

CLEVELAND COUNTY BOARD OF COMMISSIONERS

December 17, 2013

The Cleveland County Board of Commissioners met in a regular session on this date, at the hour of 6:00 p.m., in the Commission Chamber of the Cleveland County Administrative Offices.

PRESENT: Jason Falls, Chairman
Eddie Holbrook, Vice-Chairman
Susan Allen, Commissioner
Johnny Hutchins, Commissioner
Ronnie Hawkins, Commissioner
Jeff Richardson, County Manager
Bob Yelton, County Attorney
Kerri Melton, County Clerk
April Crotts, Deputy Clerk
Chris Green, Tax Administrator
Allison Mauney, Human Resources Director
Other individual names on file in the Clerk's Office

CALL TO ORDER

Chairman Jason Falls called the meeting to order and led the audience in the Pledge of Allegiance. Commissioner Johnny Hutchins, provided the invocation.

AGENDA ADOPTION

ACTION: Johnny Hutchins made the motion, seconded by Eddie Holbrook, and unanimously adopted by the Board, to *adopt the agenda as presented by the County Clerk with the following deletion.*

I. BOARD OF ELECTIONS Budget Amendment (BNA#032)

CITIZEN RECOGNITION

No citizens signed up to speak.

CONSENT AGENDA

APPROVAL OF MINUTES

There being no corrections, additions, or deletions to the Minutes of *November 19, 2013 regular meeting*, motion was made by Johnny Hutchins, seconded by Susan Allen, and unanimously adopted by the Board, to *approve the minutes as written.*

SOCIAL SERVICES: BUDGET AMENDMENT (BNA #030)

ACTION: Johnny Hutchins made the motion, seconded by Susan Allen, and unanimously adopted by the Board, to *approve the following budget amendment:*

<u>Account Number/Project Code</u>	<u>Department/Account Name</u>	<u>Increase</u>	<u>Decrease</u>
011.507.4.410.00	Outside Poor/Local & Other Grants	\$3,698.	
011.507.5.700.00	Outside Poor/ Grants	3,698.	

Explanation of Revisions: Budget Amendment necessary to accept a United Way grant in the amount of \$3,698 FY 2013/2014 to assist with emergency food and shelter for adults.

SHERIFF'S OFFICE: BUDGET AMENDMENT (BNA #031)

ACTION: Johnny Hutchins made the motion, seconded by Susan Allen, and unanimously adopted by the Board, *to approve the following budget amendment:*

<i>Account Number/Project Code</i>	<i>Department/Account Name</i>	<i>Increase</i>	<i>Decrease</i>
010.441.4.810.00	Sheriff's Office/Donations/Contributions	\$10,500.	
010.441.4.991.00	Sheriff's Office/Fund Balance Approp	5,000.	
010.441.5.211.00	Sheriff's Office/Controlled Equipment	15,500.	

Explanation of Revisions: Request to budget donations received from Dover Foundation and Bailey Endowment for the purchase of ballistic vests for officers.

TAX ABATEMENTS AND SUPPLEMENTS

The Tax Assessor provided Commissioners with a detailed written report regarding tax abatements and supplements during *November 2013*. The monthly grand total of tax abatements was listed as (\$38,551.28); and, the monthly grand total for tax supplements was listed as \$4,032,571.19.

TAX COLLECTOR'S MONTHLY REPORT

The Tax Collector provided Commissioners with the following detailed written report regarding taxes collected during *November 2013* (copy found on Page _____ of Minute Book _____).

HEALTH DEPARTMENT: FINANCIAL ELIGIBILITY FEE COLLECTION POLICY

ACTION: Johnny Hutchins made the motion, seconded by Susan Allen, and unanimously adopted by the Board, *to approve the updated Financial Eligibility Fee Collection Policy (see highlighted changes):*

CLEVELAND COUNTY DEPARTMENT OF PUBLIC HEALTH		GUIDELINE/PROCEDURE: Financial Eligibility/Fee Collection Policy		MANUAL: Board of Health	
				SUBJECT: Financial Eligibility/Fee Collection Policy	
NAME OF GUIDELINE	APPROVED BY:	EFFECTIVE DATE:	VERSION:	PAGE	
CCHD Financial Eligibility/ Fee Collection Policy	Health Director, Cleveland County Boards of Health and County Com's.	2/1/99	FINAL	1 OF 12	
	PREPARED BY:	DATE LAST REVISED:	DATE LAST REVIEWED:		
	Alisa Leonard Rodella Gold	11/12/13	11/12/13		

1.0 Policy:

Fees for 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, 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 program 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. Mandated services will not be denied based solely on the inability to pay. All staff members involved in collection of fees for service shall consistently follow the established guidelines for fee collection through the statements addressed in this document and shall hold all client information confidential.

The Cleveland County Health Department provides services without regard to religion, race, national origin, creed, gender, parity, marital status, age 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: Purchase of Care and 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
- c) Share a common source of income.

Other programs should use an Economic Unit to define a family. 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 **19 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.

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.

Definition of a New Patient

A new patient is a patient who has not been seen by a Health Department provider **of the same specialty** within the past 3 years.

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

Each patient should establish identity by providing **two a forms** 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, Breast and Cervical Cancer Control Program (BCCCP), HIV/AIDS: No residency requirement.

Eye Clinic, Diabetic Clinic, Glaucoma/Diabetic Screening, Care Coordination for Children, Pregnancy Care Management, Postpartum Newborn Screening: must be Cleveland County resident.

Maternal Health Clinic, Dental Clinic, Child Health Clinic, Women, Infants and Children's Program: must be resident of North Carolina.

Documentation of Income

Patients will be asked to provide documentation of income. WIC and BCCCP patients will be required, per program guidelines, to provide documentation of income prior to receiving services. Family Planning patients that do not provide verification of income will have charges assessed to the sliding fee scale based on the information provided verbally about income. For patients other than Family Planning, documentation of income will be required. 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 (see example Attachment 1) at the time of service delivery that they are responsible for the full amount of the fees for services rendered. The patient will be allowed to provide documentation within two five business days in order to base the previous 100% charge to 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 days. Once income is documented, it may be used for multiple programs.

Acceptable forms of income documentation are:

- a) 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) Bank statement

When documentation of income has been verified the interviewer should make a note in the "NOTE" field of the FI screen on the QS Patient System of their documentation.

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 due to Title V exemptions.

The Employment Security Commission 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 and child support 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
- l) 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
- l) 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 landlord, should verify zero income of a patient (Attachment 1).

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 Financial Eligibility Form (Attachment 2) 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. A Financial Eligibility Form should be completed at each income screening. The Financial Eligibility Form should be signed and dated by the patient and initialed by the interviewer. The Financial Eligibility Form will become part of the patient record.

Note: If a patient is considered “confidential,” it will be documented on the Financial Eligibility Form.

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) Add the actual income earned during the previous six months and projected income for the future six months
- b) Use income from the previous 12 months. The previous 12 months period is calculated based on the date the applicant signed the income statement or the first date of program covered services, whichever is earlier.
- c) 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.

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. 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 Cleveland County Health Department will determine fees based upon cost of services. For non-mandated services, flat rate fees may be established for a service based on cost. Fees will be approved by the Cleveland County 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 payers for analysis of the specimen. 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 (NC General Statute 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. 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.

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 North Carolina General Statute 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. 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" (Attachment 2) or Financial Information Form in QS Patient Information System statement should be signed and dated at the initial visit and updated and signed annually thereafter or whenever there is a change in insurance provider or other third party reimbursement.

Private Pay

Patients with a household income above 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.

Patients with private insurance in which we are an out-of network provider will be encouraged to use their in-network provider.

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 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 to the address listed with the insurance company. Patients should always sign Informed Consent form.

Medicaid

Medicaid recipients who request services are exempt from income eligibility guidelines. However, all Maternity patients shall be referred to the eligibility specialist for evaluation and documentation. Maternal Health patients that are income screened and determined 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.

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 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 North Carolina governmental regulations (North Carolina Administrative Code .0205/NC General Statute 130a-124), which require that all funds collected, must 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, statements given to the patient will include full charges, sliding fee amounts, payments on accounts and the total balance due.**

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 a monthly basis (Attachment 4). **Statements will not be generated monthly for patients with a balance below \$15.00. Patients who have a balance less than \$15.00, will be sent a statement quarterly. Statements will include full charges, sliding fee amounts, payments on accounts and the total balance due.**

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

Debt Set-Off

As authorized by North Carolina General Statutes, Chapter 105A, the Cleveland County 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 60 days past due and \$50.00 or greater will be submitted through a clearinghouse to the North Carolina Department of Revenue for collection by applying the past due amount against any income tax refund 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 5) will be followed. Patients will be encouraged to resolve their past due amount before the debt set-off is submitted for collection.

Staff members who collect fees should be pleasant, polite, positive, professional, friendly and assertive. 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 that shows the patient's pledge for payment should be given to him/her (see Attachment 6). Each patient should be informed that he/she is expected to make a good faith effort toward payment of these fees.

SPECIAL FAMILY PLANNING ISSUES

Since the Cleveland County 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.

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

According to regulations governing school health services, local health departments may bill Medicaid for Medicaid-covered services even though they may also be provided to non-Medicaid eligible children for free. However, all other third parties liable for services will be billed as required by law.

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.

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 agreeing to pay for the cost of services 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 and Federal regulations. The Cleveland County 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 will be written off no earlier than two years after the last date of Health Department service. Bad debts, which are determined to be uncollectible (i.e. bankruptcy, death), will be written off upon notification that the account is uncollectible. At no time will a patient be notified that their account has been written off as a bad debt. If an inactive patient presents for service with a history of fees that have

been written off in the last write-off, the prior service fees will be reactivated and the billing process will resume.

An itemized list of uncollectible outstanding patient balances will be prepared at the end of the fiscal year for the Health Director's review. Upon approval of the Health Director, Board of Health and Board of County Commissioners, 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. A listing of patients that have been sent statements shall be kept on file as evidence that they have been notified of their amounts due.

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.

The receipt of a donation does not result in the waiver of the billing/charging requirements set forth above.

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 are expected to comply with HIPAA regulations relating to privacy and confidentiality. The Cleveland County Health Department will continue to address these issues and have implemented necessary changes to comply with the regulations effective April 14, 2003.

HEALTH DEPARTMENT: ENVIRONMENTAL HEALTH FEE CHANGES

ACTION: Johnny Hutchins made the motion, seconded by Susan Allen, and unanimously adopted by the Board, *to approve changes to the environmental health fee schedule as follows.*

- Food and Lodging Establishment Fee: N.C. Environmental Health Legislation, Session Law 213-360, increases annual fee permits for food and lodging establishments effective August 1, 2013. This fee increase is mandated by the State. Attached is the memorandum regarding the fee increase.

Session Law 2013-360 increases the annual permit fee charged by the Department of Health and Human Services (through the Environmental Health Section) for food and lodging establishments from \$75 to \$120. The effective date of this change is August 1, 2013. The legislation directs the Department to retain no more than \$50 of each fee in support of State health programs and activities. The remaining \$70 of the fee is to be distributed to local health departments in support of local food and lodging programs. This fee increase represents additional funds for distribution back to the health departments in support of the local programs. While there will be additional funds to distribute to the local health departments the manner in which those distributions are calculated remains unchanged.

The new legislation also directs that fees for Temporary Food Establishments (TFE's) and Limited Food Services Establishments (LFSE's) remain at \$75 for each permit issued and are to be collected by the local health departments. The legislation directs that these locally collected TFE and LFSE permit fees be used for support of local food, lodging, and institution sanitation programs and activities. Session Law 2013-360 provides the definition of a TFE which previously did not exist in general statute. Exemptions from the permit fees remain in place for nutrition sites for the elderly, establishments that sell meat or poultry and school cafeterias. Effective August 1, 2013 annual permit fees for food and lodging establishments will be set and billed by the Environmental Health Section at \$120. Local health departments are to charge a \$75 fee for each permit issued to a TFE or LFSE. The proceeds from those fees are to be used to support local Food, Lodging and Institution Program activities.

- **Expired Permit Fee:** The Environmental Health fee for expired permits was implemented in 1999 to accommodate builders/home owners who purchased permits and were unable to begin construction before the permit expired due to a busy economic climate. In 2009, the State Department of Environmental Health expanded the life of the permit to eliminate the need for the expired permit fee. Surrounding Counties were canvassed and results indicate that no other County offers a decreased fee for expired permits. It is recommended that the expired permit fee be eliminated from the Cleveland County Environmental Health fee schedule.

REGULAR AGENDA

CONSTITUTION DAY ESSAY WINNERS

Commissioners introduced Dr. Anita Ware who recognized the following students for their winning essays about Constitution Day. Commissioners asked Easton Gragg, the overall winner, to read his essay.

Courtney Teague- Kings Mountain High School

Easton Gragg - Shelby High School

Micah Croft - Crest High School

Maggi Terry - Burns High School

REGULAR AGENDA

RECOGNITION OF MIKE BRANCH- RETIRING COMMUNICATIONS DIRECTOR

Commissioners thanked Communications Director Mike Branch for his years of service to Cleveland County.

ACTION: Ronnie Hawkins made the motion, seconded by Johnny Hutchins, and unanimously adopted by the Board, *to adopt the following resolution:*

**A RESOLUTION IN RECOGNITION OF
COMMUNICATIONS DIRECTOR MIKE BRANCH**

WHEREAS, effective December 31, 2013, Mike Branch will retire from Cleveland County; and

WHEREAS, Mike has been an employee of Cleveland County since June, 1982 beginning as a Telecommunicator and retiring as the Communications Director; and

WHEREAS, Mike has assisted the Department in many major upgrades throughout his career including the use of CAD (Computer Aided Dispatch) in the mid 1990's; and

WHEREAS, throughout his career, Mr. Branch has received several Region C citations for his dedication and "Excellence in Service", a true accomplishment in this line of work; and

WHEREAS, this year, Mike was instrumental in planning and installing a major 911 phone system upgrade that provided the ability to switch from analog signal to Internet Protocol based system for better functionality which will prepare the Cleveland County Communications Center to be Next Generation compatible; and

WHEREAS, throughout his years of service, Mike has earned the admiration, respect and friendship of those with whom he has worked and come into contact.

THEREFORE, BE IT RESOLVED by the Cleveland County Board of Commissioners that Mike Branch be commended for his years of service to the County and the citizens and we extend to Mike, best wishes for many years of good health and happiness during his retirement and her future endeavors.

This the 17th day of December, 2013.

PUBLIC HEARINGS

COMMUNITY DEVELOPMENT BLOCK GRANT- MACO PROJECT CLOSEOUT

Amy Bridges, with Isothermal Planning & Development Commission thanked Commissioners for allowing Isothermal to administer the Small Business Entrepreneurial Grant for MACO. The purpose of the hearing will be to receive comments from area citizens concerning the County closing out a 2011 Community Block Grant (CDBG) Small Business Entrepreneurial Grant. The County was awarded \$250,000.00 to complete the eligible activities including: Developing Financing-Equipment Purchase, Planning, and Grant Administration. Developing Financing-Equipment Purchase was completed at a cost of \$216,500.00, Planning was completed at a cost of \$8,500.00 and Grant Administration was completed at a cost of \$25,000. As part of the grant, the company was also required to make a capital investment. Ms. Bridges called this "a very successful project." The installation of the new equipment at MACO has helped the company secure a multi-million dollar contract and hire more employees than anticipated.

Chairman Falls opened the public hearing. (Notice of this hearing was accomplished with a block ad in the non-legal, non-classification section of the paper)

Robert Williams, 815 E. Stagecoach Trail, spoke in reference grants. "This grants business is being taken too far." He believes that grants should not be taking the place of banks.

Hearing no other comments, Chairman Falls closed the public hearing.

ACTION: Ronnie Hawkins made the motion, seconded by Eddie Holbrook and unanimously adopted by the board, *to close out CDBG Small Business Entrepreneurial grant for MACO.*

BOARD APPOINTMENTS

AGRICULTURAL ADVISORY BOARD

ACTION: Johnny Hutchins made the motion, seconded by Susan Allen and unanimously adopted by the board to, *appoint Bryan McMurray* to serve as a member of this board for a term of three-years, scheduled to conclude on December 31, 2016.

CLEVELAND COUNTY BOARD OF ADJUSTMENT

ACTION: Ronnie Hawkins made the motion, seconded by Johnny Hutchins, and unanimously adopted by the Board, *to appoint Myron Edwards, Jeff Ames and Mitch Chaplin as regular members of this board and to appoint Larry Dooley as an alternate member of this board* (Clerks Note: See Cleveland County Planning Board appointment). The term of the regular appointments is for a period of three-years, scheduled to conclude December 31, 2016. There is no term expiration for alternate members.

COMMISSION FOR WOMEN

ACTION: Ronnie Hawkins made the motion, seconded by Susan Allen, and unanimously adopted by the Board, *to appoint Linda Martin and Shirley Lail* to serve as members on this board. The term of this appointment is for a period of three-years, scheduled to conclude December 31, 2016.

EMPLOYEE PRODUCTIVITY AWARD COMMITTEE

ACTION: Ronnie Hawkins made the motion, seconded by Johnny Hutchins, and unanimously adopted by the Board, *to re-appoint Michael Chrisawn* to serve on this board. The term of this appointment is for a period of one-year, scheduled to conclude December 31, 2014.

CLEVELAND COUNTY BOARD OF HEALTH

ACTION: Johnny Hutchins made the motion, seconded by Ronnie Hawkins, and unanimously adopted by the Board, *to re-appoint Dr. Kendalyn Lutz-Craver, Ms. Gina Ayscue and Dr. Michael Alexander* to serve on this board. The term of this appointment is for a period of three-years, scheduled to conclude December 31, 2016.

INDUSTRIAL FACILITIES AND POLLUTION CONTROL FINANCING AUTHORITY

ACTION: Johnny Hutchins made the motion, seconded by Eddie Holbrook, and unanimously adopted by the Board, *to appoint Ronnie Whetstine* to serve on this board. The term of this appointment is for a period of six-years, scheduled to conclude December 31, 2019.

NURSING HOME ADVISORY COMMITTEE

ACTION: Susan Allen made the motion, seconded by Ronnie Hawkins, and unanimously adopted by the Board, *to re-appoint Ginger Poteat* for a term of three-years to conclude on December 31, 2016 *and to appoint Tammy Hogue* to serve as a member of the committee. Ms. Hogue's initial appointment is for a term of one-year, scheduled to conclude December 31, 2014.

CLEVELAND COUNTY PLANNING BOARD

ACTION: Ronnie Hawkins made the motion which was seconded by Eddie Holbrook, *to re-appoint Dobbins Lattimore, Joyce Coleman, Melissa Spearman, Larry Dooley, Darryl Crawford and Max Hopper* to serve as members of this Board.

Commissioner Hutchins noted that Larry Dooley was just appointed to the Board of Adjustment and it has not been the practice of Commissioners to have citizens serve on both the Board of Adjustment and the Planning Board.

ACTION: Johnny Hutchins made a substantive motion, seconded by Ronnie Hawkins, and unanimously adopted by the Board, *to Dobbins Lattimore, Joyce Coleman, Melissa Spearman, Darryl Crawford and Max Hopper* to serve as members of this Board and have Planning Director Bill McCarter contact Mr. Dooley to see which board he is interested in serving on. These appointments are for a term of three-years, scheduled to conclude December 31, 2016.

REGION C WORKFORCE DEVELOPMENT BOARD

ACTION: Ronnie Hawkins made the motion, seconded by Johnny Hutchins, and unanimously adopted by the Board, *to re-appoint Suzi Kennedy and Tim Blackwell* to serve as members of this board. The term of this appointment is for a period of three-years, scheduled to conclude December 31, 2016.

GASTON COMMUNITY ACTION

ACTION: Johnny Hutchins made the motion, seconded by Eddie Holbrook, and unanimously adopted by the Board, *to re-appoint Georgianna Hartgrove* to serve as a member of this board. The term of this appointment is for a period of three-years, scheduled to conclude December 31, 2016.

COMMISSIONERS REPRESENTATIVES

RURAL FIRE COMMISSION

ACTION: Johnny Hutchins made the motion, seconded by Ronnie Hawkins, and unanimously adopted by the Board, *to appoint Susan Allen* to serve as a Commissioner member of this board. The term of this appointment is for a period of three-years, scheduled to conclude December 31, 2016.

SOCIAL SERVICES BOARD

ACTION: Ronnie Hawkins made the motion, seconded by Johnny Hutchins, and unanimously adopted by the Board, **to appoint Susan Allen** to serve as a Commissioner member of this board (*Chairman Falls has asked that his seat be filled due to commitments as Chairman*).

CLEVELAND COMMUNITY COLLEGE BOARD OF TRUSTEES

ACTION: Ronnie Hawkins made the motion, seconded by Susan Allen, and unanimously adopted by the Board, **to appoint Johnny Hutchins** to fill an unexpired term left by the death of Jim Gold. This term will expire on June 30, 2014.

CLEVELAND COUNTY ECONOMIC DEVELOPMENT PARTNERSHIP

Chairman Falls re-appointed Vice-Chairman Eddie Holbrook to serve as the Commissioner Representative on the Cleveland County Economic Development Partnership Board.

COMMISSIONER REPORTS

Commissioner Hutchins attended an MPO meeting where they focused on three major projects: Shelby Bypass, widening of Interstate 85 from Mount Holly to the South Carolina Line and the Garden Parkway. During the meeting, discussion was held regarding a toll along the area of the widening of I85. Most elected officials were not supportive.

County Manager Jeff Richardson gave a brief update on the new Health Department building. Chairman Falls asked Commissioners to take any suggestions they may have to the County Manager for review.

ADJOURN

There being no further business to come before the Board at this time, Johnny Hutchins made a motion seconded by Eddie Holbrook, and unanimously adopted by the Board, **to adjourn the meeting**. The next regular meeting of the Commission will be held on **Tuesday, January 7, 2014 at 6:00 p.m.** in this Commission Chamber.

*Jason Falls, Chairman
Cleveland County Board of Commissioners*

*Kerri Melton, Clerk
Cleveland County Board of Commissioners*