

Board of Health Meeting March 17, 2026

The Public Health
 Authority of Cabarrus
 County Board Meeting
 Agenda

March 17, 2026
 5:30 pm

A. CALL TO ORDER	Chairperson Lara Pons, MD
B. ADOPTION OF THE AGENDA Motion March 17, 2026	Chairperson Lara Pons, MD
C. APPROVAL OF THE MINUTES Motion January 20, 2026	Chairperson Lara Pons, MD
D. INFORMAL PUBLIC COMMENT	
E. REPORTS	
Child Protection & Fatality Report	Paula Yost, JD, LCMHC Chair, Cabarrus County Child Protection & Fatality Team
Fiscal Year 2025 Epidemiology & Communicable Disease Report	Udoka Obiechefu, Epidemiologist Tamara Lunsford-Key, Communicable Disease & Adult Health Program Director
Finance Committee Reports CHA Financial Summary CHA Snapshot	Sue Yates, Chief Financial Officer
Brown Mill Budget Update	Sue Yates
Fiscal Year 2026 Cabarrus County Government Public Health Budget Contribution Request	Erin Shoe, MPH, Health Director
F. CONSENT AGENDA Motion Budget Revisions Finance Policies	Chairperson Lara Pons, MD Sue Yates Sue Yates
G. BUSINESS AGENDA	Chairperson Lara Pons, MD
Fee Review Environmental Health	Sue Yates & Environmental Health Leadership Team
H. HEALTH DIRECTOR REMARKS	Erin Shoe, MPH
I. ANNOUNCEMENTS	Chairperson Lara Pons, MD
J. MOTION TO ADJOURN Motion	Chairperson Lara Pons, MD



B. ADOPTION OF THE AGENDA

Chairperson Lara Pons, MD



C. APPROVAL OF THE MINUTES

Chairperson Lara Pons, MD

January 20, 2026

Regular Meeting

[Click to view minutes](#)



D. INFORMAL PUBLIC COMMENTS

Chairperson Lara Pons, MD



E. REPORTS

Child Protection & Fatality Report

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

Fiscal Year 2025 Epidemiology and Communicable Disease Report

Udoka Obiechefu, Epidemiologist

Tamara Lunsford-Key, Communicable Disease & Adult Health Program Director

Finance Committee Reports

- CHA Financial Summary
- CHA Snapshot

Sue Yates, Chief Financial Officer

Brown Mill Budget Update

Sue Yates

Fiscal Year 2026 Cabarrus County Government Public Health Budget Contribution Request

Erin Shoe, MPH, Health Director



E. REPORTS

Child Protection & Fatality Report

Paula Yost, JD, LCMHC

Chair, Cabarrus County Child Protection & Fatality Team



The State of Our Children: A 2025 Report

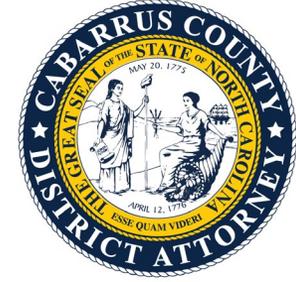
Paula J. Yost, JD,
LCMHC, Chair

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.

Community Partners



Department of Human Services

Case Type	2024	2025
Child Protective Services Investigators worked encounters involving children	3,516	3,063
Accepted reports for abuse, neglect, and dependency	1,462	1,504
Accepted cases with alleged substance abuse	134	99
Accepted cases with alleged opiate use	14	9
Cabarrus County assist requests completed from other counties	526	471
Substance abuse-impacted infants	13	7
Domestic violence cases	163	135

Department of Human Services

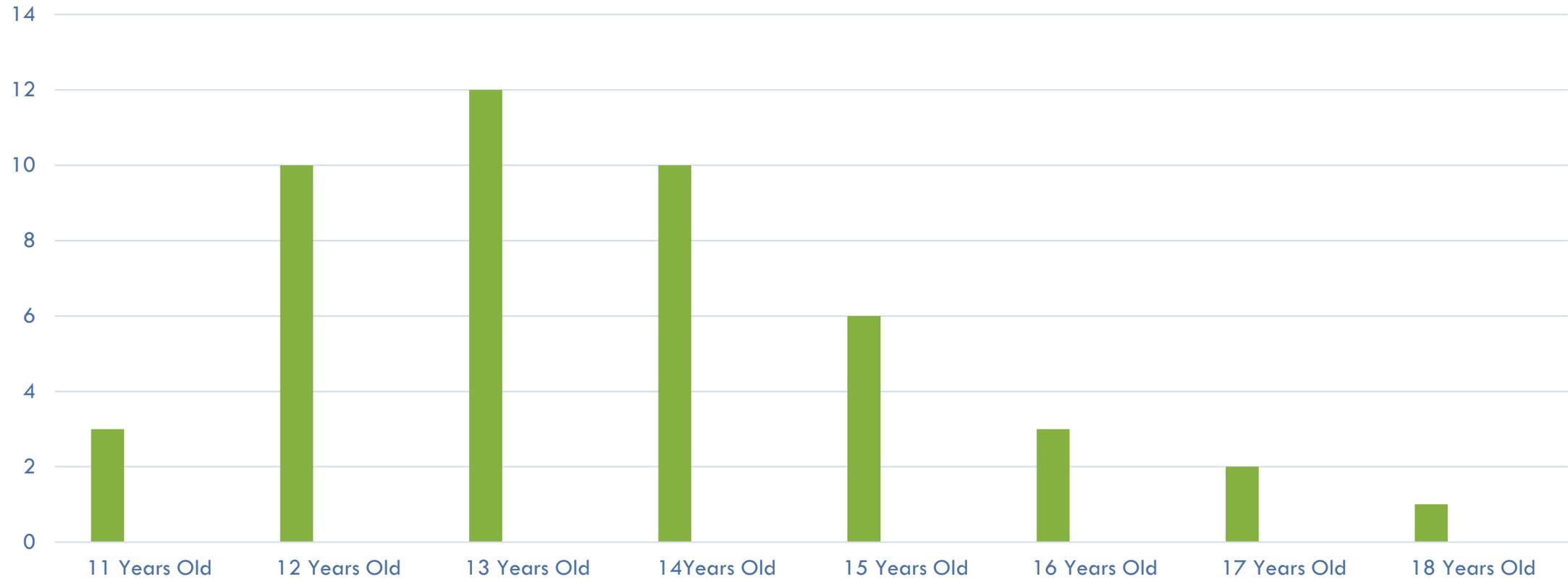
Foster Care

	2024	2025
Youth in Cabarrus County eligible for adoption (average)	22	40
Licensed foster homes	39	43
Achieved permanency through adoption	16	12
Cabarrus youth in foster care	177	175

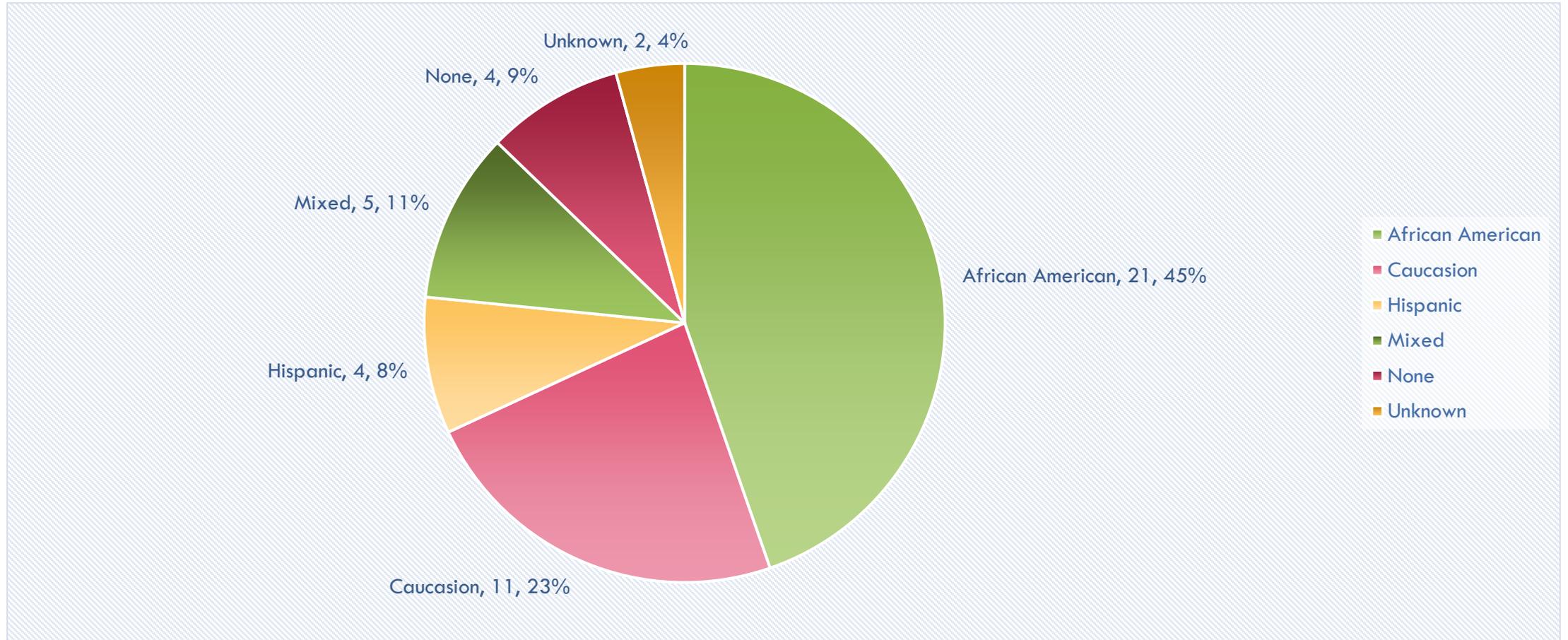
Present Age Ministries Youth Served (47)

July 1, 2024 – June 30, 2025

Clients Served by Age

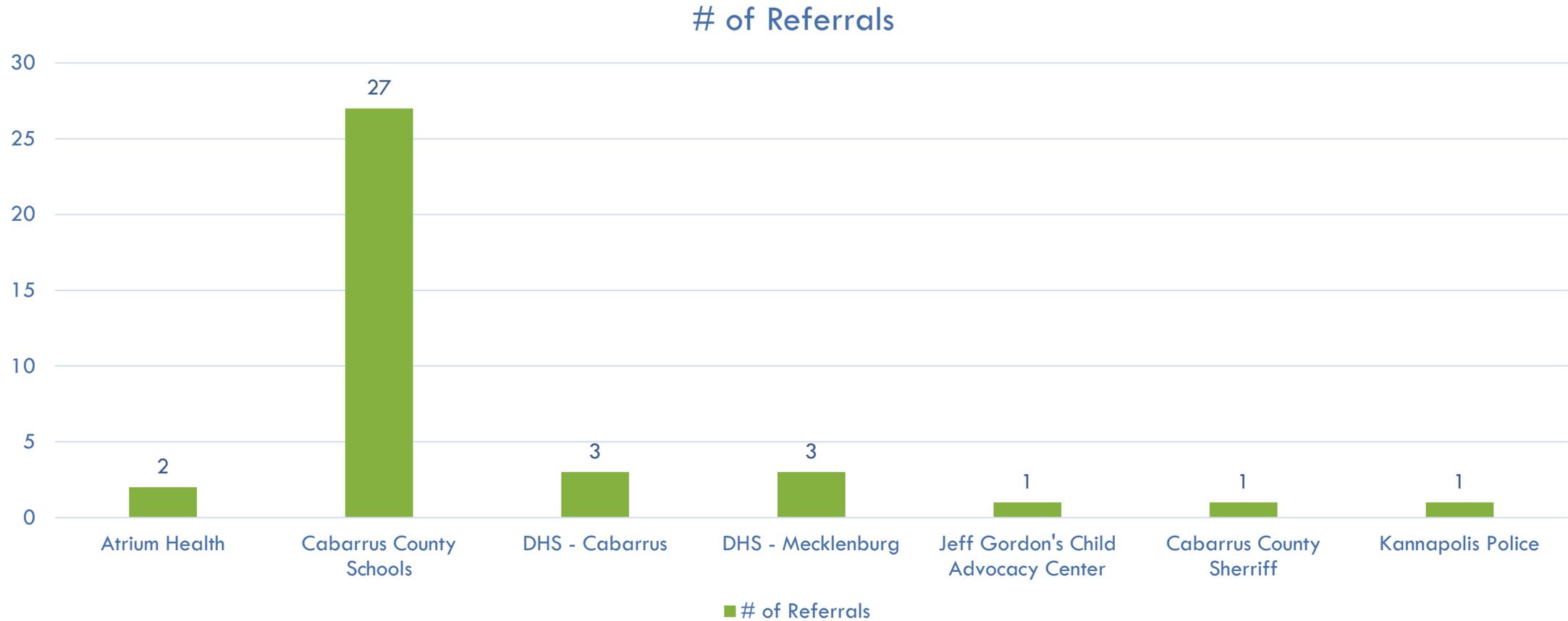


Present Age Ministries Youth Served by Race/Ethnicity July 1, 2024 – June 30, 2025



Present Age Ministries Referrals

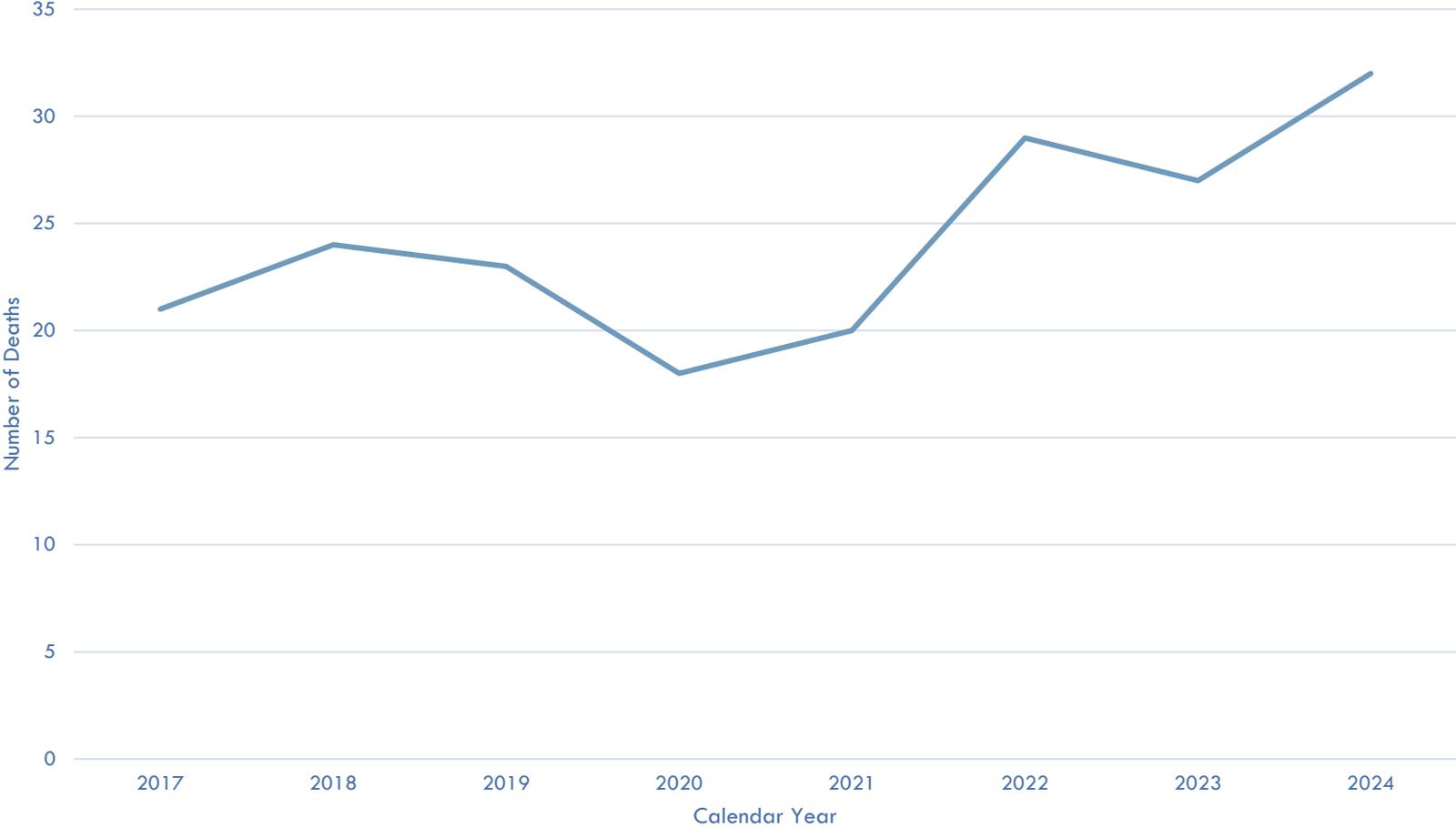
July 1, 2024 – June 30, 2025



2024 Cabarrus County Child Fatalities

Cause of Death	Number	Detail
Illness	17	Malignant Neoplasm of Brain, Congenital Malformation, Malignant Neoplasm of Connective and Soft Tissue, Congenital Myopathies, Cerebrovascular Disease, Viral Meningitis, Atresia of Esophagus without Fistula, Congenital Malformation of Heart, Respiratory Distress of Newborn, Hypoxic Ischemic Encephalopathy, Cardiomyopathy, Hypertrophic Cardiomyopathy, Disorder of Electrolyte and Fluid Balance, Chorioamnionitis (2), Obesity, Malignant Neoplasm of Adrenal Gland
Prematurity	4	19 weeks (2), 21 weeks, 17 weeks
Accidental	5	Unsafe sleep (2), gunshot wound, car accident (2)
Accidental & Substance affected	2	Accidental poisoning/accidental exposure/accidental overdose (fentanyl, fentanyl + cocaine). (2)
Abuse	0	
Suicide	3	Gunshot (2), hanging
Unknown	1	Medical Examiner report pending
Total	32	

Cabarrus County Child Fatalities, 2017-2024



Year	Deaths
2017	21
2018	24
2019	23
2020	18
2021	20
2022	29
2023	27
2024	32

2023 – 2024 Changes

Causes of Death	2023	2024	
Illness	8	17	↑
Prematurity	9	4	↓
Accidental	8	7	↓
Accidental & Substance affected	1	0	↓
Abuse	0	0	=
Suicide	0	3	↑
Unknown	0	1	↑
District Attorney Pending	1	0	=
Totals	27	32	

Youth Suicide

NC Suicide Prevention Action Plan (2026–2030)

- The North Carolina Department of Health and Human Services (NCDHHS) released a comprehensive Suicide Prevention Action Plan for 2026–2030.
- Strategies include building coordinated prevention systems, expanding access to care, increasing awareness and training, reducing access to lethal means, strengthening crisis response, and improving support for at-risk groups such as youth.

Black Youth Suicide Prevention Plan

School Resources

Specialized Instructional Support Personnel (SISP) Category	Recommended Ratio (per best practice guidelines)	North Carolina Ratio (per DPI)	CCS Ratio (35,233 students)	KCS Ratio (5,482 students)
School Counselor	1:250	1:332	1:337	1:685
School Social Worker	1:250 (1:50 in high-need schools)	1:995	1:1,036	1:1,096
School Psychologist	1:500	1:1,771	1:1,616	1:1,000

Cabarrus County Schools Suicide Risk Assessments

School Year	Number of Assessments Completed
2023-2024	335
2024-2025	488
2025-2026 August - January	320

School Strategies for Suicide Prevention

- Implements district-wide social-emotional learning (Positivity Project, Second Step)
- Social Emotional Learning universal screener (KCS)
- Administer student wellness screeners (Panorama) twice/ year with mid-year check-ins (CCS)
- Mandated suicide prevention training for all SISPs during onboarding
- QPR & MHFA training
- Offered with parental consent
 - Provides a variety of evidence-based & evidence-informed interventions (individual and group)
 - Partnerships with mental health providers to offer school-based therapy
 - Elementary & middle school day treatment
 - Recovery High School

Call to Action:

‘Solly’s Law’ – Tobacco & Vaping Age and Retail Permit Bill

- [House Bill 430 \(Protect Youth From Harms of Vaping & Nicotine\) / Senate Bill 318 \(Same as H430\)](#)
- **Summary:** Would raise the legal sales age for tobacco — including vape products — to **21**, require a **tobacco retail permit system**, strengthen age verification, and expand enforcement tools.
- **Status:** Referred to the Rules Committee in both chambers in March 2025 and **has not moved since** — no committee vote, no floor action, and effectively *stalled for months*.
- **Why it’s stalled:** Even with bipartisan sponsorship and public advocacy (e.g., youth advocates urging action), neither chamber has advanced the bill past initial referral, and it missed key procedural deadlines in the legislative session.

Call to Action:

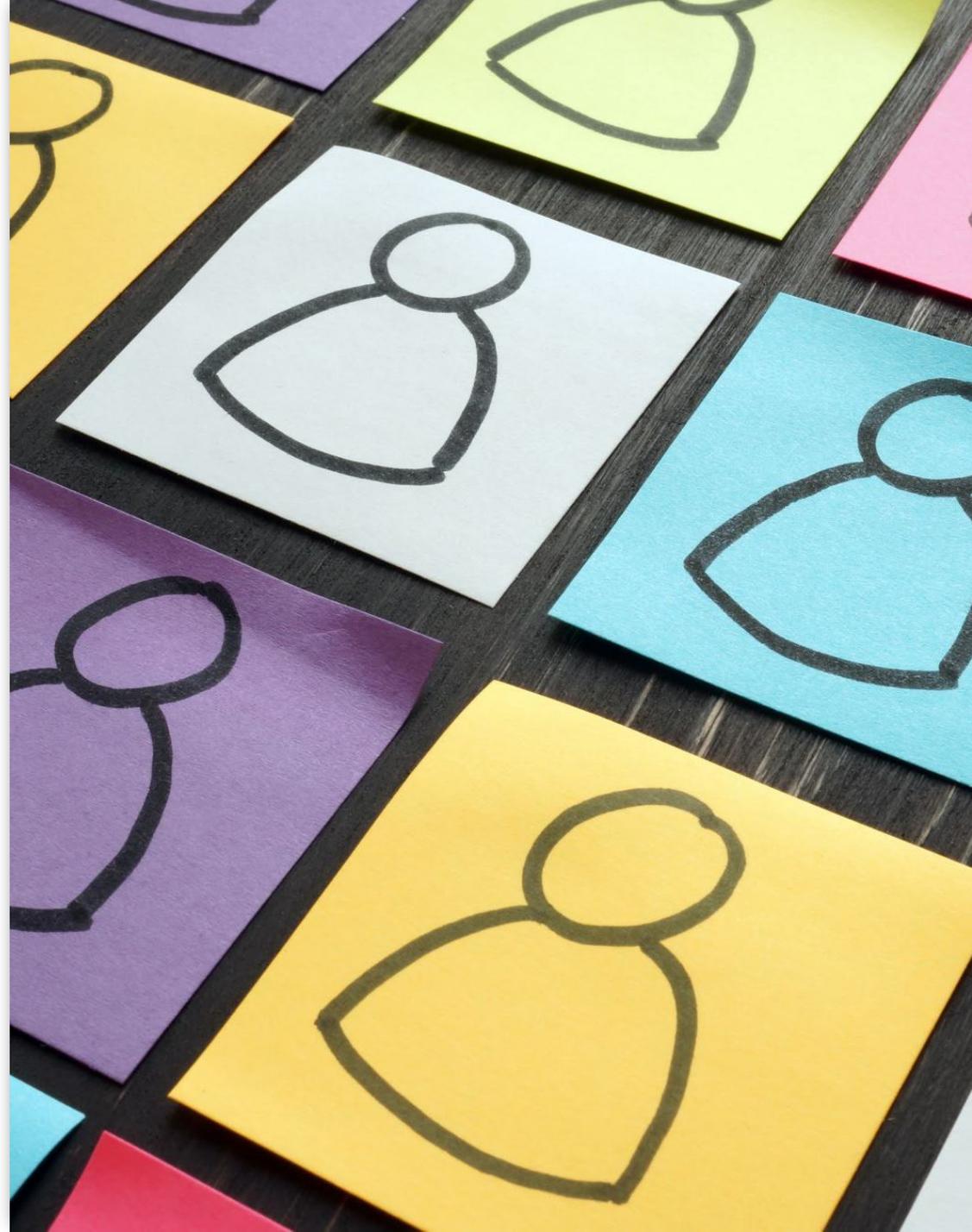
House Bill 802 – Nicotine & Vaping Prevention in Schools

- [House Bill 802 \(Nicotine & Vaping Prevention in Schools\)](#)
- **Summary:** Proposes updates to school code to enhance **prevention measures**, discipline, and education related to nicotine and vaping products in the K-12 environment.
- **Status:** Filed April 2025 and referred to the Rules Committee but **has not progressed further** this session.
- **Progress:** Still awaiting committee action — no advancement recorded months after introduction.

Call to Action: **Speaking Opportunities**

Invite members of the Child Protection and Fatality Task Force to speak to your groups

- Council meetings, churches, rotaries, social circles, etc.



Call to Action:

Gun Lock Distribution

- Help spread the word that gun locks are readily available in Cabarrus County for free!
- **Gun locks available at:**
 - Every law enforcement agency
 - Cabarrus Partnership for Children
 - Department of Human Services
 - Cabarrus Health Alliance
 - Ask your pediatrician

Child Protection & Fatality Taskforce Highlights

- Gun lock distribution
- Safe sleep education
- Streamlined process with Medical Examiner
- Inter-departmental communication and collaboration
- Honored 32 Cabarrus County child deaths by reviewing and providing recommendations for prevention strategies to curb future fatalities.

Community Prevention & Education Efforts

- Safe Kids Cabarrus
- Safety Town
- Mental Health Simulation & Discussion
- Safe Sleep Education
 - Newborn Classes
- New Parent Classes
 - Fire Safety
 - Car Seat Safety
- Bike Rodeo



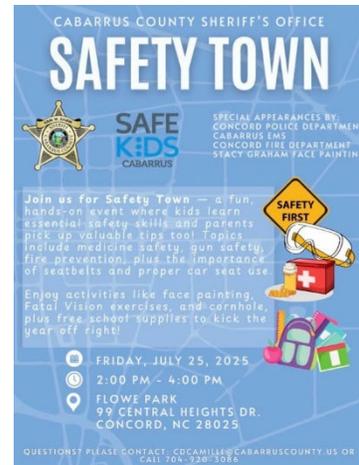
SAFE KIDS CABARRUS

SAVE! THE DATE!

Spring Into Safety Event

Friday, April 11
4:00-7:00pm
@ EMS Headquarters
793 Cabarrus Ave W, Concord

- Community resource expo
- Car seat safety checks
- Fun activities
- Medication take-back

CABARRUS COUNTY SHERIFF'S OFFICE

SAFETY TOWN

SAFE KIDS CABARRUS

SPECIAL APPEARANCES BY:
CONCORD POLICE DEPARTMENT
CABARRUS EMS
CONCORD FIRE DEPARTMENT
STACY GRAHAM FACE PAINTING

Join us for Safety Town — a fun, hands-on event where kids learn essential safety skills and parents pick up valuable tips too! Topics include medicine safety, gun safety, fire prevention, plus the importance of seatbelts and proper car seat use.

Enjoy activities like face painting, Fatal Vision exercises, and carnhole, plus free school supplies to kick the year off right!

FRIDAY, JULY 25, 2025
2:00 PM - 4:00 PM
99 CENTRAL HEIGHTS DR.
CONCORD, NC 28025

QUESTIONS? PLEASE CONTACT: CDCAMILLE@CABARRUSCOUNTY.US OR CALL 704-320-3080



Mental Health Simulation & Panel Discussion
Systems, Struggles and Support: A Mental Health Journey

October 23
1-4 p.m.
Cabarrus Milestone Campus
4025 Milestone Ave, Farmdale, NC

Experience
How barriers to systems impact real people through an interactive mental health simulation

Understand
where gaps exist between services, funding and real needs within the intellectually disabled and mental health communities

Discover
opportunities to lead change through informed decisions and stronger support systems

Enjoy
complimentary refreshments

Special Guest Panelist
Kelly Crosbie
Director of the NC Department of Health and Human Services' Division of Developmental Disabilities and Substance Use Services (DDHDD/SUS)

REGISTER NOW

QUESTIONS? PLEASE CONTACT: CDCAMILLE@CABARRUSCOUNTY.US OR CALL 704-320-3080



CABARRUS COUNTY SHERIFF'S OFFICE

JULY 12, 2025
VIRGINIA FOIL PARK
311 N. WASHINGTON ST.
MT PLEASANT, NC 28124
2:00 PM - 4:00 PM

AGES 5-12

SPECIAL APPEARANCES BY:
MT. PLEASANT FIRE DEPARTMENT
CABARRUS COUNTY EMS
SAFE KIDS CABARRUS

JOIN US FOR HANDS ON SAFETY FUN, MEET OUR LOCAL FIRST RESPONDERS, AND LEARN MORE ABOUT BIKE SAFETY FROM THE PROS!

Register Now
Scan me

BIKE RODEO

FREE HELMETS WHILE SUPPLIES LAST

QUESTIONS? PLEASE CONTACT: CDCAMILLE@CABARRUSCOUNTY.US OR CALL 704-320-3080

Questions



E. REPORTS

Fiscal Year 2025 Epidemiology and Communicable Disease Report

Udoka Obiechefu, Epidemiologist

Tamara Lunsford-Key, Communicable Disease & Adult Health Program Director



Annual Epidemiological Review: Fiscal Year 2026

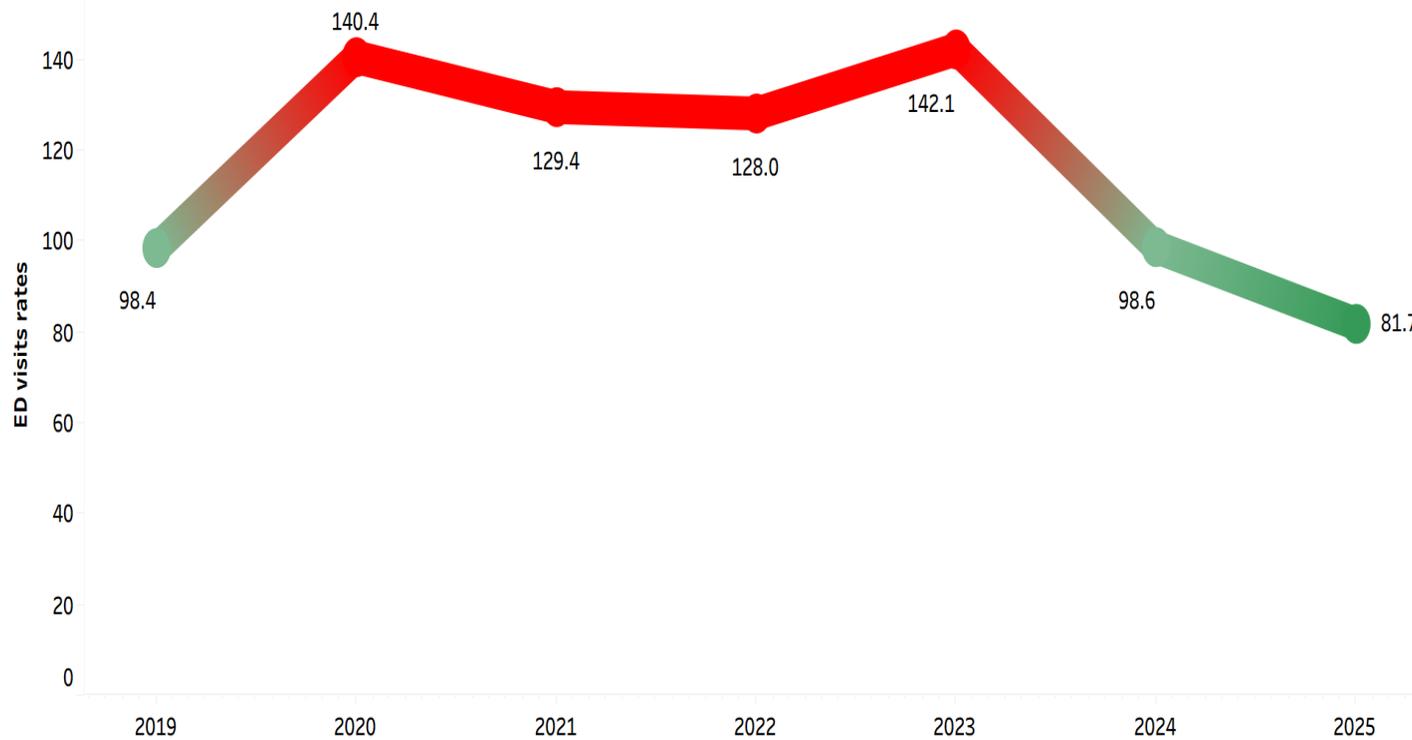
Annual Report
Cabarrus Health Alliance Board of Health

Presented by: Udo Obiechefu

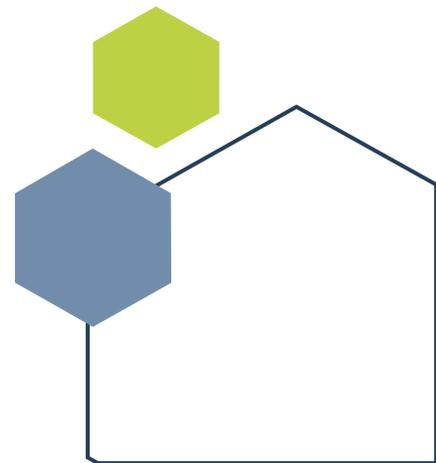


Decrease in Overdose Emergency Department Visits

Cabarrus County Overdose ED Visit Rate per 100,000 Residents (2019-2025)

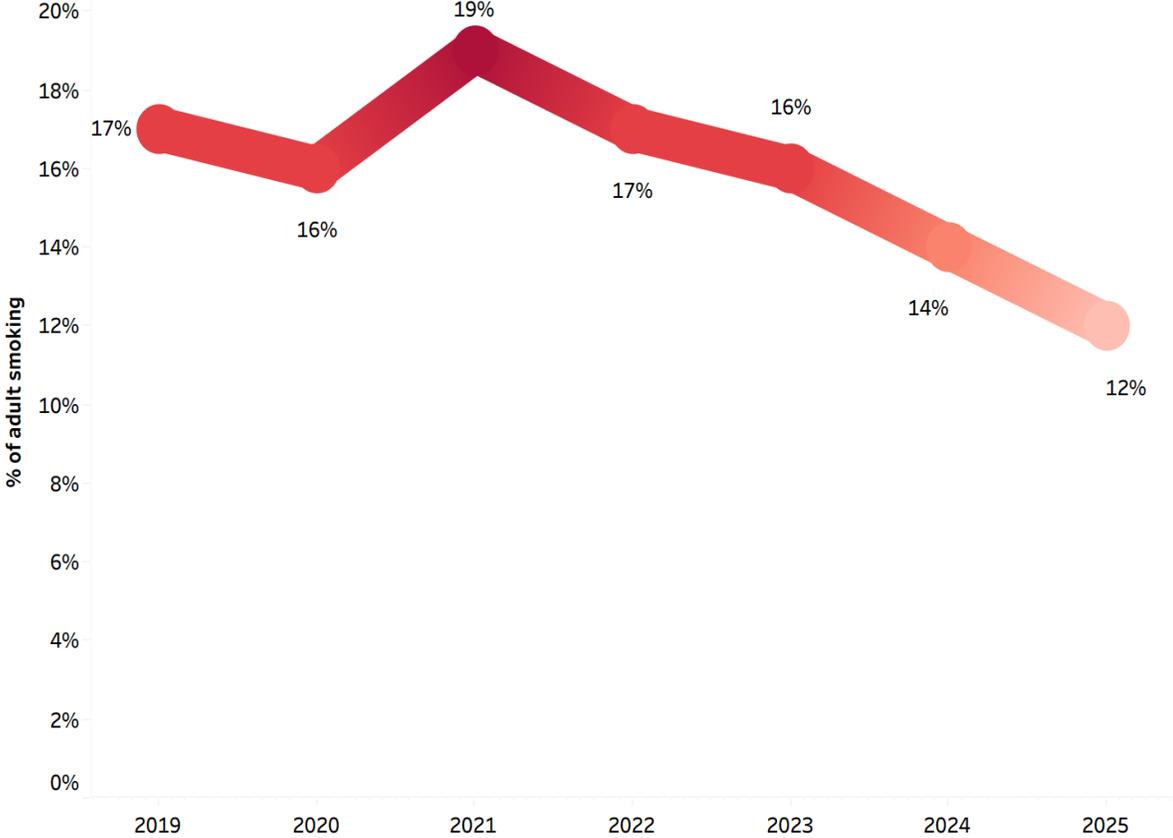


Overdose ED visits went down 17.14 % in 2025 compared to 2024.

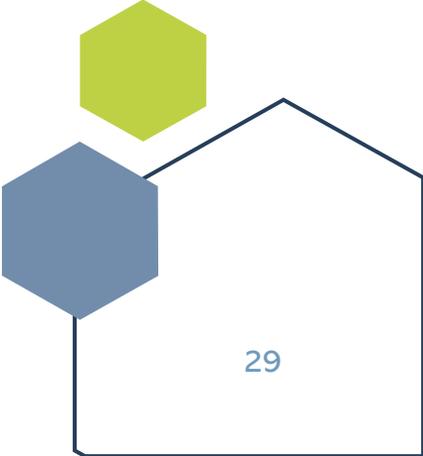


Lifestyle Trends

Adult Smoking (2019-2025)

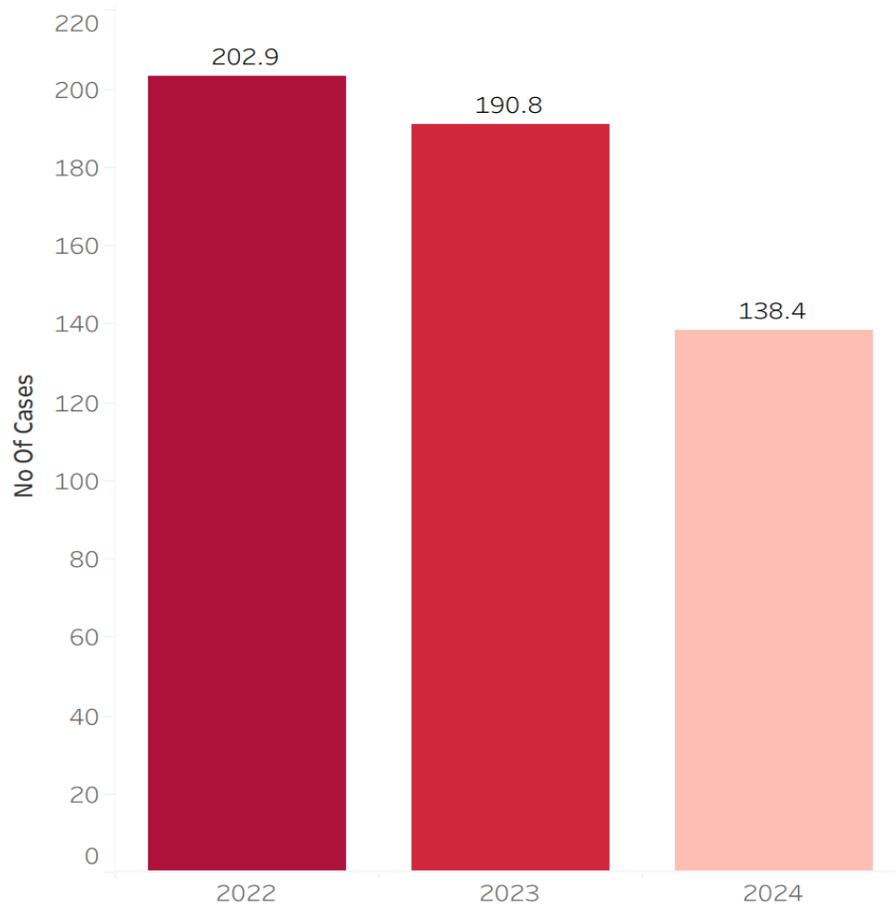


Self-reported smoking has seen a steady decline across the county since 2021.

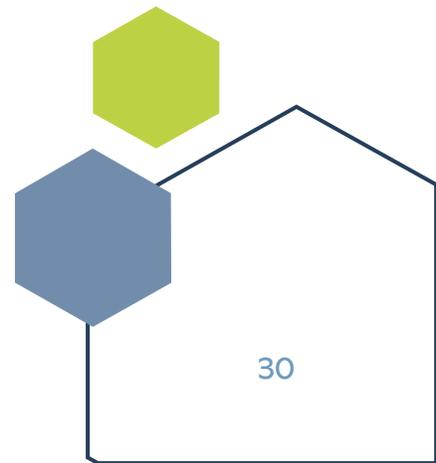


Sexually Transmitted Infections Trends *Rates per 100,000

Cabarrus County Gonorrhea Case Rates from 2022-2024

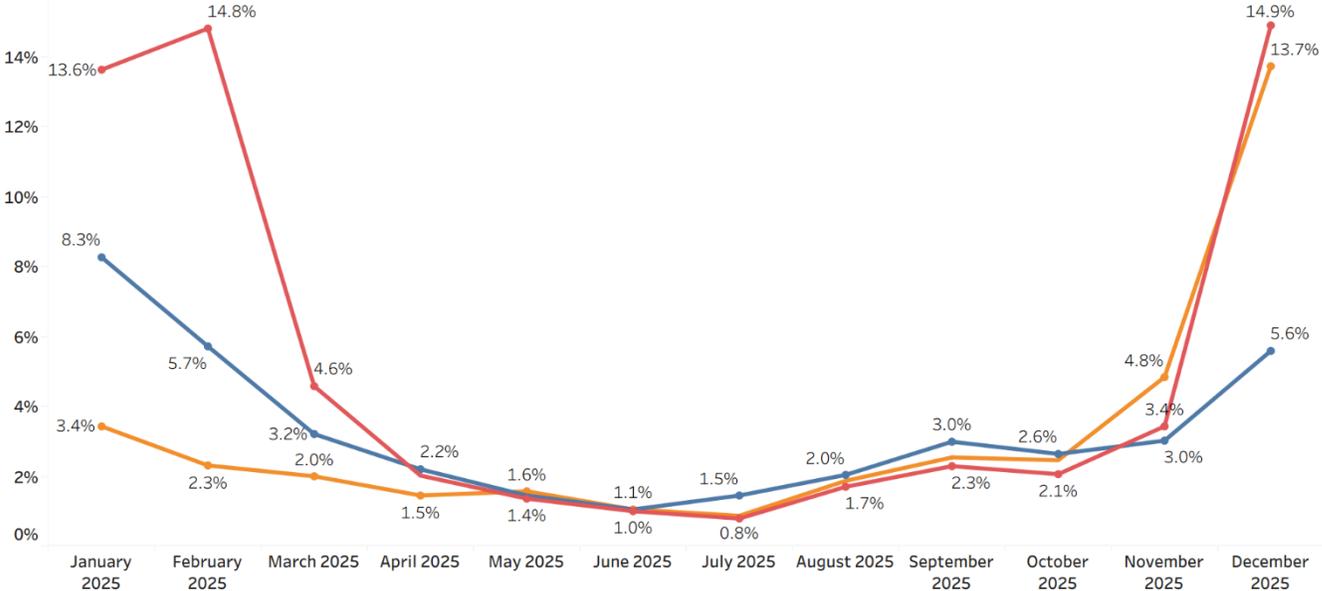


Gonorrhea rates have decreased **31.8%** since 2022.

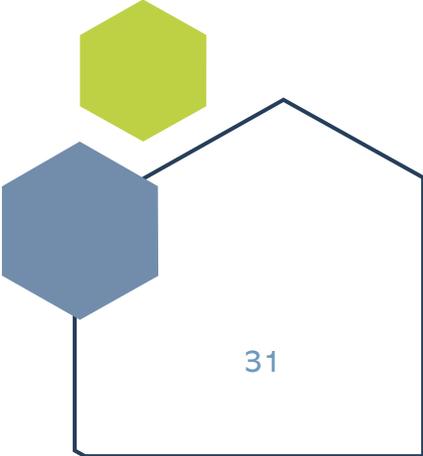


Flu in the Emergency Department

Flu Percentage of Total ED visit by Month



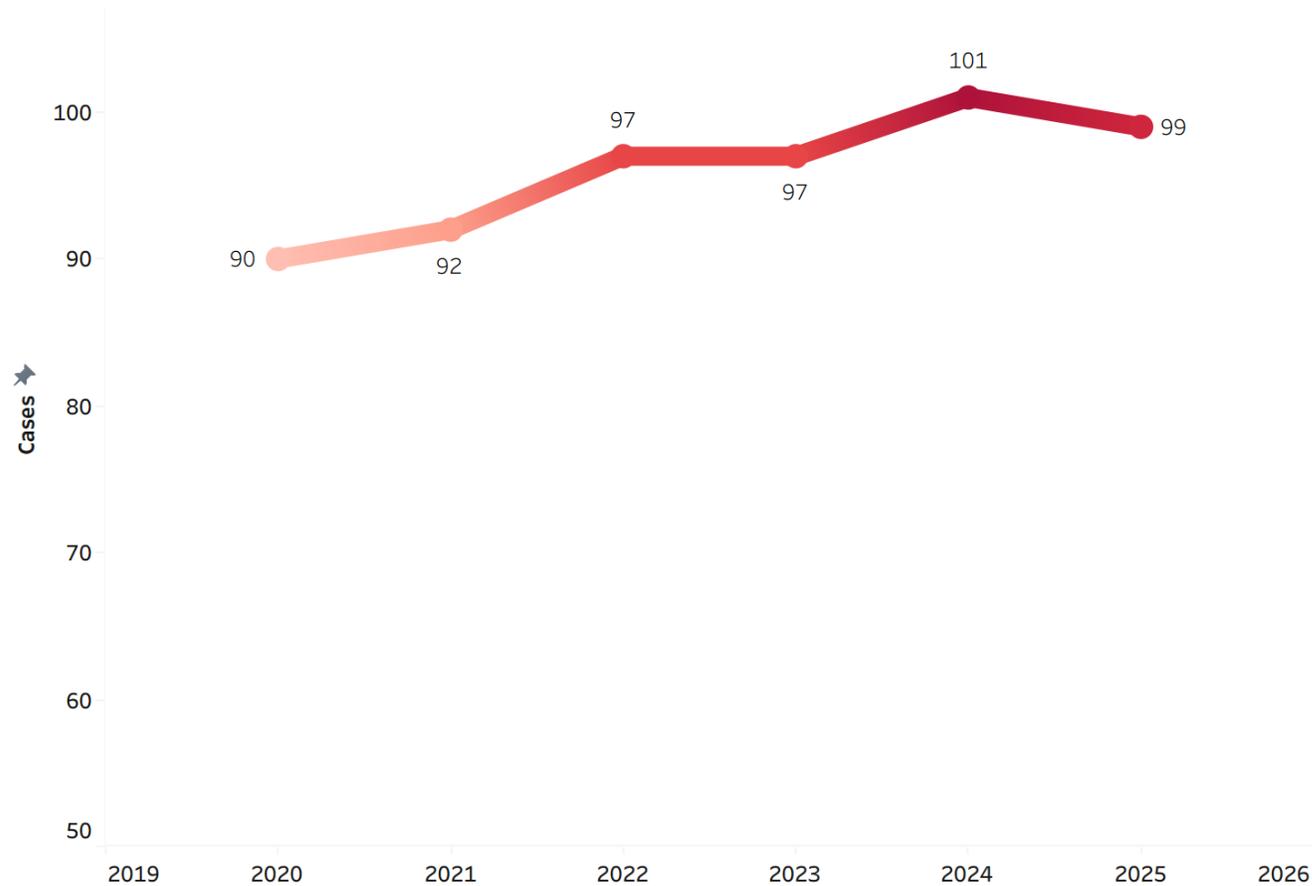
The overall percentage of total Emergency Department visits has increased in 2025 compared to 2024.



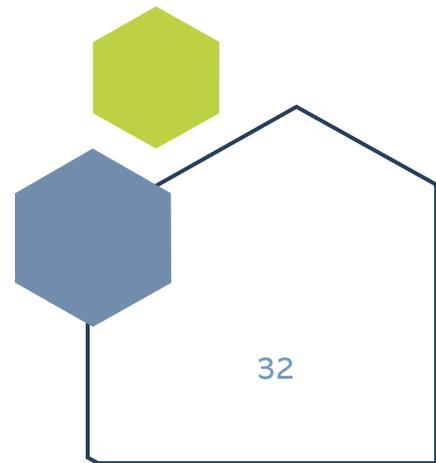
Colorectal Cancer Trends

Cabarrus County has experienced an increase in projected colorectal cancer cases over the last 5 years.

Colorectal Cancer Projected Cases (2020- 2025)



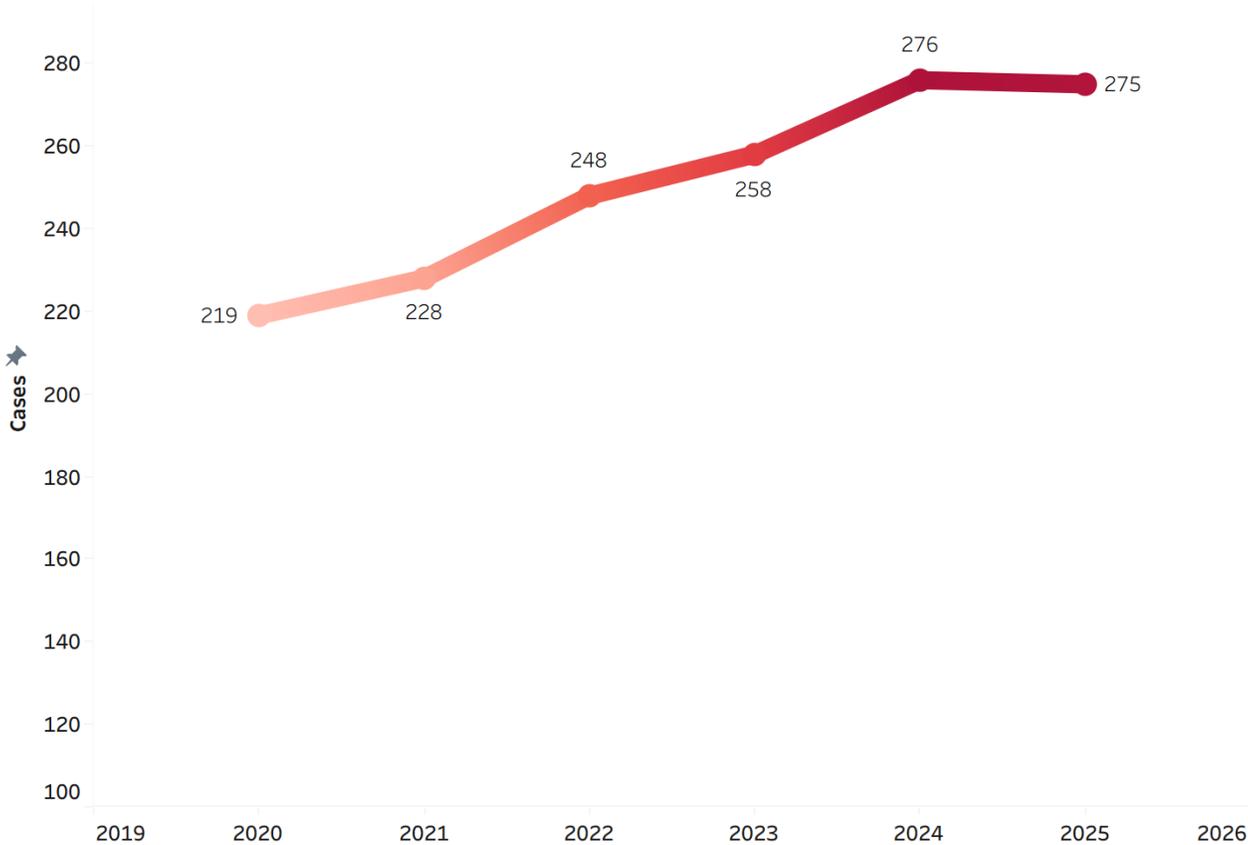
Cabarrus County is ranked in the top 20 (16th) in the state for colorectal cancer screenings.



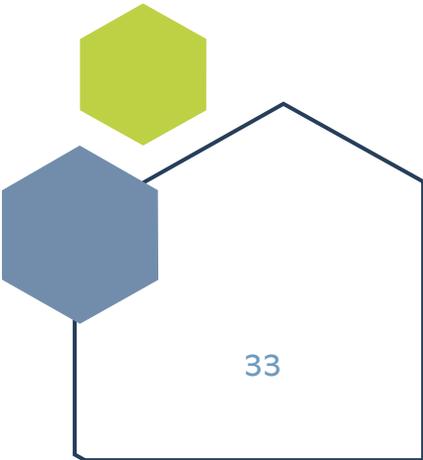
Breast Cancer Trends

Cabarrus County has experienced an increase in projected Breast cancer cases over the last 5 years.

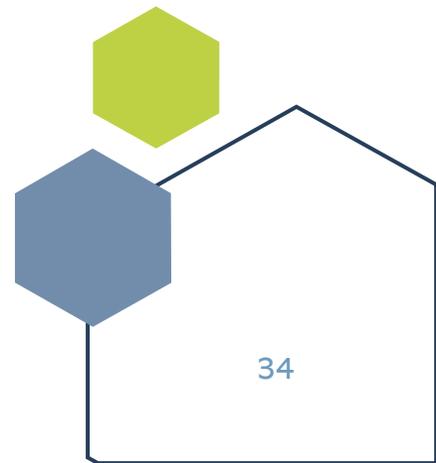
Breast Cancer Projected Cases (2020- 2025)



Cabarrus County is ranked in the top 25 (23rd) in the state for breast cancer screenings.



Questions?





Annual Cabarrus Health Alliance Communicable Disease Report: 2026

Annual Report

Cabarrus Health Alliance Board of Health

Presented by: Tamara Lunsford-Key



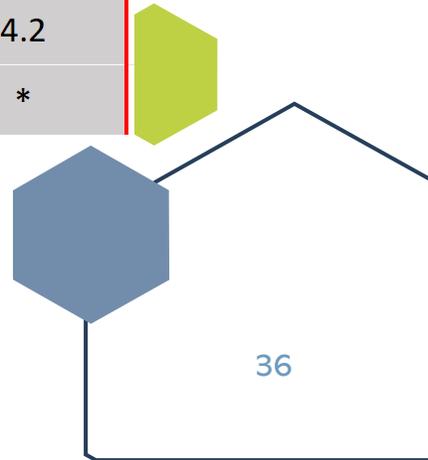
CABARRUS
HEALTH
ALLIANCE



Food & Waterborne

*Rates per 100,000

Disease	2019	2020	2021	2022	2023	2024	Change from previous year	N.C (2024)	U.S (2023)
Campylobacter	7.9	8.4	9.1	7.2	12.1	16.3	↑	27.1	20
Cryptosporidiosis	0.5	0.9	0.4	2.5	2.9	2.0	↓	4	8.3
Cyclosporiasis	0.0	0.0	1.3	2.5	0.0	1.2	↑	3	26.9
E. coli, Shiga toxin-producing	0.5	0.9	2.2	1.3	3.7	5.0	↑	5	5.3
Hepatitis A	1.4	0.4	15.1	1.3	0.0	0.0	→	0.4	0.5
Legionellosis	0.0	0.0	0.9	0.4	1.2	0.8	↓	1.8	1.2
Listeriosis	0.5	0.0	0.0	0.0	0.4	0.4	→	0.3	0.67
Salmonellosis	22.2	25.2	25.5	22.0	19.2	33.5	↑	26.6	16.6
Shigellosis	2.8	1.8	2.2	3.0	2.9	0.0	↓	4.3	4.2
Typhoid, Acute	0.1	0.0	0.1	0.0	0.0	0.0	→	0.2	*



Campylobacter



Public health significance

- Campylobacter is a leading cause of bacterial gastroenteritis and is most often linked to contaminated food (especially poultry), untreated water, and animal contact.
- Severe illness is more likely among young children, older adults, and immunocompromised individuals, and complications can include reactive arthritis and Guillain-Barré syndrome.

Investigation and surveillance

- Campylobacter rates in Cabarrus County increased steadily over the last several years, rising from 7.2 in 2022 to 12.1 in 2023, and reaching 16.3 in 2024.
- The 2024 rate is now approaching national levels (U.S. 2022: 17.2) but remains below the North Carolina average (NC 2023: 23.9).
- This increase may reflect a combination of true disease increases, improved case detection, and continued exposure risks through food handling and environmental sources. In particular, as noted in last year's BoH report, backyard chicken coops continue to grow in the state of North Carolina with an estimated 32,000 families owning a backyard flock as of 2023.

Recommended Public Health Action

- Reinforce prevention messaging around safe poultry handling, hand hygiene, and safe water sources.
- Continue case follow-up to identify clusters, particularly linked to food exposures.
- Consider targeted education in settings with a higher risk of exposure (food service, backyard poultry households, etc.).

Salmonella

Public health significance

- Salmonella is a major cause of foodborne illness and can cause severe disease, particularly among young children, older adults, and immunocompromised individuals.
- Infection is often associated with contaminated poultry, eggs, produce, and animal contact (including reptiles and backyard poultry).

Investigation and surveillance

- Salmonellosis showed a notable increase in 2024, rising from 19.2 in 2023 to 33.5 in 2024.
- This represents one of the largest year-over-year increases among the enteric diseases tracked.
- Cabarrus County's 2024 rate is now well above both the NC 2023 rate (21.1) and the U.S. 2022 rate (16.84), showing a meaningful local burden.

Recommended Public Health Action

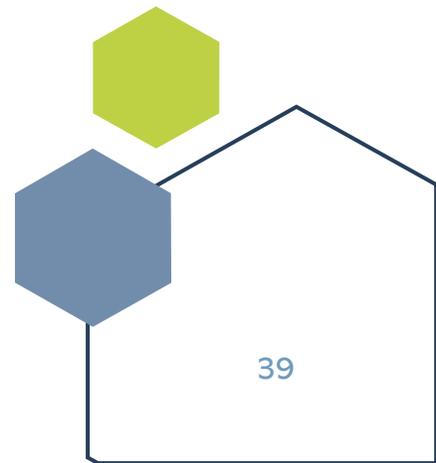
- Strengthen food safety messaging for households and high-risk populations.
- Enhance case investigation and exposure tracking to detect possible clusters or common sources.
- Coordinate with Environmental Health partners as needed when food-related signals emerge.

Vaccine Preventable

*Rates per 100,000

** Excluding Covid-19

Disease	2019	2020	2021	2022	2023	2024	Change from previous year	N.C (2024)	U.S (2023)
Hemophilus Influenzae, Invasive Disease	0.9	0.9	1.3	2.1	1.2	3.3	↑	2.7	1.8
Influenza Death (Adult)	5.0	1.8	0.0	1.7	1.7	3.3	↑	2.7	1.2
Pertussis (whooping cough)	1.4	0.4	0.0	0.4	0.0	5.7	↑	7.5	2.1



Pertussis (Whooping Cough) — Vaccine Preventable

Public health significance

- Pertussis (whooping cough) is a highly contagious respiratory illness that can cause severe complications, especially in infants and young children.
- Vaccination is still the most effective prevention strategy, but immunity can wane over time, requiring boosters.

Investigation and surveillance

- Pertussis rates in Cabarrus County increased sharply in 2024, rising from 0.0 in 2023 to 5.7 in 2024.
- This increase reflects multiple known outbreaks identified in 2024. In addition, a broader pattern of resurgence seen nationally as routine vaccination schedules and immunity patterns continue to normalize following the pandemic period.
- The Cabarrus 2024 rate appears elevated compared to NC 2023 (1.0) and U.S. 2022 (0.9).

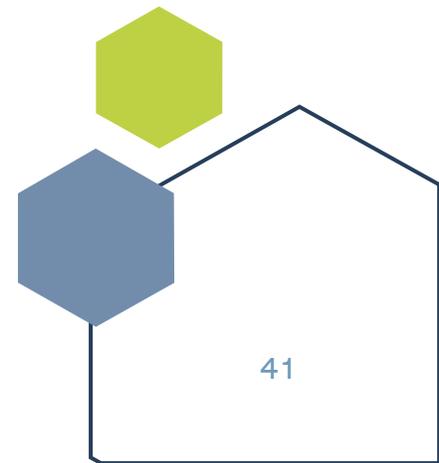
Recommended Public Health Action

- Reinforce routine vaccination and booster messaging, especially for families with young children.
- Promote Tdap vaccination during pregnancy and for caregivers around infants (“cocooning” strategy).
- Maintain awareness among providers to support early identification and treatment to reduce transmission.

Vector-borne & Zoonotic

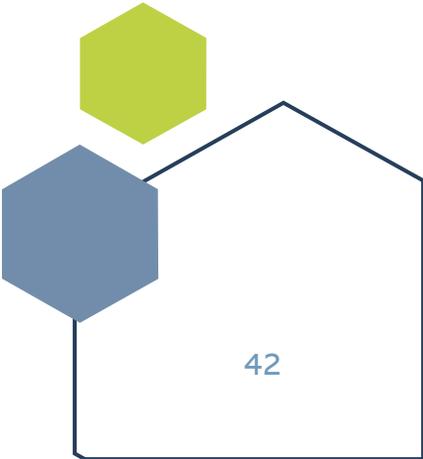
**Rates per 100,000*

Disease	2019	2020	2021	2022	2023	2024	Change from previous year	N.C (2024)	U.S (2023)
Malaria	0.5	0.4	0.0	0.0	0.8	0.4	↓	0.5	0.8
Lyme Disease	1.8	0.9	0.4	0.4	1.7	0.4	↓	2.3	26.9



Direct Contact & Respiratory *Rates per 100,000

Disease	2019	2020	2021	2022	2023	2024	Change from previous year	N.C (2024)	U.S (2023)
Streptococcal infections, Group A invasive	3.7	5.8	3.9	3.0	9.1	13.1	↑	7.6	12.9
Tuberculosis	1.4	1.3	1.7	1.7	0.8	1.2	↑	2.3	2.9



Invasive Group A Streptococcal (iGAS) — Direct Contact & Respiratory

Public health significance

- Invasive Group A Streptococcal (iGAS) infections are severe bacterial infections that can result in sepsis, necrotizing fasciitis, and toxic shock syndrome.
- Transmission occurs via respiratory droplets or direct contact with infected wounds.
- Increased risk is associated with older age, chronic conditions (including diabetes), and skin breakdown.

Investigation and surveillance

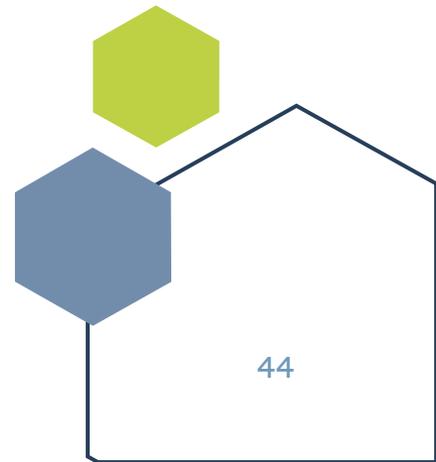
- Rates remained relatively stable from 2019 to 2022 (3.0–5.8 per 100,000).
- A sharp increase occurred in 2023 (9.1), followed by further elevation in 2024 (13.1), the highest rate in the six-year period.
- Cabarrus County's 2024 rate exceeds North Carolina's (7.6) and is slightly above the most recent U.S. rate (12.9).
- The recent increase is likely multifactorial and may reflect demographic shifts (aging population), chronic disease burden (e.g., diabetes), improved detection/testing, and broader post-pandemic infectious disease trends.

Recommended Public Health Action

- Continue enhanced surveillance and timely case investigation.
- Promote early clinical recognition and treatment to reduce severe outcomes.
- Reinforce prevention messaging around wound care and infection awareness in high-risk populations.
- Monitor for clustering to identify potential localized transmission.

Sexually Transmitted & Bloodborne *Rates per 100,000

Disease	2019	2020	2021	2022	2023	2024	Change from previous year	N.C (2024)	U.S (2023)
AIDS	1.7	2.7	1	7.2	7.0	9.1	↑	7.6	6.1
Chlamydia	566.2	528.3	559.5	534.1	537.8	461	↓	561.5	492.2
Gonorrhea	150.7	176.7	192	203	190.8	138.4	↓	201.5	179.5
Hep B, Acute	2.3	1.3	0.9	0.4	0.8	0.4	↓	1.6	0.7
Hep B, Chronic	9.2	8	6.9	10.2	11.2	6.1	↓	9.8	5.8
Hep C, Acute	0.9	0.4	0.0	0.0	0.4	0.0	↓	0.4	1.5
Hep C, Chronic	65.6	51.4	41.4	49.6	46.5	42.9	↓	82.3	36.2
HIV	10.7	7	12	13.3	18.1	8.9	↓	14.6	13.7
Syphilis (Early)	5.1	6.6	7.3	11	13.3	15.9	↑	15	16



Sexually Transmitted Disease (STD) Trends

Public health significance

- Sexually transmitted infections remain a major public health concern due to long-term health impacts and the potential for ongoing transmission.
- Prevention strategies include testing, treatment, education, and improved access to care.

Investigation and surveillance

- Cabarrus County saw encouraging declines in several major STIs in 2024, including chlamydia and gonorrhea.
- The decrease may reflect a combination of improved prevention efforts, increased awareness, and expanded access to screening and treatment.
- Despite these improvements, syphilis remains a concern, with early syphilis continuing to trend upward, reinforcing the need for targeted prevention and screening strategies.

Recommended Public Health Action

- Sustain momentum by continuing routine screening, especially in high-risk populations.
- Expand prevention tools and access (including PrEP, condoms, and rapid linkage to treatment).
- Maintain targeted syphilis outreach, particularly around pregnancy prevention and congenital syphilis risk reduction.



STD Testing at Opportunity House (2024)

Recommended Actions and Next Steps



Foodborne Illness Prevention

- Bring together a Communicable Disease and Environmental Health subgroup to align on messaging and possible prevention efforts related to Campylobacter.
- Focus on practical food safety education and identifying local risk factors we can realistically address. In addition, providing tangible tools to the community (meat thermometers) could further build trust.

Reducing STI Disparities

- Form an additional subgroup to develop intervention strategies aimed at reducing STI disparities among people of color, especially women of color.
- Prioritize culturally responsive outreach, better access to testing and treatment, and community-informed prevention approaches.

Improving Follow-Up During Investigations

- Communicable Disease will work with IT to explore secure communication options to reduce the number of individuals lost to follow-up during infectious disease investigations.
- This may include evaluating HIPAA-compliant text messaging or other approved digital tools.

Sources

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2. County Health Rankings. (n.d.). Retrieved from https://www.countyhealthrankings.org/?gad_source=1&gad_campaignid=23605060777&gbraid=0AAAAAoqQrf1bzucEg5x0_n72b_C5dfX0P&gclid=EAIaIQobChMIra2s1Y-dkwMVwU7_AR0EZDOrEAAYASAAEgKLB_D_BwE (Slide 3)
3. CDC *Data and statistics on malaria in the United States*. (n.d.-a). Retrieved from <https://www.cdc.gov/malaria/php/surveillance-report/index.html> (Slide 15)
4. CDC *Lyme disease surveillance data*. (n.d.-b). Retrieved from <https://www.cdc.gov/lyme/data-research/facts-stats/surveillance-data-1.html> (Slide 15)
5. National HIV Surveillance System (NHSS). *HIV Diagnosis, Death and Prevalence* (n.d.-b). Retrieved from <https://www.cdc.gov/hiv-data/nhss/index.html> (Slide 18)
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7. NC DETECT *Respiratory dashboard*. (n.d.). Retrieved from <https://ncdetect.org/respiratory-dashboard/> (Slide 5)
8. NNDSS annual summary data 2016-2023 request. (n.d.-c). Retrieved from <https://wonder.cdc.gov/nndss-annual-summary.html> (Slides 10, 13, 15, 16, 18)
9. North Carolina Overdose Epidemic Data. (n.d.). Retrieved from <https://www.dph.ncdhhs.gov/programs/chronic-disease-and-injury/injury-and-violence-prevention-branch/north-carolina-overdose-epidemic-data> (Slide 2)
10. CDC *Reported Tuberculosis in the United States* (n.d.-d). Retrieved from <https://www.cdc.gov/tb-data/index.html> (Slide 16)

Questions?



E. REPORTS

Finance Committee Reports

CHA Financial Summary
CHA Snapshot

Sue Yates, Chief Financial Officer



Financial Summary Report

Reviewed and recommended for approval by Finance Committee:
3/10/2026

PUBLIC HEALTH AUTHORITY OF CABARRUS COUNTY FINANCIAL SUMMARY REPORT					Fiscal Year 2026 7 Months ending January 31, 2026 Target Percentage 58% Modified Accrual			
REVENUES	ACTUAL	ACTUAL	ACTUAL	ACTUAL	Fiscal Year 2026	Fiscal Year 2026	ACTUAL	Year to Date %
	Fiscal Year 2022	Fiscal Year 2023	Fiscal Year 2024	Fiscal Year 2025	ORIGINAL BUDGET	BUDGET	01/31/26	COLLECTED
INTERGOVERNMENTAL REVENUES	\$ 24,443,947	\$ 28,216,196	\$ 24,550,592	\$ 25,599,140	\$ 24,583,856	\$ 24,835,670	\$ 13,436,185	54.10%
MEDICAID COST SETTLEMENT	\$ 3,098,145	\$ 2,118,045	\$ 3,740,447	\$ 4,577,929	\$ 4,187,526	\$ 4,187,526	\$ 2,550,746	60.91%
MANAGED CARE QUARTERLY PAYMENT	\$ -	\$ 529,831	\$ 450,509	\$ 432,498	\$ 564,901	\$ 564,901	\$ 329,383	58.31%
PERMITS & FEES	\$ 340,160	\$ 363,658	\$ 298,053	\$ 326,185	\$ 338,849	\$ 338,849	\$ 177,945	52.51%
SALES & SERVICES	\$ 1,541,742	\$ 1,243,433	\$ 1,177,936	\$ 1,201,564	\$ 1,745,426	\$ 1,742,908	\$ 723,562	41.51%
INVESTMENT EARNINGS	\$ 15,223	\$ 298,825	\$ 362,632	\$ 359,956	\$ 235,000	\$ 235,000	\$ 209,542	89.17%
MISCELLANEOUS	\$ 67,453	\$ 76,531	\$ 53,715	\$ 70,119	\$ 40,817	\$ 30,469	\$ 17,314	56.83%
CONTRIBUTIONS & PRIVATE GRANTS	\$ 579,848	\$ 1,476,544	\$ 1,595,583	\$ 3,958,869	\$ 1,750,127	\$ 2,795,271	\$ 988,536	35.36%
FUND BALANCE APPROPRIATED	\$ -	\$ -	\$ -	\$ -	\$ 4,857,446	\$ 4,800,969	\$ 1,933,232	40.27%
TOTAL	\$ 30,086,519	\$ 34,323,063	\$ 32,229,467	\$ 36,526,260	\$ 38,303,948	\$ 39,531,563	\$ 20,366,445	51.52%
EXPENDITURES	ACTUAL	ACTUAL	ACTUAL	ACTUAL	Fiscal Year 2026	Fiscal Year 2026	ACTUAL	Y-T-D %
	Fiscal Year 2022	Fiscal Year 2023	Fiscal Year 2024	Fiscal Year 2025	ORIGINAL BUDGET	BUDGET	01/31/26	SPENT
ENVIRONMENTAL HEALTH	\$ 1,429,941	\$ 1,735,411	\$ 1,712,590	\$ 1,905,268	\$ 2,086,162	\$ 2,097,317	\$ 1,112,444	53.04%
INFORMATION TECHNOLOGY SYSTEMS	\$ 1,158,973	\$ 1,092,401	\$ 1,054,304	\$ 940,765	\$ 1,219,977	\$ 1,219,977	\$ 737,820	60.48%
GENERAL ADMINISTRATION	\$ 3,235,818	\$ 4,665,661	\$ 4,307,096	\$ 7,765,538	\$ 9,047,704	\$ 9,573,252	\$ 4,725,612	49.36%
FAMILY CARE COORDINATION	\$ 1,251,648	\$ 1,582,220	\$ 1,341,827	\$ 1,519,929	\$ 1,567,780	\$ 1,621,919	\$ 812,283	50.08%
SCHOOL HEALTH	\$ 6,979,729	\$ 7,392,127	\$ 4,838,775	\$ 5,335,494	\$ 5,582,196	\$ 5,582,196	\$ 3,058,846	54.80%
COMMUNITY IMPACT	\$ 2,502,914	\$ 3,199,702	\$ 3,474,876	\$ 4,556,845	\$ 3,293,977	\$ 3,454,538	\$ 2,025,865	58.64%
DENTAL HEALTH	\$ 3,708,063	\$ 4,015,567	\$ 5,180,045	\$ 5,859,187	\$ 6,678,331	\$ 6,677,001	\$ 3,228,924	48.36%
VITAL RECORDS	\$ 70,154	\$ 72,346	\$ 78,036	\$ 79,245	\$ 84,046	\$ 84,046	\$ 41,613	49.51%
COMMUNICABLE DISEASE	\$ 4,145,338	\$ 5,158,646	\$ 4,228,051	\$ 2,057,475	\$ 1,927,896	\$ 2,021,817	\$ 1,066,606	52.75%
CLINICAL SERVICES	\$ 3,816,726	\$ 3,594,777	\$ 2,924,908	\$ 2,915,664	\$ 3,837,376	\$ 3,862,376	\$ 1,892,216	49.12%
BEHAVIORAL HEALTH	\$ 147,966	\$ 807,960	\$ 1,636,290	\$ 1,767,898	\$ 2,058,696	\$ 2,427,317	\$ 1,113,624	45.88%
WOMEN, INFANTS, CHILDREN	\$ 811,156	\$ 880,309	\$ 928,672	\$ 900,683	\$ 919,807	\$ 919,807	\$ 550,593	59.86%
TOTAL	\$ 29,258,426	\$ 34,197,127	\$ 31,705,471	\$ 35,603,991	\$ 38,303,948	\$ 39,531,563	\$ 20,366,445	51.52%
FUND BALANCE INCREASE (DECREASE)	\$ 828,093	\$ 125,936	\$ 523,996	\$ 922,269	\$ -	\$ -	\$ (0)	

Snapshot

Reviewed and recommended for approval by Finance Committee:
3/10/2026

Cabarrus Health Alliance Snapshot				
January 31, 2026				
Target Percentage 58%				
Modified Accrual				
	Budget	Actual	YTD Percentage	Comments
Environmental Health				
Revenue	2,097,317	1,135,830	54.16%	
Expense	2,097,317	1,112,444	53.04%	
Information Technology				
Revenue	841,967	491,255	58.35%	
Expense	1,219,977	737,820	60.48%	
General Administration				
Revenue	8,629,784	4,357,915	50.50%	
Expense	9,573,252	4,725,612	49.36%	 Fund balance added to actual revenue; \$1,933,232
Family Care Coordination				
Revenue	1,621,919	940,642	58.00%	
Expense	1,621,919	812,283	50.08%	
School Health				
Revenue	5,582,196	3,053,908	54.71%	
Expense	5,582,196	3,058,846	54.80%	
Community Impact				
Revenue	3,397,832	2,055,878	60.51%	
Expense	3,454,538	2,025,865	58.64%	
Dental Health				
Revenue	8,118,131	3,929,717	48.41%	
Expense	6,677,001	3,228,924	48.36%	 Cost Settlement added to actual revenue; \$2,211,150
Vital Records				
Revenue	83,060	48,452	58.33%	
Expense	84,046	41,613	49.51%	
Communicable Disease				
Revenue	2,021,817	1,020,695	50.48%	
Expense	2,021,817	1,066,606	52.75%	
Clinical Services				
Revenue	3,852,376	1,798,701	46.69%	
Expense	3,852,376	1,892,216	49.12%	 Quarterly payment and Cost settlement added to actual revenue; \$269,271 and \$225,945
Behavioral Health				
Revenue	2,427,317	1,148,967	47.33%	
Expense	2,427,317	1,113,624	45.88%	
Women, Infants, and Children				
Revenue	857,847	550,197	64.14%	
Expense	919,807	550,593	59.86%	
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%				



E. REPORTS

Brown Mill Budget Update

Sue Yates



Brown Mill Budget Update

Liles Construction Contract	5,800,000.00
Amount Paid as 2/25/2026	<u>4,827,207.37</u>
Remaining to be paid	972,792.63
Upfit and Furniture	1,288,255.52
Amount Paid as 2/25/2026	<u>442,572.38</u>
Remaining to be paid	845,683.14
Lease Payment	1,000,000.00
Amount Paid as 2/25/2026	<u>1,000,000.00</u>
Remaining to be paid	-
Lease to be accrued over the next 25 Years	
Expense each year	40,000.00



Fiscal Year Summary 2024-2025

2024

Fund Balance Appropriation	1,000,000
Lease Payment	<u>1,000,000</u>
Balance	-

2024

County ARPA Funding	22,535
Architect Costs	<u>22,535</u>
Balance	-

2025

Cabarrus County ARPA Funding	2,249,887
CHA Net Proceeds	<u>505,571</u>
Total Revenue	2,755,458

Architect Costs	52,000
Construction Costs	<u>2,703,458</u>
Total Expenses	2,755,458

Net Brown Mill Costs -



Fiscal Year Summary 2026

2026

Cannon Foundation	600,000
Fund Balance Appropriation	<u>3,930,859</u>
Total Revenue	4,530,859
Architect Costs	71,050
Construction Costs	3,096,542
Equipment and Furniture -Capital	327,800
Minor Office Equipment	587,099
Upfit Costs – Actual, Encumbered & Estimated	<u>302,307</u>
Total Expenses	4,384,798
Remaining Budget	146,061



Brown Mill Summary

Cabarrus County ARPA Funding	2,272,422
CHA Net Proceeds	505,571
Cannon Foundation	600,000
Fund Balance Appropriation	<u>4,930,859</u>
Total Revenue	8,308,852
Construction Costs	5,800,000
Lease Payment	1,000,000
Equipment and Furniture -Capital	327,800
Minor Office Equipment	587,099
Architect Costs	145,585
Upfit Costs – Actual, Encumbered & Estimated	<u>302,307</u>
Total Expenses	8,162,791
Remaining	146,061





E. REPORTS

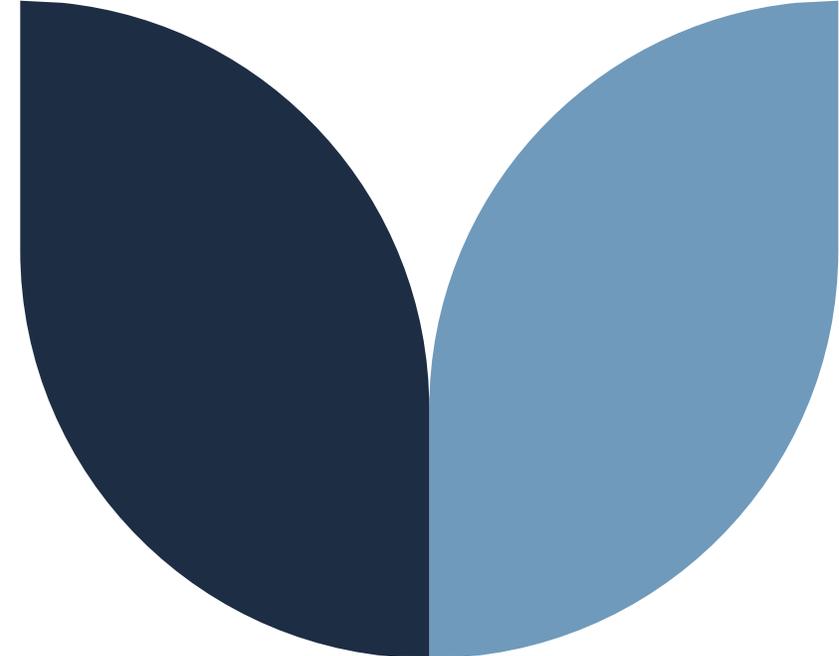
**Fiscal Year 2026 Cabarrus County Government
Public Health Budget Contribution Request**

Erin Shoe, MPH, Health Director



Cabarrus County Contribution Request

Fiscal Year 2027



CABARRUS
HEALTH
ALLIANCE

Cabarrus County Contribution Total Funding, 2022-2026

Contribution	FY 2022	FY 2023	FY 2024	FY 2025	FY 2026
Environmental Health	\$982,388	\$1,392,009	\$1,434,813	\$1,511,110	\$1,580,272
Information Technology	\$723,316	\$745,758	\$774,763	\$813,366	\$841,967
Support Services	\$2,058,791	\$2,140,353	\$2,257,183	\$2,431,141	\$2,585,974
Care Management	-	-	-	-	-
School Health	\$4,153,853	\$4,522,536	\$4,761,440	\$5,264,982	\$5,501,213
Community Impact	\$101,945	\$105,258	\$108,942	\$112,000	\$119,010
Dental	-	-	-	-	-
Vital Records	\$63,913	\$72,743	\$75,660	\$80,188	\$83,060
Communicable Disease	\$914,497	\$941,052	\$972,820	\$1,080,844	\$1,173,635
Clinical Services	\$200,000	\$200,000	\$200,000	\$200,000	\$200,000
Behavioral Health	-	-	\$408,520	\$547,011	\$564,729
WIC	-	-	-	-	-
County Contribution Total	\$9,198,703	\$10,119,709	\$10,994,141	\$12,040,642	\$12,649,860
CHA Budget	\$31,360,069	\$37,667,103	\$35,460,115	\$41,558,221	\$38,303,948

Cabarrus County Contribution

Expansion Requests, 2022-2026

Request	FY 2022	FY 2023	FY 2024	FY 2025	FY 2026
School Health: Support Roles (4)				\$229,387	
School Health: Nurse Salaries			\$47,263		
School Health: New School Nurse, Roberta Road Middle		\$82,321			
School Health: Increase in hours & benefits	\$165,641	\$143,413			
School Health: Director Position	\$165,000				
School Health: Salary Adjustments	\$106,000				
School Health: Electronic Medical Records System	\$44,000				
Environmental Health: Food & Lodging 2 staff and vehicle		\$208,968			
Environmental Health: Onsite Wastewater 2 staff		\$160,000			
Environmental Health: Onsite Wastewater 1 staff	\$75,000				
Communicable Disease: Epidemiologist	\$98,145				
Behavioral Health: Jail Based Team 4 staff			\$408,520		
Behavioral Health: Jail Based Clinician & On-Call Hours 1 staff				\$120,499	

Cabarrus County Contribution

Expansion & Merit, COLA, Fringe Request, 2027

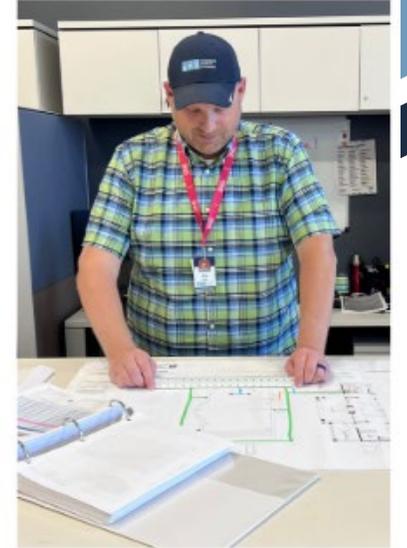
Request	FY 2027 With EH positions	FY 2027 No EH positions
<i>Continuation:</i> Cost of Living Adjustment & Merit Increases	\$397,085	\$397,085
<i>Continuation:</i> Fringe	\$304,130	\$304,130
<i>Expansion:</i> Environmental Health: Food & Lodging Vehicle (2 staff and 2 vehicles)	\$277,066	\$0
Funding Request Total	\$978,280	\$701,215

Expansion Request Justification

- Food & Lodging inspection demand in Cabarrus County has increased steadily over the past three fiscal years.
- This growth is driven by:
 - population increases,
 - expanding commercial development,
 - higher volumes of temporary food establishments (TFEs), and
 - more complex regulatory work such as plan reviews and lead investigations.

Growth Trends

- Required inspections increased from 3,652 (FY 2023–24) to 3,861 (FY 2025–26), a 5.7% increase in two years.
- Temporary Food Establishment permits and re-inspections have increased substantially, with re-inspections projected to more than double since FY 2023–24.
- Currently Submitted Plan reviews are expected to add 200+ inspections annually, many of which are time-intensive and front-loaded.
- Lead investigations are projected to increase to 30 annually, more than doubling over three years.



Food & Lodging Inspection Frequencies

	Risk Category 1 <i>Coltrane Life Center, Country Inn & Suites</i>	Risk Category 2 <i>Subway, Papa Johns</i>	Risk Category 3 <i>Steak N' Shake, Chick-fil-A</i>	Risk Category 4 <i>East Coast Wings & Grill, Panda Express</i>
Number of Establishments	23	355	237	310
Frequency of Inspections	1 inspection per year	1 inspection every 6 months (2 visits per year)	1 inspection every 4 months (3 visits per year)	1 inspection every 4 months + 1 educational visit per year (4 visits per year)
Total Number of Mandated Activities/Year	23	710	711	1,240
Notes: PH: potentially hazardous TCS: time/temperature controlled for safety	Prepare only non-PH food and non-TCS foods	Cook & cool no more than 2 PH and TCS foods PH and TCS raw animal ingredients in a ready to cook form	Cook & cool no more than 3 PH and TCS foods PH and TCS raw animal ingredients NOT in a ready to cook form	Cook & cool unlimited number of PH and TCS foods Establishments serving highly susceptible populations Establishments using specializes processes

Expansion Request Justification, cont.

Risk Without Added Capacity

- Increased risk for food-borne illnesses
- Inspection backlogs and delayed service delivery (delayed pool openings)
- Reduced flexibility for investigations, outbreaks, or staff vacancies
- Staff fatigue, burnout, and turnover
- Limited ability to respond to unplanned regulatory or development-driven demands

Cabarrus County Contribution

Expansion & Merit, COLA, Fringe Request, 2027

Request	FY 2027 With EH positions	FY 2027 No EH positions
<i>Continuation:</i> Cost of Living Adjustment & Merit Increases	\$397,085	\$397,085
<i>Continuation:</i> Fringe	\$304,130	\$304,130
<i>Expansion:</i> Environmental Health: Food & Lodging Vehicle (2 staff and 2 vehicles)	\$277,066	\$0
Funding Request Total	\$978,280	\$701,215



F. CONSENT AGENDA

Chairperson Lara Pons, MD

Budget Revisions **Finance Policies**

Sue Yates, Chief Financial Officer



F. CONSENT AGENDA

Budget Revisions

Sue Yates, Chief Financial Officer

[Click to view full document](#)



Budget Revisions

Reviewed and recommended for approval by Finance Committee:
3/10/2026

Summary	Amount Increase or (Decrease)
Clinical: Child Fatality Grant <ul style="list-style-type: none"> Reduce budget for State Agreement Addendum changes to Child Fatality funding 	\$(1,445)
General Administration: County ARP Funds <ul style="list-style-type: none"> Adjust budget for carryover funding; County ARPA funds were used in FY2025 	\$(263,873)
Information Technology: Sale of Assets <ul style="list-style-type: none"> Budget for Sale of Assets proceeds 	\$108
Human Resources: Employee Wellness <ul style="list-style-type: none"> Increase Employee Wellness budget for additional funding 	\$996
Care Management: Pregnancy Care Management <ul style="list-style-type: none"> Increase in Medicaid reimbursements for Pregnancy Care Management 	\$35,000
Community Impact: Cooking Programs Funds <ul style="list-style-type: none"> Additional funds received for the cooking program 	\$1,700
Community Impact: Lifestyle Medicine <ul style="list-style-type: none"> Budget for carryover Office of Rural Health Lifestyle Medicine funds 	\$131
Community Impact: REACH Carryover Funding <ul style="list-style-type: none"> Budget for REACH carryover funding 	\$63,136
Community Impact: Budget for Pathways to Success Grant Carryover Funding <ul style="list-style-type: none"> Budget for Pathways to Success Grant carryover funding 	\$69,875



F. CONSENT AGENDA

Finance Policies

Sue Yates, Chief Financial Officer

[Click to view full document](#)

Finance Policies

Reviewed and recommended for approval by Finance Committee:
3/10/2026

Summary	
Outpatient Behavioral Health Eligibility Policy	No changes
Cash Receipts Policy	No changes
Counterfeit Bill Detection Policy	No changes
Dental Clinic Fee Policy	No changes
NC Debt Setoff Procedure Policy	Changed <i>“Accounts Receivable Program Manager”</i> to <i>“Billing Program Manager”</i>
Cash Drawer/Deposit	Changed <i>“Accounts Receivable Program Manager”</i> to <i>“Billing Program Manager”</i>
Public Health, Primary Services & Dental Debt Management Policy	Combined Clinic and Dental debt management policies
Travel Policy	On page 1&2: <ul style="list-style-type: none">▪ Changed the effective date to the Board date; added requirement for completing CHA Travel Training<ul style="list-style-type: none">▪ Clarified mileage reimbursement language▪ Added Mt. Pleasant to the mileage example; changed the number of days from <i>“15”</i> to <i>“10”</i> for submitted travel reimbursement form



G. BUSINESS AGENDA

Fee Review

- **Environmental Health**

Sue Yates & Environmental Health Leadership Team



Environmental Health Annual Fee Review & Proposed Changes



March 17, 2026

Current Environmental Health (EH) Fee Schedule

Available on CHA webpage

Onsite Wastewater	Soil Evaluation (1 st Acre)	\$325.00	
	Additional Acre (If Applicable)	\$60.00	
	Repair Application	\$50.00 (Admin)	
	Repair Permit	\$100.00	
	EOP Engineered Option Permit NOI Notice of Intent to Construct Filing pursuant to NCGS 103A.3361(b)	\$35.00 (Admin)	
	AOWE Authorized On-Site Wastewater Evaluator Filing pursuant to NCGS 130A.336.2(b)	\$35.00 (Admin)	
	(a2) IP Only Session Law 2023-90	100% of normal	
	(a2) CA Only Session Law 2023-90	40% of normal	
	(a2) IP/CA Session Law 2023-90	40% of normal	
	Improvement Permit	\$125.00	
	CA Construction Authorization New system "Septic Tank Permit"	≤ 360 1-3 Bedrooms \$350.00 ≤ 600 4-5 Bedrooms \$450.00 ≥ 601 ≥ 6 Bedrooms \$550.00 Any System with a pump has additional fee of \$150.00	
	CA for additional or relocation of any part of the septic system (not a repair)	\$250.00 Permit + Admin \$75.00	
	Repeat layout/Redesign of System	\$125.00	
	ESA Existing System Approval	\$125.00	
Site Revisit	\$50 + \$25 each additional visit (tiered)		
Well	Drinking Water Well Application	\$50.00 (Admin)	
	Drinking Water Well Permit	\$450.00	
	Drinking Water Well Abandonment Permit	\$150.00	
	Drinking Water Well Repair Application	\$50.00 (Admin)	
	Drinking Water Well Repair Permit	\$150.00	
	Existing Drinking Water Well Head Inspection	\$60.00	
	Drinking Water Well Variance	\$75.00	
	Private Well Water Sampling		
	Well Full Panel-Bacteriological, Inorganic + Nitrates	Initial \$200.00	Repeat N/A
	Bacterial	Initial \$75.00	Repeat \$25.00
	Inorganic Chemical	Initial \$150.00	Repeat N/A
	Petroleum	Initial \$100.00	Repeat \$75.00
	Pesticide	Initial \$100.00	Repeat \$75.00
	Volatile Organic	Initial \$100.00	Repeat \$75.00
Nitrate (anion)	Initial \$75.00	Repeat \$35.00	
Sulfate Reducing	Initial \$55.00	Repeat \$35.00	
Fluoride	Initial \$55.00	Repeat \$35.00	
Food	Food Service Plan Review	\$250.00	
	Food Service Plan Review of Mobile Food Unit/Pushcart	\$150.00	
	Shared Use Kitchen Application	\$150.00	
	Remodel Additions to Existing Facilities	\$150.00	
	Temporary Food Unit or Limited Food Service Permit	\$75.00	
Pool	Plan Review for Pool Construction	\$350.00	
	Seasonal Swimming Pool	\$250.00	
	Annual Swimming Pool Permit	\$300.00	
	SPA Permit	\$100.00	
	Display SPA Permit	\$50.00	
	Wading Pool Permit	\$60.00	
Pool night light check / Permitting Return Visit	\$50.00		
Tattoo	Tattoo Artist Initial Permit	\$300.00	
	Renewal of Existing Permit	\$250.00	
	Guest or Event Permit	\$75.00	

County Comparison: Onsite Wastewater (OSWW)

Line Item	Gaston	Iredell	Mecklenburg	Rowan	Union	CHA Current	Proposed
Soil Evaluation application / Improvement Permit (IP)	\$300	\$500 (gravity) \$1200 (pump)	\$250	\$275	\$400	\$325 for Soil Evaluation + \$125 for Improvement Permit (charged if only IP)	\$350 (combines Soil Evaluation + Improvement Permit if apply at same time)
Pump	\$0	\$1,200	\$0	\$0	Additional fee \$300	Additional fee \$150	Additional fee \$250
Layout/Redesign	\$150	\$105, \$320, \$500, \$1200	\$300	\$125 (if additional site visit)	\$125 (if additional site visit)	\$125	\$200
Existing System Approval (ESA)	\$125	\$250	\$100	\$125	\$125	\$125	\$150
Site Revisit	\$0	\$100	\$100	Tiered starting at \$75	\$75	\$50 + \$25 for each additional visit	\$75 + \$25 for each additional visit
Expansion	\$150	\$500 (gravity) \$1200 (pump)	\$650	\$500 (any size)	\$400 + Construction Authorization (\$300-\$1200 based on type of system)	\$250 + \$75 admin fee = \$325	\$350 + Construction Authorization based on expanded Bedroom
Additional Acre	\$300	\$500 or \$1200	\$250	\$275 or \$350	\$400	\$60	\$350

OSWW Revenue Projections

Line Item	FY25 #'s	FY25 Actuals	Additional Revenue with Fee Change
Soil Evaluation Application/Improvement Permit	173	\$56,225	\$4,325
Pump	21	\$3,150	\$2,100
Layout/Redesign	28	\$3,500	\$2,100
Existing System Approval	173	\$21,625	\$4,325
Site Revisit	8	\$400	\$200
Expansion	15	\$4,875	\$7,125 (3 bedroom → 4 bedroom)
Additional Acre	23	\$1,380	\$6,670

Total Projected Additional Revenue: \$26,845

County Comparison: Drinking Water Wells

Line Item	Gaston	Iredell	Mecklenburg	Rowan	Union	CHA Current	Proposed
Well Permit	\$600	\$550	\$550	\$425	\$500	\$450	\$500
Well Redesign	\$0	\$550	\$100	\$100	\$125	\$0	\$100

Drinking Water Wells Revenue Projections

Line Item	FY25 #'s	FY25 Actuals	Additional Revenue with Fee Change
Well Permit	117	\$52,650	\$5,850
Well Redesign	7	\$0	\$700

Total Projected Additional Revenue: \$6,550

County Comparison: Tattoos

Line Item	Gaston	Iredell	Mecklenburg	Rowan	Union	CHA Current	Proposed
Guest Event Permit	\$100	\$275 +\$300 plan review fee	\$225	\$100	\$125	\$75	\$125

NOTE: Iredell and Mecklenburg do not charge differently for guest artist permits.

Tattoo Revenue Projections

Line Item	FY25 #'s	FY25 Actuals	Additional Revenue with Fee Change
Guest Artist Tattoo Permit Fee	24	\$1,800	\$1,200

Total Projected Additional Revenue: \$1,200

County Comparison: Public Swimming Pools

Line Item	Gaston	Iredell	Mecklenburg	Rowan	Union	CHA Current	Proposed
Pool Plan Review	\$350	\$800	\$500	\$300 (includes 1 revision)	<2,000sq/ft-\$350 >2000sq/ft-\$500	\$350	\$500
Plan Review Resubmittal Fee	\$0	\$200	\$450	2+ revisions = \$300/revision	\$0	\$0	\$400
Revisit Fee	\$100	\$100	\$100	\$75 +\$25 for each additional visit (tiered)	\$100	\$50	\$100
Night Swim Lighting Check (every 3 years)	\$100	\$100	\$0	\$0	\$0	\$50	\$100

*Public swimming pool examples: hotels, apartments, HOA pools, swim schools, YMCA

Swimming Pools Revenue Projections

Line Item	FY25 #'s	FY25 Actuals	Additional Revenue with Fee Change
Pool Plan Review	7	\$2,450	\$1400
Plan Review Re-Submittal Fee	13	\$0	\$5,200
Revisit Fee	11	\$550	\$550
Night Swim Lighting Check	4	\$200	\$200

Total Projected Additional Revenue: \$7,350

County Comparison: Food, Lodging, Institutions (FLI)

Line Item	Gaston	Iredell	Mecklenburg	Rowan	Union	CHA Current	Proposed
Lodging/ Institution Plan Review	\$0	\$0	\$250	\$250	\$250	\$0	\$250

*Currently, plan review is only charged for food facilities and not lodging (hotels) or institutions (nursing homes, assisted living, hospitals, etc.)

FLI Revenue Projections

Line Item	FY25 #'s	FY25 Actuals	Additional Revenue with Fee Change
Lodging/Institution Plan Review Fee	3	\$0	\$750

Total Projected Additional Revenue: \$750

Fiscal Year 2027: Revenue Projection

Total projected additional revenue: \$42,695



H. 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
January 20, 2026

A regular meeting of The Public Health Authority Board was held on Tuesday, January 20, 2026.

Board members attended in-person at CHA.

Members Present: Lara Pons, MD, Chair
Mark Spitzer, Vice-Chair
Cecilia Plez
Natasha Lipscomb, Ph.D.
Kerry Dove, DDS
Amy Jewell
Asha Rodriguez
Daryle Adams

Members Absent: Commissioner Laura Lindsey

Staff Present: Erin Shoe, Rolanda Patrick, Alicia Primus, April Sloop, Sue Yates, Mariah Kendrick, Megan Easterday, Tamara Lunsford-Key, Laura Bryant, Kim Ragan, Karime Benge, and Cecilia Norris (Intern)

Guest and Members of the Public Present: Dan Morrow (DMJPS LLC, formally Potter & Company)

CALL TO ORDER

Chairperson Dr. Lara Pons called the meeting to order at 5:45pm.

ADOPTION OF THE AGENDA

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

APPROVAL OF THE MINUTES

Chairperson Dr. Lara Pons requested a motion to approve the November 2025 meeting minutes. Cecilia Plez moved. Amy Jewell seconded. Motion and approval carried unanimously.

INFORMAL PUBLIC COMMENTS

No public comments.

RECOGNITIONS

School Nurse, Laura Bryant was recognized as the School Nurse of the Year – Named by the School Nurse Association of North Carolina. Assistant Director of School Health, Kim Ragan presented the acknowledgement. Laura Bryant expressed her gratitude on receiving the award and thanked her CHA team for their support.

REPORTS

Presentation of ACFR (Annual Comprehensive Financial Report)

CPA, Partner with DMJPS LLC, Dan Morrow presented the Annual Comprehensive Financial Report. Dan Morrow shared CHA received the Certificate of Achievement for Excellence in Financial Reporting. Dan Morrow also shared highlights of the financial plan and review of new standards.

Finance Committee Reports

Chief Finance Officer, Sue Yates presented the CHA Financial Reports (Financial Summary Report and CHA Snapshot).

Financial Summary Report: Sue Yates presented the Financial Report as of the end of November 2025. The summary includes revenues and expenditures, actuals for past and present fiscal year, and the year-to-date collected percentages. Sue shared the fund balance allocated; \$920,703 had been used. The report was reviewed and recommended for approval by the Executive and Finance Committee on 1/13/2026.

CHA Snapshot: Sue Yates presented the CHA Snapshot. The snapshot showed the budget, actuals, and year-to-date percentage collected for each department. All departments are in good standing. Sue presented the budgets for all CHA departments. The snapshot was reviewed and recommended for approval by the Executive and Finance Committee 1/13/2026.

Fiscal Year 2027 Budget Preparation

Sue Yates presented the Fiscal Year 2027 Budget Preparation. Sue provided the steps and dates of the budget process. Sue also reviewed the timeline leading up to the final budget meeting occurring in June 2026.

Measles Update

Communicable Disease & Adult Health Program Director, Tamara Lunsford-Key presented the Measles Update. Tamara Lunsford-Key shared Cabarrus County has identified two positive cases of measles. CHA is working closely with the North Carolina Department of Health and Human Services (NCDHHS) and Atrium Health to identify and contact those who may be affected. Tamara Lunsford-Key advised residents to review medical records and obtain vaccinations by contacting their healthcare provider or by reaching out to CHA for assistance.

Daryle Adams asked Tamara Lunsford-Key how services are marketed to charter schools and private schools in the area. Tamara Lunsford-Key replied Communicable Disease (CD) staff establish relationships with school staff; offering them support and assistance if needed.

Dr. Natasha Lipscomb asked Tamara Lunsford-Key how notifications of cases or possible affected patients are received by staff and how we handle those appointments. Tamara Lunsford-Key replied many offices and policies vary. It is becoming more common to see patients virtually or by car to eliminate the spread of illness. Medical Director, Dr. Megan Easterday added the American Academy of Pediatrics recommend not seeing unvaccinated patients to reduce exposing patients. We do our best to provide services while also remaining cautious.

Health Director, Erin Shoe applauded staff on providing their attention and support during this time.

CONSENT AGENDA

Budget Revisions

Sue Yates presented the Budget Revisions. There are currently five (5) Budget Revisions. All revisions were reviewed by the Executive and Finance Committee on 1/13/2026.

Behavioral Health:

- Additional revenue for the County ARPA Behavioral Health Grant carryover; \$27,671

Finance:

- Strategic Initiatives Regional Grant received from the North Carolina Association of Public Health for Bill Optimization (11 organizations received); \$81,775

Clinical:

- Additional revenue for the Prescription Drug Overdose Grant; \$8,792
- Reduced budget for Mecklenburg PrEP program as patients are now being served in the Adult Primary Care Clinic; \$(13,531)
- Moved budget for Regional Foundational Capabilities from General Administration to Communicable Disease; \$0

Policy Revisions and Review

Sue Yates presented the Policies for review and revisions.

- Credit Card Processing Policy – no changes
- Public Health, Primary care & Dental Services Billing Policy – no changes
- Reserve Policy – no changes
- Internal Control Policy – no changes
- CHA Subaward Policy – minor wording changes - changed ‘as a subrecipient’ to ‘with a subrecipient’ on page 1; changed ‘Grants Officer’ to ‘Contracts Officer’ on page 11.
- Public Health Primary Care Services Debt Management Policy – minor word changes - changed copayment to co-insurance under fee collection; changed wording for ‘prompt pay discounts to be made after payment are made by payors’.

Chairperson Dr. Lara Pons requested a motion to approve the Budget Revisions & Finance Policies. Asha Rodriguez moved. Daryle Adams seconded. Motion and approval carried unanimously.

BUSINESS AGENDA

Term Updates and Process for New Board Member Selection

Erin Shoe presented Term Updates and the Process for New Board Member Selection. Erin shared Chairperson Lara Pons and Public Member in a Mental Health Practice, Amy Jewell both have ending terms on June 30, 2026. Erin provided an overview on the selection process for appointments and what is required for re-selection.

FY 2027 Board Meeting Dates

Erin Shoe presented the FY 2027 Board Meeting Dates. The Board agreed on the schedule presented and provided feedback on the December meeting. The Board requested the December meeting occur earlier in the month. Erin stated the December meeting date will be re-considered and options will be provided via email.

Mark Spitzer asked Erin Shoe if the Executive & Finance Committee and regular board meetings could be held together. Erin replied yes, the bylaws do not forbid both meetings taking place together and could be possible. Erin also added meetings could be held in the afternoon if preferred.

Chairperson Dr. Lara Pons requested a motion to approve the FY 2027 Board Meeting Dates. Mark Spitzer moved. Dr. Kerry Dove seconded. Motion and approval carried unanimously.

HEALTH DIRECTOR REMARKS

Erin Shoe provided a photo tour of Brown Mill updates. The photos included the interior and exterior of the Brown Mill building. Erin stated staff are excited and looking forward to moving in soon. Daryle Adams shared history on

the naming of Brown Mill. Mark Spitzer suggested historic content be displayed on the walls acknowledging the history of the building.

ANNOUNCEMENTS

No announcements.

MOTION TO ADJOURN

No further business to come before the Board.

Chairperson Dr. Lara Pons requested a motion to adjourn the meeting. Mark Spitzer moved. Amy Jewell seconded. Motion and approval carried unanimously.

Lara Pons, MD, Chair

Public Health Authority Board of Commissioners

Minutes taken by Mariah Kendrick

Governance Manager

DRAFT



Cabarrus Health Alliance Board Meeting Agenda Form

Meeting Date: March 17, 2026

Name of Item: Budget Revision Request

Submitted by: Sue K Yates

Expected Length of Presentation: 5 minutes

Brief Summary:

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

Requested Action:

Approval of budget revisions

1. Reduce budget for State Agreement Addendum changes to Child Fatality funding. \$(1,445)
2. Adjust budget for carryover funding; County ARPA funds were used in FY2025. \$(263,873)
3. Budget for Sale of Assets proceeds. \$108
4. Increase Employee Wellness budget for additional funding. \$996
5. Additional funds received for the cooking program. \$1,700
6. Increase in Medicaid reimbursements for Pregnancy Care Management. \$35,000
7. Budget for carryover Office of Rural Health Lifestyle Medicine funds. \$131
8. Budget for REACH carryover funding. \$63,136
9. Budget for Pathways to Success Grant carryover funding. \$69,875

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

Yes, discussed by the Finance Subcommittee.

Items reviewed by:

Erin K Shoe, Health Director

Sue K Yates, Chief Financial Officer

CABARRUS HEALTH ALLIANCE

Budget Revision/Amendment Request

#1

Date: 3/17/2026

Amount: \$ (1,445)

Type of Adjustment:

Health Director: Erin Shoe

Internal Transfer Within Program

Purpose of Request: Adjust budget for State Agreement Addendum changes to Child Fatality funding.

Transfer Between Programs

Supplemental Request

Account	Account Name	Present Approved Budget	Increase	Decrease	Revised Budget Amount
00265875-6200-5351B	CHA Grant - Child Fatality	\$ 2,743	\$ -	\$ 2,743	\$ -
00295875-9478-5351B	Child Fatality Task Force Exp	\$ 2,743	\$ -	\$ 2,743	\$ -
00265832-6200-50701	CHA Grant-CFCR	\$ 2,743	\$ 1,298	\$ -	\$ 4,041
00295832-9102-50701	Food - CFCR	\$ -	\$ 500	\$ -	\$ 500
00295832-9201-50701	Other Operational - CFCR	\$ -	\$ 798	\$ -	\$ 798

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: 3/17/2026

Amount: \$ (263,873)

Type of Adjustment:

Health Director: Erin Shoe

Internal Transfer Within Program

Purpose of Request: Adjust budget for carryover funding. County ARP funds were used in FY2025.

Transfer Between Programs

Supplemental Request

Account	Account Name	Present Approved Budget	Increase	Decrease	Revised Budget Amount
00265815-6903-916	Cabarrus County ARP Funding	\$ 263,873	\$ -	\$ 263,873	\$ -
00295815-9608-916	Architect Expenses-Brown Mill	\$ 4,535	\$ -	\$ 4,535	\$ -
00295815-9821-916	Building & Renovations-BM	\$ 259,338	\$ -	\$ 259,338	\$ -

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: 3/17/2026

Amount: \$ 108

Type of Adjustment:

Health Director: Erin Shoe

Internal Transfer Within Program

Purpose of Request: Budget for Sale of Assets proceeds.

Transfer Between Programs

Supplemental Request

Account	Account Name	Present Approved Budget	Increase	Decrease	Revised Budget Amount
00265812-6806-130	Sale of Assets-ITS	\$ -	\$ 108	\$ -	\$ 108
00295812-9447-130	Outsourced Services	\$ 30,550	\$ 108	\$ -	\$ 30,658

Finance Office Use Only

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

CABARRUS HEALTH ALLIANCE

Budget Revision/Amendment Request

#4

Date: 3/17/2026

Amount: \$ 996

Type of Adjustment:

Health Director: Erin Shoe

Internal Transfer Within Program

Purpose of Request: Budget for additional Employee Wellness funding.

Transfer Between Programs

Supplemental Request

Account	Account Name	Present Approved Budget	Increase	Decrease	Revised Budget Amount
00265815-6805-250	Contributions & Private Donat	\$ 729	\$ 996	\$ -	\$ 1,725
00295815-9331-250	Minor Office Equip & Furn-Well	\$ -	\$ 656	\$ -	\$ 656
00295815-9447-250	Outsourced Services	\$ 1,500	\$ 340	\$ -	\$ 1,840

Finance Office Use Only

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

CABARRUS HEALTH ALLIANCE

Budget Revision/Amendment Request

#5

Date: 3/17/2026

Amount: \$ 1,700

Type of Adjustment:

Health Director: Erin Shoe

Internal Transfer Within Program

Purpose of Request: Budget for additional cooking program funding fees collected.

Transfer Between Programs

Supplemental Request

Account	Account Name	Present Approved Budget	Increase	Decrease	Revised Budget Amount
00265815-6606-311	Program Fees-Cooking	\$ 4,500	\$ 1,700	\$ -	\$ 6,200
00295815-9447-311	Contracted Svcs-CookingClass	\$ 2,500	\$ 1,670	\$ -	\$ 4,170
00295815-9630-311	Dues & Subscriptions-Cooking	\$ -	\$ 30	\$ -	\$ 30

Finance Office Use Only

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

CABARRUS HEALTH ALLIANCE

Budget Revision/Amendment Request

#6

Date: 3/17/2026

Amount: \$ 35,000

Type of Adjustment:

Health Director: Erin Shoe

Internal Transfer Within Program

Purpose of Request: Budget for increase in Medicaid reimbursements for Pregnancy Care Management.

Transfer Between Programs

Supplemental Request

Account	Account Name	Present Approved Budget	Increase	Decrease	Revised Budget Amount
00265832-6415-51070	Medicaid - PCM	\$ 32,330	\$ 35,000	\$ -	\$ 67,330
00295832-9352-51070	Software	\$ -	\$ 1,000	\$ -	\$ 1,000
00295832-9355-51070	Other Operation Costs-PCM	\$ 41,994	\$ 33,741	\$ -	\$ 75,735
00295832-9401-51070	Building & Equipment Leases	\$ 9,533	\$ 259	\$ -	\$ 9,792

Finance Office Use Only

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

CABARRUS HEALTH ALLIANCE

Budget Revision/Amendment Request

#7

Date: 3/17/2026

Amount: \$ 131

Type of Adjustment:

Health Director: Erin Shoe

Internal Transfer Within Program

Purpose of Request: Budget for Office of Rural Health funds for Lifestyle Medicine.

Transfer Between Programs

Supplemental Request

Account	Account Name	Present Approved Budget	Increase	Decrease	Revised Budget Amount
00265845-6285-348	Office of Rural Health-LM	\$ -	\$ 131	\$ -	\$ 131
00295845-9101-348	Salaries - ORH-LM	\$ -	\$ 131	\$ -	\$ 131

Finance Office Use Only

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

CABARRUS HEALTH ALLIANCE

Budget Revision/Amendment Request

#8

Date: 3/17/2026

Amount: \$ 63,136

Type of Adjustment:

Health Director: Erin Shoe

Internal Transfer Within Program

Purpose of Request: Budget for REACH carryover funding.

Transfer Between Programs

Supplemental Request

Account	Account Name	Present Approved Budget	Increase	Decrease	Revised Budget Amount
00265845-6293-370	HHS/CDC - REACH	\$ 680,038	\$ 63,136	\$ -	\$ 743,174
00295845-9346-370	Fuel	\$ -	\$ 100	\$ -	\$ 100
00295845-9351-370	Hardware	\$ -	\$ 235	\$ -	\$ 235
00295845-9352-370	Software	\$ 150	\$ 2,271	\$ -	\$ 2,421
00295845-9356-370	Special Prog Supplies - REACH	\$ 10,000	\$ 10,000	\$ -	\$ 20,000
00295845-9401-370	Building & Equipment Leases	\$ -	\$ 31,701	\$ -	\$ 31,701
00295845-9447-370	Contracted Services	\$ 350,092	\$ 18,031	\$ -	\$ 368,123
00295845-9611-370	Mileage - REACH	\$ 1,000	\$ 750	\$ -	\$ 1,750
00295845-9659-370	Unemployment Comp - REACH	\$ 175	\$ 48	\$ -	\$ 223

Finance Office Use Only

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

CABARRUS HEALTH ALLIANCE

Budget Revision/Amendment Request

#9

Date: 3/17/2026

Amount: \$ 69,875

Type of Adjustment:

Health Director: Erin Shoe

Internal Transfer Within Program

Purpose of Request: Budget for Pathways to Success Grant carryover funding.

Transfer Between Programs

Supplemental Request

Account	Account Name	Present Approved Budget	Increase	Decrease	Revised Budget Amount
00265845-6344-376	Department of Justice-PTS-STOP	\$ 333,333	\$ 69,875	\$ -	\$ 403,208
00295845-9101-376	Salaries & Wages-PTS STOP	\$ 96,602	\$ 16,000	\$ -	\$ 112,602
00295845-9201-376	Social Security-PTS STOP	\$ 5,989	\$ 3,000	\$ -	\$ 8,989
00295845-9202-376	Medicare-PTS STOP	\$ 1,401	\$ 700	\$ -	\$ 2,101
00295845-9210-376	Retirement-PTS STOP	\$ 13,901	\$ 5,000	\$ -	\$ 18,901
00295845-9351-376	Hardware	\$ -	\$ 24	\$ -	\$ 24
00295845-9352-376	Software	\$ -	\$ 610	\$ -	\$ 610
00295845-9355-376	Other Operation Costs-PTS STOP	\$ 32,818	\$ 257	\$ -	\$ 33,075
00295845-9401-376	Building & Equipment Leases	\$ -	\$ 32,977	\$ -	\$ 32,977
00295845-9447-376	Outsourced Services-PTS STOP	\$ 107,349	\$ 14,651	\$ -	\$ 122,000
00295845-9635-376	Training & Education-PTS STOP	\$ 3,945	\$ 2,000	\$ -	\$ 5,945
00295845-9659-376	Unemployment Comp-PTS STOP	\$ 100	\$ 116	\$ -	\$ 216
00295845-9331-376	MinorOfficeEquip&Furn-PTSSTOP	\$ 5,460	\$ -	\$ 5,460	\$ -

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 Board Meeting Agenda Form

Meeting Date: March 17, 2026

Name of Item: Annual Finance Policy Review

Submitted by: Sue Yates

Expected Length of Presentation: 5 minutes

Brief Summary:

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

Requested Action:

To approve the following reviewed and revised policies:

- **Outpatient Behavioral Health Eligibility Policy** – no changes
- **Cash Receipts Policy** – no changes
- **Counterfeit Bill Detection Policy** – no changes
- **Dental Clinic Fee Policy** – no changes
- **NC Debt Setoff Procedures Policy** – changed Accounts Receivable Program Manager to Billing Program Manager
- **Cash Drawer/Deposit Balance Standard Policy** – changed Accounts Receivable Program Manager to Billing Program Manager
- **Public Health, Primary Care Services, and Dental Debt Management Policy** – combined clinic and dental debt management policies
- **Travel Policy** – page 1 & 2 -changed the effective date to the Board date; added requirement for completing CHA Travel Training, clarified mileage reimbursement language, added Mt. Pleasant to the mileage example; changed the number of days from 15 to 10 for submitted travel reimbursement form.

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

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

Items reviewed by:

Sue Yates, Chief Finance Officer
Erin Shoe, Health Director
Finance Subcommittee

**SUBJECT: CASH DRAWER/DEPOSIT BALANCING
STANDARD POLICY**

EFFECTIVE DATE: December 7, 2007

REVISION DATE(S): September 11, 2008; July 28, 2010; January 14, 2013; December 31, 2014; December 28, 2016; September 18, 2018; September 24, 2019; October 29, 2020; September 22, 2021; May 15, 2023; July 7, 2023, May 1, 2024, February 24, 2026

DATE OF LAST REVIEW: September 11, 2008; July 30, 2009; July 28, 2010; August 1, 2013; December 31, 2014; December 30, 2015; December 28, 2016; January 20, 2018; September 18, 2018; September 24, 2019; October 29, 2020; September 22, 2021; January 17, 2023; May 15, 2023; July 7, 2023, May 1, 2024; April 7, 2025, February 24, 2026

POLICY STATEMENT: The Public Health Authority of Cabarrus County dba Cabarrus Health Alliance (CHA) staff will ensure that financial transactions involving cash will be handled accurately. Funds should always be in balance. Cash boxes/drawers should balance at the close of business and at any time an audit is conducted. Employees shall report any shortages or overages no matter how minimal. Employees may not borrow, even temporarily from the cash drawer/box or use CHA money for personal reasons. Cash drawer/box is not a “petty cash” fund for minor CHA purchases. Theft or embezzlement of CHA funds is a crime which may result in immediate dismissal and criminal prosecution.

PROCEDURE TO BE FOLLOWED:

1. Employee given a money box and designated change, or signs out a money box with change, must sign agreement stating they are in receipt of a money box and change. They agree to:
 - 1.1. Be responsible for keeping the money box in a secure place during the day.
 - 1.2. Place money box with the designated change in a bank safety bag in an agency safe at the end of the day.
 - 1.2.1 If working on the Mobile Unit, place wireless credit card machine in an agency safe at the end of the day.
 - 1.3. Verify safety deposit bag is still sealed at the beginning of each day that the money box is needed. Document on money box balance report by checking the AM box and notating “sealed”.

- 1.4. Run the cash drawer report at the end of the day whether money was collected or not.
- 1.5. Verify the cash drawer report, receipts, deposit sheet and money balance at the end of the day.
- 1.6. Have deposit and money box counted and verified by another staff at closing and document on the money box balance report by checking the PM box. If the bag remains sealed, the report can be documented as sealed.
- 1.7. Change out small bills from money collected from any large bills in money box.
- 1.8. Notify supervisor of any occurrence of an overage or shortage immediately.
- 1.9. Under no circumstances should you use your own money to make up a shortage or take out any money to prevent an overage. All overages and shortages must be reported to your supervisor and the Billing Program Manager or designee.
- 1.10. Occurrences will be reviewed and may receive disciplinary action up to termination of employment.
- 1.11. Only Finance personnel, along with a witness, has the authority to enter a box with a sealed money bag for change or audit a box once it is in the safe. A note will be written on the money box balance report if this is conducted and signed by both persons conducting the audit. Audits will be conducted periodically by Finance.
- 1.12. When an employee with assigned money box leaves and returns from vacation or medical leave they must notify supervisor so box may be audited before placing in safe. Box may need to be reassigned to someone else during the absence.
- 1.13. Finance must be informed if a decision is made to terminate employment, change positions, or if employment is terminated for other reasons so that the assigned money box containing change can be audited.

2. AUDITS THAT WILL BE PERFORMED

- 2.1. Random audits on money boxes will be performed by Finance personnel without prior notification.
- 2.2. Deposits will be reconciled daily by Finance staff to ensure the accuracy of money balances with deposit and that the funds are deposited into correct revenue accounts on the deposit sheet.
- 2.3. Change made from either of the funds kept in safe must be counted by two employees each time change is made and recorded on the money box balance report. At the end of each day, if change was made from either box, then two

employees must count all of the money in the change fund to ensure the box is balanced. Both employees must sign off on the money box balance report.

3. SHORTAGES/OVERAGES ARE DEFINED AS:

- 3.1. Box is not in balance at the end of the day.
- 3.2. Box is not in balance when audit is conducted.
- 3.3. Deposit is either short or over when reconciled by finance staff. Shortages/Overages are to be reported when found to the immediate Supervisor and the Billing Program Manager or designee. A review will be conducted of the overage/shortage to determine where error occurred. They will:
 - 3.3.1. Review financial transactions that were made with employee and review entries in the patient management system if necessary to find cause for shortage/overage.
 - 3.3.2. If a transaction is found to involve a patient either giving or not receiving correct change, only the supervisor, billing supervisor, or CFO can authorize a call to the patient to make an inquiry.

4. DOCUMENTATION OF SHORTAGE/OVERAGE OCCURRENCE

- 4.1. For shortage/overage amounts greater than \$1.00, occurrence form must be completed and signed by employee, Supervisor, and Billing Program Manager or designee. If Billing Program Manager or designee is not available, Assistant Chief Finance Officer or Human Resources Director can sign occurrence form. Report will be sent to the Human Resources Department and filed in an occurrence file, not to be part of the employee's permanent record.
- 4.2. Occurrence will be written on occurrence report log kept by Billing Program Manager or designee. This will help determine possible patterns of significant shortages/overages.
- 4.3. The occurrence report will provide a written record to correlate with any complaints from clients stating they were not given correct change back or overpaid by an employee.
- 4.4. The Billing Program Manager or designee will instruct person performing daily deposit reconciliation the outcome of the of the audit to make deposit sheet short for any shortage and will instruct employee to report overage with following day deposit to bring money box back to the designated amount.
- 4.5. The Chief Finance Office or designee will complete appropriate journal entries to the general ledger for any overage/shortage adjustments to meet financial audit purposes.

5. PERFORMANCE STANDARDS

- 5.1. Employees handling funds shall report any shortages or overages regardless of how minimal.
- 5.2. Employees will run a cash drawer report daily and place with funds collected in bank safety deposit bag provided and placed in the safe at the end of the day.
- 5.3. Employees collecting money will count money in box at the end of the day and record on the money box balance report. If the bank safety deposit bag has not been opened, the employee will document on the money box balance report under the verified column as “sealed”.
- 5.4. Employees will use a log to sign when boxes are taken out and returned.
- 5.5. Employees are responsible to ensure bank safety bag is sealed once money box is opened.

6. DISCIPLINARY AND PERFORMANCE STANDARDS

6.1. DEPOSIT ERRORS

- 6.1.1. Any errors made on deposit sheet will be given to appropriate supervisor. Supervisor will keep track of errors made by individual employees and will use the information on yearly performance evaluation.
- 6.1.2. Any employee verifying deposit amount and money for another staff member that is incorrect will also be considered a deposit error. Supervisor will also keep track of these errors and will use the information on yearly performance evaluation.

6.2. OVERAGES AND SHORTAGES

- 6.2.1. Employees are made aware of any overage or shortage of \$.25 or greater.
- 6.2.2. Repeated overages or shortages may result in disciplinary action, up to and including termination.
- 6.2.3. Shortages and overages with an absolute value of \$25.00 or greater in a 90-day period may result in disciplinary action, up to and including termination.

Chief Finance Officer

Date

SUBJECT: CASH RECEIPTS POLICY

EFFECTIVE DATE: January 1, 2004

REVISION DATE(S): May 19, 2008; July 28, 2010; March 1, 2012; December 28, 2017; September 18, 2018; September 24, 2019; October 29, 2020, May 1, 2024

DATE OF LAST REVIEW: May 19, 2008; July 30, 2009; July 28, 2010; March 1, 2012; January 14, 2013; January 9, 2014; December 18, 2014; December 30, 2015; December 28, 2016; December 28, 2017; September 18, 2018; September 24, 2019; October 29, 2020; September 22, 2021; May 15, 2023, May 1, 2024; April 7, 2025, March 17, 2026

POLICY STATEMENT: The Public Health Authority of Cabarrus County dba Cabarrus Health Alliance (CHA) shall maintain a system of control over all cash and checks received, and they should be deposited promptly in the CHA's bank account. Cash receipts should be protected from misappropriation. Physical access to cash, cash receipts, and cash receipt records should be limited to authorized personnel. Additionally, cash receipts should be recorded in the appropriate period.

PROCEDURES TO BE FOLLOWED:

I. DIRECT SERVICE RECEIVABLES: MEDICAL

- 1.1.* Payments received for services will be posted to the appropriate patient/client account in the patient management system. The type of payment will be listed as i.e., cash, check, and/or credit card. No credit card numbers should be stored or entered into any of our patient management systems.
- 1.2.* When accepting bills \$20 or larger you must mark the bill with the counterfeit bill detector pen. Do not accept any bills that fail. The pen is formulated to determine if bill is printed on authentic currency paper. There are other forms of counterfeiting this pen cannot detect. If you have concerns about the authenticity of a bill, contact your supervisor or the Finance Department.
- 1.3.* A complete receipt of charges, discounts, and payments will be given to the patient/client.
- 1.4.* A cash drawer report must be run at the end of each employee's work day. Credit card payments should be subtracted from the total collected. Receipts and cash/checks should equal remaining balance.
- 1.5.* The cash drawer report needs to be signed by employee to whom it belongs and one other employee to verify amount of deposit being turned in to Finance.
- 1.6.* The receipts must be paper clipped to the back of the cash drawer report.

- 1.7. A deposit sheet with appropriate revenue accounts, must be completed with Date, Correct Amounts in Correct Accounts, and Total.
 - 1.8. All cash and check deposits along with the deposit sheet and cash drawer report must be placed in a tamper resistant money bag per employee, per day.
 - 1.9. A separate deposit sheet for all credit cards, all credit card receipts, and a cash drawer report must be attached together and placed in a tamper resistant money bag at the end of each day.
 - 1.10. Documents supporting transactions should be checked for mathematical accuracy.
Money = Receipts = Deposit
 - 1.11. Cash drawer report, receipts, and cash/checks must be turned in to the agency safe at the end of each employee's work day.
- 2. DIRECT SERVICE RECEIVABLES: ENVIRONMENTAL HEALTH**
- 2.1. A completed deposit sheet along with cash, checks and receipts must be placed in a tamper resistant money bag at the end of employee's work day.
 - 2.2. A separate deposit sheet must be completed for credit card receipts. The completed deposit sheet along with credit card receipts must be placed in a tamper resistant money bag (may be put in the same bag as cash/checks) at the end of employee's work day.
 - 2.3. Deposit sheets, receipts, and cash/checks must be turned in to the agency safe at the end of each employee's work day.
- 3. RECEIVABLES FROM MAIL (PATIENT/CLIENT PAYMENTS)**
- 3.1. The mail is to be opened daily and payments posted to appropriate patient/client account in the patient management system.
 - 3.2. A receipt will be printed to accompany the deposit.
 - 3.3. A deposit sheet, with appropriate revenue accounts, must be completed with Date, Correct Amounts in Correct Accounts, and Total.
 - 3.4. The employee completing the deposit sheet must sign the sheet.
 - 3.5. The receipts must be paper clipped to the back of the deposit sheet.
 - 3.6. All cash and check deposits must be placed on one deposit sheet per employee, per day.
 - 3.7. Documents supporting transactions should be checked for mathematical accuracy.
Money = Receipts = Deposit

3.8. Deposit sheet, receipts, cash drawer report and cash/checks must be turned in to the agency safe as soon as payment is recorded and the deposit sheet is completed.

4. RECEIVABLES FROM MAIL (MISCELLANEOUS DONATIONS, GRANT PAYMENTS, REFUNDS, ETC.)

4.1. The mail is to be opened daily and donations, grant payments, refunds, etc. will be posted to appropriate revenue account(s).

4.2. Documentation of receivable will be made (i.e., copy of check and accompanying letter/notification) and given to Chief Finance Officer or designee, for appropriate action.

4.3. A deposit sheet, with appropriate revenue accounts, must be completed with Date, Correct Amounts in Correct Accounts, and Total.

4.4. The person completing the deposit sheet must sign the sheet.

4.5. Documents supporting transactions should be checked for mathematical accuracy.
Money = Receipts = Deposit

4.6. Deposit sheet, receipts, and cash must be turned in to the agency safe as soon as the payment is recorded and the deposit sheet is completed.

5. BANK DEPOSITS

5.1. Each deposit sheet will be audited for account and amount accuracy.

5.2. Each transaction will be posted to the appropriate account.

5.3. A bank deposit slip will be completed.

5.4. The daily deposit will be placed in agency safe.

5.5. An agency representative will hand deliver daily deposits to the bank each day.

6. RECONCILIATION OF CASH/CHECKS RECEIVED TO BANK DEPOSIT

6.1. Records of cash receipts and summaries should be compared to deposit slips and bank statements by persons other than those who handle cash receipts.

Chief Finance Officer

Date

SUBJECT: COUNTERFEIT BILL DETECTION POLICY

EFFECTIVE DATE: July 16, 2021

REVISION DATE(S): July 16, 2021; May 6, 2024

DATE OF LAST REVIEW: July 16, 2021; May 6, 2024; April 7, 2025, March 17, 2026

POLICY STATEMENT: Being preventative and proactive is the first step when handling money to ensure that it is not counterfeit. Accepting fake money causes Cabarrus Health Alliance to lose real money. This unpleasant fact makes learning to spot fake money a critical skill, especially if you handle a lot of cash. This policy is to give staff directions on what to do when you are receiving money from clients. It also serves as a guide on what to do if you suspect you have been given counterfeit money.

PROCEDURE TO BE FOLLOWED: When staff receive a bill in a denomination larger than \$20, they should swipe each bill with a counterfeit pen. While a counterfeit pen might serve as the economical short-term choice, keep in mind that counterfeit pens are not always reliable and are limited in their scope. Listed here are some tips on how to identify fake money. There are indicators you can look for to tell whether a bill you receive is genuine. Here are the main characteristics of real U.S. banknotes:

- The paper is made of cotton and linen and should feel slightly rough to the touch.
- The paper has randomly dispersed red and blue fibers throughout.
- Denominations of \$5 and higher have a security tread embedded in the paper.
- Denominations of \$5 and higher have a faint watermark to the right of the portrait on the bill.
- Denominations of \$5 and higher have tiny words written in various places known as “microprinting”.
- On denominations of \$10 and higher, the number on the bottom right changes from copper to green as you move the money.

Characteristics of a real \$50 banknote:

- The current design of this note has subtle blue and red background colors.
- A vertical security thread embedded in the paper is imprinted with a pattern of “USA 50” and a small flag. Ultraviolet light makes the thread glow yellow.
- A watermark of President Grant is visible when you hold the bill to the light.
- The lower right corner of the note features a color-shifting number “50”.

Characteristics of a real \$100 banknote:

- A 3-D security ribbon is woven into the paper and imprinted with images of bells and “100” that move when you tilt the bill.

- A watermark of Benjamin Franklin is visible when you hold the bill to the light.
- A copper-colored image of an inkwell holds an image of a green bell that shifts to copper when you move the bill, making it seem as if the bell is disappearing and reappearing.
- The lower right corner of the note features a color-shifting number “100”.

It is important to know the particular security features on the larger denominations because one common way of creating fake money is to bleach smaller bills and then reprint the paper with an image of a larger denomination. If you get a “\$100” bill that feels like real money but doesn’t have a color-changing bell in an inkwell, it may be a \$1 bill dressed up to look 100 times as valuable.

Keep in mind that older banknotes with a Series Year prior to 1990 do not have the security features with which we’re all likely familiar, such as watermarks or the security thread. The only security feature that exists on these types of notes is raised printing. You can feel for raised printing by moving your finger along the surface of bills. It’s what gives bills their distinct texture. Raised printing cannot be mimicked using a regular printer, such as those found in homes and offices. Sometimes older bills have worn down enough that the raised printing feature is not readily discernable.

The more accurate the analysis, the more decisive you can be in your handling of the situation with your client. **If you receive a counterfeit bill, the worst thing you can do is assume there is a motive.** A client could be unknowingly paying with a counterfeit bill received at a retail store or another institution.

If you are reasonably sure you received a counterfeit bill, if possible, step the customer over quietly to the side. Explain that the bill is a suspected counterfeit and you cannot accept it and return the bill back to the client. Tell them we can accept a different form of payment. You can offer to call the police to assist on their behalf if patient wants us to do that for them. Due to HIPAA and protection of patient privacy, the police will not be notified without the patient’s consent unless the employee suspects criminal intent by the patient (45 CFR164.512(f)(5)). If criminal intent is suspected, you must contact your supervisor before notifying police. Be sure to make your supervisor aware or contact finance when you have encountered suspected counterfeit bills.

People who suspect they hold counterfeit bills can always go to their bank to speak to somebody there. Bank staff can help holders of fake bills figure out how to contact the Secret Service to report the fraud and deliver the bills to the authorities.

Chief Finance Officer

Date

SUBJECT: PUBLIC HEALTH, PRIMARY CARE SERVICES AND DENTAL DEBT MANAGEMENT POLICY

EFFECTIVE DATE: July 1999

REVISION DATE: February 2000; June 2000; September 2002; January 2004; August 2006; November 13, 2007; June 17, 2008; July 30, 2009; July 26, 2010; September 13, 2011; January 30, 2013; September 26, 2014; April 6, 2016; December 30, 2016; December 30, 2017; May 18, 2018; April 30, 2020; October 6, 2021, March 17, 2026

REVIEW DATE: February 2000; June 2000; September 2002; January 2004; August 2006; November 13, 2007; June 17, 2008; July 30, 2009; July 26, 2010; September 13, 2011; January 30, 2013; September 27, 2013; September 26, 2014; December 30, 2015; April 6, 2016; December 30, 2016; December 30, 2017; May 18, 2018; April 30, 2020; March 24, 2021; October 6, 2021; January 17, 2023; January 16, 2024; February 18, 2025; March 17, 2026

POLICY STATEMENT:

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

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

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

1. FEE COLLECTION

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

- 1.2. Each self-pay family planning client including zero pay clients will be given a receipt showing the total charges for their services, the discounted amount due to where they fall on the sliding fee scale, any amount paid on the account and the outstanding balance.
- 1.3. Fees will be collected prior to the provision of environmental health services unless prior authorization has been granted.
- 1.4. Any payment received at the time of visit shall be applied to current day's charges and any overage to oldest unpaid charges. Any payment received via mail shall be posted to the oldest unpaid charge unless otherwise specified by client.
- 1.5. Payment for services provided are due on the day of service, however, when the patient is unable to pay in full at the time services are rendered; a receipt will be issued for partial payment. A patient may discuss, establish, and sign a payment plan with agency personnel. **When a patient requests "confidential contact" status,** discussion of payment of outstanding debts shall occur at the time service is rendered. No statements will be mailed. Client is reminded every visit of their account balance and their responsibility for the balance.
- 1.6. If the debtor doesn't pay on the service date or has a balance over \$200.00 a legally enforceable written payment agreement may be obtained from and signed by the debtor that specifies all of the terms of the installment arrangement and contains a provision accelerating the debt payment in the event the debtor defaults. The size and frequency of the installment payments should bear a reasonable relationship to the size of the debt and the debtor's ability to pay. If possible, the installment payments should be sufficient in size and frequency to liquidate the debt in no more than one year. Medical Records staff, Supervisors, Clinic Directors, and Finance staff have the authority to discuss payment arrangements with clients. In the event the client fails to pay their debts as set forth in their installment agreement, the CHA has the ability to deny any future services to the debtor that is not statutorily required, until he/she pays the delinquent debt.
- 1.7. Clients will have 45 days to make payment of any monies received from any source that is sent directly to them as payment for services received from the CHA and also a copy of the benefits summary received from the payment source.
- 1.8. A prompt pay discount of 10% may be given if patient asks or at the discretion of the Chief Finance Officer (CFO), Dental Director, Billing Program Manager or designee to reduce collection costs. Prompt pay discounts should 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.
- 1.9. Employee discounts will be given to CHA dental services. This also includes family members of the employee that are immediate family living in the same household. Employees/Family will receive either a 20% 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.

2. SERVICE DENIALS OR APPOINTMENT RESTRICTIONS

2.1. Service denials or appointment restrictions will be applied to patients who do not make a “good faith effort” ⁽¹⁾ to pay unless restricted by State or Federal regulations. ⁽²⁾ Any exceptions will require approval of the Medical Director AND CFO, or their designee(s), on a case-by-case basis. Family Planning services will not be denied because the client has a delinquent account balance. Clients presenting for emergency services can never be denied. Patients will be encouraged to pay their balance at the time of service. Patient payment plans will be established upon need or request and monitored by the CHA financial services department. Services will not be denied until after a clinic visit during which the purpose and details of the fee system are explained. Patients with active Medicaid will not be denied or have appointment restrictions if they have outstanding balances or in debt setoff.

3. RETURN CHECK FEE

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

4. PATIENT STATEMENTS

4.1. A patient statement will be sent monthly reminding patient of account balances of \$4.00 or more. Patient statements will continue to be sent monthly until the balance is paid in full. Accounts, with the exception of Family Planning, will be turned over to a collection agency or collection attempt to be made by the CHA Finance Department. The patient will be given a patient service ledger for balance information at the time services are rendered.

5. COLLECTION OF UNPAID DEBTS

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

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

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

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

6. DEBT WRITE-OFFS

- 6.1. When it is determined that the debt is basically uncollectible and no activity has been reported during the preceding 12 months or if a notification of client bankruptcy or deceased status is received the account will be considered uncollectible. An itemized list of uncollectible outstanding patient balances will be prepared at least annually for the Health Director/CEO's and CFO's review and approval.
- 6.2. Staff members may take request to have fees waived to the Clinical Director or designee 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 will be placed in a patient note in the patient management system along with name of authorizing person and date. Patient will be notified of determination in person if here for an appointment or by phone.
- 6.3. The patient should never be informed that a debt has been written off with the exception of a Title X who has fees waived.
- 6.4. A patient that returns to the CHA within 60 months (5 years) after a bad debt has been determined uncollectible shall have the bad debt write-off reactivated as a prior balance and the billing process actively resumed according to the CHA Fee Policy.
- 6.5. The Accounts Receivable system shall indicate the recording of the bill as uncollectible and evidence shall be on file to document required billings. The system will also apply a consistent method of "aging" accounts.
- 6.6. Any balances less than \$1.00 will be written off when accounts are reviewed for collection letters or when bad debt write-offs are done.
- 6.7. Any balances written off for minors will not be reinstated if they return for services as an adult.

7. BANKRUPTCY

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

8. REFUNDS

- 8.1. Refunds on patients' accounts will be processed for amounts exceeding \$20.00 by the Finance Department unless otherwise requested by patient or third-party payer. Any

credits found on accounts will be used when possible before refunding. Credits can be used on any account patient has responsibility for, including any previous bad debt write offs. Only credit amount will be added back to account.

9. FOSTER PARENT OBLIGATION

9.1. Foster parents are not responsible for any debts incurred before child was placed in their care. Any previous debts are the responsibility of parent or guardian at that time.

9.2. The Debt Management Policy may be revised at any time if necessary and will be reviewed at least annually. This policy does not include dental services.

Date

Board Chairman

SUBJECT: **OUTPATIENT BEHAVIORAL HEALTH ELIGIBILITY POLICY**

EFFECTIVE DATE: February 1, 2022

REVISION DATE: March 21, 2023; April 3, 2025

REVIEW DATE: March 5, 2023; March 21, 2023; March 19, 2024; March 17, 2026

POLICY STATEMENT:

The purpose of this policy is to determine the financial and residency requirements for individuals requesting services from the Public Health Authority of Cabarrus County dba Cabarrus Health Alliance (CHA). This policy covers Outpatient Behavioral Health Services only and excludes Integrated Behavioral Health services provided within a clinical setting. The guidelines for the NC Department of Health & Human Services Purchase of Medical Care Services Payment Programs are not part of this policy. Those guidelines can be found online at <https://publichealth.nc.gov/lhd/pomcs.htm>.

CHA shall assure that no person, on the grounds of race, color, age, ethnicity, language, culture, religion, sex, sexual orientation, gender identity or expression, socioeconomic status, marital status, immigration status, national origin, physical or mental disability, handicapping conditions or otherwise qualified handicapped individual, (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:

Outpatient Behavioral Health Services, not covered by insurance state and/or federal grant funds, will have nominal fees assessed. CHA will see individuals for Outpatient Behavioral Health services regardless of income status.

Income Guidelines:

The income scales for Outpatient Behavioral Health services will be updated according to state guidelines (usually annually), and clients will be placed on the sliding scale according to their income and family size. CHA's Outpatient Behavioral Health Services Program utilizes the 101-200% sliding fee scale.

ASSESSMENT OF FAMILY SIZE & INCOME:**Determining family size (economic unit):**

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

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

If an unemancipated minor, (1) requesting Outpatient Behavioral Health services, does not request confidential contact, the parents' income and insurance information should be taken if a parent is available to provide this information. If a parent is not available, the minor is considered a family of one and only their income is assessed.

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

Other examples of economic units are:

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

We reserve the right to verify by telephone any information needed to help in determining eligibility such as employment, verification of household members and income information without compromising confidentiality for those that seek confidential services. Medical release and assignment of benefits form will be given to clients to sign when presenting for services.

Documentation and Verification of Income:

Gross income shall be used in fee determinations and shall be defined as the combined cash income received by the economic unit (all members in household contributing to the family unit) from the following sources listed in this section.

An Income Statement should be completed at the time the eligibility is completed and then annually, 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.

Any applicant unable to provide documentation of household income due to hardship will be allowed to provide verbal declaration.

Any applicant not wanting to disclose income information will be placed on the sliding scale at full fee. Private insurance and/or Medicaid will be billed if applicable.

Sources of Income:

Income from the following sources should be counted:

- Salaries, wages, overtime pay, commissions, fees, and tips
- Earnings from self-employment
- Interest earned on investments
- Periodic trust fund payments
- Public assistance money
- Unemployment compensation
- Alimony payments
- Child support payments
- Military allotments
- Social Security benefits
- Veteran's Administration benefits
- Retirement and pension payments
- 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
- Supplementary Security Income (SSI) benefits
- Prize winnings
- Cash earnings, contributions received
- Disability
- Dividends
- Proceeds from the sale of an asset
- Inheritances

Income from the following sources should be counted (continued):

- Life insurance proceeds or one-time settlements
- Military housing benefits (on base or off)
- Payments received under the Job Training Partnership Act
- Payments to volunteers under Title I (VISTA) and Title II (RSVP, foster grandparents and others) of the Domestic Volunteer Service Act of 1973

TIME FRAME:

To determine gross income, agency staff should consider the income of the family for the past 12 months, the family's current income or the family's income from the past six months; whichever best reflects the family's status. Current income is defined as the income received by the household during the month (4.3 weeks) prior to application. The six-month formula must be used to determine eligibility of unemployed persons. Income will be determined six months back and six months forward to total 12 months. There may be other sources of income to consider from the prior months (e.g., unemployment compensation, and child support) in determining income.

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

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

COMPUTING INCOME:

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

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

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

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

SLIDING SCALE FEES:

The sliding scale fee uses 101 to 200% of federal poverty level scale. Based on the client's income and family size, the client will be responsible for a fee that reflects their ability to pay. The clients' fees are set starting at \$10 and increasing in increments of \$5 per income level with a max fee of \$240.04

INSURANCE:

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

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

The accompanying parent/guardian of an unemancipated minor or a client requesting confidential services with appropriate insurance benefits for requested outpatient behavioral health services would be given the opportunity to choose whether or not to have the insurance filed. This is to avoid breaching the client's confidentiality in the home via notification from insurance company (EOB) of services received at CHA. The insured party may not be aware of the client's request for services. Adult clients, restricting the use of their insurance and or Medicaid, are responsible for paying in full at the time of service. Client will need to sign the Notice to Restrict Billing Insurance form.

Clients who receive outpatient behavioral health services, will be certified and placed on the sliding scale fee and charged accordingly for services not covered by their insurance with the exception of any applicable fees. Fees are the client's responsibility, but will not exceed \$240.04, which is the highest fee on the sliding scale for this program.

Clients with high deductibles will be charged their sliding scale fee while insurance is being billed. Once they reach their deductible, they will then pay their co-insurance and / or Insurance fees.

Since program services are based upon current federal poverty income guidelines anyone found giving false information will be recertified for services and changes noted on eligibility worksheet. If the eligibility is completed electronically, then the client will sign the income

statement at the time eligibility is completed or at their first appointment. If the eligibility is completed in person, then the income statement will be signed at the time of the eligibility appointment. This will be signed by the interviewer as well. The Income Statement will become part of the client record in our client management system

ZERO INCOME/FEE WAIVER:

If the applicant reports zero or very little income, the applicant will be asked to provide a verbal explanation of what the family is actually living on. In most cases, a statement of zero income will be accepted when the applicant lives on income from sources not counted (see Source of Income List).

Applicants either reporting zero income or express hardship in paying a fee will be provided the **Fee Waiver** form to review. For any applicants that meets the criteria on the waiver form, their fees will be waived.

Adult clients that have insurance and or Medicaid, that place a restriction on the use of their health plan, are not eligible for fee waiver.

The following below are acceptable hardships for fee waiver:

1. I am homeless at this time.
2. I am currently staying with a friend/family temporarily and have no source of income.
3. I am living in a shelter.
4. I have been determined, based on my income, to pay a fee at my appointments for this program. However, due to financial barriers, having to pay a fee for my visits would cause me to not be able to keep my appointments.
5. I am a minor seeking mental health services and request confidentiality; therefore, no insurance can be filed and have no ability to pay.

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, March 17, 2026

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, March 17, 2026

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 March 17, 2026 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. Employee has successfully completed CHA Travel Training via Absorb.

2. That you have reviewed the travel request and or reconciliation in its entirety;
3. That the travel request and or reconciliation is complete with all necessary supporting documentation and is accurate; and
4. You have verified necessary funds are available in the budget to support expenses associated with the travel in question; and
5. That the travel pertains to 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 any 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 ten (10) 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 **Travel Mileage 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 if they are **not** going to be in overnight status.

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. Mileage reimbursement request should be turned in to Accounts Payable in Finance on a monthly basis at the beginning of each month for the previous month usage. 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.

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.

Trips should be planned out in advance so that mileage is minimized.

Clients/Participants should not be transported in a personal vehicle.

Travel Request & Reconciliation Form

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).

This form is still a required form to submit for approval if the cost of the travel is being paid for by a funder or other partner and there are no costs being considered by CHA. A notification of cost being covered is required to submit with request along with all other required Travel documents to obtain prior approval for overnight(s) travel for the employee. Any cost being covered by a third party you will choose N/A as payment method. This form IS NOT required for same day, in state travel via a CHA vehicle or personal vehicle. See travel milage form for personal vehicle use.

RECONCILIATION: Using the same form that you downloaded to complete the request portion of the form you will now complete the reconciliation portion of the form with actual expenses incurred related to the official CHA travel, including but not limited to lodging, meals, registration and mileage.

The employee should only 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 ten (10) 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.

Payment methods:

- **PCard** – Choose this method if you are paying for travel expense using your CHA issued procurement card, your supervisor's procurement card, or CHA purchasing agent's procurement card (i.e., flight, hotel, registration).
- **Reimbursement** – Choose this method if you are paying for the travel related expense with a personal credit/debit card and will request reimbursement of expense after returning from CHA approved travel (i.e., taxi, uber, Lyft, baggage, mileage, etc.).
- **Travel Advance** – Choose this method if you are requesting a travel advance of expense. This is just for the per diem amount related to travel and must be at least \$100.00. You will need to include a Payment Request Form when you choose this payment method.
- **Check via AP** – Choose this method if you will be obtaining and invoice for the expense and want to request that a check be issued in the CHA weekly check run. Along with the invoice you will also need to include a Payment Request Form and any other documentation that may need to be sent with the check (i.e., registration).
- **N/A** – Choose this method if there will be no CHA related cost. This is if the costs of the travel are being paid by a funder directly or via CHA invoicing funder after completed travel. CHA invoicing requires costs to be included in the Travel Request & Reconciliation so that we are able to invoice appropriately. If funder is paying directly the form is required for obtaining approval to attend event and be in overnight status and no costs are required on the form. The agenda for the event and notification of agency/funder covering the cost is still required if choosing this method.

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 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

CHA sponsored events (Team Building Activities, No

Division Celebrations, Years of Svc Celebration, Symposium)

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

**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. CHA does not reimburse for requested room upgrades such as ocean view, suites, corner rooms, etc. Airbnb, Vrbo, or other rental sites for lodging are not allowed.

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, through their Supervisor's Pcard 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.

CHA does not pay for first class tickets.

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.

APPENDIX A

Frequently Asked Questions - Travel

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 (travel days)?

A. No, the 75% rule is an IRS regulation

Q. Where are the travel forms located?

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

Q. What form do I complete if I am traveling and will be in overnight status?

A. The Travel Request & Reconciliation Form is needed for overnight status travel

Q. Can I use my CHA issued procurement card to put gas in my personal vehicle?

A. No, CHA issued procurement cards should never be used for gas purchases in personal vehicle

Q. The conference I am attending is being held at a hotel but there are hotels that are close by that are less expensive. Can I stay at the hotel that the conference is being held or do I have to choose the less expensive hotel?

A. You are allowed to stay at the hotel that the conference is being held at the slightly higher rate but you are still required to submit pricing cost for the host hotel at the time of the Travel Request and the itemized receipt with the reconciliation

Q. Can I upgrade my flight so that I can choose my seat for an additional cost so that the person I am traveling with can sit next to me on the flights?

A. No, economy/main cabin is the only reimbursable expense for flights, most main cabin flights do have seat selections available that are at no additional cost that you can choose at the time you book

Q. I am at my hotel in the evening after the conference has ended for that day and I am going out to dinner, can I claim the mileages on my vehicle for going out to eat dinner or submit a receipt for the taxi, uber, Lyft ride if I did not drive my personal vehicle?

A. No, mileage going out to eat is considered personal, so mileage, uber, taxi, etc. are not reimbursable

APPENDIX B

Frequently Asked Questions - Mileage

Q. I am traveling from my home directly to a conference in Raleigh, NC and will be returning that same day, do I need to submit a Travel Request & Reconciliation?

A. No, you are not in overnight status you do not need to do the Travel Request & Reconciliation you only need to do the Travel Mileage form

Q. I normally work at the CHA Kannapolis site but my supervisor has requested me to come to different location to report to work for the day, can I claim mileage to the new location I will be working from that day?

A. No, your daily commute from home to your normal work location or your first work site location is not reimbursable, whether you came in voluntarily or were required to by your supervisor

Q. I am not scheduled to work but I have to come in for an evening meeting. Should I be reimbursed for mileage?

A. No, the mileage is still considered daily commute from home to your or your first work site location and is not reimbursable

Q. We are doing a team building event where we are going out to lunch then going to head to the team building event before heading back into the office. Can I claim mileage?

A. No, the mileage is still considered personal commute. This also includes the following, Annual Years of Service Celebration, Annual Symposium, and Division Celebrations.

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
Mt Pleasant to CHA Kannapolis	17 miles – one way
Mt Pleasant to Brown Mill	12 miles – one way
Mt Pleasant to The Village Concord	12 miles – one way

Date

Board Chairman

SUBJECT: NC DEBT SETOFF PROCEDURES POLICY

EFFECTIVE DATE: November 1, 2007

REVISION DATE: July 15, 2008; July 28, 2010; March 27, 2012; January 14, 2013; December 28, 2016; December 28, 2017; October 29, 2019; October 29, 2020; May 15, 2023; January 16, 2024, January 28, 2026; March 17, 2026

REVIEW DATE: July 15, 2008; July 30, 2009; July 28, 2010; March 27, 2012; January 14, 2013; January 9, 2014; December 18, 2014; December 30, 2015; December 28, 2016; December 28, 2017; December 28, 2018; October 29, 2019; October 29, 2020; September 22, 2021; May 15, 2023; January 16, 2024; February 18, 2025, March 17, 2026

POLICY STATEMENT:

Per North Carolina General Statute 105A 1-16, local governments may submit debtors to the North Carolina Department of Revenue to collect money owed. For a client to be submitted to the debt setoff process, their debt must be at least 60 days delinquent and must total \$50 or more.

CHA will adhere to 42 CFR part 2 laws as it applies to the restrictions on disclosures under GS 2.12 applicability: The restrictions on disclosures apply to any records which would identify a patient as having or having had a substance use disorder either directly, by reference to publicly available information, or through verification of such identification by another person; **and** contain alcohol or drug abuse information obtained by a federally assisted alcohol or drug abuse program for the purpose of treating substance use disorder, making a diagnosis for that treatment, or making a referral for that treatment.

As a representative of the Public Health Authority of Cabarrus County dba Cabarrus Health Alliance (CHA) the Finance Department and/or person appointed as the Debt Setoff Coordinator will determine clients to be submitted to the Debt Setoff Program. Clients marked as a confidential contact will not be submitted to the Debt Setoff Program. The following process is followed when submitting a client into the Debt Setoff Program:

PROCEDURES TO BE FOLLOWED:

1. Clients with accounts 90 days past due will be sent a generic collection letter informing them they have 15 days to pay their account to keep it in good standing. Next, a notification letter will be sent to the client informing them of the debt owed to CHA. Clients have 30 days to make a payment on the account. They can request a hearing with the Chief Finance Officer (CFO) and/Billing Program Manager and/or Debt Setoff Coordinator to contest the debt. If they do not respond within 30 days, their name may be submitted to the Department of Revenue and debt taken from their NC State tax refund or lottery winnings (if applicable). Clients will

not be sent to the NC Debt Setoff Clearinghouse that do not have a valid Social Security number or a valid Individual Taxpayer Identification number (W-7) on file.

2. Notification letters received back to CHA as undeliverable for any reason will be scanned into the client's electronic medical record by the Finance staff.
3. Phone calls from clients about their debt after receiving the notification letter are to be forwarded to the Debt Setoff Coordinator, Billing Program Manager, or Dental designee who will answer questions, explain debt owed, if necessary, and document communication with client in the patient management systems. Any necessary remarks will be posted in the patient management system.
4. Debt Setoff Coordinator will determine a date for applicable clients to be submitted to the Clearinghouse.
5. Debt Setoff Coordinator and/or dental billing staff will perform a final review of each client's account.
6. Debt Setoff Coordinator will submit applicable names to the Clearinghouse by designated date.
7. Debt setoff money collected for CHA is electronically transferred to the NCCMT account.
8. Debt Setoff Coordinator will post debt setoff monies to applicable client accounts for clinical services and delegate the task to Dental Finance for dental services.
9. Clients who receive a notification letter and make a partial payment before compliance date will not be submitted to the Clearinghouse. If payments are not made on the balance remaining, the collection process will start over.
10. When a client under the age of 18 years old is being registered into the patient management system, agency staff is to ask the legally responsible person for their Social Security number and enter into the Responsible Party Social Security Number field on the registration screen.
11. Each new and existing client will sign and review the "Financial Policy Information" form that informs them that, if applicable, their debt may be submitted to the Debt Setoff clearinghouse to be taken from their available NC State tax refund or lottery winnings. This does not include newborns seen on rounds at the hospital.

- 12.** If there is a discrepancy in the account, the Debt Setoff Coordinator will refund any amount owed to the client and verify that the adjustment is entered into the patient management system.

Balances will remain in Debt Setoff until December 31st, five years from the date it was entered. If a payment is received, the expiration date will be extended by one year. If a new debt is added to a client's debt already in Debt Setoff, the expiration date of the earlier debt(s) will be changed to the expiration date of the new debt. At the time of expiration, balances will be checked to see if they are eligible for bad debt write-off. If not eligible, balance will remain in Debt Setoff until there has been no activity on the account and they are eligible for a bad debt write-off.

Date

Board Chairperson

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; March 17, 2026

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, March 17, 2026

POLICY STATEMENT:

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

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

1. FEES

- 1.1. A master list of charges for all services rendered will be updated as needed and no less than annually. The Board can request to review these charges at any time according to board policy. ⁽¹⁾
- 1.2. Fees will be determined by studying the cost of providing the service and 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

⁽¹⁾ 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. ⁽²⁾
 - 3.1.2. Patient charges must be assessed upon family size and income (use of a sliding fee scale), if state/federal dollars are budgeted to support the program.
 - 3.1.3. 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.

⁽²⁾ 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