

Cleveland County Board of Commissioners
December 5, 2017

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: Eddie Holbrook, Chairman
Susan Allen, Vice-Chair
Johnny Hutchins, Commissioner
Ronnie Whetstine, Commissioner
Doug Bridges, Commissioner
Jason Falls, Interim County Manager
Tim Moore, County Attorney
Phyllis Nowlen, Clerk to the Board
Brian Epley, Finance Director
Allison Mauney, Human Resources Director
Paul Ezell, Chief Building Inspector
Perry Davis, Emergency Management Director
Dana Causby, Board of Elections Director
Betsy Harnage, Register of Deeds

CALL TO ORDER

Chairman Eddie Holbrook called the meeting to order and Commissioner Hutchins led the audience in the Pledge of Allegiance and provided the invocation for the meeting.

SELECTION OF COMMISSION CHAIR

Interim County Manager Jason Falls opened the floor to accept nominations for Commission Chair.

NOMINATIONS: Commissioner Whetstine made a motion to nominate Eddie Holbrook for Chair (*Commissioner Bridges seconded the motion*). Commissioner Hutchins made a motion that nominations be closed and Eddie Holbrook be elected by acclamation (*Commissioner Allen seconded the motion*). ***Eddie Holbrook was elected Chairman by unanimous vote.***

SELECTION OF COMMISSION VICE-CHAIR

Chairman Holbrook opened the floor to accept nominations for Commission Vice-Chair.

NOMINATIONS: Commissioner Hutchins made a motion to nominate Susan Allen for Vice-Chair (*Commissioner Whetstine seconded the motion*). ***Susan Allen was elected Vice-Chairman by unanimous vote.***

AGENDA ADOPTION

ACTION: Commissioner Hutchins made the motion, seconded by Commissioner Allen and unanimously approved by the Board to, ***approve the agenda.***

SPECIAL PRESENTATION

WEST END REACH ON THE MOVE

Chairman Holbrook called Langston Ramseur, Fiscal Analyst, to the podium to present the West End Reach On The Move update. The initiative was started earlier this year as a partnership between the County and other key stakeholders. The purpose of this initiative is to provide positive change to the local community through a partnership with community leaders, local non-profits, and government. The foremost intent of the project is to

improve community health within Cleveland County. Currently, the main focus is improving the wellbeing of citizens living in the West Shelby community. Earlier this year, surveys were distributed to persons living in the West Shelby Community. Data from these surveys showed that transportation was the key element needed in providing access to health resources in Cleveland County. From this data, the idea of creating a transit route serving the West Shelby Community was born. Through partnership and the guidance of the Community Advisory Board, West End R.E.A.C.H Transit was created. The route is funded through a partnership between Cleveland County, Cleveland County Healthcare Foundation, Partners Behavioral Health and TACC.

Mr. Ramseur introduced Rita Terry who resides in the West Shelby Community and utilizes the West End R.E.A.C.H Transit. Ms. Terry thanked the Commissioners, the Community Advisory Board and other key people who played a vital role in developing the West End R.E.A.C.H Transit. Ms. Terry is now able to make her doctors appointments, go to the pharmacy and grocery store. She stated the program has allowed her to become more independent and is another positive step forward in the West Shelby Community.

Mr. Ramseur showed a video highlighting the ribbon cutting of the West End R.E.A.C.H Transit.

CITIZEN RECOGNITION

No citizens registered to speak.

CONSENT AGENDA

APPROVAL OF MINUTES

The Clerk to the Board included the Minutes of the *November 21, 2017 regular meeting*, in Board Members packets.

ACTION: Commissioner Hutchins made a motion, seconded by Commissioner Bridges, and passed unanimously by the Board to, *approve the minutes as written.*

MANAGER'S MONTHLY REPORT

The Finance Department issued the Manager's Monthly Report. Several key benchmarks are noted in the report.

- The County has received the annual rebate in the amount of \$69,514 from Bank of America for qualified use of the electronic procurement system.
- The County's external auditors began initial year-end field work on site in late June. Since that point there has been multiple teams across the organization as final field work has been completed. Audited year end financials have been submitted to the Local Government Commission and will be presented to the Board in January 2018. The submitted report contains no findings.
- Included in packets are lateral and departmental line item transfers between 10/30/2017 – 11/27/2017.

County of Cleveland, North Carolina
 Manager's Budget Summary
 Presented at the 12/05/2017 Board Meeting
 Time Period Covered : 10/30/17 - 11/27/17

LATERAL BUDGET TRANSFER LISTING

TO DEPT	DEPT NAME	FROM DEPT	EXPLANATION	BUDGET AMOUNT
40.239	Regional Grain Proj	40.210	To cover regional grain grant match	\$ 1,741.00
484.230	Cap Proj - Consol Jail Proj	44.802	To cover legal feasibility study	\$ 27,332.00
40.241	Cap Proj - EMS Belwood	10.998	To cover new EMS Belwood Bldg/Construction - Engineering	\$ 5,537.00

County of Cleveland, North Carolina
 Manager's Budget Summary
 Presented at the 12/05/2017 Board Meeting
 Time Period Covered : 10/30/17 - 11/27/17
 For Fiscal Year Ending June 30, 2018

DEPARTMENTAL LINE ITEM TRANSFERS FOR DEPT

DBLIT #	DATE SUBMITTED BY DEPT	DEPT NAME	EXPLANATION	BUDGET AMOUNT
49502	11/9/2017	Cooperative Extension	Transfer carryover funds to cover Volunteer Appreciation	\$ 830
49503	11/16/2017	Cooperative Extension	To cover mailing of package for Goat Show Promotion	\$ 10
49504	11/20/2017	Cooperative Extension	To cover Volunteer Appreciation Day expenses	\$ 830
44401	11/15/2017	Detention Center	To cover addl cost of Audio Video equipmet	\$ 4,000
54701	11/27/2017	HEALTH - PCM/CC4C	To transfer CC4C funds for additional departmental supplies.	\$ 1,000

DEPUTIZED CHECK SIGNERS

The Assistant Finance Director and Senior Finance Accountant acts in a fiduciary manner on behalf of the Finance Director in his absence. As such, both positions have authority to assist in maintaining the fiscal records of the County and the signing of various checks as necessary to maintain proper payment schedules. Staff is recommending the approval of two Finance positions and four Detention Center positions to be formally deputized as officers for the sole purpose of continuing to control the County accounts and the Inmate account to ensure clients' needs are met.

ACTION: Commissioner Hutchins made a motion, seconded by Commissioner Bridges, and passed unanimously by the Board to, *approve two Finance positions and four Detention Center positions to be formally deputized as officers for the sole purpose of continuing to control the County accounts and the Inmate account.*



FINANCIAL ELIGIBILITY FEE COLLECTION POLICY

ACTION: Commissioner Hutchins made a motion, seconded by Commissioner Bridges, and passed unanimously by the Board to, *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 13	
	PREPARED BY:	DATE LAST REVISED:	DATE LAST REVIEWED:		
	Alisa Leonard Rodella Gold	11/14/17	11/14/17		

1.0 Policy:

Fees for Health Department services are authorized under NC General Statutes 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

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.

The Cleveland County Health Department uses the 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 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.

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 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, 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 Home Visits: 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. Eye Clinic and Glaucoma/Diabetic Screening patients will also be required to provide documentation of income to establish eligibility for services. 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 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 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 business 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 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.

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, **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
- 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 Employment Security Commission, 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 Financial Eligibility 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. A Financial Eligibility Declaration of Income 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 Declaration of Income Form will become part of the patient record.

Note: If a patient is considered "confidential," it will be documented ~~on the Financial Eligibility Declaration of Income Form household tab in the employer field and flagged~~ 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) If there has been a change in employment, add the actual income earned during the previous six months and projected income for the future six months
- b) If employment has been continuous, 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. 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 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 without discrimination to all patients. 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. 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) ~~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 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.

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 their 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 to the address listed with the insurance company. Patients should always sign Informed Consent form. Family Planning patients will not be charged more in copayments, deductibles or other fees than they should pay according to the sliding fee scale.

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. 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 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~~ information 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 5). Patients who have a balance less than \$15.00, will be sent a statement quarterly.

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 90 days past due and \$50.00 or greater will be submitted to the assistant county attorney who will issue the final bill. If payment is not received after 120 days the assistant county attorney 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 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. 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 Patient Payment Agreement that shows the patient's pledge for payment should be given to him/her (see Attachment 7). 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.

COMMUNITY ORGANIZATION FOR DRUG ABUSE PREVENTION (CODAP)

CODAP services for the Student Options Begin with Intervention and Recovery (SOBIR) Program is funded primarily by the United Way of Cleveland County, Inc. They encourage delivery of service regardless of ability to pay. Therefore, a sliding fee scale was developed for the SOBIR Program. Annual income and the number of residents in a household are accepted based on declaration from the parent/guardian of the student in the program (see attachments 8 & 9). Also, see SOBIR Program Policy.

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

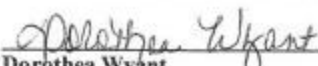
The confidentiality of patient information is of utmost concern to all Health Department staff. All employees are required to sign a statement assuring patient confidentiality. Employees who do not have a "need to know" or to access patient records are informed that it is not their right to view this 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.

4.0 Appendices (Attachments):

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

5.0 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


Dorothea Wyant
Health Director


Thomas Spurling
Chairman, Cleveland County Board of Health


Tim Moore
County Attorney


Eddie Holbrook, Chair
Cleveland County Board of Commissioners


Brian Epley
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 11/14/17

COOPERATIVE EXTENSION: BUDGET AMENDMENT (BNA #025)

ACTION: Commissioner Hutchins made a motion, seconded by Commissioner Bridges, and unanimously adopted by the Board to, ***approve the following budget amendment:***

<u>Account Number</u>	<u>Project Code</u>	<u>Department/Account Name</u>	<u>Increase</u>	<u>Decrease</u>
040.239.4.350.00		Regional Grain Proj/State Gov't Grants	\$160,000.00	
040.239.5.700.00		Regional Grain Proj/Grants	\$160,000.00	

Explanation of Revisions: Budget grant funds from NC Agricultural Development and Farmland Preservation Trust Fund for Regional Grain Project. County match of \$33,750 for the grant will be funded thru Capital Proj budget. Grant will be used to obtain specialty grain equipment to help local farming community.

EMERGENCY MANAGEMENT: BUDGET AMENDMENT (BNA #026)

ACTION: Commissioner Hutchins made a motion, seconded by Commissioner Bridges, and unanimously adopted by the Board to, ***approve the following budget amendment:***

<u>Account Number</u>	<u>Project Code</u>	<u>Department/Account Name</u>	<u>Increase</u>	<u>Decrease</u>
10.437.4.310.00	97067-1742	Public Safety/Federal Gov't Grt	\$16,000.00	
10.437.5.910.00	97067-1742	Public Safety/Capital Equipment	\$16,000.00	

Explanation of Revisions: Budget Amendment to budget funds from NC Dept of Public Safety to purchase a trailer with equipment to support wildfire operations. Equipment included will be: chainsaws, gas cans, rakes and leaf blowers. Per State, trailer and equipment must be purchased as a package deal. There is no County match.

HEALTH DEPARTMENT: BUDGET AMENDMENT (BNA #027)

ACTION: Commissioner Hutchins made a motion, seconded by Commissioner Bridges, and unanimously adopted by the Board to, ***approve the following budget amendment:***

<u>Account Number</u>	<u>Project Code</u>	<u>Department/Account Name</u>	<u>Increase</u>	<u>Decrease</u>
012.545.4.810.00	N/A	Nurse Family Partner/Donations-Contri	\$22.00	
012.545.4.991.00	0DUKE-P545	Nurse Family Partner/Fund Balance Approp	\$2,405.00	
012.545.4.991.00	93226-P545	Nurse Family Partner/Fund Balance Approp	\$80.00	
012.545.5.310.00	08NFP-P545	Nurse Family Partner/Travel-Training	\$2,485.00	
012.545.5.790.00	N/A	Nurse Family Partner/Donations-Contri	\$22.00	

Explanation of Revisions: Budget grant funds received in previous year and donation to purchase diapers for clients in the program.

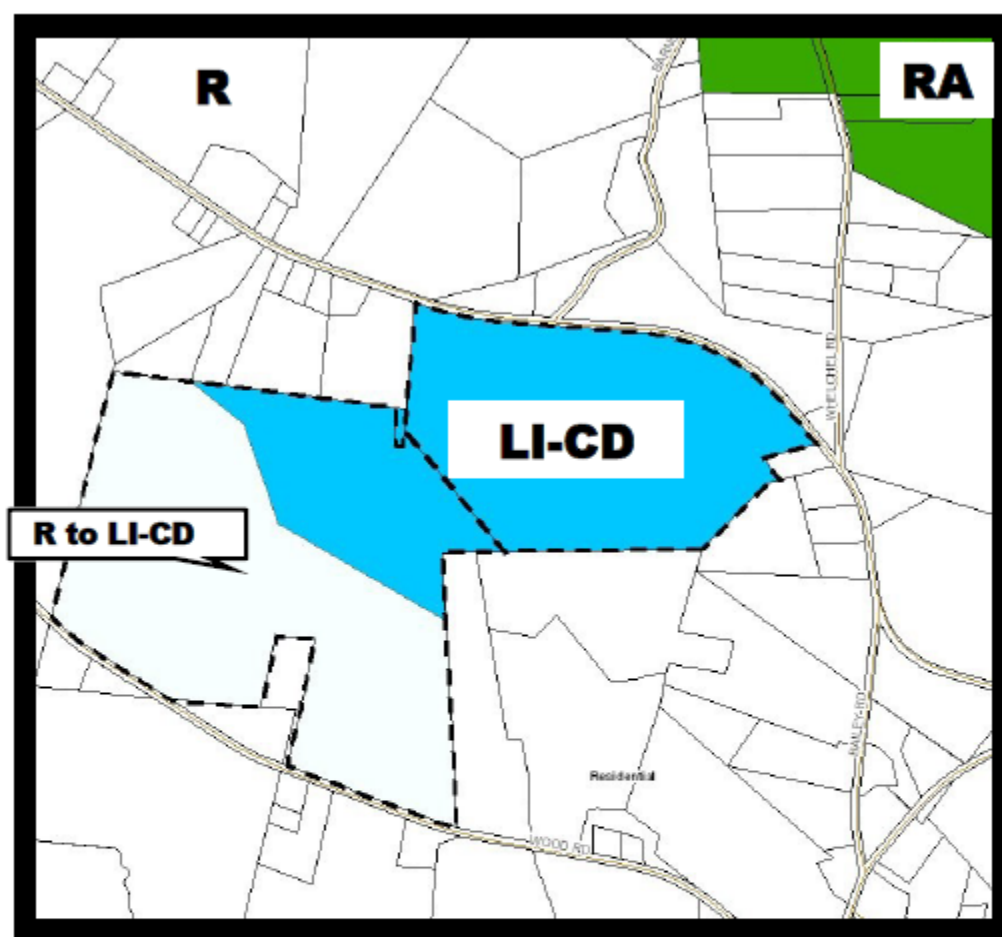
PUBLIC HEARINGS


PLANNING DEPARTMENT: ZONING CASE 17-07; PARCEL 229 AT 2624 WOOD ROAD

Chairman Holbrook called Chris Martin, Senior Planner for Cleveland County, to the podium. Mr. Martin stated Cypress Creek Renewables is requesting to rezone a portion of Parcel 229, at 2624 Wood Road, from Residential (R) to Light Industrial-Conditional District (LI-CD) to be used for the construction of a solar farm. This

would be in addition to the other portion of Parcel 229 and Parcel 60226 that are currently zoned LI-CD. At the February 3, 2015 Commissioner’s meeting the Board unanimously approved a Conditional Rezoning on Parcel 60226 and a portion of Parcel 229 to Light Industrial Conditional District for the creation of a solar farm to Innovative Solar, LLC. This solar farm design was approximately 151 acres along McCraw Road in the Southwest portion of Cleveland County. The parcels are located two miles west of the Duke Energy Plant.

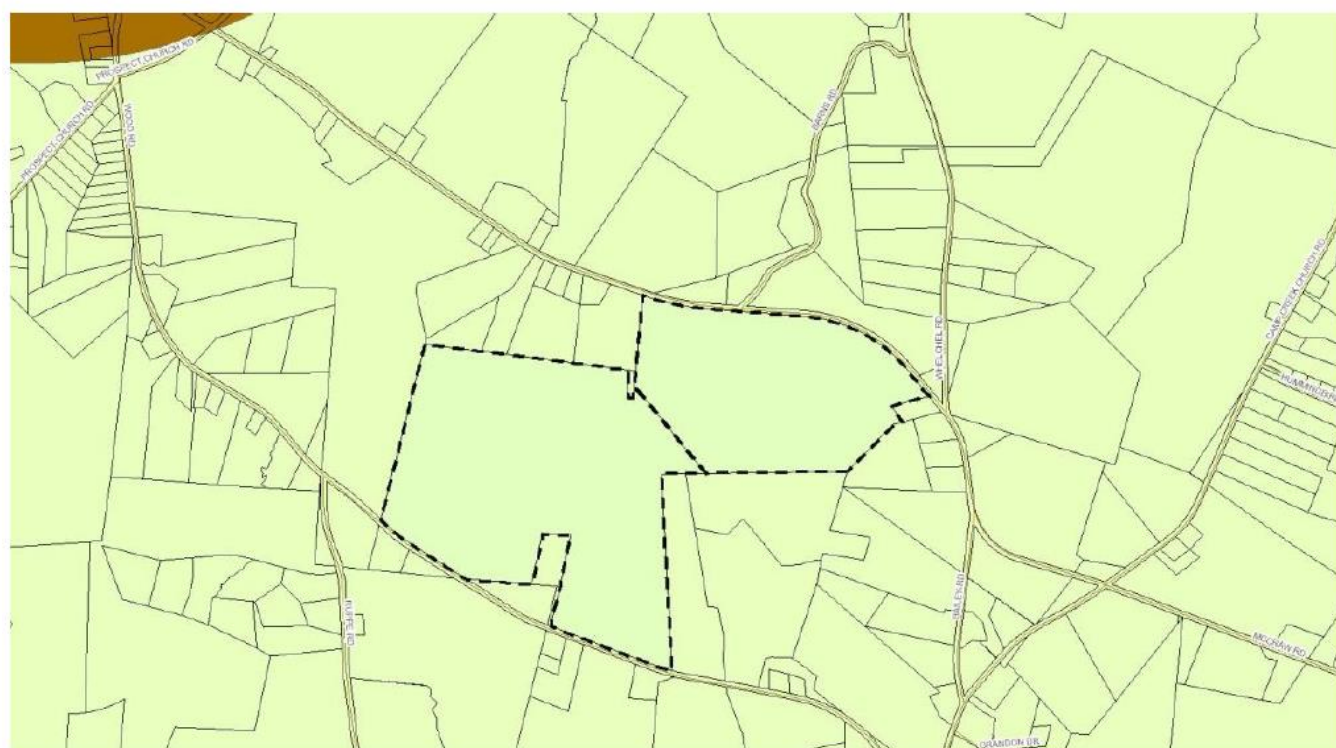
Cypress Creek Renewables intends to build the previously approved solar farm project on the 151 acres currently zoned LI-CD. Rezoning the remaining land on parcel 229, currently zoned R, is necessary so the company can expand the solar farm approximately 58 additional acres to complete the 20-megawatt project. The area is designated rural residential on the land use plan and the surrounding area is comprised of larger tracts of land. This area consists mostly of rural residential and agricultural uses.



REZONING CASE 17-07: 2624 Wood Road			
Existing:	Residential		
Proposed:	Light Industrial Conditional District		
Planning Board Recommendation			
Public Hearing	December 5, 2017		
R	Residential	NB	Neighborhood Business
RR	Restricted Residential	GB	General Business
RM	Manufactured Homes & Parks	LI	Light Industrial
RA	Rural Agricultural	HI	Heavy Industrial

The Planning Board voted unanimously to recommend the rezoning be approved and stated this area is designated “Rural Residential” and Light Industrial zoning would not be consistent with this plan, however, the use of a solar facility, with proper site planning and screening, should be consistent with the Rural Residential designation. Rezoning the property would be considered an extension of an existing zoning district. The required solar standards, including screening and fencing, will help fit the character of development typically found in this area. There was no opposition at the Planning Board Meeting.

Case # 17-07 Re-Zoning: 2624 Wood Rd. / McCraw Rd. Solar Farm: R to LI-CD
Future Land Use Plan Designation



Chairman Holbrook opened the Public Hearing at 6:26 pm for anyone wanting to speak for or against the rezoning case 17-07; Parcel 229, at 2624 Wood Road.

Brett Hanna, Attorney at Nelson Mullins, 4140 Parklake Ave, Raleigh NC – is representing Cypress Creek Renewables and spoke in support of the rezoning case. The project has been purchased from a prior developer and has come before the Board asking for the rezoning on the property that should have been requested to be zoned Light Industrial-Conditional District (LI-CD) from the very beginning. Mr. Hanna advised the owners will meet and comply with any restrictions and guidelines set for the rezoning. He continued stating the positive effects and long term outcomes of zoning large parcels the same.

Roland Allen, 2224 S. Lafayette St – is against the rezoning of Parcel 229. His concern is this may set a precedent for future projects. He stated commercial solar farms should be approved and built in areas that are already zoned Light Industrial. Mr. Allen continued saying Solar Farms are able to bypass zoning requirements by securing and purchasing conditional use permits then will request land/zoning expansion. This will make it easier for solar farms to rezone Residential areas to Light Industrial in the future. He concluded by asking what will be the guidelines of rezoning Residential areas to Light Industrial.

Tim Hullert, 2637 Wood Road - spoke in favor of rezoning Parcel 229. He stated solar power is the cleanest, renewable and sustainability source of energy to use. He feels solar energy reduces the cost and impact in a community. Solar energy also cuts down the amount of carbon omission produced by other fossil fuel generates. In closing Mr. Hullert spoke about the delicacy of current power lines and grids. In the event of a major storm, solar energy will still be able to provide the needed power to places such as hospitals and communities.

Hearing no further comments. Chairman Holbrook closed the Public Hearing at 6:27 pm. (Legal Notice was published in the Shelby Star on Friday, September 8, 2017 and Friday, September 15, 2017).

Chairman Holbrook opened the floor to the Board for questions. Commissioner Hutchins asked Mr. Martin to review the screening ordinances. Mr. Martin advised last year the Commissioners adopted an ordinance requiring Solar Farms to have type A screens between the fence and the property line. Type A is the strictest screening and is to be an evergreen or a type pf screen that cannot be seen through with a height of six feet. The ordinance also states property owners must maintain the screen. Commissioner Whetstine stated the Planning Board and staff do an excellent job explaining to developers etc. what is expected in development expansions and growth.

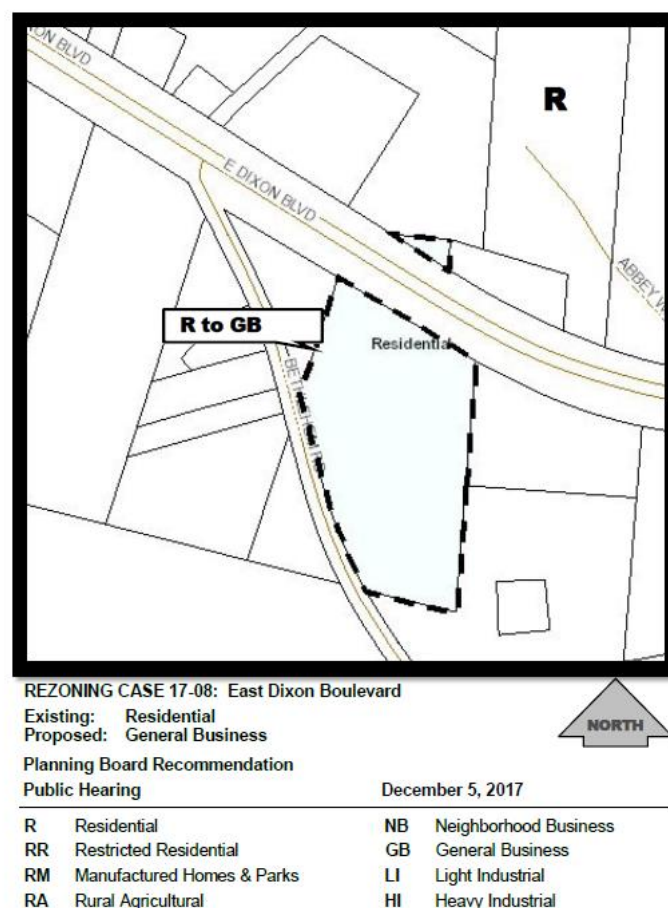
ACTION: Commissioner Allen made a motion, seconded by Commissioner Whetstine, and passed unanimously by the Board to, *approve the rezoning of Parcel 229 from Residential (R) to Light Industrial-Conditional District (LI-CD).*

PLANNING DEPARTMENT: ZONING CASE 17-08; 109 PARCEL 7779 ON EAST DIXON BLVD

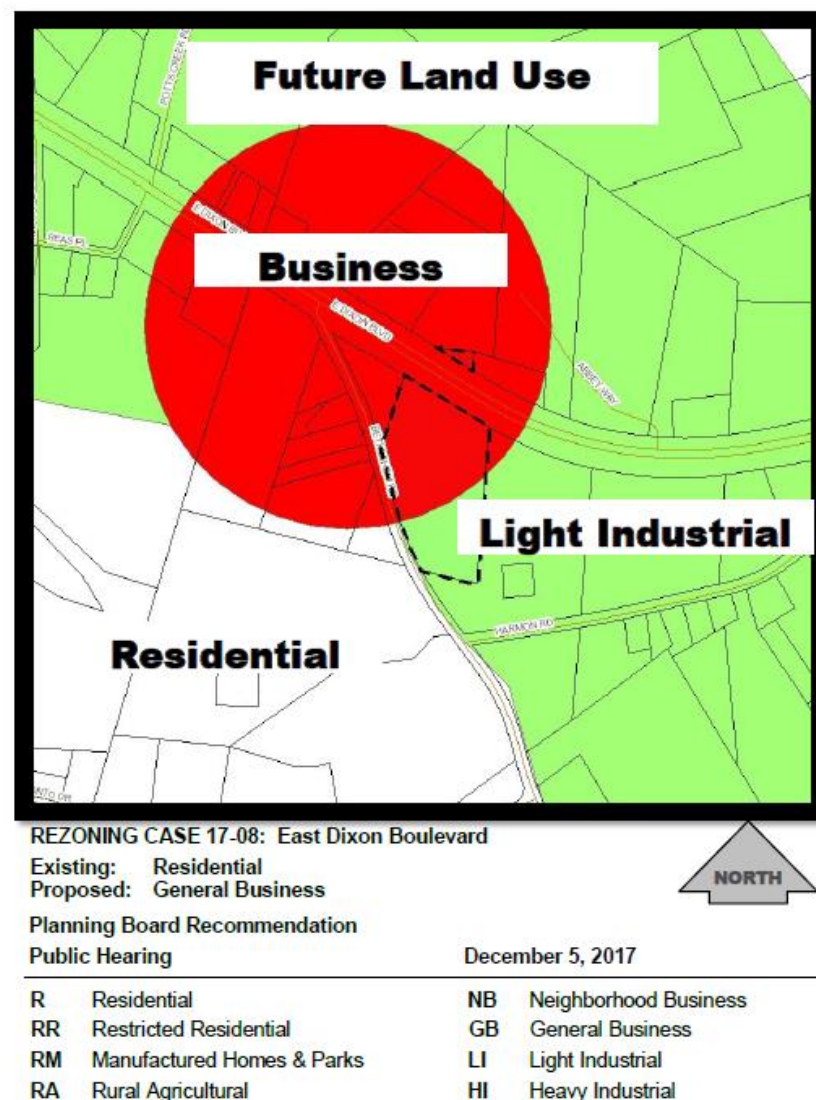
Chairman Holbrook called Chris Martin, Senior Planner for Cleveland County, to the podium. Mr. Martin stated Jacqueline Ann Harmon is requesting a zoning map amendment from Residential (R) to General Business (GB). The property for consideration, parcel 7779, is approximately ten (10) acres located on East Dixon Blvd, at the intersection of Bethlehem Road, east of Shelby city limits. This property, along with the immediately surrounding area, is zoned Residential, however, being along Highway 74, it also falls into the Corridor Protection Overlay which allows many retail and office commercial uses. There is land zoned Heavy Industrial to the east and west along Highway 74. This area is designated as Commercial on the Land Use Plan.

In accordance with NCGS 153A-341, a plan consistency statement must be recorded. Session Law 2017-10 requires the statement must take one of the three below forms:

1. A statement approving the proposed zoning amendment and describing its consistency with the Land Use Plan;
2. A statement rejecting the proposed zoning amendment and describing its inconsistency with the Plan; or
3. A statement approving the proposed amendment and declaring that this also amends the Plan, along with an explanation of the change in conditions to meet the development



The Planning Board voted unanimously to recommend approving the rezoning request stating this area is designated as commercial in the Land Use Plan however rezoning to General Business (GB) would be compliant with the Plan. This property is located along Highway 74 and Bethlehem Road and is currently allowed to be developed for the commercial uses listed in the Corridor Protection district. The Land Use Plan designates this intersection as future commercial. There was no opposition at the Planning Board Meeting.



Chairman Holbrook opened the Public Hearing at 6:51 pm for anyone wanting to speak for or against the rezoning case 17-08; parcel 7779 on East Dixon Blvd. No citizen chose to speak. Chairman Holbrook closed the Public Hearing at 6:52 pm. (Legal Notice was published in the Shelby Star on Wednesday, November 22, 2017 and Wednesday, November 29, 2017).

Chairman Holbrook opened the floor to the Board for any questions. Commissioner Hutchins asked for clarification regarding the land use plan in the red business area on the map. Mr. Martin advised the area in question is designated more than 50% as commercial business and this would be consistent with the land use plan.

ACTION: Commissioner Hutchins made a motion, seconded by Commissioner Bridges, and passed unanimously by the Board to, *approve the General Business (GB) zoning request to Parcel 7779. It complies with the Land Use Plan.*

REGULAR AGENDA

BUILDING/PERMITTING UPDATE

Chairman Holbrook called Paul Ezell, Chief Building Inspector, to the podium to present the Building and Permitting Update.

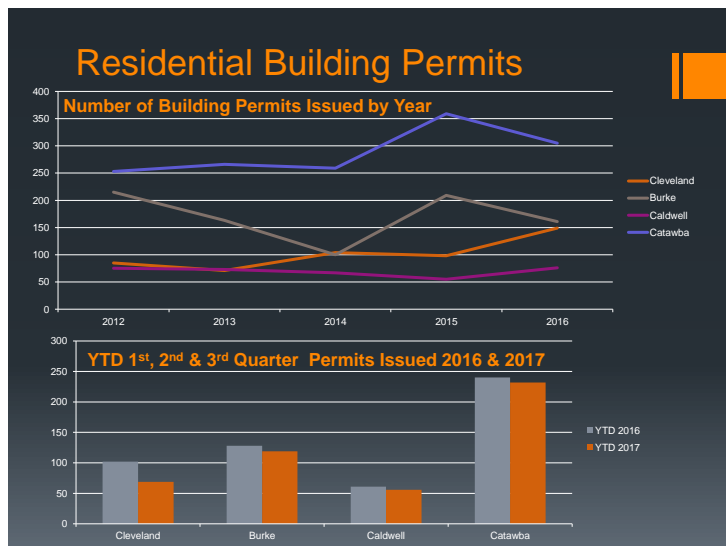
2017 Building Permits Update

9/30/17
Building Permit Trend Report
(themarketedge.com)

Residential Building Permit Trends

County	Yearly Permits Issued					2016-2017 YTD Quarterly Permits issued					
	2012	2013	2014	2015	2016	2016 Q1	2016 Q2	2016 Q3	2017 Q1	2017 Q2	2017 Q3
Cleveland	84	97	55	67	117	27	29	33	33	41	24
Burke	72	76	94	126	134	39	26	47	32	33	44
Caldwell	65	86	95	89	91	19	24	29	19	32	28
Catawba	144	196	229	262	341	70	96	81	138	83	93

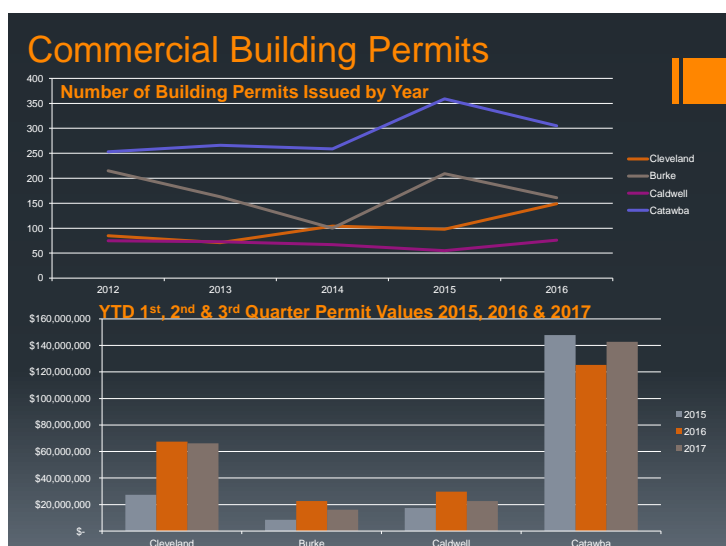
County	2016 YTD to 2017 YTD		High End (Over 4000 Sq. Foot)		Yearly Percent Change					
	YTD 2016	YTD 2017	2014	2015	YTD 2016-2017	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017 YTD
Cleveland	89	98	3	2	4	15%	-43%	22%	75%	10%
Burke	112	100	18	28	21	6%	24%	34%	6%	-3%
Caldwell	72	78	39	44	35	32%	10%	-6%	2%	10%
Catawba	247	313	52	68	76	36%	17%	14%	33%	27%



Commercial Building Permit Trends

County	Number of Permits Annual					YTD (Q1+Q2+Q3)	
	2012	2013	2014	2015	2016	YTD 2016	YTD 2017
Cleveland	85	71	104	98	149	102	69
Burke	215	163	100	209	161	128	118
Caldwell	75	73	67	55	76	61	56
Catawba	253	266	259	359	305	240	232

County	Permit Value Annual		YTD (Q1+Q2+Q3)			Value % Change	
	2015	2016	2015	2016	2017	2015-2016	YTD 2016-2017
Cleveland	\$ 118,506,574	\$ 84,953,564	\$ 27,356,066	\$ 67,496,644	\$ 66,208,150	-28%	147%
Burke	\$ 13,929,991	\$ 29,659,875	\$ 8,420,618	\$ 22,568,595	\$ 16,024,730	113%	168%
Caldwell	\$ 19,260,490	\$ 40,921,469	\$ 17,420,410	\$ 29,728,669	\$ 22,697,817	112%	71%
Catawba	\$ 165,296,774	\$ 166,711,968	\$ 147,884,306	\$ 125,242,373	\$ 142,703,536	1%	-15%



Upcoming Commercial Projects

Upcoming projects for Cleveland County Inspections:

- The new Clearwater Paper Plant
- The new Fairfield Inn Marriott Hotel
- 15 Building Permits issued 11/16/2017 for new homes at Autumn Woods on Maplecrest Dr. currently under construction

Mr. Ezell gave a progress report on the Clearwater Paper Plant expansion and the new Fairfield Marriot Hotel. The business and new home growth in the County helps the economy. Commissioners thanked Mr. Ezell for the information and the hard work he and his department does.

COMMISSIONER REPRESENTATIVE APPOINTMENTS

Commissioner Board Appointments

Board	Commissioner	Expiration
Airport Commission Liaison	Jason Falls	No Expiration
CARE Block Grant Advisory Committee	Eddie Holbrook	12/31/2018
CCC Board of Trustees	Johnny Hutchins	06/30/2019
CCEDP	Eddie Holbrook	Appointed by Chair
Cleveland Memorial Library		No Expiration
Commission for Women	Ronnie Whetstine	12/31/2018
Cleveland County Fair Association	Jason Falls	12/31/2017
Board of Health	Johnny Hutchins	No expiration
Isothermal Board of Directors	Ronnie Whetstine	6/30/2017
Juvenile Crime Prevention Council	Susan Allen	6/30/2017
Kings Mountain Advisory Council	Ronnie Whetstine	No expiration

Metropolitan Planning Organization	Johnny Hutchins	6/30/2017
Partners Behavioral Health	Susan Allen	Terms track Commissioners term
Public Shooting Range	Johnny Hutchins	No expiration
Rural Fire Commission	Susan Allen	12/31/2016
Social Services	Susan Allen	12/31/2016
Veteran's Council	Jason Falls	12/31/2018
Uptown Shelby Association	Eddie Holbrook	12/31/2017

ACTION: Commissioner Hutchins made the motion, seconded by Commissioner Whetstine, and unanimously adopted by the Board, *to appoint Commissioner Bridges to serve as the Airport Commission Liaison.*

ACTION: Commissioner Allen made the motion, seconded by Commissioner Whetstine, and unanimously adopted by the Board, *to appoint Commissioner Bridges to serve on the Cleveland County Memorial Library Board.*

ACTION: Commissioner Whetstine made the motion, seconded by Commissioner Hutchins, and unanimously adopted by the Board, *to appoint Commissioner Bridges to serve on the Cleveland County Fair Association.*

ACTION: Commissioner Hutchins made the motion, seconded by Commissioner Bridges, and unanimously adopted by the Board, *to appoint Commissioner Whetstine to serve on the Board of Health.*

ACTION: Commissioner Bridges made the motion, seconded by Commissioner Allen, and unanimously adopted by the Board, *to appoint Commissioner Whetstine to serve as an alternate on the Metropolitan Planning Organization.*

ACTION: Commissioner Allen made the motion, seconded by Commissioner Bridges, and unanimously adopted by the Board, *to appoint Commissioner Hutchins to serve on the Veteran's Advisory Council.*

ACTION: Commissioner Hutchins made the motion, seconded by Commissioner Allen, and unanimously adopted by the Board, *to appoint Chairman Holbrook to continue to serve on the Cleveland County Economic Development Partnership.*

COMMISSIONER REPORTS

Commissioner Bridges – has attended several Christmas Parades and holiday events in the County.

Commissioner Whetstine – advised the Kings Mountain Advisory Council is going to change how their representatives sit on the Board and are going to make a few other changes. Therefore, the Kings Mountain Advisory Board was dissolved today.

Commissioner Hutchins – has also attended several Christmas Parades and events in the County. He gave a brief update on progress of the Opioid Lawsuit.

Commissioner Allen – expanded on Commissioner Bridges and Commissioner Hutchins comments regarding Christmas Parades and being a busy time of year in the County. She has attended several Board Meetings

on which she serves. Last week Catawba County Officials toured the Ollie Harris facility. The visit went very well. Catawba County had many positive comments about the program and Cleveland County.

Chairman Holbrook – spoke about Economic Development. Several meetings have been held to discuss the progress of several projects.

ADJOURN

There being no further business to come before the Board at this time, Commissioner Hutchins made the motion, seconded by Commissioner Whetstine, and unanimously adopted by the Board, *to adjourn the meeting*. The next meeting of the Commission is scheduled for *Tuesday, December 19, 2017 at 6:00 p.m. in the Commissioners Chamber*.

*Eddie Holbrook, Chairman
Cleveland County Board of Commissioners*

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