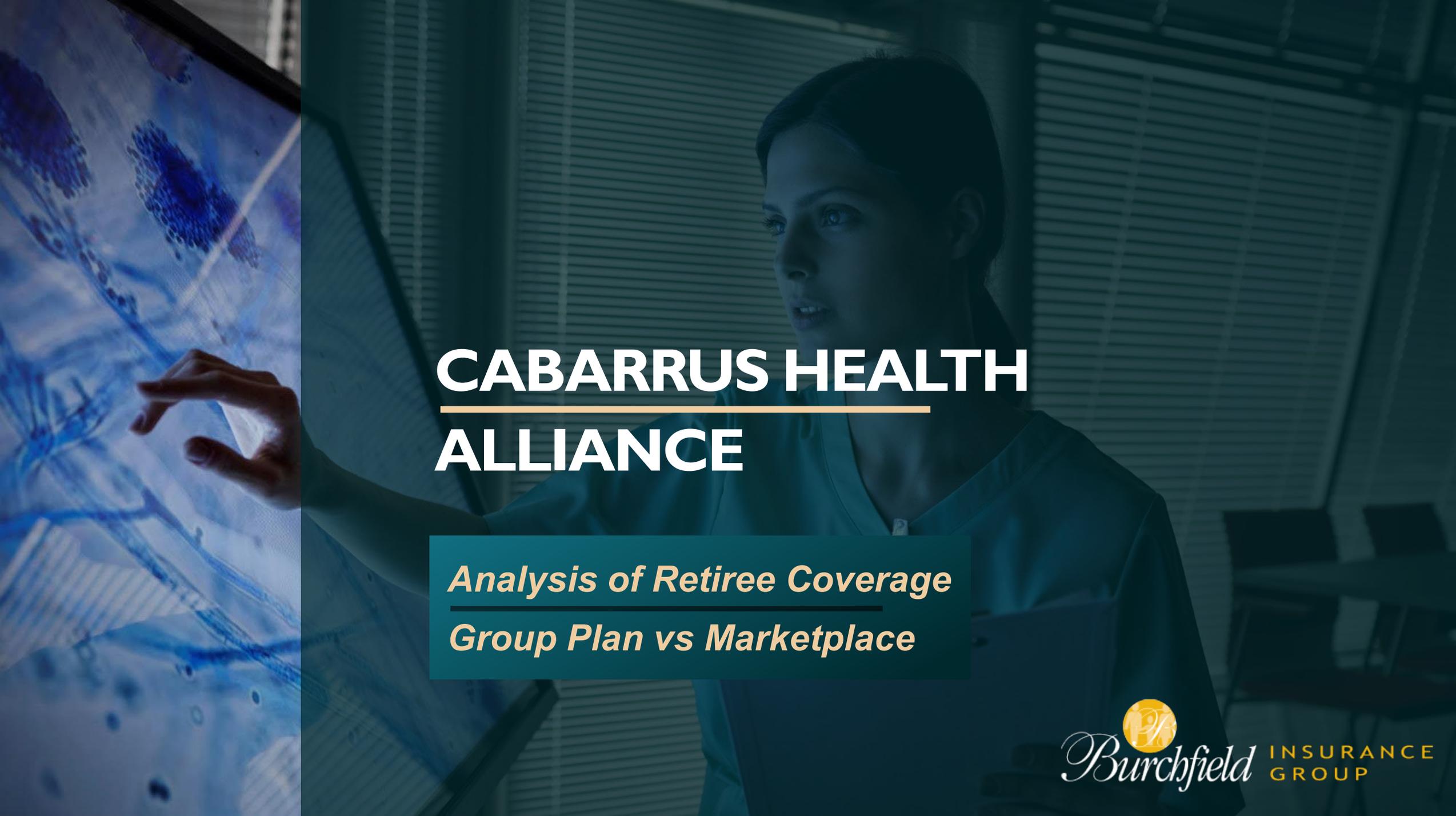
*Sue Yates, Chief Financial Officer*

- Financial Summary Report
- CHA Snapshot



# F1. Health Insurance Renewal

*Brian Burchfield*



# **CABARRUS HEALTH ALLIANCE**

*Analysis of Retiree Coverage  
Group Plan vs Marketplace*

# OVERVIEW

- CHA spends approximately 2.1 million annually in health insurance premium.
- Prior three years CHA's Medical Loss Ratio has averaged 100+ percent.
- We have access to analytic tools allowing us to filter information by class and identify retiree impact.
- We currently have 12 retiree members on the plan. The retiree plan ended on July 1, 2004, so only staff employed by this date are included. Over the remainder of the policy, we expect 12 additional employees to qualify for the benefit should they stay and retire with CHA.
- Over the last handful of years, the retiree class has represented 3-4% of total membership while consistently driving 18-22% of total claim spend.
- Insurance is risk management, and as we look to mitigate the risk to CHA, the question became: Is there another way to provide retiree coverage while keeping the integrity of the benefit retiree members have earned?
- The answer: There is an individual marketplace that, post healthcare reform, does not underwrite in any form or fashion and there are no pre-existing condition limitations. This did not exist at the time the retiree benefit was established.

# STRATEGY

- Seamlessly pivot retirees to marketplace coverage to remove the risk from the group plan.
- Enroll retirees in a plan through the individual marketplace that provides the same network and a similar level of coverage.
- Continue to pay the premium cost for retirees.
- Provide a Health Reimbursement Arrangement that reimburses deductible and coinsurance expense, such that it keeps the out of pocket the same as active employees.

# PROCESS

- During the individual marketplace open enrollment period, we met with retiree members one on one to assist with enrolling in a marketplace product, thus removing the “risk” from the group plan as of 1/1/25.
- We implemented a Health Reimbursement Arrangement to cover retiree premiums as well as align member exposure with that of active employees to ensure the benefit earned by retiree's remained in tact.
- The premium cost to enroll retirees on an individual plan was approximately \$45,000 more.
- The additional HRA exposure to keep out of pocket costs the same will be approximately \$15,000.

# RESULTS

- In October of 2023 our rolling 12-month Medical Loss Ratio was 135.4%.
- As we began the 2025 renewal process, our MLR (as of October 2024) was 88.5%.
- Given the two-year view, we were forecasting a 20% renewal increase, with a final number around 10% after negotiations.
- Removing the retiree class takes 300-400K each year in claims off of the books.
- With claims organically cleaning up and removing the retiree risk, we were able to negotiate a 5% decrease for the 2025 renewal.
- This resulted in about 100k in realized savings and far greater savings compared to the final number we would have seen had the retirees been on the group plan. The difference in a 10% increase and 5% decrease is 300K.
- Moving forward, CHA is placed on a much firmer foundation and able to negotiate future renewals from a position of strength.

# EMPLOYEE IMPACT

The renewal savings achieved by removing the retiree risk enabled CHA to lower the cost of the buy up plan from \$168 to \$100 a month, while maintaining 100% premiums paid for employees of the base plan.



## F2. Child Protection & Fatality Task Force

*Paula J. Yost*



# The State of Our Children: A 2024 Report

Paula J. Yost, JD, LCMHC, Chair  
Cabarrus County, Child Protection & Fatality Team

## What is Child Protection & Fatality Team (CPFT)?

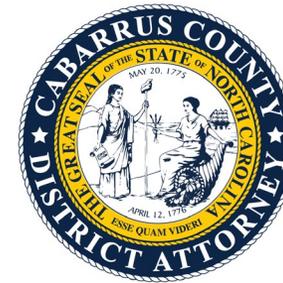
- CPFT = Child Protection & Fatality Team
- In Cabarrus County, it has made sense to combine both teams. Thus, we combined with the goal of becoming one of the top CPFTs in the state.
- A focus is on examining the deaths of children in the county during the previous calendar year.
- We discuss each case and ponder ways that the deaths could have been prevented and look at issues county wide that lead to better protection of our children.
- We are mandated by G.S. 7B 1407.
- An interdisciplinary group of community representatives who meet regularly to promote a community-wide approach to the problem of child abuse and neglect.

**All other  
requirements/changes**

**Congratulations!**

**Our Team has been doing them for the last  
ten years anyway.**

# Community Partners



# 2024: Department of Human Services Numbers

Investigations worked with 3,516 children in 2024.

DSS accepted 1,462 reports for abuse and neglect in 2024. A slight decrease from 1,694 cases in 2023.

Of those accepted cases, 466 were investigative cases and 996 were family assessments. Investigative cases involve human trafficking, physical, sexual and emotional abuse.

Out of the total amount of cases accepted, 134 had substance abuse allegations, and out of those, 14 cases alleged opiate use.

Cabarrus County has completed 526 assist requests from other counties, an increase from 463 in 2023.

We also had 13 substance abuse-impacted infants, 163 domestic violence cases, and 7 human trafficking cases.

# Child Abuse: Department of Human Services Numbers

68 families per month receiving In-Home Services as opposed to last years 45

177 children in foster care as opposed to last year's 182

# Essential Workers & County Impact

A social worker is one of the most important jobs in our community.

These children are already traumatized and our social workers are the folks who can help, protect, and do something about it.

This is not a Subway sandwich, if you mess it up, you can't make it again. These are peoples lives.

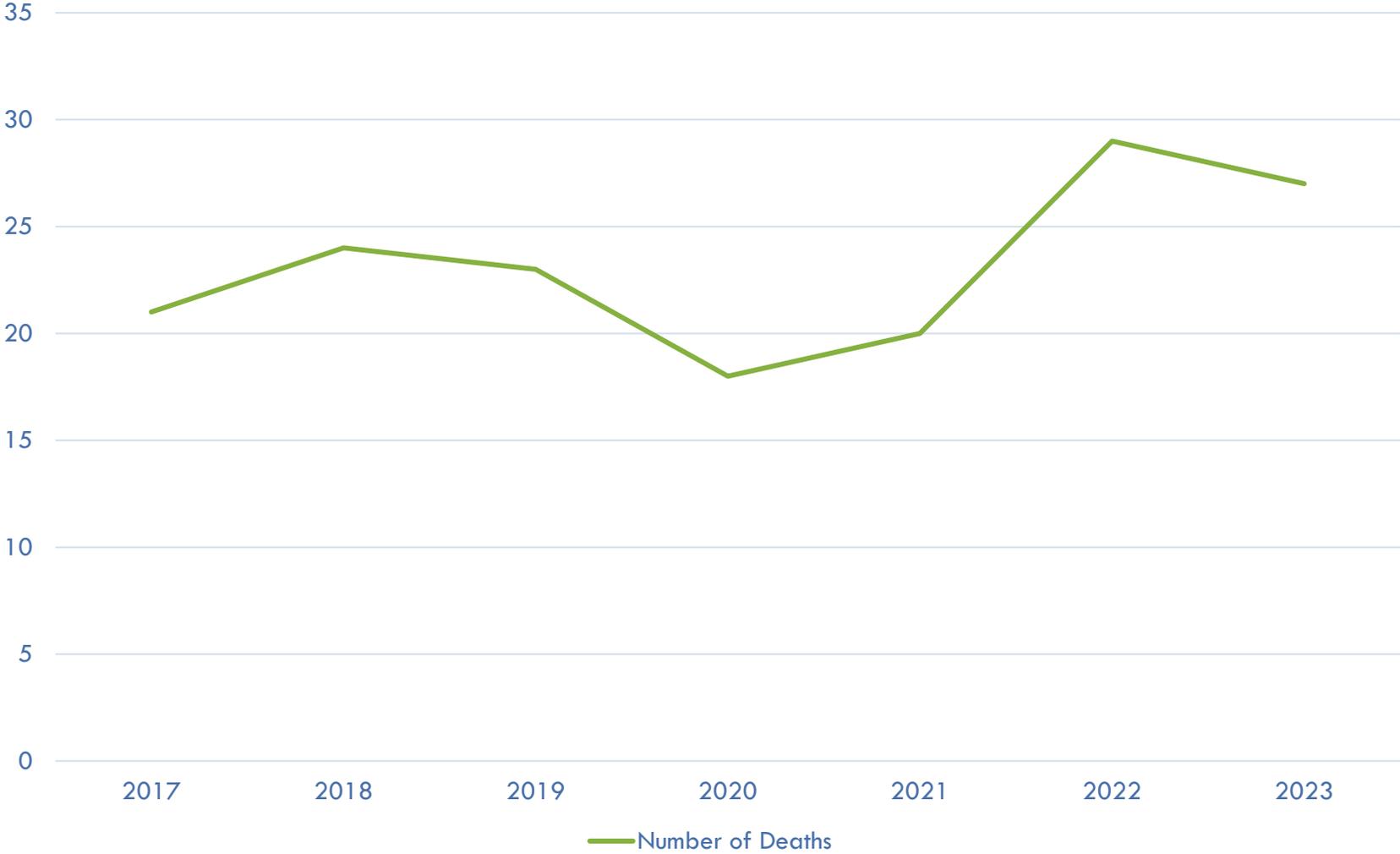
It is important to hire and retain quality social workers because they play a critical role in supporting and improving the outcomes for vulnerable children and families.

# 2023 Cabarrus County Child Fatalities

<b>Illness</b>	<b>8</b>	1-Persistent Fetal Circulation, 1-Lung Disease, 1-Cerebral Palsy, 1-Placental Separation, 1- Epilepsy, 2-Trisomy 18, 1-Birth Defect
<b>Prematurity</b>	<b>9</b>	
<b>Accidental</b>	<b>8</b>	1-Accidental overdose, 1- Hit by train, 3-House fire, 1-Drowned in shower/underlying medical condition, 1-Unsafe sleep/Co-sleeping, 1-Unsafe sleep
<b>Accidental and Substance affected</b>	<b>1</b>	1-Unsafe sleep-mother tested positive for THC at time of death
<b>Abuse</b>	<b>0</b>	
<b>DA's review/pending</b>	<b>1</b>	1-Car accident
		<b>TOTAL = 27</b>

# Cabarrus County Child Fatalities, 2017-2023

Number of Deaths



Year	Deaths
2017	21
2018	24
2019	23
2020	18
2021	20
2022	29
2023	27

# Child Suicide

These numbers are not showing up in our 2023 numbers, but we have had 3.

Unsecuring a firearm around a minor is a crime.

# Cabarrus County Suicide Prevention Efforts

We have worked *together* to coordinate the following efforts in the past year:

## Resource Fairs/ Community Events

- NAMI: 24 booths focused on community awareness, education, eliminating stigma, and reducing suicide rates
- Partners Systems of Care Collaborative: 284 events focused on mental well-being, family engagement, substance use and reducing suicide rates, particularly among children ages 10-14

## Trainings & Instructional Sessions

- Partners: 113 training sessions for the community, with 192 attendees
- NAMI: 21 training sessions with 1,105 attendees

## Suicide Awareness and Prevention (SAP) Campaigns

- 2 SAP Community Events
- NAMI: Suicide Loss Survivor Support Group meets twice monthly
- Partners Community Café: monthly meeting focused on mental well-being, awareness and prevention

## Partners Health Management works alongside:

- Cabarrus County Behavioral Health Department
- Department of Social Services
- Emergency Medical Services
- Cabarrus Health Alliance
- National Alliance on Mental Illness (NAMI)-Cabarrus
- Mental Health America
- Faith Based Community
- Elected Officials

*Partners Health Management is our local Management Care Organization (MCO)*

2025

Spring Into Safety

# Spring into Safety

A Community Resource Expo

Date: April 11, 2025

Time: 4 p.m. to 7 p.m.

Where: EMS Headquarters  
793 Cabarrus Ave. W, Concord



Medication Take-Back  
Car Seat Safety Checks  
Fun activities  
& More



Food vendors available onsite:

*What-A-Burger*  
*Travelin' Tom's Coffee*

*Amigo Taqueria*  
*Kona Ice*

# School Mental Health & Suicide Prevention



School Year	Number of Suicide Assessments Facilitated by School Mental Health Professionals
2023	<b>420 total; 56</b> required acute medical care
2024	<b>335 total; 51</b> required acute medical care
2025 (through February '25)	<b>350 total; 62</b> required acute medical care

# School Mental Health & Suicide Prevention Efforts

QPR training available for all staff

- Internal trainers

Mental Health First Aid training available for all staff

- Internal trainers

Reconnect for Resilience

- Internal trainers

Wellness screeners given throughout the year

Positivity Project across all schools

Say Something Anonymous Reporting app

All student services personal trained in evidence-based suicide assessment protocol

School-based therapy services available to all students (with parent permission)



Parent education & family engagement

# Mental Health America



- The Parent Voice Program
- Describe the scenario
- Family Partners provide parents with natural peer support by working closely with families navigating the education, child welfare, mental health and juvenile justice systems. They assist parents in preparing for meetings with schools, service providers, and child & family teams. Additionally, Family Partners educate parents/caregivers to help them achieve successful outcomes including enhancing their child's ability to thrive at home, in school, and within the community.
- This support is available to families residing in Mecklenburg and Cabarrus County.



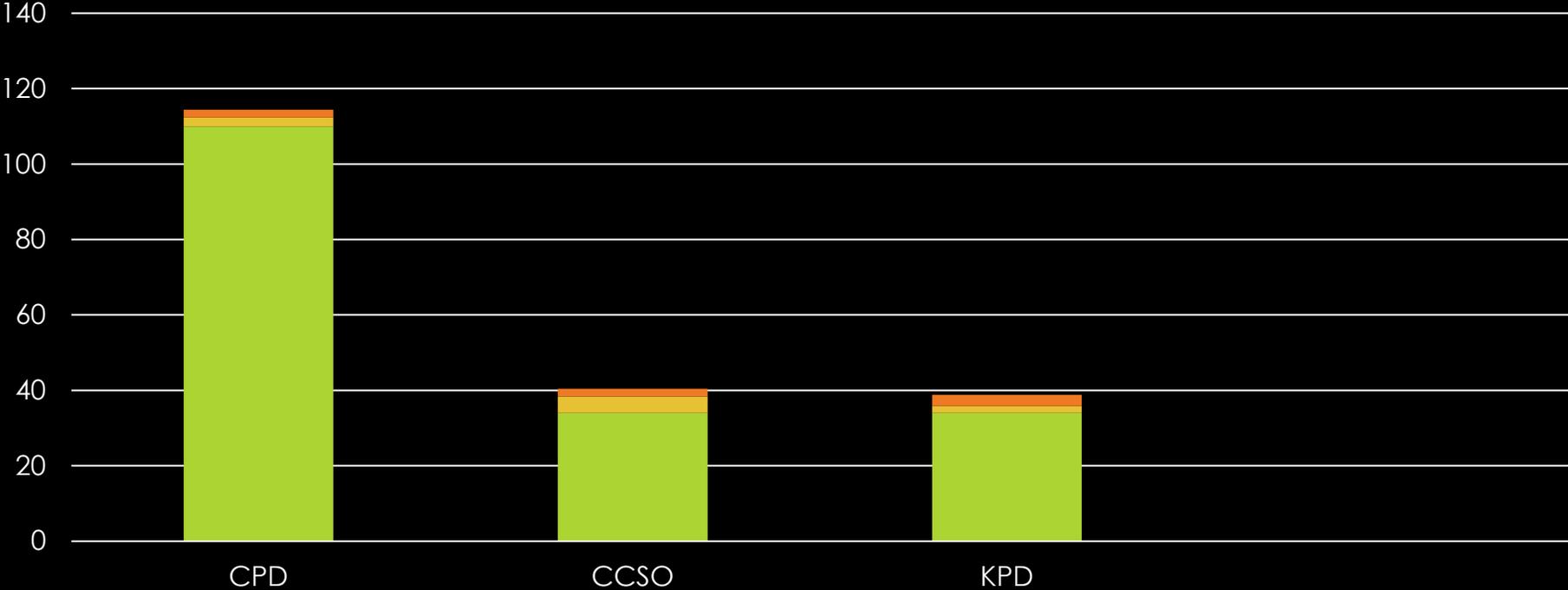
Keeping Children Safe Online

# Internet Crimes Against Children Tips:

Social Media Outlets Flag to Law Enforcement

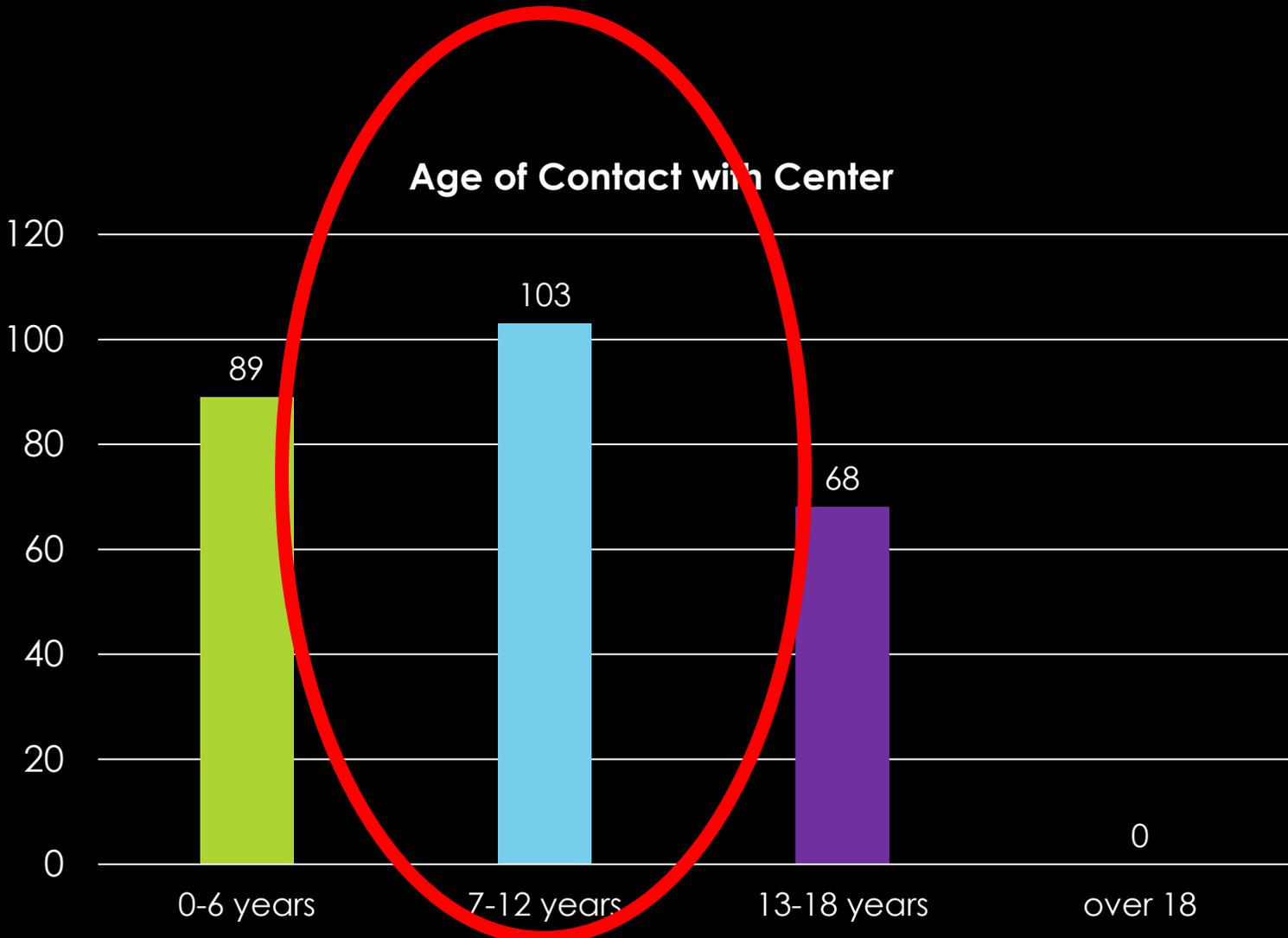
\*Images of Acts with Adults and Children

2024



# Sexual Abuse Victim Data: Age

**Child Victims  
Are Younger**



# Sexual Abuse Offender Demographics

Relationship of Alleged Offenders to Children



Before 2019: offender was most likely Parent/Relative

Now: Someone child met online

# Apps Offenders Use



**Snapchat**  
-Disappearing content  
-Start on one site/move to another



**Fortnite**

**Instagram**  
-Watch "Finsta"



**Roblox**  
-Wee guide



Webcam  
Chatroulette  
Monkey



Date/Chat  
Tinder  
Yellow





present age  
MINISTRIES

Support Minors



THE  
LANTERN  
PROJECT

House Victims

## Cabarrus County Task Force Training Series



The Cabarrus County Task Force present equip the community to understand and cor

Help Us Educate the Community  
Call District Attorney Ashlie Shanley  
with contacts for Presentations  
(704)262-5510

How You Can Help

# CELL PHONES IN SCHOOL (CCS Policy 4318)



Elementary: Electronic devices are restricted for student use on campus from arrival through departure. Devices must be powered off and stored away from their person throughout the school day.



Middle: Electronic devices are restricted for student use on campus from arrival through afternoon dismissal, with the option to use devices for communicating with parents/guardians during after-school activities. Devices must be powered off and stored away from their person throughout the school day.



High: Electronic devices are not permitted during instructional time and must be powered off and securely stored away from their person during instructional time only. Devices are permissible during non-instructional parts of the school day (such as arrival/dismissal, breakfast/lunch, and class change).



Additionally, students are prohibited from using their devices to take unauthorized photos or record videos or audio of other students or staff members while at school or school-sponsored events.

# Legislative Needs that Would Help

State and Federal confidentiality policies across various system limit our abilities to impact child and family well-being.

Support for the proposed bill to increase punishment around online sex offenders.

A bill that will mandate the State Medical Examiner's Office to prioritize child fatality forensic reviews due to the likelihood that other children could be impacted.

# Proactive Approach



**CABARRUS COUNTY EMS**

### Community Paramedic Parent-Infant Wellness

*Comfort and support, delivered to you*

The Cabarrus EMS Community Paramedic Parent-Infant Wellness program offers FREE prenatal and postnatal support, wellness checks and paramedic services, connecting parents and infants to essential healthcare resources.

**The Parent-Infant Wellness program supports YOUR needs:**

- Daily service from 7 a.m. to 7 p.m.
- Infant weight checks
- Safe sleep practices
- Monitoring mother and baby vital signs like blood pressure and blood sugar levels
- Connection to essential wellness resources

[cabarruscounty.us/ems](http://cabarruscounty.us/ems)  
704-920-2600 option 6  
[Community\\_Paramedic@cabarruscounty.us](mailto:Community_Paramedic@cabarruscounty.us)

# Goals

Post partum patients are typically seen within 3-4 days after discharge in the ER with medical issues

**Goal is to reduce ER visits in the first 42 day after birth**

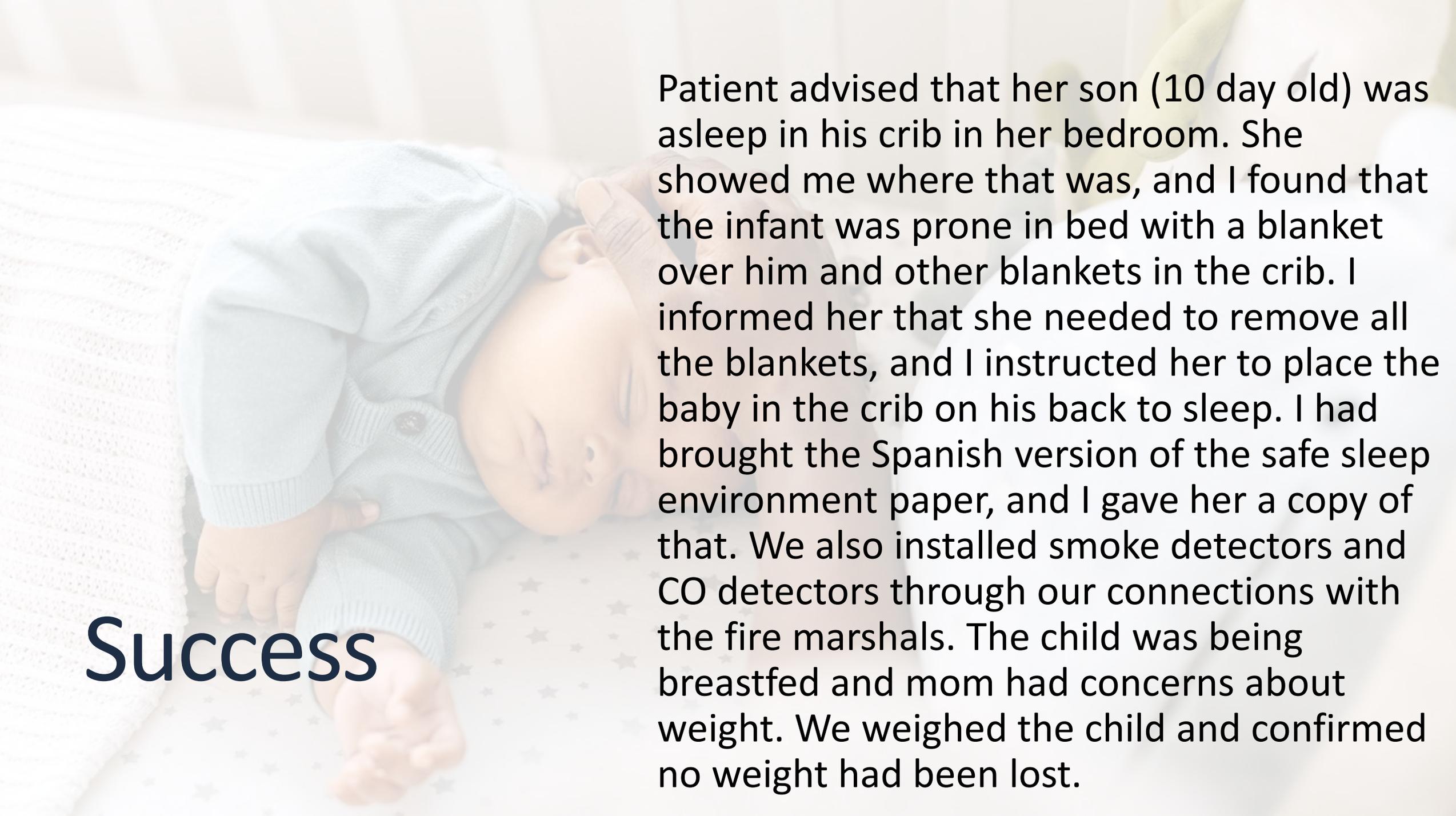
Observe sleeping conditions for infant

**Goal is to have ZERO infant fatalities due to sleep conditions**

# Success

During a Sunday visit our CP identified a 21 year-old female who is a Guatemala immigrant who had delivered a baby girl one week prior. The pack and play the infant was sleeping in had a sunken mattress and did not appear safe but was the only thing the family could afford. Our CP put in a Deborah Doerre Memorial Fund Application for Assistance through the Cabarrus Partnership of Children.

***On Tuesday, a pack and play was delivered.***

A photograph of a baby sleeping in a crib. The baby is wearing a light blue long-sleeved sweater and is lying on their back. A hand is visible, gently touching the baby's forehead. The crib has a white blanket with a star pattern. The background is softly blurred, showing a person's hand near the baby's head.

# Success

Patient advised that her son (10 day old) was asleep in his crib in her bedroom. She showed me where that was, and I found that the infant was prone in bed with a blanket over him and other blankets in the crib. I informed her that she needed to remove all the blankets, and I instructed her to place the baby in the crib on his back to sleep. I had brought the Spanish version of the safe sleep environment paper, and I gave her a copy of that. We also installed smoke detectors and CO detectors through our connections with the fire marshals. The child was being breastfed and mom had concerns about weight. We weighed the child and confirmed no weight had been lost.

# Questions



# F3. Strategic Planning Kick-off

*Geraldine Gardner*



**CENTRALINA**  
REGIONAL COUNCIL

## **Cabarrus Health Alliance - Board Briefing**

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*March 18, 2025*

# Today's Agenda

- **Process Review**
- **Phase I Refresh**
  - Vision
  - Mission
  - Values
- **Phase II Overview**
  - Process
  - Timeline
- **Next Steps**

# What is a Strategic Plan?

**It's a management tool that outlines:**

- Where an organization is going in the future (vision)
- Goals and actions needed to make progress (blueprint)
- How it will know if it is successful (accountability).



# Organizational Benefits

- Sets clear direction for Board and Administration
- “North Star” to guide decision making
- Shapes public spending and fiscal policy
- Builds public trust and transparency
- Motivates employees



# Typical Strategic Plan Content

**Foundation:** Mission, Vision, Values

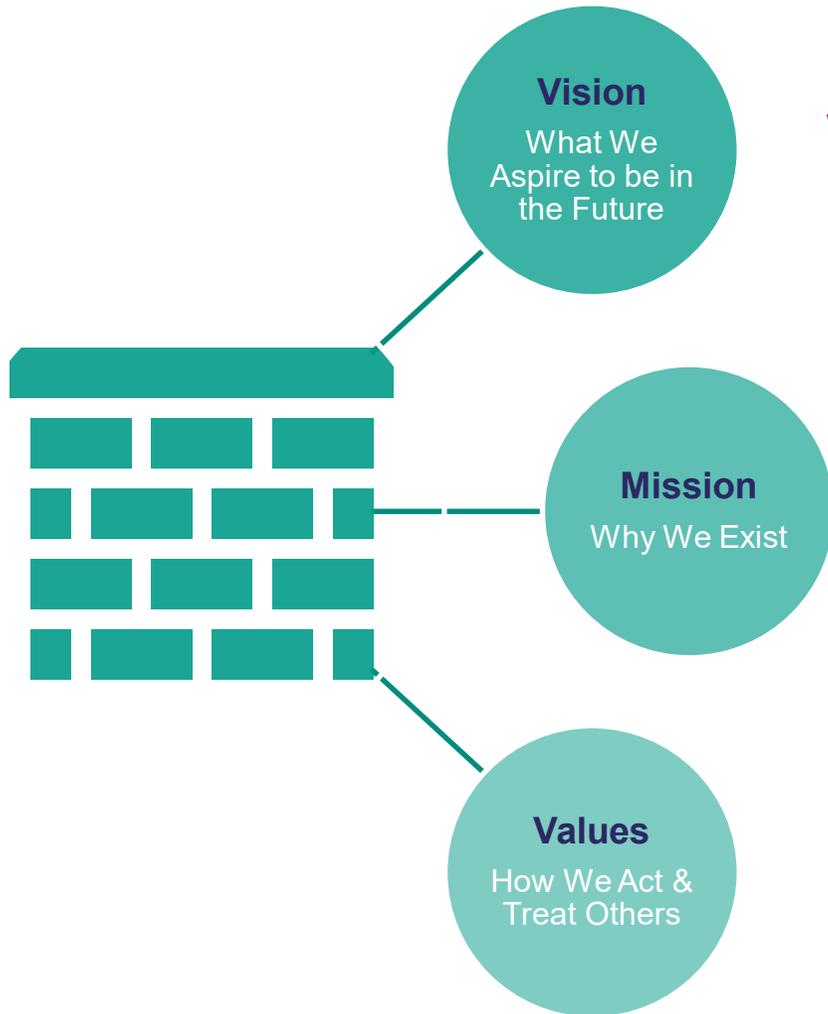
**Goals:** Achieves the Vision

**Strategies:** Achieves the Goals

**Annual Tactics:** Actions completed each year

**Monitoring and Evaluation Plan**

# Strategic Plan Foundations



## Vision

We envision a thriving community where people make healthy choices in healthy environments

## Mission

Our mission is to improve individual and community health through services, education, and collaborative actions



# CHA Values



- **Collaboration** – We build strong, trusting relationships with our colleagues, partners, and those we serve.
- **Compassion** - We treat everyone with empathy, care, and respect.
- **Integrity** - We demonstrate ownership and accountability through consistent, honest, and ethical behavior.
- **Adaptability** - We are proactive in finding solutions for our fellow staff members and our community in response to evolving circumstances.



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**Looking Ahead**  
**Phase II – Goal Development**

# Typical Strategic Plan Content



**Foundation:** Mission, Vision, Values

**Goals:** Achieves the Vision

**Strategies:** Achieves the Goals

**Annual Tactics:** Actions completed each year

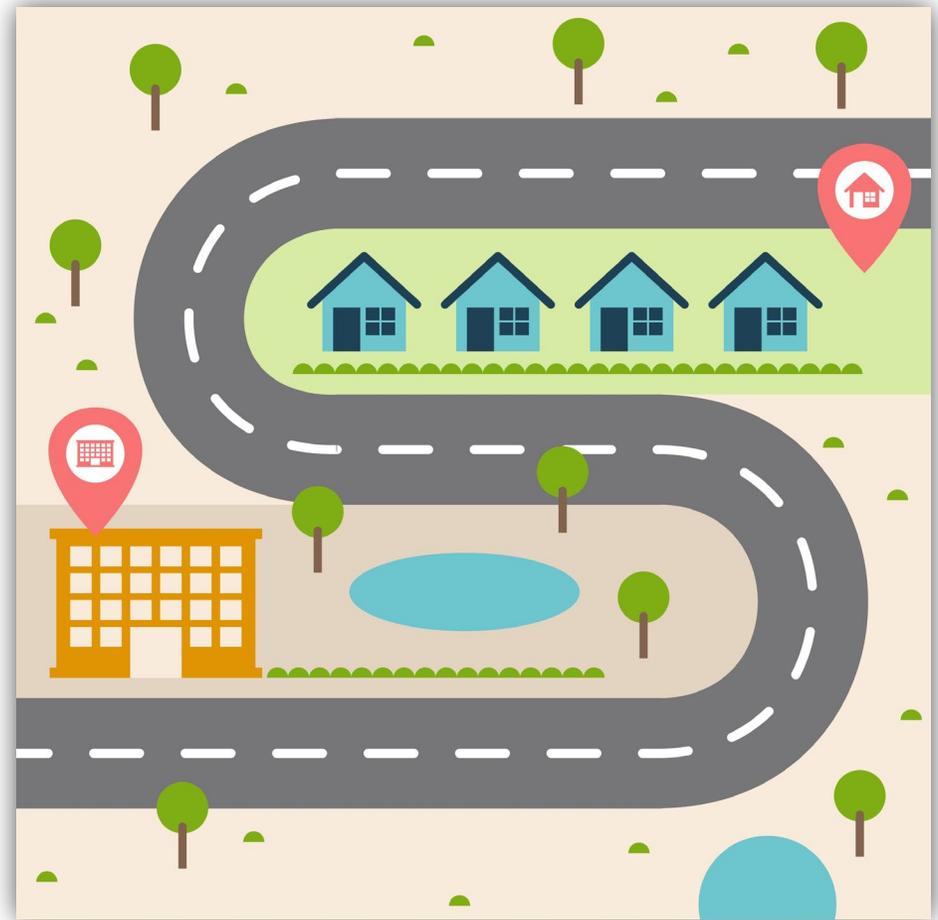
**Monitoring and Evaluation Plan**

# Phase 2 Strategic Plan: What Will We Need?

What are the **goals** to achieve a “thriving community where people make healthy choices in health environments” by leveraging “services, education and collaborative actions.”

What **strategies** will support the realization of each goal?

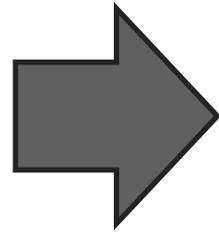
How are progress and success defined for each goal? How are progress and success measured?



# Process Flow

## Process Launch and Current State Assessment:

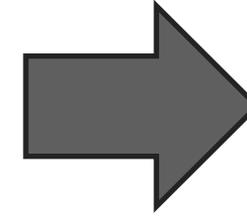
*What are we today?  
How do we achieve our vision and mission?*



## Goal Setting

## Strategy Development

## Evaluation



## Draft Plan

- **Leadership Team and Staff Voice Briefing** - 3/5
- **Board Briefing** - 3/18
- **Stakeholder Focus Groups** (External - 3/26, 3/27)
- **Employee Survey** (Internal)

- **Joint Work Session #1** – Goals (Internal Focus – 4/29)
- **Joint Work Session #2** – Goals (External Focus – 5/12)
- Pulse Check Survey
- **Joint Work Session #3** – Strategy Development - 6/10
- **Joint Work Session #4** – Strategy Refinement and Evaluation Approaches - 7/15

- **PMT Work Session** – Review Final Content - 7/29
- **Board Approves Strategic Plan**

# Phase 2 Strategic Plan: Steps in the Process

Date	Phase 2: Events and Focus	
2-11-25	Kickoff Meeting with Project Management Team	
3-5-25	Leadership Team and Staff Voice Team Briefing – Orientation to Phase 2	
3-18-25	Board Briefing – Review Strategic Plan Process	
3-26-25	Focus Group Meeting #1 > Explore stakeholder knowledge and perceptions of CHA	
3-27-25		Focus Group Meeting #2
Late March		Employee Survey
4-29-25	Joint Work Session #1 - Goal Development Internal Focus Workshop	
5-12-25	Joint Work Session #2 - Goal Development External Focus Workshop	
Week of 5/19	Survey – Gain inputs on goals, strategies, etc.	
6-10-25	Joint Work Session #3 - Goal Vetting and Strategy Development	
7-15-25	Joint Work Session #4 – Strategy and Objectives Refinement	
7-29-25	Project Management Team Work Session – Content Final Review	
9-16-25	Board Meeting – Approve Strategic Plan	

# Goal Development

**External  
Focus**

## Community Health Needs Assessment

## Partner Engagement

- Focus Group #1
- Focus Group #2

## Leadership, Staff Voice, CHA Board

- Joint Workshops #2 and #3

## Pulse Check Survey

**Internal  
Focus**

## Employee Survey

## Leadership, Staff Voice, CHA Board

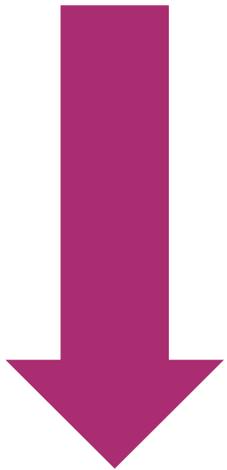
- Joint Workshops #1 and #3

## Pulse Check Survey

**2025  
Strategic Plan  
Goals**

# Pre-Engagement on Goals

**2020 Goals**



**2025 Goals**

What new challenges do we need to keep in mind?

What new opportunities have emerged?

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# Wrap Up & Next Steps

# THANK YOU

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Suite 250, Charlotte, NC 28262 | [\*\*www.centralina.org\*\*](http://www.centralina.org)



# F4. Finance Committee Report

*Sue Yates*

# Financial Summary Report

Reviewed and recommended for approval by Finance Committee:

3/11/2025

PUBLIC HEALTH AUTHORITY OF CABARRUS COUNTY FINANCIAL SUMMARY REPORT					FY25 7 Months ending January 31, 2025 Target Percentage 58.33% Modified Accrual			
	ACTUAL FY 2021	ACTUAL FY 2022	ACTUAL FY 2023	ACTUAL FY 2024	FY 2025 ORIGINAL BUDGET	FY 2025 BUDGET	ACTUAL 01/31/25	Y-T-D % COLLECTED
<b>REVENUES</b>								
INTERGOVERNMENTAL REVENUES	\$ 19,483,540	\$ 24,443,947	\$ 28,216,196	\$ 24,550,592	\$ 25,299,584	\$ 26,029,892	\$ 13,541,169	52.02%
MEDICAID COST SETTLEMENT	\$ 2,693,197	\$ 3,098,145	\$ 2,118,045	\$ 3,740,447	\$ 3,518,447	\$ 3,518,447	\$ 2,052,427	58.33%
MANAGED CARE QUARTERLY PAYMENT	\$ -	\$ -	\$ 529,831	\$ 450,509	\$ 458,174	\$ 458,174	\$ 224,800	49.06%
PERMITS & FEES	\$ 285,057	\$ 340,160	\$ 363,658	\$ 298,053	374,933	374,933	\$ 172,540	46.02%
SALES & SERVICES	\$ 1,716,097	\$ 1,541,742	\$ 1,243,433	\$ 1,177,936	1,285,285	1,285,285	\$ 702,747	54.68%
INVESTMENT EARNINGS	\$ 4,223	\$ 15,223	\$ 298,825	\$ 362,632	259,545	259,545	\$ 254,636	98.11%
MISCELLANEOUS	\$ 73,147	\$ 67,453	\$ 76,531	\$ 53,715	45,880	72,485	\$ 28,700	39.59%
CONTRIBUTIONS & PRIVATE GRANTS	\$ 1,002,571	\$ 579,848	\$ 1,476,544	\$ 1,595,583	3,329,705	4,289,222	\$ 1,333,882	31.09%
FUND BALANCE APPROPRIATED	\$ -	\$ -	\$ -	\$ -	902,169	4,304,100	\$ -	0.00%
<b>TOTAL</b>	<b>\$ 25,237,834</b>	<b>\$ 30,086,519</b>	<b>\$ 34,323,063</b>	<b>\$ 32,229,467</b>	<b>\$ 35,473,702</b>	<b>\$ 40,592,083</b>	<b>\$ 18,310,701</b>	<b>45.11%</b>
<b>EXPENDITURES</b>								
ENVIRONMENTAL HEALTH	\$ 1,124,681	\$ 1,429,941	\$ 1,735,411	\$ 1,712,560	1,996,588	1,996,588	1,008,497	50.51%
INFORMATION TECHNOLOGY SYSTEMS	\$ 951,084	\$ 1,158,973	\$ 1,092,401	\$ 1,054,304	1,207,803	1,207,803	633,977	52.49%
GENERAL ADMINISTRATION	\$ 2,779,340	\$ 3,235,818	\$ 4,665,661	\$ 4,307,096	7,343,403	10,950,967	3,121,507	28.50%
FAMILY CARE COORDINATION	\$ 1,109,438	\$ 1,251,648	\$ 1,582,220	\$ 1,341,827	1,492,364	1,492,364	784,574	52.57%
SCHOOL HEALTH	\$ 3,965,717	\$ 6,979,729	\$ 7,392,127	\$ 4,838,775	5,346,757	5,346,757	3,018,499	56.46%
COMMUNITY IMPACT	\$ 1,280,913	\$ 2,502,914	\$ 3,199,702	\$ 3,474,876	3,712,897	4,234,408	1,982,574	46.82%
DENTAL HEALTH	\$ 2,939,644	\$ 3,708,063	\$ 4,015,567	\$ 5,180,045	5,419,750	6,379,469	3,315,489	51.97%
VITAL RECORDS	\$ 57,832	\$ 70,154	\$ 72,346	\$ 78,036	80,188	80,188	46,624	58.14%
COMMUNICABLE DISEASE	\$ 4,657,174	\$ 4,145,338	\$ 5,158,646	\$ 4,228,051	2,595,496	2,587,122	1,118,165	43.22%
CLINICAL SERVICES	\$ 3,220,341	\$ 3,816,726	\$ 3,594,777	\$ 2,924,908	3,246,360	3,299,171	1,738,717	52.70%
BEHAVIORAL HEALTH	\$ -	\$ 147,966	\$ 807,960	\$ 1,636,260	2,129,454	2,114,604	967,857	45.77%
WIC	832,770	811,156	880,309	928,672	902,642	902,642	511,092	56.62%
<b>TOTAL</b>	<b>\$ 22,898,733</b>	<b>\$ 29,258,426</b>	<b>\$ 34,197,127</b>	<b>\$ 31,705,471</b>	<b>\$ 35,473,702</b>	<b>\$ 40,592,083</b>	<b>\$ 18,247,572</b>	<b>44.95%</b>
<b>Y-T-D FUND BALANCE INCREASE (DECREASE)</b>	<b>\$ 2,339,100</b>	<b>\$ 828,093</b>	<b>\$ 125,936</b>	<b>\$ 523,996</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 63,129</b>	

# Snapshot

Reviewed and recommended for approval by Finance Committee:

3/11/2025

Cabarrus Health Alliance Snapshot					
January 31, 2025					
Target Percentage 58.33%					
Modified Accrual					
	Budget	Actual	YTD Percentage		Comments
<b>Environmental Health</b>					
Revenue	1,996,588	1,070,925	53.64%		
Expense	1,996,588	1,008,497	50.51%		
<b>Information Technology</b>					
Revenue	813,366	474,588	58.35%		
Expense	1,207,803	633,977	52.49%		
<b>General Administration</b>					
Revenue	10,087,707	1,912,582	18.96%		
Expense	10,950,967	3,121,507	28.50%		Brown Mill Fund balance appropriation included.
<b>Family Care Coordination</b>					
Revenue	1,492,364	897,958	60.17%		
Expense	1,492,364	784,574	52.57%		
<b>School Health</b>					
Revenue	5,346,757	3,014,055	56.37%		
Expense	5,346,757	3,018,499	56.45%		
<b>Community Impact</b>					
Revenue	4,234,408	1,862,715	43.99%		
Expense	4,234,408	1,982,574	46.82%		Revenues for expenses are received a month later.
<b>Dental Health</b>					
Revenue	7,637,166	4,152,995	54.38%		
Expense	6,379,469	3,315,489	51.97%		Cost Study: \$1,847,185 Revenue has been added.
<b>Vital Records</b>					
Revenue	80,188	46,776	58.33%		
Expense	80,188	46,624	58.14%		
<b>Communicable Disease</b>					
Revenue	2,587,122	1,220,593	47.18%		
Expense	2,587,122	1,118,165	43.22%		
<b>Clinical Services</b>					
Revenue	3,299,171	1,701,970	51.59%		
Expense	3,299,171	1,738,717	52.70%		Monitoring as we invest in Adult Primary Care; cost study and one quarter of direct payment has been added in; \$102,621; \$126,371
<b>Behavioral Health</b>					
Revenue	2,114,604	989,573	46.80%		
Expense	2,114,604	967,857	45.77%		
<b>WIC</b>					
Revenue	902,642	504,658	55.91%		
Expense	902,642	511,092	56.62%		Monitoring as we invest in WIC.
Green - Revenues are greater than expenses or percentage is within 5% points					
Yellow - Revenues are less than expenses when not anticipated and percentage variance is between 6% and 15%					
Red - Revenues are less than expenses when not anticipated and percentage variance is greater than 16%					



## G. CONSENT AGENDA

*Chairperson Lara Pons, MD*

### G1. Financial Policies & Budget Revisions

*Sue Yates*

### G2. Sliding Fee Schedule

*Sue Yates*



# G1. Financial Policies & Budget Revisions

*Sue Yates*

# Finance Policies

Reviewed and recommended for approval by Finance Committee:

3/11/2025

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

<a href="#">Travel Policy</a>	Highlighted in yellow; the dates on page 1 and change of “was” to “is” on page 2
<a href="#">Dental Clinic Debt Management Policy</a>	Highlighted in the yellow section on page 2; updated from using the federal poverty level to a statement regarding emergency dental exams
<a href="#">Dental Clinic Fee Policy</a>	Highlighted in the yellow section on page 2; updated from using the federal poverty level to a statement regarding emergency dental exams
<a href="#">Dental Clinic Eligibility Policy</a>	Health Choice was removed from page 1; is no longer applicable. Additions are highlighted on page 2. Additions are highlighted on page 6 to move from “federal poverty level” to “clarification around emergency exams”

*Click on name of policy to link to the full policy document.*

# Budget Revisions

Reviewed and recommended for approval by Finance Committee:  
3/11/2025

## Increase in funding

State allocation for Investment in Performance Management	\$13,204
BlueCross BlueShield grant for Dental Services	\$6,204
Medicaid for Care Management for High-Risk Pregnancies	\$90,000

*Click on name of revision to link to the full revision document.*



## G2. Sliding Fee Schedule

*Sue Yates*

# Sliding Fee Discount Schedule

Reviewed and recommended for approval by Finance Committee:

3/11/2025

Adult Primary Care, Dental, and Behavioral Health										
101-200% Federal Poverty Guidelines										
2025 Annual Income Federal Poverty Level	Level A Full Discount	Level B - 20%		Level C - 40%		Level D - 60%		Level E - 80%		Level F Full Cost
# of Family Members	0-100% of Poverty if income is less than	101-125% of Poverty if income is between		126-150% of Poverty if income is between		151-175% of Poverty if income is between		176-200% of Poverty if income is between		201+% of Poverty if income is more than
1	\$0-\$15,650	\$15,651	\$19,563	\$19,564	\$23,475	\$23,476	\$27,388	\$27,389	\$31,299	\$31,300+
2	\$0-\$21,150	\$21,151	\$26,438	\$26,439	\$31,725	\$31,726	\$37,013	\$37,014	\$42,299	\$42,300+
3	\$0-\$26,650	\$26,651	\$33,313	\$33,314	\$39,975	\$39,976	\$46,638	\$46,639	\$53,299	\$53,300+
4	\$0-\$32,150	\$32,151	\$40,188	\$40,189	\$48,225	\$48,226	\$56,263	\$56,264	\$64,299	\$64,300+
5	\$0-\$37,650	\$37,651	\$47,063	\$47,064	\$56,475	\$56,476	\$65,888	\$65,889	\$75,299	\$75,300+
6	\$0-\$43,150	\$43,151	\$53,938	\$53,939	\$64,725	\$64,726	\$75,513	\$75,514	\$86,299	\$86,300+
7	\$0-\$48,650	\$48,651	\$60,813	\$60,814	\$72,975	\$72,976	\$85,138	\$85,139	\$97,299	\$97,300+
8	\$0-\$54,150	\$54,151	\$67,688	\$67,689	\$81,225	\$81,226	\$94,762	\$94,764	\$108,299	\$108,300+
Add for Each Additional Person	\$5,500	\$6,875		\$8,250		\$9,624		\$11,000		\$12,375
Medical Visit	\$45	\$50		\$55		\$60		\$65		Full Cost
Nurse Visit	\$5	\$10		\$15		\$20		\$25		Full Cost
Behavioral Health - group	\$10	\$15		\$20		\$25		\$30		Full Cost
Behavioral Health - 30 minutes	\$15	\$20		\$25		\$30		\$35		Full Cost
Behavioral Health - 45 minutes	\$25	\$30		\$35		\$40		\$45		Full Cost
Behavioral Health - 60 minutes	\$35	\$40		\$45		\$50		\$55		Full Cost
Behavioral Health - Assessment	\$35	\$40		\$45		\$50		\$55		Full Cost
Dental Visit	\$75	\$80		\$85		\$90		\$95		Full Cost
Same Day Emergency Dental Visit (Diagnostics)	\$75	\$80		\$85		\$90		\$95		Full Cost
Same Day Emergency Dental Visit (Procedures)	\$75	\$80		\$85		\$90		\$95		Full Cost



## H. BUSINESS AGENDA

Nomination of New Board Members, *Motion*

*Chairperson Lara Pons, MD*

# Nomination of New Board Members

<p><b>Asha Rodriguez</b> <i>Facility Executive, Atrium Health - Cabarrus</i></p>	<p>One (1) member appointed by the local governing or advisory board of the main hospital located in Concord, currently known as Atrium Health - Cabarrus.</p> <p><i>Term limits do not apply to this seat per by-laws.</i></p>	<p><i>*Filled unexpired term for Chris Bowe 12/15/21 – 6/30/2022</i></p> <p><i>Current full term: 7/1/2022 - 6/30/2025</i></p> <p><i>If reappointed: 7/1/2025 - 6/30/2028</i></p>
<p><b>Kerry Dove</b> <i>Pediatric Dentist, Concord Pediatric Dentistry (owner)</i></p>	<p>One (1) member who is a practicing dentist or has previously practiced dentistry in Cabarrus County.</p>	<p><i>*Filled unexpired term for Kimberly Dehler, DDS, MPH 06/17/2024 - 6/30/2025</i></p> <p><i>If reappointed: 7/1/2025 - 6/30/2028</i></p>
<p><b>Daryle Adams</b> <i>Director CTE, Federal Programs, &amp; Community Outreach, Kannapolis City Schools</i></p>	<p>One (1) representative of the Cabarrus County School System or Kannapolis City School System, which shall alternate no less often than every two (2) terms.</p>	<p><i>*Filled unexpired term for Dr. Daron C. (Chip) Buckwell 08/19/19 – 06/30/22</i></p> <p><i>Current full term: 7/1/2023 - 6/30/2025</i></p> <p><i>If reappointed: 7/1/2025 - 6/30/2028</i></p>



# I. HEALTH DIRECTOR REMARKS

*Erin Shoe, MPH*



## J. ANNOUNCEMENTS

*Chairperson Lara Pons, MD*



## K. Motion to Adjourn

*Chairperson Lara Pons, MD*



# Supplementary Documents Linked to Agenda Items



Public Health Authority of Cabarrus County  
Board Meeting Minutes  
February 18, 2025

A regular meeting of The Public Health Authority Board was held on Tuesday, February 18, 2025.

Board members attended in-person at CHA.

*Members Present:*

Lara Pons, MD, Chair  
Mark Spitzer, Vice-Chair  
Natasha Lipscomb  
Amy Jewell  
Kerry Dove  
Cecilia Plez

*Members Absent:*

Asha Rodriguez  
Daryle Adams

*Guest and Members of the Public:* None

*Staff Present:* Erin Shoe, Rolanda Patrick, Mariah Kendrick, April Sloop, Cynthia Wise, Sue Yates, Alicia Primus, Tamara Lunsford-Key, Jamie Newman, Suzanne Sutton, Udoka Obiechefu

**Call To Order**

Chairperson Dr. Lara Pons called the meeting to order at 5:37pm.

**Adoption of the Agenda**

Chairperson Dr. Lara Pons requested a motion to adopt the agenda. Cecilia Plez moved. Kerry Dove seconded. Motion and approval carried unanimously.

**Approval of the Minutes**

Chairperson Dr. Lara Pons requested a motion to approve the December Minutes. Natasha Lipscomb moved. Mark Spitzer seconded. Motion and approval carried unanimously.

**Approval of Closed Minutes**

Chairperson Dr. Lara Pons requested a motion to approve the December Closed Session Minutes. Cecilia Plez moved. Amy Jewell seconded.

**Recognition**

Chairperson Dr. Lara Pons introduced CHA staff member Cynthia Wise as the 2025 Recipient of *The Spirit of CHA Award*. Cynthia Wise is the first person to hold this honor.

Chairperson Dr. Lara Pons shared kind words of Cynthia's character, describing her as vibrant, giving, and well-deserving of the award.

### **Informal Public Comments**

No public comments.

### **Reports**

#### **School Health Update**

School Health Director, Tammy Alexander presented a School Health update.

- CHA celebrated the 25<sup>th</sup> year of a nurse in every school
- Nurses are no longer required to have certifications although we support and encourage the certification
- Expressed the importance and need for having a full-time nurse on every school site
- Works closely with Atrium Health in the Cabarrus Family Residency Program, and Lion's Club of Concord
- Collaborates with internal partners to provide immunizations to students and accommodations in schools
- The community expects to have a nurse in every school and recognizes the value of nurses

Tammy Alexander asked Board members to advocate for the school health program and continue to educate community members on the importance of nurses.

- Amy Jewell expressed appreciation for a nurse being on every site.
  - Tammy Alexander stated she enjoys the collaboration and is blessed to be a part of the initiative

#### **Epidemiology 2024 Year End Review**

Epidemiologist, Udoka Obiechefu presented the Epidemiology 2024 Year End Review.

- There are positive shifts in overdose data
- Overdose deaths went down by 31% from 2022 to 2023
- Opioid prescriptions are going down with an increase in illicit opioid overdoses
- Adult smoking has declined since 2021. Increased awareness of health issues associated with smoking have impacted the downward trend
- Access to food resulted in an increase in SNAP benefits. SNAP benefits were low in 2021
- Decline in food insecurity since 2021. Down by 10% in 2024 from 2023. Decrease in barriers, increase in access to stores such as Aldi and Dollar General
- Covid cases in the ER have decreased in 3 years due to vaccinators and preventative care
- Increase in Colorectal Cancer Screening cases in the last 5 years
- Mark Spitzer asked Udoka Obiechefu what is concerning for CHA regarding this data?
  - Udoka Obiechefu replied to chronic illnesses and tooth decay in children should be considered
- Natasha Lipscomb asked Udoka Obiechefu considering food security, SNAP benefits, and federal benefits may be impacted, what would that look like?

- Udoka Obiechefu stated it is difficult to forecast however it is best to plan the future and continue to utilize data

### Communicable Disease Report 2023

Program Director of Communicable Disease & Adult Health, Tamara Lunsford-Key presented the Communicable Disease Report 2023.

- Reporting is clinical and non-clinical
- Data of trends is color coded for past and current trends. Data reflects NC & US numbers
- Increased illnesses in 2023 due to farms and international travel
  - Preventative care included: promotion of vaccines, how to properly clean poultry, and how to cook with eggs
- Malaria increased due to lift of restrictions
- Lyme disease testing changed. Outbreaks were mostly in nursing facilities and vulnerable care facilities
- There is a downward trend of Lyme disease in ages 15-28.
- HIV exposure concern includes:
  - Not using preventative care such as PrEP, routine testing, education to reduce new infections
  - Lack of understanding on how to use tools

### Finance Committee Reports

Chief Finance Officer, Sue Yates presented the Finance Committee Report

- Financial Summary ending of the 6 months
  - Revenues are at a net positive of \$293,581
  - Medicaid cost settlement is estimated for 6 months and included as an accrual
- Snapshot
  - School Health revenue for expenses is received a month later
  - Community Impact revenue for expenses is received a month later
  - Dental Health cost study; \$1,759,224. Revenue has been added
  - Clinical Services will continue to be monitored as we invest in Adult Primary Care. Cost study and one quarter of direct payment has been added in; \$126,371
  - WIC will continue to be monitored as we invest in WIC. Revenues for expenses is received a month later
  - Support Services will continue to monitor Adult Primary Care
  - Financial Policies are reviewed by Leadership & Support Services

### Consent Agenda

Sue Yates presented the Financial Policies. Policies are reviewed at least annually for accreditation purposes and revisions are made when necessary

- Subaward Policy; no changes
- NC Debt Setoff Procedures Policy; no changes
- Public Health Primary Care Services Debt Management Policy; no changes

- Reserve Policy; no changes
- Internal Control Policy; no changes
- Dental Clinic Debt Management Policy; no changes
- Public Health & Primary Care Services Eligibility Policy; minimal changes; reworded for better clarity; Updated Poverty Level Sliding Scale Fee
- Public Health Primary Care and Dental Services Billing Policy; minimal changes; updated wording around remaining balances after insurance is billed
- Credit Card Processing Policy; updated technology security wording

The reviewed/revised policies were discussed & approved at the Finance Committee meeting.

Sue Yates presented the Budget Revisions

- Budget Revisions are being requested due to 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 and/or expenses:
  1. State Agreement Addendum; *Adolescent Parenting Program*. \$25,000
  2. State Agreement Addendum; *ARPA TSF Public Health Services*. \$50,000
  3. Department of Health and Human Services; *Elevate Grant*. \$53,438
  4. Department of Justice; *STOP Grant*. \$49,239
  5. The North Carolina Department of Health and Human Services; *Recovery Supportive Housing Grant*. \$19,277
  6. Child Fatality Case Reporting; *Child Fatality Case Reporting*. \$2,743
  7. Department of Justice; *PTS STOP Grant*. \$333,334
  8. The Department of Health and Human Services; *Drug Free Communities Grant*. \$44,550
  9. Partners Health Management; *Prevent Drug Overdose Grant*. \$6,631
  10. Cabarrus County Opioid Settlement Funds; *Vital Strategies*. \$17,157

### **Fiscal Year 2026 Meeting Schedule**

Erin Shoe announced the Fiscal Year 2026 Meeting Schedule. The Board will not meet in the months of: July, September, February, April.

### **Announcements**

Erin Shoe provided announcements on the status of federal funds being reviewed.

- CHA currently has seven (7) federal grants
- Staff are awaiting direction from Program Officers on whether grants will continue, cease, or if program plans will be altered

A motion for a closed session was proposed during the meeting, with Mark Spitzer making the first motion and Natasha Lipscomb providing the second. The board proceeded to discuss the matter further before moving into the closed session.

### **Motion to Adjourn**

No further business to come before the Board.

Chairperson Dr. Lara Pons requested a motion to adjourn the meeting. Kerry Dove moved. Amy Jewell seconded the motion. Motion to adjourn carried unanimously.

The meeting was adjourned at 7:04pm

The next meeting of the Board will be March 18, 2025, at 5:30pm

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Chairperson Lara Pons, MD  
Public Health Authority Board of Commissioners

ATTEST

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Erin Shoe, MPH  
Public Health Director

Minutes Taken by

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Mariah Kendrick, Board Clerk / Governance Program Manager



**SUBJECT: DENTAL CLINIC DEBT MANAGEMENT POLICY**

**EFFECTIVE DATE:** January 2004

**REVISION DATE:** August 2006; January 14, 2004; November 13, 2007; June 17, 2008; June 17, 2008; July 30, 2009; July 26, 2010; January 30, 2013; February 28, 2014; September 29, 2014; December 30, 2016; December 30, 2017; May 18, 2018; April 25, 2019; March 18, 2025

**REVIEW DATE:** August 2006; January 14, 2004; November 13, 2007; June 17, 2008; June 17, 2008; July 30, 2009; July 26, 2010; December 20, 2011; January 30, 2013; February 28, 2014; September 29, 2014; December 30, 2015; December 30, 2016; December 30, 2017; May 18, 2018; April 25, 2019; April 30, 2020; March 24, 2021; February 25, 2022; January 17, 2023; January 16, 2024; February 18, 2025, March 18, 2025

**POLICY STATEMENT:**

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

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

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

**1. FEE COLLECTION**

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

- 1.2. Any payment received at the time of visit shall be applied to current day's charges and any overage to oldest unpaid charges. Any payment received via mail shall be posted to the oldest unpaid charge unless otherwise specified by client.
- 1.3. Payment for services provided are due on the day of service; however, when the patient is unable to pay in full at the time services are rendered, a receipt will be issued for partial payment. A patient may discuss, establish, and sign a payment agreement with agency personnel. Client is reminded at every visit of their account balance and their responsibility for the balance.

1.4. If the debtor doesn't pay on the service date or has a balance over \$200.00 per patient or \$400 per family, a legally enforceable written payment agreement may be obtained from and signed by the debtor that specifies all of the terms of the installment arrangement and contains a provision accelerating the debt payment in the event the debtor defaults. The size and frequency of the installment payments should bear a reasonable relationship to the size of the debt and the debtor's ability to pay. If possible, the installment payments should be sufficient in size and frequency to liquidate the debt in no more than one year. In the event the client fails to pay their debts as set forth in their payment agreement, then CHA has the ability to restrict or deny any future services until he/she pays the delinquent debt. Emergency exams with associated x-rays and emergency treatment (usually extractions to address medical concern) will not be denied based on a patient's inability to pay.

1.5 Clients will have 45 days to make payment of any monies received from any source that is sent directly to them as payment for dental services received from CHA and also a copy of the benefits summary received from the payment source.

## 2. DISCOUNTS

2.1. A prompt pay discount of 10% may be given if patient asks or at the discretion of the Chief Finance Officer (CFO), Accounts Receivable Supervisor or designee to reduce collection costs. Prompt pay discounts should not be applied to balances due after insurance payments, deductibles, or co-pays. Payments must be made within thirty (30) days of the patient's being informed of the discount offer.

2.2. Employee discounts will be given on CHA dental services. This also includes family members of the employee that are immediate family members living in the same household. Employees/Family will receive either a 20% discount or the sliding fee scale discount whichever is more beneficial to the employee but not both discounts. Discount will be applied after any insurance payments are made.

## 3. SERVICE DENIALS OR APPOINTMENT RESTRICTIONS

3.1. Service denials or appointment restrictions will be applied to patients who do not make a "good faith effort" <sup>(1)</sup> to pay unless restricted by State or Federal regulations. <sup>(2)</sup>

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

<sup>(2)</sup> See CHA policy for protocol regarding dismissing client from services.

Emergency services can never be denied. Patients will be encouraged to pay their balance at the time of service. Patient payment plans will be established upon need or request and monitored by the CHA financial services department. Services will not be denied until after a clinic visit during which the purpose and details of the fee system are explained. Patients with active Medicaid will not be denied or have appointment restrictions if they have outstanding balances or in debt setoff. The Dental Director or designee makes the final decision regarding service limitations/denials or appointment restrictions.

#### **4. RETURN CHECK FEE**

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

#### **5. PATIENT STATEMENTS**

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

#### **6. COLLECTION OF UNPAID DEBTS**

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

#### **7. DEBT WRITE-OFFS**

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

or designee, CFO or Financial Services Supervisor can determine exemption from payment in full. If an exemption is made the bad debt write-off will be reactivated as a prior balance and the billing process actively resumed according to the CHA Fee Policy.

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

**8. BANKRUPTCY**

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

**9. REFUNDS**

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

**10. FOSTER PARENT OBLIGATION**

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Board Chairman

**SUBJECT: TRAVEL POLICY**

**EFFECTIVE DATE:** July 1, 1997

**REVISION DATE:** February 14, 2007; July 22, 2009; July 26, 2010; December 31, 2012; February 28, 2014; April 29, 2015; January 4, 2016; July 15, 2016; August 8, 2017; April 25, 2018; March 28, 2019; April 15, 2021; May 16, 2023; January 16, 2024; **March 18, 2025**

**REVIEW DATE:** February 14, 2007; June 6, 2008; July 22, 2009; July 26, 2010; December 14, 2010; December 8, 2011; December 31, 2012; February 28, 2014; April 29, 2015; January 4, 2016; July 15, 2016; August 8, 2017; April 25, 2018; March 28, 2019; April 15, 2021; April 15, 2022, May 16, 2023; January 16, 2024; **March 18, 2025**

### **POLICY STATEMENT:**

The primary objective of this policy is to establish procedures for authorization of travel by Public Health Authority of Cabarrus County dba Cabarrus Health Alliance (CHA) employees and certain non-CHA employees for the purposes of conducting CHA business, and to establish policy and procedures for payment of the cost of authorized travel. This travel policy is designed to comply with Internal Revenue Service (IRS) regulations so that all reimbursements will be non-taxable payments. Certain expenses not reimbursed under this policy may be tax deductible to you. Please consult your tax advisor if you have questions. The policy of CHA is to reimburse employees for all reasonable expenses incurred as a result of travel for authorized CHA business. All travel is contingent upon the availability of budgeted funds in each department.

### **APPLICABILITY**

All CHA employees and certain non-CHA employees are subject to this policy. This policy is effective February 14, 2007 and supersedes all previous travel policies. The Chief Executive Officer (CEO) and/or designee, and the Chief Finance Officer (CFO) has the authority to make exceptions to this policy for employees.

### **RESPONSIBILITIES OF TRAVEL APPROVERS**

Although the CFO is statutorily charged with stewardship of CHA funds, the fiscal integrity and credibility of our organization is the responsibility of all CHA Supervisors and employees.

All travel must be approved by the supervisor, CFO, and CEO or designee. If you are approving a Travel Request and or Reconciliation, whether or not you are the traveling employee's direct supervisor, you are attesting to the following:

1. That you have reviewed the travel request and or reconciliation in its entirety;
2. That the travel request and or reconciliation is complete with all necessary supporting documentation and is accurate; and

3. You have verified necessary funds are available in the budget to support expenses associated with the travel in question; and
4. That the travel **is** for a CHA business purpose.

### **Violations of Travel Policy**

The following will be subject to disciplinary action, loss of privileges, and possible criminal prosecution:

- Submitting a falsified travel request or reconciliation
- Using a CHA-issued procurement card for unauthorized personal or travel related expenses
- Authorizing a request for reimbursement which is known to be false

Any CHA employee who suspects any of the above or any other inappropriate action on the part of another employee should contact the CFO.

**If an employee makes travel arrangements and subsequently cancels, any non-refundable charges are the responsibility of the employee.** Examples of charges which become the responsibility of the employee are non-refundable conference dues, airline tickets, and hotel charges due to cancellation or neglect to cancel. It is the employees' responsibility to be aware of all applicable cancellation terms.

If by accident an employee makes a personal purchase on a procurement card they should first try to get the vendor to void the transaction off the card. If this is not possible, then they should notify their supervisor in writing about the incident with a copy to the CHA CFO. Once the statement comes in, they should attach a check or money order to the statement along with their receipt(s). If this is not done, then an adjustment will be made if the employee submits a request for travel reimbursement.

There may be times when unallowable expenses are incurred on the procurement card during travel. The most common example is charging unallowable items to your hotel bill and using your procurement card to pay the hotel bill. You should avoid charging unallowable expenditures to your hotel bill by using other payment methods for such charges. If this cannot be avoided then these items should be identified and adjusted through the request for reimbursement if one is made. The Finance Department reserves the right to question any and all charges made and reimbursements requested. **Charging unallowable items to a CHA procurement card could result in the employee losing the privilege of using the procurement card and disciplinary action up to and including dismissal.**

### **NON-CHA EMPLOYEE TRAVEL**

Reimbursement of out-of-county travel expenses by interns and appointed members of the CHA Board are allowable and these persons are subject to all of the same travel regulations as CHA

employees. The appropriate supervisor, CFO, and CEO or designee must approve their travel in advance, and the same forms are used to request reimbursement for travel expenses.

## **REQUIRED ACCOUNTING FOR TRAVEL EXPENSES**

At the completion of the trip, employees will make an accounting of trip expenses whether they are through the procurement card process, accounts payable, or they are to be reimbursed. This accounting of trip expenses must be made within fifteen (15) days of the completion of the trip. All charges to the procurement card will be supported by receipts as usual. Employees may not request reimbursement for travel expenses paid for with a procurement card.

The IRS requires CHA to maintain hotel receipts to properly document an employee in overnight travel status and to differentiate payment from compensation; we also need to properly document to the citizens the public purpose of the travel cost. **Itemized receipts are required for all travel costs except the per diem allowance.** These receipts will be sent to Finance after the employee has properly accounted for the trip. The Finance Department reserves the right to withhold per diem allowance reimbursement until after the procurement card charges have been reviewed.

## **TRAVEL FORMS**

### **Travel Forms and Instructions for Completion**

All requests for travel advances, travel reimbursements, and mileage reimbursements should be filed on forms that have been issued and approved by the Finance Department. These are available on the CHA SharePoint Intranet site

#### **a. Travel Mileage Voucher Form**

This form is to be used to record mileage traveled by an employee and certain non-CHA employees on CHA business using their personal vehicle.

Employees who use a personal vehicle on a regular basis for official CHA business for trips (other than for travel expenses) should complete this form. This form should be submitted to the Finance Department at the beginning of the month.

For each trip, the employee should fill in the date of the trip, the from and to destination (city/business/entity), the purpose/service performed or training attended and the program budget code. The miles column is automatically totaled to provide the Total Miles traveled during the month. This amount is multiplied by the approved mileage rate established by the IRS to arrive at the total amount due to the employee.

The supervisor is responsible for reviewing the form for reimbursement and making sure the proper budget code is included on the form. The employee and supervisor must either

have a legible wet signature or e-signature through an authenticator on the form before submitting to the Finance Department.

**b. Travel Request & Reconciliation Form**

1. **REQUEST:** This form is used to obtain authorization for CHA business related travel and to request funds prior to travel. A Travel Request & Advance Form is required to be completed by the employee, reviewed by the supervisor, and approved by the Finance Department for all overnight travel whether or not a cash advance is requested. A Travel Request & Reconciliation Form **IS NOT** required for same-day, in-state travel via a CHA vehicle or personal vehicle where employee isn't eligible for per diem reimbursement. If using a CHA vehicle, employee is responsible for obtaining availability and requesting reservation from the Fleet Manager. To ensure safety and compliance, employee must:

- **Inform supervisor of travel**
- **Put travel on calendar**

For overnight, in or out of state travel, a Travel Request & Reconciliation Form should be submitted to the Finance Department at least fifteen (15) working days before the trip is to take place. The employee is responsible for completing the Travel Request portion of the form. A **seminar/conference itinerary indicating the seminar/conference starting date and time and the ending date and time is a required part of the travel request documentation. Employee must also include with the Travel Request and Reconciliation Form comparative pricing from Expedia or comparable source to ensure the best flight is chosen in order for travel to be approved.** It is expected that employees will use hotel state rates when available.

Estimated expenses are calculated by multiplying the number of overnight days of the trip by the hotel rate including taxes. This is the amount to be indicated under "Lodging." The employee should then multiply the number of days by the daily meal allowance, taking into account that the date of departure and the date of return i.e., travel days are calculated at 75% of the daily per diem rate. Also include registration fee, transportation expenses and any miscellaneous expenses on the form. The sum of these amounts would be your "Total Estimated Expenses."

The employee and their supervisor must either have a legible wet signature or e-signature through an authenticator on the form. The CFO or designee must then approve the travel request and any advance that is requested. If a travel advance is requested and the amount is at least \$100.00, employee must complete a Payment Request Form with all the necessary information and submit with the travel request. The supervisor is responsible for confirming or supplying the proper budget code(s).

2. **RECONCILIATION:** This form should be used when the employee and certain non-CHA employees incurs expenses related to official CHA travel, including but not limited to lodging, meals, registration and gas or mileage.

The employee should complete the reconciliation portion of the form accurately and in its entirety in order to ensure accurate processing and receive reimbursement from the Finance Department. Incorrect or incomplete documentation will be returned to the employee to resolve and resubmit.

All expenses associated with the travel should be entered in the corresponding rows for the item under the appropriate column i.e. day. Example categories are meals, lodging, transportation, auto allowance (personal car), registration fees and other. If the employee makes an entry in the "other" row, he/she should specify what the charge was. Receipts for meals are not required. Itemized receipts for all other expenses are required to receive reimbursement.

Total miles should be entered for Mileage Claimed under the Auto Allowance section. This amount will automatically be multiplied by the IRS approved mileage rate to arrive at the amount to be reimbursed. The total mileage should match the original Google maps starting and end location for the entire travel

The columns for each day will be totaled as well as the rows for each category. Each category will have a weekly total. The weekly totals for each category are summed to produce an amount of total actual expenses.

Employee should be mindful when selecting the method of payment as the form calculates reimbursement based upon your selection. Reimbursement owed to the employee will be totaled in the Balance Due section for Employee. Money is owed to CHA if there is an amount in the Balance Due section for CHA. If money is owed to CHA, the employee shall make payment in the form of check or money order to the Finance Department within fifteen (15) working days after the completion of the travel. This form must either have legible wet signatures or e-signatures through an authenticator by both the employee and his/her supervisor.

## **USE OF PROCUREMENT CARD FOR TRAVEL**

CHA has provided the use of procurement cards to designated employees approved by their supervisor. CHA employees that have procurement cards should use them to pay for all major travel expenses i.e. lodging, registration, etc. **Under no circumstances is the procurement card to be used to pay for meals, gas purchases, or personal phone calls. Meal expenses and incidentals are covered by the per diem allowance.**

### **Mileage Reimbursement**

Normal daily travel does not require advance written approval of the supervisor. However, the supervisor should be advised of travel plans and give verbal and or written approval of such plans. Failure to notify the supervisor of travel plans may result in the employee receiving no reimbursement for travel costs. The supervisor is responsible for ensuring adequate funds are

available to reimburse all travel costs and that employees understand their authority to incur daily mileage or other travel costs.

The Finance Department will accept reimbursement requests via the Travel Mileage Form on a monthly basis. To ensure that funds will be available to reimburse these expenses as part of the ongoing budget process it is required that employees request reimbursement no later than 15 days after incurring an expense, with proper documentation. Failure to adhere to this policy may result in a decision to deny reimbursement.

CHA reimburses mileage expenses at the IRS standard mileage rate. The CFO is allowed to make periodic adjustments for auto mileage rates in accordance with current IRS regulations. The IRS approved rate may change on a calendar year basis and generally becomes effective January 1 of each year. Traffic tickets are not reimbursable. Normal parking charges for CHA business are reimbursable. Parking receipts should be attached to the reimbursement request.

**In order for mileage to be reimbursed, it must be substantiated with enough detail that the mileage claimed can be verified.**

To the extent possible, trips should be planned out in advance so that mileage is minimized.

**Employees submitting mileage reimbursement requests during a time period when the standard mileage rate has changed must submit mileage for the different rates on separate forms.**

Transportation expenses between your home and your first work site are considered personal commuting expenses and not eligible for mileage reimbursement. Employees who are called back into work on the same day will be eligible for mileage reimbursement. If you are required to travel from your regular place of work to client or job sites during the day, that travel is eligible for mileage reimbursement.

**Travel from your home to an out-of-county conference or training session is eligible for mileage reimbursement from your home to the conference site and back home.**

**Mileage Reimbursement Scenarios – All Employees**

Scenario	Eligible for Mileage Reimbursement?
Home to office or first work site	No
Office or last work site to home	No
First work site to subsequent work sites	Yes
Employee called back to work after regular working hours	Yes
Employee is called into work on the weekend	No

The above rules apply to travel in the area in which you live and normally work.

**Overnight Travel**

CHA will pay costs incurred while in overnight travel status for the purpose of conducting CHA business authorized by the supervisor, CFO, CEO or designee(s). An employee is considered approved for overnight travel as opposed to commuting status when they travel to a county that does not directly connect with Cabarrus County.

Any employee seeking exception to the overnight travel status rule may request their supervisor to ask the CEO or designee and/or the CFO to make an exception to the above policy. Exceptions are generally not granted just because the employee is required to be on site at the business location before or after normal working hours.

**a. Required Approval**

**All travel must be approved by supervisor, CFO, and CEO or designee acknowledging that the travel expenditures were incurred for a public purpose. The Finance Department will also review travel for reasonableness and public purpose.**

**b. Overnight Travel Arrangements**

**Once travel request approval has been received,** each employee is authorized to make appropriate travel arrangements directly with the hotel, airline, car rental agency, etc. Hotel accommodations prearranged by conference/training sponsors or professional associations may be used. The employee must ensure that the most reasonable means of transportation and accommodations are used to ensure CHA receives the lowest fares. See section b. Travel Request & Reconciliation Form for required documentation necessary to approve travel requiring hotel accommodations and flights.

The following guidelines should be used to help ensure CHA receives the most favorable fares:

- All airline arrangements should be made at least two weeks before the scheduled flight.
- All employees fly coach/economy/main cabin. Non-essential upgrades will not be reimbursed. First Class and/or Travel Insurance are not considered reimbursable by CHA.
- CHA will not reimburse employees who make upgrades to their standard coach/economy flight accommodations i.e. preferred seating, premium economy, etc.
- Employees should seek reasonably priced hotel accommodations. If an employee is attending a conference given in a hotel or resort, then the employee is permitted to seek accommodations at the same hotel/resort even though cheaper priced accommodations are available. Pricing for host hotel still needs to be provided.
- **Employees are required to shop for the best price for flight transportation, hotel accommodations and all other travel arrangements. Employees should use resources such as Expedia or a similar website to compare pricing and include such comparisons with the Travel Request & Reconciliation Form.**
- Governmental rates should be sought whenever possible.
- When renting vehicles, the traveler should not purchase any insurance waiver (collision, theft, vandalism, etc.). Any accidents or damages to rental cars or other vehicles, persons, or properties caused by a rental vehicle operated by a CHA

traveler are covered under CHA's insurance program. This is not considered a reimbursable expense.

- Airline travel leaving or arriving on a Saturday instead of a Sunday is permitted if the total cost of the additional room night plus meals is less than the difference in the airfare. Comparison of various airlines is required to be submitted with the Travel Request & Reconciliation Form to the Finance Department for review and approval.
- Employees are not required to share a room with other CHA employees.
- Emergency travel needs will be approved before travel takes place if possible or as soon as possible upon completion of the trip. CFO and CEO or designee will approve certain expenses for emergency travel.

**c. Per Diem Rates**

**Utilize current Federal Per Diem Rates by State at the following website:**

**[www.gsa.gov](http://www.gsa.gov)**

\*\*If neither the city nor the county is listed, the standard per diem rate for meals and incidental expenses applies.

**d. Allowable and Unallowable Expenses**

**1. Lodging**

Hotel/lodging reservations are to be arranged by the traveling employee or by utilizing accommodations prearranged by conference training sponsors or professional associations once the travel has been approved.

Lodging expenses will be reimbursed at actual **cost of rooms (including tax)** provided that the employee seeks reasonably priced lodging. CHA travelers sharing a room with a non-CHA employee will be reimbursed at the single occupancy rate only.

A detailed/itemized hotel receipt is required for reimbursement of lodging expenses.

No reimbursement is authorized for in-room movies, valet charges, in-room bar charges, or other nonessential needs. Room service charges for food, including tips, and personal phone calls are not allowable. These expenses are considered to be covered by the per diem allowance. Meal expenses, personal phone calls and baggage handling tips are to be paid by the employee using personal funds. CHA will reimburse the employee according to the established per diem allowance limits after an accounting of trip expenses has been authorized by the supervisor or designee. If required, hotel reservations should be guaranteed with a procurement card (for those employees who have been designated to have one or Purchasing Agent's PCard) or the employee can use a personal credit card. Travel expenses can be paid for with use of a personal credit card and the employee can seek reimbursement for allowable costs after they return from the trip. Governmental rates should be sought whenever offered by the hotel.

**2. Meals and Incidental Expenses**

**CHA will issue 75% of the per diem allowance for same day trips that are over 12 hours in length.** Employees will be required to document time of departure to destination and time of return back to CHA.

Employees will be provided a per diem allowance for meals and incidentals according to IRS guidelines.

The per diem allowance covers meals and incidental expenses. Incidental expenses are defined as fees and tips given to wait staff, porters, baggage carriers, bellhops, hotel maids, stewards or stewardesses. Employees should file for reimbursement when a trip is completed.

Employees traveling overnight will be paid 75% of the normal per diem rate on the day you depart and the day you return. For example, if the per diem is \$39.00 for these days, you will receive \$29.25.

**Any expenses associated with the purchase of alcoholic beverages are not reimbursable.**

### **3. Phone Calls**

#### **Personal Phone Calls**

Personal phone calls are not reimbursable.

### **4. Transportation**

#### **Personal Vehicle**

When personal vehicle travel is authorized, the prevailing IRS rate per mile is paid as full reimbursement for such transportation costs. The CFO is allowed to make periodic adjustments for auto mileage rates in accordance with current IRS regulations. The IRS approved rate may change on a calendar year basis and generally becomes effective January 1 of each year.

**In order for mileage to be reimbursed, it must be substantiated with enough detail that the mileage claimed can be verified.**

If an employee prefers to drive instead of fly when airfare would be the most appropriate means of travel, reimbursement for use of a personal vehicle including costs of additional meals and lodging resulting from such use of the personal vehicle shall not exceed the otherwise applicable airfare for such travel by the employee.

The use of a personal vehicle will normally be confined to destinations within North Carolina or in neighboring states where it is more advisable to travel by car because of expediency and destination accessibility.

Employees may not use the procurement card to purchase gasoline for their personal vehicle.

**You DO NOT need to complete the Travel Request & Reconciliation Form for same-day, in-state travel using a personal vehicle where employee isn't eligible for per diem reimbursement.** To ensure safety and compliance, employee must:

- **Inform supervisor of travel**
- **Put travel on calendar**

### **CHA Vehicle**

Before a CHA vehicle can be used for same-day travel where other expenses will be incurred such as Per diem due to travel would be longer than twelve hours, the Travel Request & Reconciliation Form must be complete with required documentation and have documented approval of supervisor and CEO and/or CFO. The Traveler will send to Fleet Manager as approved reserving a vehicle. The traveler must include an agenda of the meeting listing exact times of meeting to be attended. The Agency vehicle is not to be used to arrive earlier than the meeting starts or later than the meeting ends to benefit traveler. For example, you cannot travel to a meeting the day before to prepare or plan for the meeting scheduled to begin the next day. Also, you cannot utilize an agency vehicle if you plan to stay an extra night for personal reasons. Anyone who utilizes an agency vehicle must fully complete the log located inside each vehicle, refuel with agency fuel card located inside each CHA vehicle and must make sure they have obtained a PIN for utilizing the gas card prior to trip with the Purchasing Agent, the receipt goes in the envelope inside the car. Include the name of the person who traveled. The requesting party must obey all laws of the jurisdiction in which the vehicle is being operated. The vehicle must be used for the purpose of conducting CHA business only. A minimal amount of personal use, such as driving the vehicle to and from meals, is allowed. Non-CHA employees may not accompany CHA employees in CHA owned vehicles. However, individuals associated with CHA operations listed below are exempt from this regulation. **Family members or personnel from other governmental units or corporations not having official business with CHA are not allowed in CHA vehicles.**

- Client assistance programs
- Other CHA operations requiring occasional transport of non-CHA staff, i.e. Environmental Health governmental officials or representatives regarding governmental business

Programs not funded by General Administration are required to reimburse CHA at the standard rate for use of CHA fleet issued vehicle(s). Staff using a CHA vehicle should use the log sheet located inside the reserved vehicle to document start and end mileage, driver, department, budget code, etc. The Fleet Manager will submit the travel log to the Finance Department on the last day of each month. Each month, the Finance Department will send a fleet mileage report to supervisors for budgetary adjustment purposes. This policy does not apply to Environmental Health.

**You DO NOT need to complete the Travel Request and Reconciliation Form for same-day, in-state travel using a CHA fleet issued vehicle where employee isn't eligible for per diem reimbursement.** To ensure safety and compliance, employee must:

- **Inform supervisor of travel**
- **Put travel on calendar**

### **Rental Vehicle**

A rental vehicle may be requested when it is determined that no other mode of transportation is as economical or practical. A rental vehicle should be used for business purposes only. Vehicle rentals, when authorized and necessary, or for emergency or unanticipated situations, can be arranged by the traveling employee once travel is approved. In these instances, the traveler should request the lowest rental rate possible. Corporate or governmental rates should always be obtained if possible. Vehicle rental expense incurred may be paid by procurement card or by the traveler and reimbursed upon completion of the trip. Rental receipts are required to be submitted with the Travel Request & Reconciliation Form. When renting vehicles, the traveler should not purchase any insurance waiver (collision, theft, vandalism, etc.). Any accidents or damages to rental cars or other vehicles, persons, or properties caused by a rental vehicle operated by a CHA employee are covered under CHA's insurance program.

### **Airline Travel**

Airlines should be contacted to purchase tickets only **after** the required approvals are obtained.

Airline tickets can be obtained in several ways:

- Charging fare to a personal credit card or some other personal payment method and seeking reimbursement. If reimbursement is sought before travel has taken place, some form of documentation such as an invoice from airline or credit card statement must be presented and appropriate supervisor authorizations must be provided.
- Requesting fare to be charged to CHA procurement card.

Airline tickets should be in the name of the employee and any frequent flyer miles are to the employee's benefit. CHA makes no current claims on frequent flyer miles at this time. Airline travel leaving on a Saturday instead of a Sunday is permitted if the total cost of the additional room night plus meals is less than the difference in the airfare.

CHA pays for coach/economy rates only.

### **Other Transportation**

Actual expenses are reimbursed for public transportation in connection with travel on CHA business. Employees are expected to use the most reasonable and economical form of transportation available. Receipts should be obtained when possible for taxi and parking.

Expenses for travel to go out to eat while attending a conference or training are not reimbursable.

Rail transportation expenses are reimbursed at coach and pullman rail rates, respectively.

### **How to Pay for Travel Expenses**

It is the intent of CHA that all allowable travel expenses shall be paid for by the employee's procurement card, if said employee has been issued a procurement card. Meals are the exception to this rule. **Meals and incidentals are not allowed to be charged on the procurement card.** When processing the procurement card monthly statement, the employee should make sure that the appropriate budget codes are used for travel expenses. A copy of the approved travel request will need to be attached to the Purchasing Card Payment Authorization form with associated receipts.

There will be instances where the employee will incur costs that he/she will pay for personally; such as taxi fares, bus or shuttle fees, parking charges, etc. These costs will be reimbursed once the employee does an accounting of the travel expenses and obtains supervisor review and authorization via the Travel Advance & Reconciliation form. Itemized receipts should always be obtained for these type expenses.

For those employees who do not have a procurement card, travel advances can be issued if over \$100.00. **Advances will not be issued for any amount less than \$100.** Travel advances will be issued upon the approval of the supervisor and CFO. Requests for travel advances with the completed Payment Request Form, along with supporting documentation, should be submitted to the Finance Department no later than fifteen (15) working days prior to the date travel will commence. All travel advances need to be reconciled and any excess funds from travel advances will need to be repaid no later than ten (10) working days after the completion of the approved travel. The Finance Department will not issue a travel advance unless the supervisor has approved it. Future travel advances may be denied for employees who fail to file final reconciled travel reports in accordance with this policy.

Every employee will be required to account for all his/her expenses from the trip whether paid for personally, by procurement card, or through accounts payable. The request for reimbursement must be signed by supervisor or authorized designee.

## **APPENDICES**

### **A. Travel Guidelines & Allowable Travel Expense Quick Reference**

**Allowable**

**Unallowable**

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Airfare – Coach/Economy fare - two weeks in advance <b>Receipt Required Yes</b>	First class, preferred sitting, flight insurance, or other nonessential upgrades
Baggage Handling, Fees and Tips - Included in per diem allowance	
Business Phone Calls - Actual cost - contact Supervisor if traveler expects substantial use <b>Receipt Required Yes</b>	Personal phone calls
Car Rental - If approved by supervisor for business purpose <b>Receipt Required Yes</b>	Insurance waiver cost for collision, theft or vandalism
CHA Vehicle Gas (Use CHA gas card located in each vehicle) See Finance Dept. for PIN	<b>Using procurement card for gas in personal or CHA vehicle</b>
Internet Connections - Actual cost for business use only - contact IT if traveler expects substantial use <b>Receipt Required Yes</b>	Personal use
Lodging - Reasonable room rate plus tax <b>Receipt Required Yes</b>	In-room movies, bar, valet, special room request, or other nonessential items
Meals, Incidentals - Standard rate (or applicable rate) allowance <b>Receipt Required No</b>	No alcohol
Parking - Actual cost for business need <b>Receipt Required Yes</b>	Personal use
Personal Vehicle - Use current allowable reimbursement rate <b>Documentation of Mileage Required</b>	Personal use. <b>Using procurement card for gas in personal vehicle</b>
Rail/Bus - Coach or pullman rail rate <b>Receipt Required Yes</b>	

<p>Registration Fees (Registration fees should be paid in advance by CHA check or pcard once travel is approved.)</p> <p><b>Receipt Required Yes</b></p>	<p>Registration fees paid without supervisor and CFO approval</p>
<p>Taxi Fare plus tip for business use only</p> <p><b>Receipt Required Yes</b></p>	<p>Personal use such as going out to eat.</p>
<p>Waitress and In Room Service Tips - Included in per diem allowance</p> <p><b>Receipt Required No</b></p>	

**REMINDER:** Turn in receipts with required forms to your reconciler within 15 days after trip completion.

**B. Mileage Reimbursement Scenarios**

**Scenario**

**Scenario Response**

<p>I work in a program with 16 others who have "virtual" offices. Currently, I am not reimbursed mileage from my home to my first work site.</p>	<p>This is correct. If you do not have a regular office, and do not have an office in your home, the location of your first business contact is considered your office. Transportation expenses between your home and your first business contact and your last business contact and home are nondeductible commuting expenses and not eligible for mileage reimbursement.</p>
<p>I am a staff member and make home visits and transport clients to doctor's offices, clinics, etc.</p>	<p>If you have a home office and telecommute each day, then the time commuting from your home to your first work site is work time, but CHA policy will not reimburse for mileage. If you have an office at a CHA location, then the commute from your home to your first work site is not reimbursable.</p>
<p>I have an arrangement with my supervisor where I work from home one or more days a week. If I have to go into the office or another CHA location for a meeting, I am not reimbursed for my mileage.</p>	<p>This is correct. If you are called into a meeting at your regular work location or another location, the mileage is not reimbursable.</p>

I am a school nurse and am not paid commuting miles from my home to my work site (school). I am not based at a particular school, so the first school I work at during the day is my work site for the day.	This is correct. If an employee has a "virtual" office, then the mileage from home to the first work site is not reimbursable.
I am asked to work from home 100% of the time due to workspace limitations. I want to be reimbursed for all mileage used for CHA business.	If you telecommute 100% of the time, then the time spent traveling on CHA business is work time, however CHA will not reimburse for mileage from your home to your first work site.
I have worked my scheduled hours for the day at my office and gone home. My supervisor asks me to come back into work to take care of an emergency. Should I be reimbursed for mileage?	The mileage is reimbursable if you are required to come back into work on the same day.
I was not scheduled to work on a day when we had an evening meeting. Should I be reimbursed for mileage?	The mileage is considered personal commuting expenses and is not reimbursable.
I came in on the weekend to take care of some paperwork. Should I be paid mileage?	Your daily commute from home to your office or first work site is not reimbursable, whether you came in voluntarily or were required to by your supervisor.

### C. Mileage Chart

CHA – Kannapolis to The Village, Concord	8 miles – one way
CHA – Kannapolis to Atrium Concord	6 miles – one way
CHA – Kannapolis to The Creamery	7 miles – one way
CHA – Kannapolis to The Community Free Clinic	5 miles – one way
The Creamery to The Village, Concord	4 miles – one way
CHA Kannapolis to Brown Mill	9 miles - one way
The Village Concord to Brown Mill	2 miles - one way
The Creamery to Brown Mill	3 miles - one way

### D. Frequently Asked Questions

**Q.** Is there any exception to the 75% rule for the per diem allowance on the day your trip starts and the day it stops?

**A.** No. The 75% rule is an IRS regulation.

**Q.** What if I leave my home to go to an all-day conference or meeting out of Cabarrus County and then return home at the end of the day, will I get mileage or per diem?

**A.** You will be reimbursed mileage from your home to the conference site and back home. You will be reimbursed per diem at 75% if you are gone 12 or more hours.

**Q.** Where are the travel forms located?

**A.** The forms are located on SharePoint under Finance/Travel. Make sure you go to SharePoint for the most updated forms.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Board Chairman

**SUBJECT: DENTAL CLINIC ELIGIBILITY POLICY**

**EFFECTIVE DATE:** January 2004

**REVISION DATE:** November 2006; November 13, 2007; June 17, 2008; July 22, 2009; July 26, 2010; December 20, 2011; January 30, 2013; February 28, 2014; September 29, 2014; April 6, 2016; May 9, 2017; April 18, 2018; March 11, 2019; September 24, 2019; April 5, 2022; March 18, 2025

**REVIEW DATE:** November 2006; November 13, 2007; June 17, 2008; July 22, 2009; July 26, 2010; December 20, 2011; January 30, 2013; February 28, 2014; September 29, 2014; December 30, 2015; April 6, 2016; May 9, 2017; April 18, 2018; March 11, 2019; September 24, 2019; October 29, 2020; September 30, 2021; April 5, 2022; June 12, 2023; June 18, 2024; March 18, 2025

**POLICY STATEMENT:**

The purpose of this policy is to determine the financial and residency requirements for patients requesting dental health services from the Public Health Authority of Cabarrus County dba Cabarrus Health Alliance (CHA). This policy covers dental health services only.

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

**FINANCIAL REQUIREMENTS:**

Patients with no payor source or third-party reimbursement are encouraged, but not required, to apply for Medicaid prior to determining eligibility for dental services.

The following forms of reimbursement are accepted:

1. Medicaid
2. Private Insurance (Clients are responsible for balance of what insurance does not cover. Sliding scale will apply to balance if eligible.)
3. Uninsured patients of Cabarrus Health Alliance Dental Clinic with a household income at or below 200% of the Federal Poverty Level (FPL) and that provide required documentation will be eligible for dental discounts.
  - i. For uninsured patients with a household income between 100% to 200% of the FPL, they will be placed on the Sliding Fee Schedule from 40% to 100%.
  - ii. For uninsured patients with a household income at or below 100% of the FPL will receive a full discount and required to pay only a nominal fee for services provided.
  - iii. No one will be denied services based solely on the **inability** to pay.

iv. Emergency exams with associated x-rays and emergency treatment (usually extractions to address a medical concern) will not be denied based on a patient's inability to pay.

4. Patients who are uninsured and above 200% of federal poverty level will be charged the CHA Dental fee schedule. Clients must make arrangements for payment prior to services being rendered.

### **RESIDENCY REQUIREMENTS:**

The CHA Dental Clinic will give priority to Cabarrus County and Kannapolis City residents and may restrict services to out of county residents at any time based on demand for service and capacity of clinic. The Dental Director or designee will impose this restriction as necessary.

#### **Proof of Residency:**

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

- Current utility bill (current – within past two months) with their name and address (bills printed off the internet are not acceptable); or
- Driver's license; or
- Official ID issued by NCDMV; or
- Current rent receipt or rental agreement on official company form with address (current – within past two months); or
- Official Cabarrus County school enrollment/registration form with child(ren)'s address; or
- Matricula Consular may be used for proof of address; or
- DSS correspondence

### **ASSESSMENT OF FAMILY SIZE & INCOME:**

#### **Determining family size (economic unit):**

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

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

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

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

Other examples of economic units are:

- a foster child assigned by DSS is a family of one with income considered to be that paid to the foster parent for support of the child. A foster child cannot confer adjunct income eligibility on family members.
- a patient (i.e. Student) maintaining a separate residence and receiving most of her/his support from her/his parents or guardians may be counted as a dependent of the family. A self-supporting patient (i.e. student) maintaining a separate residence would be a separate economic unit.
- an individual or family in an institution is considered a separate economic unit. For example, if a mother and her children were staying in a shelter for battered women, the income of the other residents is not included.

### **Determining Income:**

In determining income, it is important to remember that a person's income must be counted if he/she is counted as a family member. Gross income shall be used in fee determinations and shall be defined as the combined cash income received by the economic unit (all members in household contributing to the family unit) from the sources listed below.

### **Documentation of Income:**

Documentation of Income is required for Dental Health Services.

### **SOURCES OF INCOME:**

Income from the following sources should be counted:

- Salaries, wages, overtime pay, commissions, fee, tips
- Earnings from self-employment
- Interest earned on investments
- Public assistance money
- Unemployment compensation
- Alimony and child support payments
- Military allotments
- Social Security benefits
- Veteran's Administration benefits

- Retirement and pension payments
- Worker's Compensation
- Educational stipends in excess of the cost of tuition and books
- Income tax refunds (annual – not quarterly)
- Allowances paid for basic living expenses
- Regular contributions from individuals not living in the household
- All other sources of cash income except those specifically excluded
- Supplementary Security Income (SSI) benefits
- Prize winnings
- Bank statements (only use for SSI benefits)
- Cash earnings, contributions received
- Disability
- Dividends

Income from the following should not be counted:

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

#### **TIME FRAME:**

To determine gross income, agency staff should consider the income of the family for the past 12 months, the family's current income or the family's income from the past six months; whichever best reflects the family's status. Current income is defined as the income received by the household during the month (4.3 weeks) prior to application. One check stub can be used to figure current income if it is for a 40 hour week. If not showing 40 hours, will need additional check stubs to best determine current income. The six month formula must be used to determine eligibility of unemployed persons. Income will be determined six months back and six months forward to total 12 months. There may be other sources of income to consider from the prior months (e.g., unemployment compensation, and child support) in determining income.

Following are some examples in which annual income must be used rather than current income:

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

**COMPUTING INCOME:**

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

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

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

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

**ZERO INCOME:**

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

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

Telephone confirmation of past employment termination dates from previous employers may be required to determine income for clients stating no employment or recent job terminations. Employment Security Commission and other databases may be used to verify income of applicants or members of their household unit. We reserve the right to verify by telephone any information

needed to help in determining eligibility such as employment, verification of household members and income information. Medical release and assignment of benefits form will be given to patients to sign when presenting for services.

### **INSURANCE:**

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

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

Patients with insurance should provide the clinic with insurance information prior to services being rendered. Fees which the patient will be responsible for will be determined at the time services are rendered.

Patients who receive dental services will be certified and placed on the sliding scale fee and charged accordingly for services not covered by their insurance with the exception of any applicable copays. Copays are the patient responsibility and will not be placed on a sliding scale fee. Payment for any deductibles not met or coinsurance determined according to their eligibility percentage rate is due at the time of service. **No one will be denied services based solely on the inability to pay. Emergency exams with associated x-rays and emergency treatment (usually extractions to address medical concern) will not be denied based on a patient's ability to pay.** Only the Dental Director or designee can determine exemption from paying any fees for those above the 200% of federal poverty level that are due at the time of service or charges not covered by insurance.

### **VERIFICATION OF INCOME:**

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

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

An applicant's income will be reported on the financial eligibility for public health services. Notation of where documentation can be found will be noted on the agency income verification form. Income information may be obtained from the financial screen used for program services if current.

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

**Note:** An applicant will be required and told to bring income information on the date of service or they will be certified at 100% on the sliding scale fee or have the option to be rescheduled when able to bring in proof of income except for dental emergencies. Dental emergencies will be allowed up to 5:00 p.m. within 3 business days to produce necessary documentation of income. With the exception of dental emergencies income eligibility will not be retroactive if income information is brought in at a later date. An applicant should not be certified if unwilling or unable to provide verification of income. They should be placed at 100% pay category and may reapply later when they are able to produce verification of their income. If a patient refuses to be certified or does not bring appropriate information to complete certification, this will be noted on the Income Verification form for documentation of refusal/lack of appropriate information. Anyone found giving false information will be recertified for services and changes noted on eligibility worksheet. All patients must present their health insurance or Medicaid card at each visit.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Board of Health Chair

**SUBJECT: DENTAL CLINIC FEE POLICY**

**EFFECTIVE DATE:** July 1999

**REVISION DATE:** June 2000; September 2002; January 2004; November 2006; November 13, 2007; June 17, 2008; July 26, 2010; December 20, 2011; February 28, 2014; May 9, 2017; May 25, 2018; April 25, 2019; April 30, 2020; April 5, 2022; June 12, 2023; March 18, 2025

**REVIEW DATE:** June 2000; September 2002; January 2004; November 2006; November 13, 2007; June 17, 2008; July 30, 2009; July 26, 2010; December 20, 2011; January 14, 2013; February 28, 2014; September 29, 2014; December 30, 2015; December 30, 2016; May 9, 2017; April 18, 2018; May 25, 2018; April 25, 2019; April 30, 2020; March 24, 2021; February 25, 2022; April 5, 2022; June 18, 2024; March 18, 2025

**POLICY STATEMENT:**

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

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

**1. FEES**

- 1.1. A master list of charges for all services rendered will be updated as needed and no less than annually. The Board can request to review these charges at any time according to board policy. <sup>(1)</sup>
- 1.2. Fees will be determined by studying the cost of providing the service and the average fee charged in the zip codes where service is provided.

**2. SLIDING FEE SCALES**

- 2.1. Sliding fee scales received from the state will be utilized for the public health programs supported by state/federal dollars. Assessment of family size and income (according to guidelines from the Cabarrus Health Alliance Dental eligibility policy) will be applied to determine individual's charges.
  - 2.1.1. Notification of the Sliding Fee Discount Program will be offered to each patient upon arrival.
  - 2.1.2. An explanation of our Sliding Fee Discount Program and required materials are available on Cabarrus Health Alliance's website

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

2.1.3. Cabarrus Health Alliance places notification of Sliding Fee Discount Program in the clinic waiting area.

2.2. Uninsured patients of Cabarrus Health Alliance Dental Clinic with a household income at or below 200% of the Federal Poverty Level (FPL) and that provide required documentation will be eligible for dental discounts. Cabarrus Health Alliance will annually revise and re-issue its sliding scale to reflect changes in the Federal Poverty guidelines.

2.2.1. For uninsured patients with a household income between 100% to 200% of the FPL, they will be placed on the Sliding Fee Schedule from 40% to 100%.

2.2.2. For uninsured patients with a household income at or below 100% of the FPL will receive a full discount and required to pay only a nominal fee for services provided.

2.2.3. No one will be denied services based solely on the **inability** to pay. Emergency exams with associated x-rays and emergency treatment (usually extractions to address medical concern) will not be denied based on a patient's inability to pay.

2.3. The following patients will automatically be considered for 40% on the sliding fee scale without providing documentation:

- Patients with a current Community Care Program (CCP) card issued by the Community Free Clinic

Sliding fee scale may be adjusted to another level as defined in individual grants or agreements with community partners. Patients may bring in supporting documents to qualify for a lower sliding fee scale bracket.

### 3. PROGRAM SERVICES

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

3.1.1. No one will be denied services based solely on the **inability** to pay. <sup>(2)</sup>

3.1.2. Patient charges must be assessed upon family size and income (use of a sliding fee scale), if state/federal dollars are budgeted to support the program.

3.1.3. The sliding fee scale provides a full discount for individuals and families with annual incomes at or below 100 percent of federal poverty level, with allowance for nominal charge only.

3.1.4. There shall be no minimum fee requirement or surcharge that is indiscriminately applied to all patients.

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

- 3.1.5. Donations can be accepted from any patient regardless of income status as long as they are voluntary. There cannot be any “schedule of donations”, bills for donations, or implied or overt coercion. Approved policy billing requirements are not waived because of client donations.
- 3.1.6. CHA must continue to use an acceptable accounts receivable system which reflects total charge, adjustment, balance, and amount collected. The system of choice must balance.
- 3.1.7. Encounter forms will be completed by providers at the time of a visit. This is an estimation for the services received for that day. In the event a procedure was omitted that was performed, the appropriate party will be billed.

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

\_\_\_\_\_

Date

\_\_\_\_\_

Board of Health Chair

# CABARRUS HEALTH ALLIANCE

## Budget Revision/Amendment Request

#1

Date: 3/18/2025

Amount: \$ 13,204

Type of Adjustment:

Health Director: Erin Shoe

Internal Transfer Within Program

Purpose of Request: Funds received from the State for Investment in Performance Management.

Transfer Between Programs

Supplemental Request

Account	Account Name	Present Approved Budget	Increase	Decrease	Revised Budget Amount
00265815-6200-50123	CHA Grant - IPM	\$ -	\$ 13,204	\$ -	\$ 13,204
00295815-9101-50123	Salaries & Wages-IPM	\$ -	\$ 9,455	\$ -	\$ 9,455
00295815-9201-50123	Social Security-IPM	\$ -	\$ 586	\$ -	\$ 586
00295815-9202-50123	Medicare-IPM	\$ -	\$ 137	\$ -	\$ 137
00295815-9205-50123	Group Hospital Insurance-IPM	\$ -	\$ 1,200	\$ -	\$ 1,200
00295815-9206-50123	HRA-IPM	\$ -	\$ 150	\$ -	\$ 150
00295815-9210-50123	Retirement-IPM	\$ -	\$ 1,288	\$ -	\$ 1,288
00295815-9211-50123	401K Match-IPM	\$ -	\$ 189	\$ -	\$ 189
00295815-9230-50123	Workers' Compensation-IPM	\$ -	\$ 57	\$ -	\$ 57
00295815-9640-50123	Insurance & Bonds-IPM	\$ -	\$ 142	\$ -	\$ 142

**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: 3/18/2025

Amount: \$ 6,204

Type of Adjustment:

Health Director: Erin Shoe

Internal Transfer Within Program

Purpose of Request: Funds received from BlueCross BlueShield for Dental Services.

Transfer Between Programs

Supplemental Request

Account	Account Name	Present Approved Budget	Increase	Decrease	Revised Budget Amount
00265855-6833-41400	BCBS of NC Foundation	\$ 50,000	\$ 6,204	\$ -	\$ 56,204
00295855-9102-41400	PT > 1000 Hrs Dental	\$ 103,051	\$ 6,204	\$ -	\$ 109,255

**Finance Office Use Only**

Finance Director \_\_\_\_\_ Health Director \_\_\_\_\_ Chairman of Cabarrus Health Alliance \_\_\_\_\_  
 Approved/Denied Date \_\_\_\_\_ Approved/Denied Date \_\_\_\_\_ Approved/Denied Date \_\_\_\_\_



# CABARRUS HEALTH ALLIANCE

## Budget Revision/Amendment Request

#3

Date: 3/18/2025

Amount: \$ 90,000

Type of Adjustment:

Health Director: Erin Shoe

Internal Transfer Within Program

Purpose of Request: Funds received from Medicaid for Care Management for High-Risk Pregnancies.

Transfer Between Programs

Supplemental Request

Account	Account Name	Present Approved Budget	Increase	Decrease	Revised Budget Amount
00265832-6415-51070	Medicaid - PCM	\$ -	\$ 90,000	\$ -	\$ 90,000
00295832-9101-51070	Salaries & Wages -PCM	\$ 472,428	\$ 55,000	\$ -	\$ 527,428
00295832-9201-51070	Social Security - PCM	\$ 29,290	\$ 3,410	\$ -	\$ 32,700
00295832-9205-51070	Group Hospital Ins - PCM	\$ 57,660	\$ 7,799	\$ -	\$ 65,459
00295832-9206-51070	HRA - PCM	\$ 7,350	\$ 1,200	\$ -	\$ 8,550
00295832-9210-51070	Retirement - PCM	\$ 64,250	\$ 7,491	\$ -	\$ 71,741
00295832-9211-51070	401K Match	\$ 9,449	\$ 1,100	\$ -	\$ 10,549
00295832-9320-51070	Printing & Binding - PCM	\$ 400	\$ 1,000	\$ -	\$ 1,400
00295832-9331-51070	Minor Office Equip & Furn- PCM	\$ 6,500	\$ 10,000	\$ -	\$ 16,500
00295832-9352-51070	Software	\$ -	\$ 2,000	\$ -	\$ 2,000
00295832-9635-51070	Training & Ed-PCM	\$ 12,000	\$ 1,000	\$ -	\$ 13,000

**Finance Office Use Only**

Finance Director \_\_\_\_\_ Health Director \_\_\_\_\_ Chairman of Cabarrus Health Alliance \_\_\_\_\_  
 Approved/Denied Date \_\_\_\_\_ Approved/Denied Date \_\_\_\_\_ Approved/Denied Date \_\_\_\_\_