# Cleveland County Board of Commissioners December 15, 2020

The Cleveland County Board of Commissioners met in a regular session on this date, at the hour of 6:00 p.m. at the LeGrand Center located at 1800 East Marion Street, Shelby.

**PRESENT:** Doug Bridges, Chairman

Deb Hardin, Vice-Chair

Johnny Hutchins, Commissioner Ronnie Whetstine, Commissioner Kevin Gordon, Commissioner Brian Epley, County Manager

Elliot Engstrom, Contracted Attorney Phyllis Nowlen, Clerk to the Board Kerri Melton, Assistant County Manager Allison Mauney, Human Resources Director Marty Gold, Information Technology Director Clifton Philbeck, Board of Elections Director

Jason Falls, LeGrand Center Director

Tiffany Hansen, Health Department Director

# CALL TO ORDER

Chairman Bridges called the meeting to order and Commissioner Whetstine provided the invocation and led the audience in the Pledge of Allegiance.

# AGENDA ADOPTION

<u>ACTION:</u> Commissioner Hardin made the motion, seconded by Commissioner Hutchins and unanimously adopted by the Board to, *approve the agenda as presented*.

#### **CITIZEN RECOGNITION**

Robert Williams, 814 E. Stagecoach Trl, Fallston – spoke about economic development incentives for businesses that are already established in Cleveland County and not just incentives to bring new businesses to the county. Mr. Williams questioned Commissioners on why the new Deputy Attorney, Martha Thompson, was hired and he questioned the amount of guidance the School Board is receiving from the Health Department in regards to COVID-19.

**Danny Blanton, 1827 Creekridge Rd., Shelby** – spoke about COVID-19 and its effects on the school system in Cleveland County. He thanked Commissioners for all they do for the citizens of Cleveland County.

# **CONSENT AGENDA**

# APPROVAL OF MINUTES

The Clerk to the Board included the Minutes from the *October 20, 2020 regular meeting*, in board members packets.

<u>ACTION:</u> Commissioner Hutchins made a motion, seconded by Commissioner Whetstine, and passed unanimously by the Board to, *approve the minutes as written*.

# TAX COLLECTOR'S MONTHLY REPORT

The Tax Collector provided Commissioners with the following detailed written report regarding taxes collected during *November 2020*.

	COLLECTED NO			
YEAR	AMOUNT-REAL	AMOUNT-VEHI.	AMOUNT-GAP	COMBINED AMT
DEF REV	\$0.00	\$0.00	\$0.00	\$0.00
2020	\$2,549,895.08	\$0.00	\$1,466.85	\$2,551,361.93
2019	.\$71,585.45	\$0.00	\$0.00	\$71,585.45
2018	\$9,620.82	\$0.00	\$0.00	\$9,620.82
2017	\$3,872.38	\$0.00	\$0.00	\$3,872.38
2016	\$1,486.41	\$0.00	\$0.00	\$1,486.41
2015	\$1,339.65	\$0.00	\$0.00	\$1,339.65
2014	\$1,765.64	\$0.00	\$0.00	\$1,765.64
2013	\$839.33	\$8.75	\$0.00	\$848.08
2012	\$616.36	\$11.12	\$0.00	\$627.48
2011	\$988.34	\$0.00	\$0.00	\$988.34
2010	\$0.00	\$0.00	\$0.00	\$0.00
				\$2,643,496.18
TOTALO				
TOTALS	\$2,642,009.46	\$19.87	\$1,466.85	\$2,643,496.18
DISCOUNT	\$33.27			
INTEREST	\$11,718.08	\$20.39	\$0.00	
TOLERANCE	(\$7.23)	\$0.00	\$0.12	
ADVERTISING	\$231.09	VEHICLE FEES	GAP BILL FEES	
GARNISHMEN	\$2,762.29	\$30.00	\$0.00	
NSF/ATTY	\$110.69			
LEGAL FEES	\$177.57			
TOTALS	\$2,657,035.22	\$70.26	\$1,466.97	
MISC FEE	\$2.80			GRAND TOTAL
TAXES COLL	\$2,657,038.02			\$2,658,575.25
	\$0.00			\$0.00
	\$2,657,038.02			\$2,658,575.25
TOTAL	L TAXES UNCOL	LECTED NOVEME	BER 2020	
		AMOUNT-VEHI.		COMBINED AMT
2020	\$37,623,998.76	\$0.00	\$97,441.92	\$37,721,440.68
2019	\$1,449,108.78	\$0.00	\$0.00	\$1,449,108.78
2018	\$590,249.02	\$0.00	\$0.00	\$590,249.02
2017	\$347,251.69	\$0.00	\$0.00	\$347,251.69
2016	\$232,580.90	\$0.00	\$0.00	\$232,580.90
2015	\$166,304.63	\$0.00	\$0.00	\$166,304.63
2014	\$163,217.55	\$0.00	\$0.00	
2013	\$118,343.49	\$61,325.97	\$0.00	\$163,217.55
2012	\$91,027.35	\$69,308.21	\$0.00	\$179,669.46 \$160,335.56
2011	\$68,169.26	\$52,640,96	\$0.00	
2010	\$0.00	\$0.00	\$0.00	\$120,810.22
	45.00	Ψ0.00	\$0.00	\$0.00
			φυ.υυ	\$0.00
-	\$40,850,251.43	\$183,275.14	\$97,441.92	\$41,130,968.49
	,	₩ 100,E10.17	931,741.32	φ <del>-1</del> , 130,900.49

# TAX ABATEMENTS AND SUPPLEMENTS

The Tax Assessor provided Commissioners with a detailed written report regarding tax abatements and supplements during *November 2020*. The monthly grand total of tax abatements was listed as (\$222,070.71) and monthly grand total for tax supplements was listed as \$5,404,748.37.

# TRAVEL AND TOURISM: BUDGET AMENDMENT (BNA #022)

<u>ACTION:</u> Commissioner Hutchins made a motion, seconded by Commissioner Whetstine, and unanimously adopted by the Board to, *approve the following budget amendment:* 

Account Number	Project Code	Department/Account Name	Increase	<b>Decrease</b>
010.422.4.350.22	7	Fravel & Tourism/State Govt Grants-VISITNC	\$10,000.00	
010.422.5.700.00	7	Γravel & Tourism/Grants	\$10,000.00	
Explanation of Revisions: Budget allocation for \$10,000 to receive grant funds from VISIT NC. COVID-19				-19
Marketing Grant award	ed will be used fo	or advertising in Our State Magazine, Electric F	ilms, County o	n NC masks
and additional marketin	g support.			

# TRAVEL AND TOURISM: BUDGET AMENDMENT (BNA #023)

<u>ACTION:</u> Commissioner Hutchins made a motion, seconded by Commissioner Whetstine, and unanimously adopted by the Board to, *approve the following budget amendment:* 

Account Number	Project Code	Department/Account Name	Increase	<b>Decrease</b>
010.422.4.409.00	-	Travel & Tourism/Local Revenues	\$12,500.00	
010.422.4.510.61		Travel & Tourism/T&T Events-Sponsors	\$2,500.00	
010.422.5.370.00		Travel & Tourism/Advertising-Promotions	\$12,500.00	
010.422.5.510.00		Travel & Tourism/T&T Events	\$2,500.00	
	D 1 . 11 .			

<u>Explanation of Revisions:</u> Budget allocation for \$15,000 received from the City of Shelby Grant Award to cover promotions/advertising and event sponsorship.

# LIBRARY: BUDGET AMENDMENT (BNA #024)

ACTION: Commissioner Hutchins made a motion, seconded by Commissioner Whetstine, and

unanimously adopted by the Board to, approve the following budget amendment:

Account Number	Project Code	Department/Account Name	Increase	Decrease
010.611.4.810.00		Library/Donations-Contributions	\$35,623.00	
010.611.5.790.00		Library/Donations-Contributions	\$35,623.00	

<u>Explanation of Revisions:</u> Budget allocation for \$35,623 in donated funds received through October 2020 that were over the original budgeted amount. These funds will be used to reconfigure the Library Technology Infrastructure as well as some interior remodeling.

# LIBRARY: BUDGET AMENDMENT (BNA #025)

**ACTION:** Commissioner Hutchins made a motion, seconded by Commissioner Whetstine, and

unanimously adopted by the Board to, approve the following budget amendment:

Account Number	Project Code	Department/Account Name	Increase Decre	ease
010.611.4.810.11		Library/Don't-Books-Young	\$40,000.00	
010.611.5.790.11		Library/Don't-Books-Young	\$40,000.00	
Explanation of Revision	s: Rudget allocati	on for \$40,000 in donations received	ved for the renaming of the library	with

<u>Explanation of Revisions:</u> Budget allocation for \$40,000 in donations received for the renaming of the library with new signage.

#### HEALTH DEPARTMENT: BUDGET AMENDMENT (BNA #026)

**ACTION:** Commissioner Hutchins made a motion, seconded by Commissioner Whetstine, and

unanimously adopted by the Board to, approve the following budget amendment:

Account Number Project Code	Department/Account Name	Increase	<u>Decrease</u>
012.530.4.810.00	General/Donations-Contributions	\$500.00	
012.530.5.790.00	General/ Donations-Contributions	\$500.00	
		1 1179	1 0

<u>Explanation of Revisions:</u> Budget allocation for \$500 in donated funds received from the Wingate School of Pharmacy to the Cleveland County Health Department Pharmacy for the internship of pharmacy students. These funds will be used to purchase pharmacy medicine and supplies for indigent patients.

# EMERGENCY MEDICAL SERVICES: BUDGET AMENDMENT (BNA #033)

**ACTION:** Commissioner Hutchins made a motion, seconded by Commissioner Whetstine, and

unanimously adopted by the Board to, approve the following budget amendment:

Account Number	Project Code	Department/Account Name	Increase Decrease
010.437.4.310.00	93889-SMAT III	EMS/Federal Govt Grants	\$3,500.00
010.437.5.311.00	93889-SMAT III	EMS/Education-Certif-Training	\$3,500.00

<u>Explanation of Revisions:</u> Budget allocation for \$3,500 in grant monies received from the Charlotte Mecklenburg Hospital Authority d/b/a Atrium Health to purchase Advanced Life Saving and Basic Life Saving certification cards and instructor books.

# SHERIFF'S OFFICE: BUDGET AMENDMENT (BNA #034)

**ACTION:** Commissioner Hutchins made a motion, seconded by Commissioner Whetstine, and

unanimously adopted by the Board to, approve the following budget amendment:

Account Number	Project Code	Department/Account Name	Increase	Decrease
010.441.4.810.19	-	Sheriff's Office/Donations-Christmas Project	\$1,840.00	
010.441.5.790.19		Sheriff's Office/Donations-Christmas Project	\$1,840.00	
			e	

<u>Explanation of Revisions:</u> Budget allocation for \$1,840 in donated funds received for the Sheriff's Office Christmas project to purchase toys, clothes and food for needy families for Christmas.

# SOCIAL SERVICES: BUDGET AMENDMENT (BNA #035)

**ACTION:** Commissioner Hutchins made a motion, seconded by Commissioner Whetstine, and

unanimously adopted by the Board to, approve the following budget amendment:

Account Number	Project Code	Department/Account Name	Increase	Decrease
011.504.4.350.00	93556-P096	Title XX/State Grants	\$592.00	
011.504.5.210.00		Title XX/Departmental Supplies		
011.504.5.910.00		Title XX/Equipment	\$592.00	
011.504.4.350.00	93556-P096	Title XX/State Grants	\$38,163.74	
011.504.5.210.00		Title XX/Departmental Supplies		
011.504.5.910.00		Title XX/Equipment	\$38,163.74	

<u>Explanation of Revisions:</u> Budget allocation for \$38,755.74 to accept additional COVID State funds for equipment for Child Protective Services and Adult Protective Services workers due to the COVID-19 crisis FY 2020/2021.

# SOCIAL SERVICES: BUDGET AMENDMENT (BNA #036)

**ACTION:** Commissioner Hutchins made a motion, seconded by Commissioner Whetstine, and

unanimously adopted by the Board to, approve the following budget amendment:

Account Number	Project Code	Department/Account Name	Increase	<u>Decrease</u>
011.519.4.310.00	93568-P372	Income Maintenance/Fed Gov Grants	\$261,899.64	
011.519.5.512.08		Income Maintenance/LIEAP	\$261,899.64	
011.508.4.310.00	93568-P406	Income Maintenance/Fed Gov Grants	\$33,317.00	
011.508.5.121.00		Income Maintenance/SALARIES	\$33,317.00	

Explanation of Revisions: Budget allocation for \$295,216.64 to accept additional federal Low-Income Energy Assistance Program (LIEAP) admin and funds for FY 2020/2021. The additional monies are the result of the increased need for services due to the COVID-19 pandemic.

# HEALTH DEPARMENT: BUDGET AMENDMENT (BNA #037)

**ACTION:** Commissioner Hutchins made a motion, seconded by Commissioner Whetstine, and

unanimously adopted by the Board to, approve the following budget amendment:

<u>Account Number</u>	Project Code Department/Account Name	Increase	<b>Decrease</b>
012.545.4.310.45	Nurse Family Partnership/Federal Govt Grant-NFP	\$71,000.00	
012.545.5.210.45	Nurse Family Partnership/Departmental Supply	\$846.00	
012.545.5.230.45	Nurse Family Partnership/Medical Supplies	\$9,838.00	
012.545.5.311.45	Nurse Family Partnership/Educational-Training	\$2,500.00	
012.545.5.321.45	Nurse Family Partnership/Telecommunications	\$1,757.00	
012.545.5.322.45	Nurse Family Partnership/Postage	\$1,000.00	
012.545.5.490.45	Nurse Family Partnership/Professional Services	\$11,862.00	
012.545.5.581.45	Nurse Family Partnership/Awards-Appreciation	\$29,483.00	
012.545.5.910.45	Nurse Family Partnership/Capital Equipment	\$13,714.00	

<u>Explanation of Revisions:</u> Budget allocation for \$71,000.00 to the Nurse Family Partnership who has been awarded a COVID-19 relief grant through the North Carolina Pandemic Recovery Office. These funds will be used to cover various operational expenses such as laptops, medical supplies, training for staff, patient rent and utilities assistance, cell phone usage and postage.

# HEALTH DEPARTMENT: FINANCIAL ELIGIBILITY FEE COLLECTION POLICY

<u>ACTION:</u> Commissioner Hutchins made a motion, seconded by Commissioner Whetstine, and passed unanimously by the Board to, to approve the updated Financial Eligibility Fee Collection Policy. (see highlighted changes):

		GUIDELINE/		MANUAL: Board of Health		Health
CLEVELAND COUNTY		PROCEDURE	E: Financial			
DEPARTMENT OF PUBI	LIC	Eligibility/Fee	Collection	;	SUBJECT: Fii	nancial
HEALTH		Police	cy	Eligil	oility/Fee Colle	ction Policy
NAME OF GUIDELINE	AP	PROVED BY:	EFFECT	IVE	VERSION:	PAGE
	Heal	th Director,	DATE	:	FINAL	1 OF 15
CCHD Financial	Board of Health,		2/1/99			
Eligibility/ Fee Collection	Board of					
Policy	Commissioners,					
	Cour	nty Attorney				
	PREPARED BY:		DATE LA	AST	DATE	LAST
	Alisa Leonard		REVISE	D:	REVIE	EWED:
	Leslie McSwain		11/10/2	0	11/1	.0/20

#### 1.0 Policy:

Fees for Cleveland County Health Department ("Health Department") services are authorized under NC General Statues 130A-39 provided: (1) they are in accordance with a plan recommended by the Health Director and approved by the Boards of Health and County Commissioners (Medicaid rate plus 25% unless cost is more than Medicaid rate, then cost plus 25%), and (2) unless they are not otherwise prohibited by law.

Public health services are increasingly expensive to provide. The Health Department serves the public interest best by assuring that all legally mandated public health services are made available and by providing as many recommended and requested public health services as possible for those citizens with greatest need. In the past, the concept of public health services has been that they are free to all. However, economic conditions have made it necessary for public health agencies to try to recoup some of the cost of services, whether it is from the patient or another third-party payer. Fees have become necessary to support the provision of services and maximize Health Department revenues. The entire population benefits from the availability of subsidized public health services; therefore, fees are considered appropriate.

Fees charged to an individual for Health Department services will be charged at an established rate that has been approved by the Health Director, Board of Health, and the Board of County Commissioners. Individuals may qualify for a sliding fee scale discount based upon income. Services will not be denied based solely on the inability to pay. All staff members involved in collection of fees for services shall consistently follow the established guidelines for fee collection through the statements addressed in this document and shall hold all client information confidential.

The Health Department provides services without regard to religion, race, national origin, creed, gender, parity, marital status, age, disability, sexual orientation, or contraceptive preference.

#### 2.0 **Programs Affected**:

All clinical services should follow these guidelines.

#### 3.0 **Definitions:**

None

#### 4.0 Procedure:

#### **PROGRAM GUIDELINES**

Specific program guidelines should always be used to determine residency, income requirements, sliding fee scale discounts, patient charges and other program eligibility requirements. Health department staff should always be alert regarding changes in program guidelines.

# FINANCIAL ELIGIBILITY

The financial eligibility determination process is designed to assess a patient's ability to pay for services rendered by the Cleveland County Health Department. By having a written policy, screening procedures are consistent and standardized for all interviewers. Eligibility for services is determined by residency, family size and income information. Financial eligibility must be determined prior to or at the time the patient receives new services and should be updated annually or when there is a change.

# **Definition of Family/Economic Unit**

There are two different methods to determine a family unit: (1) Purchase of Care and (2) Economic Unit.

The Purchase of Care method must be used in the Breast and Cervical Cancer Control Program. Purchase of Care defines the family unit as one or more of the following criteria:

- a) Related to the patient by blood, marriage or adoption
- b) Live in the same household with the patient; or
- c) Share a common source of income.

The Health Department otherwise uses the Economic Unit to define a family. Under this method, 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. Also, groups of individuals living in the same house with other individuals may be considered a separate Economic Unit. (Example: Some patients live in a setting with a number of family members, sometimes distantly related that make up

the household. If they share daily expenses such as food, rent, utilities, etc, they constitute one Economic Unit. If the patient indicates that they share the expenses, and if confidentiality is not a factor, then the members of the Economic Unit would be considered as family members.)

Financially dependent relatives under the age of 19 with no income who live in the patient's household may also be counted as family members. Persons living in the household 18 years and older that are self-supporting should be considered as a family of one.

Teens and others seeking "confidential" services, regardless of age and depending on the reason for the confidential visit (i.e., parents are not aware of visit, domestic violence, etc.), should be considered as a family unit of one and income determined on the basis of the patient's resources alone.

A pregnant woman is counted as two in determining a family size unless it is in conflict with the clients cultural, religious, and/or beliefs. Pregnant women expecting twins can be counted as three.

A foster child assigned by the Department of Social Services is a family of one with income considered to be paid to the foster parent for support of the child. The income received from DSS for the child should be the only income recorded.

#### **Definition of a New Patient**

A new patient is a patient who has not received any professional services from a physician/qualified health care professional in the Health Department within the past 3 years for a billable visit that includes some level of evaluation and management service coded as a preventive service using 99381-99387 or 99391-99397, or an evaluation and management service using 99201-99205 and 99211-99215. If the patient's only visit to the Health Department is WIC or immunizations without one of the above codes, it does not affect the designation of the client as a new client – the client can still be NEW.

Identification Requirements - Also see HIPAA Policy/Procedure for Verification of Identification, Merging Records and Name Changes

Each patient should establish their identity by providing a form of identification such as a birth certificate, social security card, driver's license, military identification, passport, visa, green card, etc.

#### **Residency Requirements**

Residency requirements may vary according to the type of service provided and the program criteria. In determining residency, the interviewer should consider where the patient, or parent of a minor patient, resides at the time of service and where they intend to make their permanent home.

#### Program Residency Criteria:

General Clinic, Immunizations, Sexually Transmitted Diseases, Tuberculosis, Pharmacy, Family Planning, Communicable Disease, HIV/AIDS, Diabetic Screening: No residency requirement.

Eye Clinic, Diabetic Clinic, Care Coordination for Children, Pregnancy Care Management, Care Management for High Risk Pregnancy (CMHRP), Care Management for At Risk Children (CMARC), Postpartum & Newborn Home Visits: must be Cleveland County resident.

Maternal Health Clinic, Dental Clinic, Child Health Clinic, Breast and Cervical Cancer Control Program (BCCCP), Wisewoman, Women, Infants and Children's Program: must be resident of North Carolina.

# Documentation of Income

Patients will be asked to provide documentation of income. BCCCP, Wisewoman, and Diabetic Clinic patients will be required, per program Cleveland County Health Department guidelines, to provide documentation of income prior to receiving services. If BCCCP, Wisewoman, and Diabetic Clinic do not provide income the Program Supervisor will be contacted for decision for patient to be seen. Eye Clinic patients will also be required to provide documentation of income to establish eligibility for services prior to scheduling an appointment. No other patients will be refused services when presenting for care based on lack of documentation; however, if documentation is not provided, the patient should be informed (Declaration of Income-Attachment 1) at the time of service delivery on the date of service that they are responsible for the full amount of the fees for services rendered. The patient will be allowed to provide documentation within five business days in order to base the previous 100% charge on a sliding fee. If no documentation is produced, then the charge stands at 100% for that visit. Family Planning patients who choose not to provide documentation of income must sign a release stating that they are choosing not to participate and agree that they will be charged the full fee for services if information is not provided within five business days. Once income is documented, it may be used for multiple programs. All confidential information on documents showing income, including social security numbers and bank account numbers, will be kept strictly confidential.

Acceptable forms of income documentation are listed below and may be emailed to an established clerical email account:

- a) A Current Paycheck stub.
- b) W-2 form, copy of complete tax return and attachments from the most recent calendar year
- c) A written statement from the patient's employer when no other documentation is available.
- d) A Current Bank statement.

When documentation of income has been verified, the interviewer should enter the information on the Household tab in the Patagonia Electronic Health Record (EHR). Previous income history can be viewed on the Sliding Fee tab in the Declaration of Income area.

Patients that say they have applied for Medicaid should also be income screened in the event that Medicaid is not approved. They should be informed at the time of the visit what charges they will be responsible for if Medicaid is not approved. If their Medicaid application is approved and is retroactive to the date of service, charges will be changed from private pay and Medicaid will be billed

Documentation of income will not be required for mandated services such as Sexually Transmitted Diseases, Tuberculosis, Communicable Diseases, and state supplied Immunizations since no charge will be assessed to the patient for these services, or for School Based Health center services since they are covered under a contract with the school system.

Women, Infants and Children's Program (WIC) state software system Crossroads handles all documentable eligibility within the system.

The North Carolina Division of Employment Security database may be used to verify income of applicants.

#### **Determination of Gross Income**

Gross income is the total of all cash income before deductions for income taxes, employee's social security taxes, insurance premiums, bonds, etc. For self-employed applicants (both farm and non-farm) this means net income after business expenses. In general, gross income includes:

- a) Salaries and wages including overtime pay, commissions, fees and tips
- b) Earnings from self-employment
- c) Public Assistance money
- d) Unemployment compensation
- e) Alimony Work First and child support (cannot be counted for Family Planning patients) payments received
- f) Military allotments including re-enlistment and jump pay
- g) All Social Security benefits
- h) Veteran's Administration benefits
- i) Supplemental Security Income (SSI benefits)
- j) Retirement and pension payments
- k) Worker's compensation
- 1) Regular contributions from individuals not living in the household
- m) Income tax refunds
- n) Allowances paid to the patient for basic living expenses such as housing and utilities
- o) All other sources of cash income except those specifically excluded
- p) Educational stipends in excess of the cost of tuition and books.
- q) Lawn maintenance and housekeeping, as a business
- r) Christmas bonuses, prize winnings

The following sources of income should be excluded from sources of income:

- a) Irregular income that children earn from babysitting, mowing lawns, etc.
- b) Inheritances
- c) WIC vouchers
- d) Food stamps
- e) Payments under the Low-Income Energy Assistance Act
- f) School lunches
- g) Rent or fuel received in lieu of wages
- h) Military/in-kind housing assistance
- i) Life insurance proceeds or one-time settlements. On the other hand, if a liability settlement is to be paid in regular installments, this money would be counted as income
- j) Gifts
- k) Proceeds from sale of an asset
- 1) Payments received under the Jobs Training Partnership Act
- m) Payments to volunteers under T 7 (VISTA) and T II (RSVP, foster grandparents and others) of the Domestic Volunteer Service Act of 1973.

#### Zero Income

If the patient reports zero income or very little income, the interviewer should question the patient further and must include an explanation of how the family is meeting the financial demands of basic daily living. In most cases, a statement of zero income would only be acceptable when the applicant lives on income from sources such as food stamps, etc. A third party, such as the North Carolina Division of Employment Security, landlord or whoever is assisting patient with household expenses, should verify income of a patient (Attachment 2). If the stated income is found to be untrue, the patient may be responsible for charges incurred based on the applicable sliding fee scale.

Family Planning patients who report they have no income are not required to provide a statement of zero income but may be asked how they pay for living expenses. Income of persons who support the client financially may be verified.

# Verification of Income

Each patient will be required to sign a Declaration of Income Form (Attachment 1) verifying that the financial information supplied to the interviewer is true and accurate. This statement will also include an authorization giving the Cleveland County Health Department the right to verify this information and authorize payment of benefits to Cleveland County Health Department. On the Household Tab the date verified field must be changed to the current date anytime income has changed or if completing the annual screening. A Declaration of Income Form should must be completed annually

or if income changes occur. A Declaration of Income Form must be signed and dated by the patient, interviewer and/or interpreter when applicable. The Declaration of Income Form will become part of the patient record

Note: If a patient is considered "confidential," it will be documented in Patagonia Health record.

#### Computation of Income

The family's gross income must be used to determine eligibility of services at the time of the application for services. Gross family income, or income before deductions, is computed by adding money earned by family members during a 12-month period. Income review of the previous 12 months may be performed by the following methods:

- a) Initial income will be computed by taking the patient's declared income and if paid weekly multiply by 52, if paid bi-weekly multiply by 26, semimonthly multiply by 24, and monthly multiply by 12.
  - Following the initial financial eligibility determination, the patient should be asked if their financial status has changed at each subsequent visit. If no change has occurred, income should be reviewed annually or according to program guidelines.
- b) Following the initial financial eligibility determination--if there has been a change to income and/or employment, recalculate annual income with step (a) and have patient sign a new Declaration of Income.
- c) Following the initial financial eligibility determination--if no change has occurred, there is no requirement to sign a Declaration of Income unless this is the annual review. income should be reviewed annually or according to program auidelines and the date verified field should be replaced with the current date.
- d) If patient is not employed or has changed jobs in the last 12 months, use the Irregular Income Formula or Six Months Formula.

Unemployed today= last 6 months income + project unemployment (if applicable) or zero if client won't receive unemployment. If not unemployment compensation as client how they will support themselves.

Employed today but unemployed last 6 months- Did the client receive unemployment the last 6 months? If no, record as zero and then project 6 months forward at current income. This will allow to determine income for client for a 12 month period.

#### **SLIDING FEE SCALE**

The sliding fee scale is an alternate fee scale that is developed by the North Carolina Division of Public Health so that a patient's inability to pay is not a barrier to receive services. A schedule of discounts to fees charged is required for individuals with family incomes between 101% and 200% or 250% of the Federal poverty level. The Federal poverty level used for Family Planning is 250%. Fees must be waived for individuals with family incomes below 100% of the Federal poverty level and are determined by the Local Health Director. The sliding fee scale is used for most health department fees; however, the percent of discount may vary according to program guidelines established by the North Carolina Division of Public Health.

#### **FEES**

Fees are subsidized by grants, private donations, state and federal funds, and local contributions.

The Health Department will determine fees based upon cost of services, and fees are equal to or greater than the Medicaid rate. For non-mandated services, flat rate fees may be established for a service based on cost without discrimination to all patients. Fees will be approved by the Board of Health and Cleveland County Board of County Commissioners and giving the Local Health Director the latitude to adjust fees if changes occur in cost or in the Medicaid/Medicare rates. If necessary, in order to provide efficient continuity of care, the Health Director may approve a new fee for current CPT code/HCPCS procedures that are ordered by clinicians. Clients will be given a receipt when fees are paid at each visit, a statement of fees assessed for services and balance owed.

# **Laboratory Fees**

When laboratory specimens are sent out to a reference lab for analysis, the reference lab should be given information for the purpose of billing of the third-party Medicaid and Medicare payers for analysis of the specimen. Self-pay and Commercial insurance will be billed at our negotiated rates with reference lab, and the sliding fee will be used where required. Patients should be informed at the time of the clinic visit that a specimen is being sent to an outside lab for analysis. They should also be informed that they could receive an invoice from the reference lab if their third-party payer does not cover the entire charge.

When laboratory specimens are collected and analyzed at the patient's request rather than program protocol, the patient may be assessed an additional fee for this service and as such be responsible for the full charge.

#### **Immunizations**

Vaccines provided by the State to local health departments for administration shall be administered at no cost to the patient (N.C.G.S. § 130A-133(b)). However, a fee for other immunizations requested, but not required, such as vaccines for foreign travel or rabies will be charged to the patient along with an administration fee to cover cost of supplies used and staff time. Fees for these services are paid in full by the patient at checkout. If a patient has any form of third-party reimbursement, the payer must be billed, unless confidentiality is a barrier. Medicaid will be billed as the payer of last resort.

Vaccines that are required for employment of Cleveland County employees will be charged to County departments based on cost of the vaccine. No administration fee will be assessed to the departments.

Vaccines plus administration fees that are required for employees of Contracted Payers will be billed to the employer.

#### Medical Record Fees – Also see Policy/Procedure to Release/Obtain Patient Information

In accordance with the NC General Statutes 90-411, a charge to cover the costs incurred for searching, handling, copying, and mailing medical records to the patient or the patient's designated representative may be administered. The maximum fee for each request shall be seventy-five cents per page for the first 25 pages, and fifty cents per page for pages 26 through 100, and twenty-five cents per page in excess of 100 pages, provided that the health care provider may impose a minimum fee of up to ten dollars. A fee shall not be imposed for request of copies of medical records made on behalf of an applicant for Social Security or Supplemental Security Income disability. The policy of the Cleveland County Health Department is not to impose a record fee for copies for continuation of care. The medical record fee may be adjusted according to a change in legislation.

#### Returned Check Fee

As allowed by N.C.G.S. § 25-3-506, if a check is returned for non-sufficient funds (NSF) a \$25.00 service charge will be assessed. Notification of the returned check will be made by a personal telephone call or certified mail. The patient's original fee will be reinstated until collection is made for the returned check and NSF fee. Payment should be made by cash or money order. Once the NSF has been paid, the original check will be returned to the patient. If payment is not received in 30 days, further follow-up will be done by the Cleveland County Finance Department. Exception: Notification of returned checks for Family Planning patients will be discussed with the patient during a clinic visit in order to avoid breach of confidentiality and conflict with guidance from the Office of Population Affairs for recipients of Title X funds.

#### SOURCES OF REIMBURSEMENT

Sources of reimbursement should be reviewed with the patient at each visit. An "Authorization for Assignment of Benefits" A Declaration of Income (Attachment 1) statement should be signed and dated at the initial visit and updated and signed annually thereafter or whenever there is a change in income. If there is a change in the insurance provider or other third-party reimbursement the insurance tab should be updated in Patagonia.

#### Private Pay

Patients with a household income above the 100% pay level of the sliding fee scale must be responsible for the full amount of the charges rendered.

#### Insurance/Medicare

Patients with a third-party source of coverage such as Insurance or Medicare should disclose this information and give a copy of their card to the interviewer. Bills will be submitted to these sources for payment. Co-payments will be the responsibility of the patient and will not be discounted since they are part of the patient's insurance plan. If there is a balance after the insurance has paid, other than the co-payment, the patient who qualifies will be responsible for the balance after the sliding fee scale adjustment. Third parties that are authorized, or legally obligated, to pay for clients at or below 100% of the Federal Poverty Level Billed will not have any discount applied to charges.

Patients should be asked if the Health Department is in-network or out-of network with their particular insurance plan. Patients with private insurance in which we are an out-of network provider will be encouraged to use them in-network provider. All patients with private insurance should sign a Private Insurance Advance Notice Form (Attachment 3). However, if services are provided to patients in which the Health Department is out-of-network or not listed as the primary provider, the patient will be responsible for the fee based on the sliding fee scale, if applicable.

Claims for payment of services provided will be filed with insurance companies for patients that have private insurance. If the claims are denied or left pending, the Health Department will research and refile claims as appropriate. After this, if the claim is not paid/resolved, the patient will be billed for the service based on the appropriate sliding fee scale.

Patients that present with Medicare coverage should be notified that if Medicare does not cover the service, the patient will be responsible for the expense. The employee should also explain to the patient why the service may be denied for coverage. An Advanced Beneficiary Notice (ABN) should be completed and signed by the patient. A copy of the form should be given to the patient and a copy kept scanned in the medical record (Attachment # 3).

If a Family Planning patient gives consent to bill insurance, the clerk should explain that an Explanation of Benefits will be sent by the insurance company to the address listed with the insurance company. Patients should always sign the Private Insurance Advance Notice. Family Planning patients will not be charged more in copayments, deductibles, or other fees than they should pay according to the sliding fee scale.

#### <u>Medicaid</u>

All Maternity patients shall be referred to the eligibility specialist for evaluation and documentation of income screening. Maternal Health patients that are determined eligible to have Presumptive Eligibility for Medicaid, will have Medicaid coverage for approximately two months (depending upon when they are screened during the month). Patients should be informed that if they do not officially apply for Medicaid at the Department of Social Services, they will be responsible for charges after Presumptive Eligibility ends. However, patients are not required to apply for Medicaid.

For those patients who have both private insurance and Medicaid, the private insurance is considered to be primary. After receipt of the explanation of benefits and payment from the insurance carrier, the balance may be filed for Medicaid payment.

Medicaid eligible patients will not be responsible for charges not covered denied by Medicaid payments.

#### **Grants**

Some grants are designed to pay for specific fees such as medical and dental fees. When patients meet the criteria of the grant, funding may be transferred from the grant revenue to cover the fee charged to the patient.

#### **COLLECTIONS**

The policy of the Cleveland County Health Department is to comply with N.C.G.S. § 130A-4.1(b), which requires that all funds collected be budgeted and expended to further the objectives of the program that generated the income.

#### Clinic Visit

Clerical personnel will have the primary responsibility to inform patients of all charges incurred during clinic visit. Patients should be informed of the specific items that make up the charge such as office visit, lab work, supplies, etc. Clinicians may also disclose charges to patients in order to emphasize the importance of payments. Full payment will be solicited verbally and expected at the time service is rendered. Patients will be informed of their entire account status at each clinic visit or contact. At the clinic visit, statement information given to the patient will include full charges, sliding fee amounts, payments on accounts and the total balance due.

For any balance due a Patient Payment Agreement should be signed and this should be updated with additional charges as they are incurred. A copy is provided unless patient refuses with no identifying information.

The receipt of payments that are not insurance co-payments for the current service will be posted to the oldest outstanding charge.

#### Statements

Patients with an active account will be mailed a computer-generated statement on an every-other-month basis (Attachment 5).

Statements for confidential services will not be mailed to patients who have requested no contact by mail; however, in those cases discussion of payment of outstanding debts shall occur at the time service is rendered.

#### Debt Set-Off

As authorized by Chapter 105A of the North Carolina General Statutes, the Health Department will utilize the North Carolina Government Debt Set-Off Program as an avenue to enhance collections and reduce accounts receivable. Amounts that are \$\frac{90}{60}\$ days past due and \$50.00 delinquent, or greater, will be sent a letter informing them of our intention to send their debt to the North Carolina Department of Revenue. with their final statement. Patients will be encouraged to resolve their past due amount before the debt set-off is submitted for collection. A payment plan or contract can be negotiated based on when and how often patients receive regular income, how much they earn, and how much they owe. The contract should be discussed with the patient and a copy of the signed contract Patient Payment Agreement that shows the patient's pledge for payment should be given to him or her (see Attachment 7). Each patient should be informed that he or she is expected to make a good faith effort toward payment of these fees. If payment is not received after \$\frac{120}{30}\$ days, the health department will enter the client information into a debt set off program through a clearinghouse to the North Carolina Department of Revenue for collection by applying the past due amount against any income tax refund, or lottery winnings, to which the patient may be entitled. Specific policies and procedures of the Debt Set-Off Program to notify patients of the debt set-off and their right of appeal (Attachment 6) will be followed. Once the debt has been sent to the Clearinghouse, the Health Department will no longer accept payments for that debt.

#### SPECIAL FAMILY PLANNING ISSUES

Since the Health Department receives funding from Title X, local family planning programs must address patient preferences and concerns, contain costs while assuring quality care, and assure compliance with Title X Guidelines. Medicaid reimburses the Cleveland County Health Department for 340B drugs per NC Medicaid and Health Choice state policy, which states that "providers billing for 340B drugs shall bill the cost that is reflective of their acquisition cost. Providers shall indicate that a drug was purchased under a 340B purchasing agreement by appending the "UD" modifier on the drug detail." Medicaid does not collect rebates on claims from the Health Department.

# Chronic Pill Abusers

Patients must take responsibility for their own birth control supplies. If a patient has been established as a chronic abuser of supplies (has had replacement pills given three times), and is a non-Medicaid client, one of the following options may be utilized:

- a) Provide the patient with foam and condoms
- b) Provide the patient with a prescription for the pills

Medicaid patients that are determined to be chronic pill abusers may not be charged for replacement pills. However, these patients may be limited to one package of pills per visit to prevent continued abuse.

#### **Expensive Forms of Contraception**

Local health departments must assess their resources to determine the contraception methods that they can offer. Title X requires that all projects offer a broad range of acceptable and effective medically approved family planning methods and services either on site or by referral. If resources are limited, an alternative, less expensive form of contraception may be offered. If the patient persists in her request for expensive forms of contraception that are not available, she may be given a prescription and list of providers who offer the requested method of contraception. It should be made clear that if the patient chooses to access one of these providers, she will be doing so at her own expense.

Title X funded providers must not discriminate on the basis of a patient's ability to pay. The choice of contraceptive method should be based on what is best for each individual patient taking into consideration the preferences of the patient. However, as previously mentioned, the provider may have to substitute a less expensive method due to the agency's financial situation.

Family Planning patients who are unable to pay, for good cause, for Family Planning services may have fees waived by the Nursing Director or Financial Services Director.

#### SPECIAL SCHOOL HEALTH ISSUES

A portion of the amount contracted with Cleveland County Schools for school nursing and school based health center services will be used to pay for school based health center services provided to uninsured or underinsured students.

When school employees are seen for a billable service in one of the school-based health centers, their third-party insurance source should be billed. Co-payments, co-insurance and deductibles not paid by the third party, will be billed to the school staff member just as other health department clinic services are billed.

#### COMMUNITY ORGANIZATION FOR DRUG ABUSE PREVENTION (CODAP)

CODAP services provides the Student Options and Redirection (SOAR) program (formerly known as SOBIR – Student Options Begin with Intervention and Recovery) for students who violate substance abuse policies in Cleveland County Schools as well as students who violate underage drinking laws in the state of North Carolina. This program was formerly funded by a grant from the United Way of Cleveland County, Inc. and is now funded by community contributions to CODAP Services primarily from ABC community benefit funds generated from ABC stores in Shelby and Kings Mountain. CODAP staff members, to encourage use of the program as a prevention mechanism, deliver the services to students regardless of their ability to pay fees. A sliding fee scale based on annual income and the number of residents in a household based on a declaration from the parent/guardian of the program participant has been developed for the SOAR program (See attachment 8&9).

#### **RESTRICTION OF SERVICES**

As mentioned previously in the Financial Eligibility section, patients should be screened to determine financial eligibility at the time of the initial clinic visit. During the initial visit, if full pay is not rendered, expectations of reimbursement by the patient should be discussed and the patient should sign a contract-Patient Payment Agreement agreeing to pay for the cost of services and any outstanding balances not covered by another source. If, on subsequent visits, the patient is found to be in breach of contract and refuses to make a good faith effort to pay even a small portion of the bill without good cause, service denials or restrictions may be applied unless restricted by state or federal laws or regulations. The Health Department's policy will be to review a patient's account when his/her account reaches \$200.00 and no payment has been made in three months. Service restrictions will be considered on a case-by-case basis. Family Planning services will not be subjected to any variation in quality of services or denied/restricted due to inability/unwillingness to pay, amount of outstanding balance, nor will they be required to meet with the health director as an attempt to collect the past due amount. Maternal Health patients who are already in the clinic may not be denied services as this would be considered abandonment.

# BAD DEBT/WRITE-OFF POLICY

Delinquent accounts \$49.99, or smaller, will be written off at the end of each fiscal year, 12 months after the last date of Health Department service with no payments received. Anything \$50.00, or above, will be dealt with through North Carolina Debt-Set-Off procedures. Bad debts, which are determined to be uncollectible for reasons such as; bankruptcy or death, will be written off upon notification that the account is uncollectible; death certificate or bankruptcy papers. Items that are not eligible for bad debt write off NC Debt Set-Off, i.e.; patients without social security numbers will also be written off at this time. At no time will a patient be notified that their account has been written off as a bad debt.

An itemized list of uncollectible outstanding patient balances will be prepared at the end of the fiscal year for the Finance Director's review, and upon approval, fees may be written off as a bad debt. However, patients should never be informed that a debt has been written off.

The accounts receivable system shall indicate the written-off amount of the account.

# **DONATIONS**

Voluntary donations from patients are permissible. However, patients will never be pressured to make donations, and donations must not be a prerequisite for the provision of services or supplies. Donations should be budgeted and expended for the purpose requested by the patient, so long as such purpose is lawful.

The receipt of a donation does not result in the waiver of the billing/charging requirements set forth above. There is no schedule of donations, bills for donations, or any other implied coercion for donations.

# **GRIEVANCE PROCEDURES**

If a patient is unsatisfied with the services rendered or billing of said services, the patient should be referred to the Nursing Supervisor/Nursing Director for conflict resolution. If billing is in question, it may be necessary for them to consult with the accounting staff. The next course of action for the patient is appeal to the Health Director.

#### **CONFIDENTIALITY**

The confidentiality of patient information is of utmost concern to all Health Department staff. All employees are required to sign a statement assuring patient confidentiality. Employees who do not have a "need to know" or to access patient records are informed that it is not their right to view this information and are prohibited from doing so. With the passage and implementation of the Health Insurance Portability and Accountability Act (HIPAA) of 1996 (Federal Register 45 CFR, Part 160 & 164), health care providers have addressed many issues such as electronic transactions, medical records security and patient rights. Health Department employees must comply with HIPAA regulations relating to privacy and confidentiality. The Health Department will continue to address these issues and implement any necessary changes to comply with amendments to HIPAA and its regulations.

# 5.0 Appendices (Attachments):

- 1. Declaration of Income Statement
- 2. Third Party Confirmation Letter
- 3. Private Insurance Advance Notice
- 4. Advanced Beneficiary Notice (ABN)
- 5. Monthly Patient Statement
- 6. Debt Set Off Notification
- 7. Patient Payment Agreement
- 8. SOBIR Agreement
- 9. SOBIR Sliding Fee Scale

# 6.0 Legal Reference/Reference:

- 1. NC General Statute 130A-39
- 2. NC General Statute 130A-133(b)
- 3. Title V Guidelines
  - 4. NC General Statute 90-411
  - 5. NC Administrative Code .0205 c
  - 6. NC General Statute 105A
  - 7. Title X Guidelines
  - 8. Federal Register 45 CFR, Part 160 & 164
  - 9. NC General Statute 25-3-506

Date

Tom Spurling Chairperson, Cleveland County Board of Health

Spurling 11/10/2020 Date

Health Director

Tim Moore County Attorney Date

m. Chair Doug Bridges Date Cleveland County Board of Commissioners

Lucas Jackson

**Finance Director** 

#### **History of Revisions:**

Original Approved 2/1/99

Revised 11/9/99

Revised 2/1/03

Revised 3/9/05

Revised 10/24/05

Revised 6/1/06

Revised 5/07

Revised 9/10/07

**Revised 1/8/08** 

Revised 5/15/08

Revised 11/9/10

Revised 11/10/11

Revised 7/1/12

Reviewed 11/13/12

Revised 11/12/13

Revised 10/14/14

Revised 11/10/15

Revised 11/8/16

Revised 7/1/18

Revised 11/12/19

Revised

# <u>PLANNING DEPARTMENT: SET PUBLIC HEARING FOR CASE 20-13; REQUEST TO REZONE</u> <u>PROPERTY ALONG SANDY POINT ROAD FROM MANUFACTURED HOME PARKS (RM) TO</u> <u>RESTRICTED RESIDENTIAL (RR) (Schedule Public Hearing for January 19, 2021)</u>

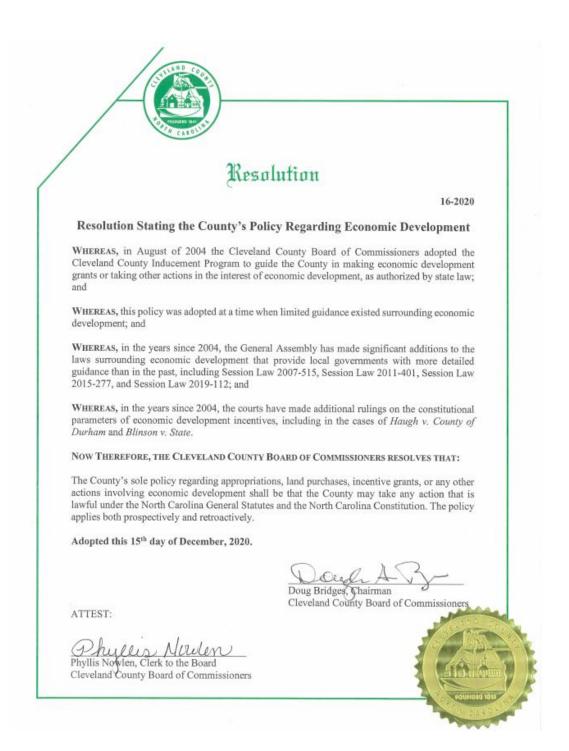
The Planning Department has received a request to rezone several parcels north of Shelby along Sandy
Point Drive from Manufactured Home Parks (RM) to Restricted Residential (RR). Landowners along Sandy Point
Drive has requested the rezoning of fourteen parcels from Manufactured Home Parks (RM) to Restricted
Residential (RR). The request has ten owners that have signed the petition, for a 71% signature rate. The
surrounding uses are mostly single-family dwellings, with an approved eight-unit manufactured home park located
at 104 Sandy Point Drive. The zoning district in this area is Manufactured Home Parks along Sandy Point Drive,
Restricted Residential to the south and east, Residential to the West, and General Business immediately north. The
Land Use Plan calls this area Future Residential. Restricted Residential allows for stick built and modular homes,
as well as some other nonresidential uses like churches.

<u>ACTION:</u> Commissioner Hutchins made a motion, seconded by Commissioner Whetstine, and unanimously adopted by the Board to, *approve scheduling the public hearing as requested*.

# **LEGAL: UPDATED ECONOMIC DEVELOPMENT POLICY**

In 2004, the County adopted a Cleveland County Inducement Program to guide the County in making economic development grants or taking other actions in the interest of economic development. This policy was adopted at a time when limited guidance existed surrounding economic development. Given the increase in guidance from the state level concerning economic development, staff recommends clarifying that the County's policy concerning economic development is that the County may take any action permitted by the North Carolina General Statutes and North Carolina Constitution. Staff recommends passing a resolution to this effect.

<u>ACTION:</u> Commissioner Hutchins made the motion, seconded by Commissioner Whetstine, and unanimously adopted by the Board, *to approve the resolution stating the County's policy regarding economic development.* 



# <u>COMMISSIONERS: NORTH CAROLINA ASSOCIATION OF COUNTY COMMISSIONERS (NCACC)</u> <u>VOTING DELEGATES</u>

In order to facilitate the voting process, the NCACC asks each county to designate one voting delegate prior to the 2021 Legislative Conference in January.

<u>ACTION:</u> Commissioner Hutchins made a motion, seconded by Commissioner Whetstine, and unanimously adopted by the Board to, appoint Commissioner Hutchins to serve as the voting delegate and Commissioner Whetstine to serve as the voting alternate for the 2021 North Carolina Association of County Commissioners virtual legislative conference.

#### APPROVAL OF 2021 COMMISSIONER REGULAR MEETING SCHEDULE

The Clerk to the Board included the *2021 Commissioner Regular Meeting Schedule*, in Board Members packets.

<u>ACTION:</u> Commissioner Hutchins made the motion, seconded by Commissioner Whetstine, and unanimously approved by the Board to, *approve the 2021 Commissioner Regular Meeting Schedule*.

# 2021 Cleveland County Board of Commissioners Meeting Schedule

January 19
February 2
February 18 & 19 – Work Session/Operations
March 16
April 6
April 20
May 4
May 18
June 1
June 15
July 6
August 3
September 7
September 21
October 5

**PUBLIC HEARINGS** 

October 19

November 2

November 16

December 7

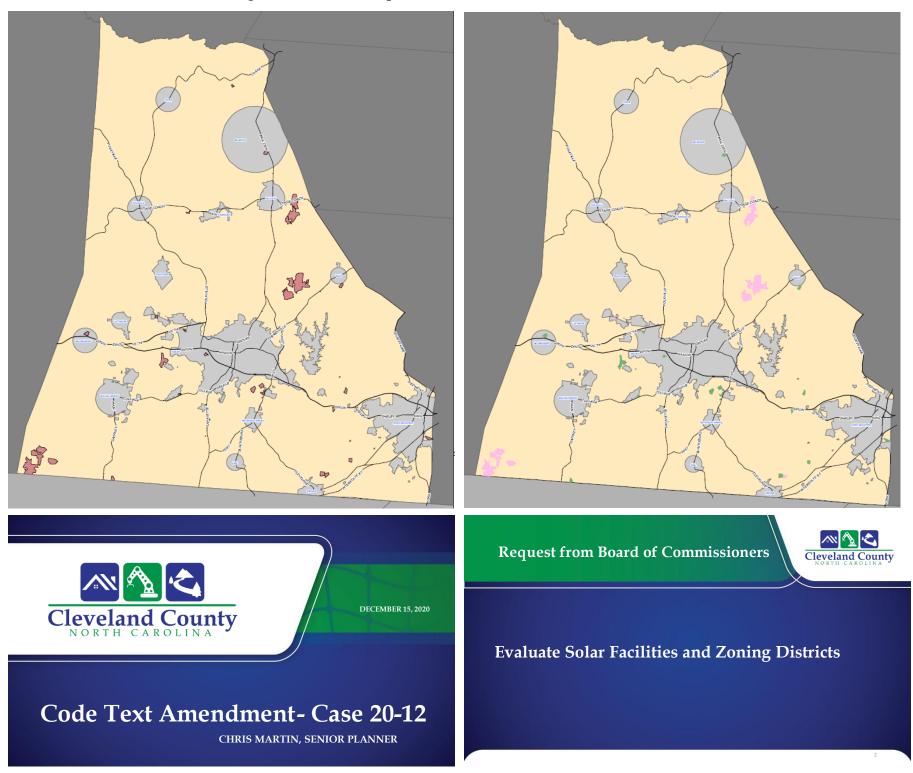
# <u>PLANNING DEPARTMENT – TEXT AMENDMENT: TABLE OF PERMITTED USES AND SOLAR</u> <u>FACILITIES</u>

Chairman Bridges called Chris Martin, Senior Planner, to the podium to present the Text Amendment for table of permitted uses and solar facilities. Mr. Martin reminded the Board that at their November 17, 2020 regular meeting, they received comments from property owners around the county regarding the effects of solar facilities. At that same meeting, Commissioners asked Planning staff and the Planning Board to evaluate the County's Table of Ordinances to determine if solar facilities would be better placed in areas zoned for industrial uses. Planning staff and the Planning Board have submitted an amendment to the Cleveland County Table of Uses, amending the allowances for solar facilities into only the Heavy Industrial (HI) and Light Industrial (LI) zoning districts with a zoning permit. Prior to 2012, there were no solar farm facilities in Cleveland County. When solar facilities were permitted, the county's code only allowed solar facilities in the Heavy Industrial (HI), Light Industrial (LI) and General Business (GB) districts.

At that time, the Board of Commissioners approved a request to expand the zoning districts that they were allowed in all the districts with a conditional use permit. The county's ordinance has been modified twice since that

time to strengthen development standards which included property screenings and setbacks. Since that time, Planning staff has seen a change in similar projects across the county with the most notable being the size of the property to be used for projects. This change has generated comments and concerns from surrounding property owners who could or will be affected by the new developments and projects.

Other electric power generating uses, such as hydroelectric, wind, and fossil fuels remained compliant only in the industrial and more intense commercial areas. Since then, the size of solar facilities has increased significantly, impacting larger residential areas throughout the County. With the increase in size, and the greater impact solar facilities have had on surrounding communities, it may be determined that they are more compatible in the industrial zoning districts, much like the other electric power generating uses. The Planning Board voted to recommend approving the text amendment request to only allow solar facilities in Heavy Industrial (HI) and Light Industrial (LI). The Board felt this amendment would effectively take the development of solar facilities out of residential areas. The following PowerPoint was presented to Commissioners.



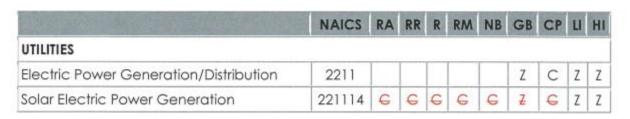


Section 12-124: Table of Uses

#### Current:

	NAICS	RA	RR	R	RM	NB	GB	CP	LI	HI
UTILITIES										
Electric Power Generation/Distribution	2211						Z	С	Z	Z
Solar Electric Power Generation	221114	С	С	С	С	С	Z	С	Z	Z

#### Proposed:



Chairman Bridges opened the Public Hearing at 6:25 pm for anyone wanting to speak for or against Text Amendment: Table of Permitted Uses and Solar Facilities. (*Legal Notice was published in the Shelby Star on Friday, December 4 and Friday, December 11, 2020*).

Hearing no comments, Chairman Bridges closed the Public Hearing at 6:26pm.

Chairman Bridges opened the floor to the Board for questions and discussion. Commissioner Hutchins asked if a moratorium could be put in place to pause permitting of new solar farms until the updated Land Use Plan is complete. Elliot Engstrom, contracted attorney for Cleveland County, advised a moratorium has to be passed by an

ordinance, would require a sixty-day notice and a public hearing. The proposed text amendment would limit the number of places where a solar farm can be located. Mr. Engstrom further advised if the Board wanted to further slow down the development of solar farms until the Land Use Plan is completed, this proposed amendment would accomplish that. County Manager Brian Epley reminded the Board that in January of 2019, they did place a moratorium on solar farms for the purpose of revisiting the County's first ever solar farm ordinance which included set back and screening requirements. Commissioner Whetstine stated the number of solar farms continues to grow in Cleveland County and is an industrial use. These facilities are beginning to impact the residential and agricultural areas of the county.

<u>ACTION:</u> Commissioner Whetstine made the motion, seconded by Commissioner Hardin, and unanimously adopted by the Board, to approve the text amendment for the table of permitted uses and solar facilities.

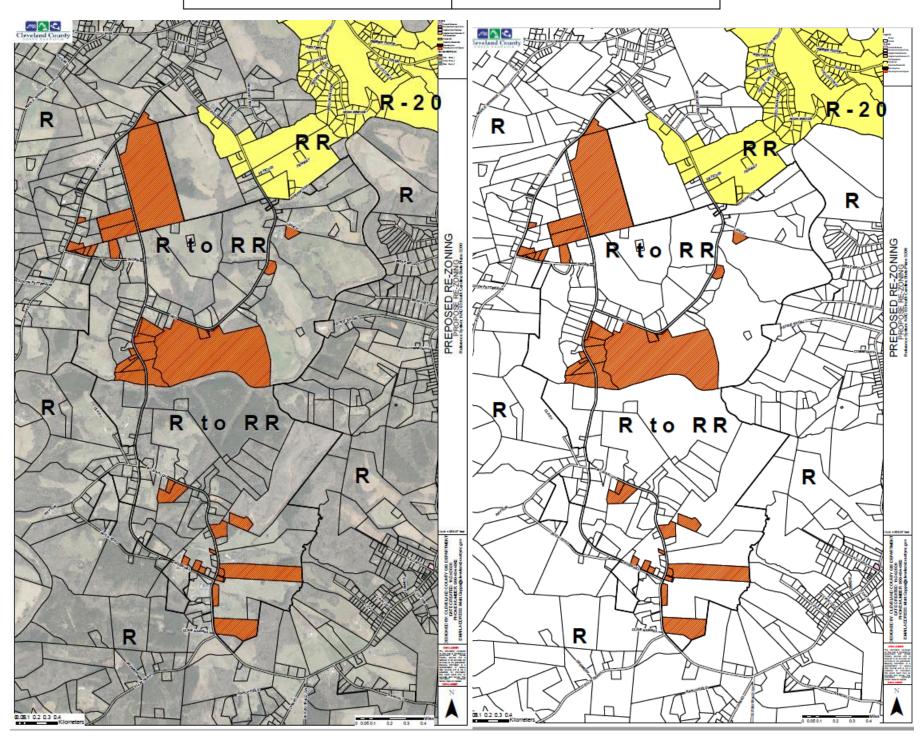
# <u>PLANNING DEPARTMENT CASE 20-08; REZONE MULTIPILE PARCELS FROM RESIDENTIAL</u> (R) TO RESTRICTED RESIDENTIAL (RR) DISTRICTS

Chris Martin, Senior Planner, remained at the podium to present case 20-08; rezone multiple parcels from Residential (R) to Restricted Residential (RR) districts. Landowners along Riverhill Road, between Burke Road and Buck Ford Road, have applied to rezone multiple parcels, totaling 2,193 acres from Residential to Restricted Residential. The request has 176 parcels included, with owners of 131 parcels signing the request, for a 74% signature rate. The surrounding uses are mostly single-family dwellings. The zoning district in this area is mostly Residential (R) with Restricted Residential (RR) abutting the northeast section of the requested parcels. Restricted Residential (RR) allows for stick built and modular homes, as well as some other nonresidential uses like churches. Residents have expressed an interest in keeping this area for single family residential uses. The 2005 Land Use Plan calls this area Future Residential. The County is currently working on updating the Land Use Plan which will evaluate all areas in the county.

The Planning Board voted 4-1 to recommend approving the rezoning request from Residential (R) to Restricted Residential (RR). The Board felt that the proposed rezoning would be an extension of an already existing zone and that the proposed rezoning was compatible with existing property uses in the area. Those uses include site-built homes and vacant parcels of land. They also advised it is consistent with the 2005 Land Use Plan. There was some opposition within the Planning Board; advising the Board of Adjustment would provide a tool to property owners to evaluate each use of that area. Mr. Martin reviewed the differences of Residential (R) and Restricted Residential (RR) to Board members.

#### Residential and Restricted Residential Allowances:

#### Residential: Restricted Residential: Housing Housing Single Family Dwellings Single Family Dwellings **Modular Homes** Modular Homes Manufactured Homes **Exempted Agricultural Uses** Manufactured Home Parks Two Family (Duplex) Multi-Family Housing Exempted Agricultural Uses Rural Home Occupations Utilities Utilities Solar Electric Power Generation Solar Electric Power Generation (C) Water and Sewer Treatment Water and Sewer Treatment (Minor) (Minor) Information Information o Amateur Radio Tower (C) Amateur Radio Tower (C) Library **Educational Services Educational Services** Elementary and Secondary Elementary and Secondary Schools Schools Health Care and Social Assistance Health Care and Social Assistance Nursing Care Facility Family Care Home Family Care Home Group Home (C) Assisted Living Facility Temporary Dependent Care Group Home (C) Facility (C) Temporary Dependent Care Child Day Care Facility (C) Child Day Care Arts, Entertainment and Recreation Arts, Entertainment and Recreation Museum Museum Zoo/Botanical Gardens (C) Zoo/Botanical Gardens (C) Nature Park Nature Park **Amusement and Recreation Industries** Amusement and Recreation Industries Golf Course and Country Club (C) Golf Course and Country Club (C) Marina (C) Marina (C) Private Airpark (C) Private Airpark (C) Other Amusement and Other Amusement and Recreation Recreation **Accommodation and Food Services** Accommodation and Food Services Bed and Breakfast Inn Bed and Breakfast Inn o RV Parks (C) Room and Boarding House Other Services Other Services o Religious Organizations/Churches o Religious Organizations/Churches o Civic and Social Organization (C) Civic and Social Organization (C) Public Administration **Public Administration** Public Safety Facilities Public Safety Facilities



Chairman Bridges opened the Public Hearing at 6:35 pm for anyone wanting to speak for or against Case 20-08; request to rezone multiple parcels from Residential (R) to Restricted Residential (RR) districts. (*Legal Notice* was published in the Shelby Star on Friday, December 4 and Friday, December 11, 2020).

Will Rucker, Red Road, Shelby – spoke in opposition of the rezoning case advising he and his family did not sign the petition. Mr. Rucker stated he has served on other planning boards in an Extraterritorial Jurisdiction (ETJ) capacity and knows about planning and zoning. Planning is not a one size fits all for the land in question and he doesn't feel it is fair for one person to request to rezone so much property in order to fit that person's personal motive.

Jonathon Thompson, 1719 Riverhill Drive., Shelby – spoke in opposition of rezoning rezone multiple parcels from Residential (R) to Restricted Residential (RR) districts. He and his wife bought eight acres and due to some complications, had to put an older mobile home on the property while their new home was undergoing renovations. He citied the main purpose they bought the land was it was zoned as only Residential (R).

Ed Holling, 1921 Riverhill Dr, Shelby – spoke in opposition of rezoning case. He owns thirty acres in the area requested to be rezoned. His mother did sign the petition but feels she didn't fully understand the ramifications of what the petition entailed. Mr. Holling is concerned what the rezoning may to do his property taxes. He echoed Mr. Rucker's comments about one person trying to rezone his property for their own intentions. Mr. Holling stated he lives in the country for a reason and if he wanted to live in a restricted neighborhood, he would've bought property there.

**Tom Young, 1538 Riverhill Drive., Shelby** – spoke in support of rezoning request. Mr. Young has lived in the neighborhood since 1974 and loves the area and his neighbors but fears the quality of the neighborhood may go down if it is not rezoned to Restricted Residential (RR).

**Bill Santos, Riverhill Drive., Shelby** – spoke in support of rezoning rezone multiple parcels from Residential (R) to Restricted Residential (RR) districts. He has lived in the neighborhood for fourteen years and echoed Mr. Young's comments about unnecessary businesses that could be built and the possible change of quality of life of the neighborhood.

Chris Turner, 1419 Mount Zion Church Rd., Shelby – spoke in support of the rezoning petition. He stated he likes the community the way it is and echoed the previous comments of those in support of rezoning the area to Restricted Residential (RR). He thanked Commissioners for listening to everyone's opinion concerning the rezoning case and the work they do to preserve the county.

**Jeremy King, no address given** – spoke against the rezoning request. Mr. King owns two separate large parcels of land and earlier in the year he applied for an RV permit which was later withdrawn. He continued that he feels targeted by the neighbors concerning the rezoning request due to his earlier request to build an RV Park. Mr. King stated he was not approached by the neighbors regarding the petition and further questioned if only a certain area could be rezoned but leave the rest as just Residential (R).

Matthew Rollins, 1408 Mount Zion Church Rd., Shelby – spoke in support of the rezoning request. He has lived in the neighbor since 1984 and owns multiple parcels in the neighborhood. He echoed Mr. Santos and Mr. Young's comments regarding the preservation and safety of the community.

**Phil Piercy, no address given** – spoke in support of the rezoning request. Piercy advised he was the individual who submitted the rezoning request on behalf of the community. The request is not to target any one individual but to preserve the community they live in. The neighbors do not want businesses or an RV park in the neighborhood.

**Jeremy King, no address given (rebuttal)** – Mr. King stated the comments made about the neighbors not wanting an RV Park built in the neighborhood is why he feels he is being personally targeted with this proposed rezoning request.

**Peggy Baker, 1624 Riverhill Drive, Shelby** – spoke in support of the rezoning request. She echoed the previous comments made about the preservation of the neighborhood.

Hearing no further comments, Chairman Bridges closed the Public Hearing at 7:06pm.

Chairman Bridges opened the floor to the Board for questions and discussion. Commissioner Hardin asked Mr. Martin if this request were passed and for example, Mr. Rucker wanted to apply to rezone his parcel, would he be able to. Mr. Martin stated he would; any property owner has the right to petition to rezone their property. Planning staff would accept their application, evaluate it and then present it to the Planning Board. The same criteria would be evaluated which includes consistency with the Land Use Plan, compatibility to the area around it and public interest. Commissioner Hutchins asked how many parcels in total are being requested to be rezoned to Restricted Residential (RR) and how many do not want to be rezoned. Mr. Martin advised there is a total of 176 properties included in the proposed zoning boundary. The signatures represent 130 of those properties.

Commissioner Hutchins stated although there are 130 signatures, some of those are duplicate names due to the fact some petitioners own multiple parcels. Mr. Martin replied that was correct. Commissioner Hutchins if

Commissioners had the option to approve the rezoning of some parcels but not all of the properties included in the petition. Mr. Martin stated that was correct. Commissioners have the options to either:

- Approve the request
- Deny the request
- Approve the request with modifications
- Table the decision to a later time to allow more time to gather information

If the Board chose to approve the request with modifications, they would have to take into consideration each separate parcel as there could be some spot zoning issues within that area. Commissioner Hutchins further inquired if a rezoning request of this magnitude has ever been presented to the Board before. Mr. Martin advised there has only been one prior petition of this size. That request happened in 1997 for the rural agriculture district. Commissioner Hutchins asked what has been the average size of property rezoning requests Planning has been receiving. Mr. Martin responded the average has been six acres and usually consists of only one or two parcels.

Commissioner Hutchins asked County Manager Brian Epley if the updated Land Use Plan could affect some of these areas that are being petitioned to be rezoned. Mr. Epley stated that is a more appropriate use for the Land Use Plan. The development of that plan will involve a tremendous amount of community interaction, public hearing and public input. It will consider various impacts to the county that was not a factor in the 2005 Land Use Plan.

Commissioner Whetstine inquired when would the updated Land Use Plan be completed. Mr. Epley stated the updates involve a lot of community input and engagement. Due to COVID-19, there has been significant delays in the completion of the new plan but staff is projecting completion of the update Land Use Plan to late spring or early summer. After its completion, it will be presented to the Board for their decision. Commissioner Hardin what would happen if the Board decided to table their decision to a later time. Mr. Martin explained the current ordinance would remain in place which requires manufactured homes and RV Parks to have a conditional use permit granted by the Board of Adjustment. They would hold a hearing for property owners to have an opportunity to voice their comments and concerns. Commissioner Gordon asked why the parcels 12 – 20 parcels located on Red Road north of the Restricted Residentials (RR) areas, highlighted in yellow on the map, were not included in the petition. Mr. Martin stated the original petitioner touched on that advising the petition continued growing and they, the neighborhood, had to find a stopping place for their request. Commissioner Gordon further inquired the concerns regarding RV Parks and their locations in the county could be addressed. Mr. Martin responded that the Planning staff is currently working on developing a RV Park ordinance that will be presented to the Planning Board in the coming months. Mr. Epley added that the rising number of RV parks has been on the Commissioners and staff's radar which is why a thorough ordinance is in the works to address the issue.

Commissioner Hutchins questioned the surrounding areas on the map where the proposed rezoning requests abuts to, asking if any ETJ's were included. Mr. Martin advised Planning staff will be doubling checking to ensure there will be no overlapping into other jurisdictions. Commissioner Whetstine again noted on the size of the parcels being petitioned for rezoning and asked if this could be submitted for consideration to the county's long-range plan and have input from the residents from this community. Mr. Martin replied that is a conversation that can be had with the consultants working on the new Land Use Plan.

<u>ACTION:</u> Commissioner Hutchins made the motion, seconded by Commissioner Whetstine, and unanimously adopted by the Board, to continue the public hearing until the April 6, 2021 Commissioners meeting to give the Planning Board more time to meet with the residents of the community.

# REGULAR AGENDA

# COVID-19 UPDATE AND MASS VACCINATION PLANNING

Chairman Bridges called Tiffany Hansen, Health Department Director, to the podium to present the COVID-19 update and mass vaccination roll-out plan. Mrs. Hansen reviewed the following information and PowerPoint to Board members.





Chairman Bridges opened the floor to the Board for questions and discussion. Commissioner Hutchins thanked Mrs. Hansen for the information given and asked of the 5,000+ people who have tested positive for COVID-19, how many have made a full recovery to date. Mrs. Hansen stated according to their data, 4,700 people have made a recovery from COVID-19 but noted that at this time there are about 300 – 400 active cases of

COVID-19 in Cleveland County. Chairman Bridges inquired if the initial allotment of 1,000 vaccines will be enough to get qualified citizens through the first phase. Mrs. Hansen advised the Health Department does not know the exact allotment that will be sent to the county but to err on the side of caution to anticipate the lowest number of allocated vaccines which will be 100 doses of Moderna. The county should receive that amount on a weekly basis based off the dosage estimate from the North Carolina Department of Health and Human Services.

Commissioner Whetstine asked for clarification that the 100-dose allotment is only for the county's Health Department and does not include any vaccines the local hospitals or doctor's offices may receive. Mrs. Hansen advised that was correct, the Health Department along with other medical providers in the county will receive weekly doses of the vaccine. Commissioner Hardin asked if children will be able to get the vaccine as well. Mrs. Hansen stated they will not. Studies have shown children are less likely to get COVID-19 and testing was done on children under the age of sixteen during the vaccine trials. Board members thanked Mrs. Hansen and her staff for the hard work they are doing to help combat COVID-19.

<u>ACTION:</u> Commissioner Hutchins made the motion, seconded by Commissioner Hardin, and unanimously adopted by the Board, *to approve the county's vaccination plan*.

# **BOARD APPOINTMENTS**

# CLEVELAND COUNTY ANIMAL SERVICES ADVISORY BOARD

<u>ACTION:</u> Commissioner Hardin made the motion, seconded by Commissioner Hutchins, and unanimously adopted by the Board, *to re-appoint Dr. Luke Martin and James Willard to serve as members of this board*, for a period of one-year, scheduled to conclude December 31, 2021.

# <u>CLEVELAND COUNTY BOARD OF ADJUSTMENT</u>

<u>ACTION:</u> Commissioner Whetstine made the motion, seconded by Commissioner Hardin, and unanimously adopted by the Board, to re-appoint Thomas Fletcher, Paul Aulbach and Joyce Coleman to serve as members of this board and to appoint Leon Martin as an alternate member of this board for a period of three-years, scheduled to conclude December 31, 2023.

# CLEVELAND COUNTY VETERAN'S ADVISORY BOARD

<u>ACTION:</u> Commissioner Hardin made the motion, seconded by Commissioner Whetstine, and unanimously adopted by the Board, *to re-appoint Debra Conn to serve as a member of this board*, for a period of three-years, scheduled to conclude December 31, 2023.

# KINGS MOUNTAIN PLANNING AND ZONING BOARD (ETJ)

<u>ACTION:</u> Commissioner Whetstine made the motion, seconded by Commissioner Gordon, and unanimously adopted by the Board, *to re-appoint Renee Bost to serve as a member of this board*, for a period of three-years, scheduled to conclude December 31, 2023.

**COMMISSIONER REPRESENTATIVE APPOINTMENTS** 

<u>ACTION:</u> Chairman Bridges appointed Commissioner Hutchins to serve as the Cleveland County

Economic Development Liaison and Chairman Bridges will serve as the alternate. This appointment is made by

the Board Chairman.

**ACTION:** Commissioner Hardin made the motion, seconded by Commissioner Whetstine, and unanimously

adopted by the Board, to appoint Commissioner Gordon to serve on the Cleveland County Fair Board.

**ACTION:** Commissioner Hutchins made the motion, seconded by Commissioner Hardin, and unanimously

adopted by the Board, to appoint Commissioner Whetstine to serve on the Partners Behavioral Health Board.

**ACTION:** Commissioner Hutchins made the motion, seconded by Commissioner Hardin, and unanimously

adopted by the Board, to appoint Commissioner Gordon to serve on the Rural Fire Commission.

**ACTION:** Commissioner Gordon made the motion, seconded by Commissioner Hutchins, and unanimously

adopted by the Board, to appoint Commissioner Hardin to serve on the Social Services Advisory Board.

**CLOSED SESSION** 

**ACTION:** Commissioner Hardin made the motion, seconded by Commissioner Hutchins, and unanimously

adopted by the Board, to go into closed session per North Carolina General Statute 148-318.11(a)(5) and (a)(6)

to establish the amount of compensation and other material terms of an employment contract or proposed

employment contract and to consider a personnel matter. (Copy of closed session minutes are sealed and found in

Closed Session Minute Book).

RECONVENE IN REGULAR SESSION

**ACTION:** Commissioner Whetstine made the motion, seconded by Commissioner Hardin, and unanimously

adopted by the Board to, reconvene in open session.

Chairman Bridges announced the Board took action in closed session regarding a personal matter.

<u>ADJOURN</u>

There being no further business to come before the Board at this time, Commissioner Hutchins made a

motion, seconded by Commissioner Hardin, and unanimously adopted by the Board, to adjourn the meeting. The

next meeting of the Commission is scheduled for Tuesday, January 19, 2021 at 6:00 p.m. in the Commissioners

Chamber.

Doug Bridges, Chairman

Cleveland County Board of Commissioners

Phyllis Nowlen, Clerk to the Board Cleveland County Board of Commissioners