

Cleveland County Board of Commissioners
December 3, 2019

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: Susan Allen, Chairman
Ronnie Whetstine, Vice-Chair
Johnny Hutchins, Commissioner
Doug Bridges, Commissioner
Deb Hardin, Commissioner
Brian Epley, County Manager
Elliot Engstrom, Deputy County Attorney
Phyllis Nowlen, Clerk to the Board
Kerri Melton, Assistant County Manager
Chris Green, Tax Administrator
Sandra Orvig, Shooting Complex Director
Allison Mauney, Human Resources Director
Daryl Sando, Electronic Maintenance Director
Clifton Philbeck, Board of Elections Director
Lorie Poston, E-911 Communications Director
Katie Swanson, Social Services Director
Ryan Wilmoth, Emergency Medical Services Director

CALL TO ORDER

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

SELECTION OF COMMISSION CHAIR

County Manager Brian Epley opened the floor to accept nominations for Commission Chair.

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

SELECTION OF COMMISSION VICE-CHAIR

Chairwoman Allen opened the floor to accept nominations for Commission Vice-Chair.

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

AGENDA ADOPTION

ACTION: Commissioner Whetstine made the motion, seconded by Commissioner Hardin and unanimously approved by the Board to, ***approve the agenda as presented.***

SPECIAL PRESENTATION

North Carolina Association of County Commissioners (NCACC) Innovation Award: Chairman Allen recognized Hugh Sandoe, Analytics and Optimization Coordinator to give an update on Accelerate Cleveland. Since the Accelerate Cleveland program was launched, the industry partnerships have grown to six public-private partnerships for workforce development. Contributions to the program by the private partners allow program graduates to obtain a livable wage to better support and care for themselves and their families. Mr. Sandoe reviewed the following PowerPoint to the Board.



Mr. Sandoe introduced Joseph Lee, a successful graduate from class one, who thanked the Board for their continued support for Accelerate Cleveland and shared with them his story of the positive changes Accelerate Cleveland has made in his life.

Mr. Sandoe then recognized Matt Bigelow, Program Development Manager with the North Carolina Association of County Commissioners (NCACC) and April Hatley with the Local Government Federal Credit Union (LGFCU) to say a few words about the Innovation Award. The NCACC supports the well being of all one hundred North Carolina counties through advocacy efforts, education and member services. In partnership with the LGFCU, the Association recognizes ten projects statewide each year that stand out for their innovative solutions to county issues. The Accelerate Cleveland program has helped bridge the gap between companies in need of skilled workers and citizens who can fill that need but can't afford to quit their current job. Congratulations was given to the Commissioners and county staff.

CITIZEN RECOGNITION

Robert Williams, 814 E. Stage Coach Trl., Lawndale – spoke about his concerns in several areas of the community such as the American Legion World Series, Cleveland County Schools and candidate forums.

Richard Steves – 911 W. Sumter St., Shelby – thanked County Manager Brian Epley for the changes at Animal Services and also voiced his concerns about the new Cleveland County Health Department reporting relationship.

CONSENT AGENDA

TRAVEL AND TOURISM: BUDGET AMENDMENT (BNA #018)

ACTION: Commissioner Hardin made a motion, seconded by Commissioner Bridges, and unanimously

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

| <i>Account Number</i> | <i>Project Code</i> | <i>Department/Account Name</i> | <i>Increase</i> | <i>Decrease</i> |
|-----------------------|---------------------|-------------------------------------|-----------------|-----------------|
| 010.422.4.510.60 | | Travel & Tourism/T&T Events-Vendors | \$6,045.00 | |
| 010.422.4.510.61 | | Travel & Tourism/T&T Events-Vendors | \$5,388.00 | |
| 010.422.5.510.00 | | Travel & Tourism/T&T Events | \$11,433.00 | |

Explanation of Revisions: Budget allocation for \$11,433 in revenues received from Liver Mush Festival Event Sponsors and Vendors to cover expenses incurred for the event.

TRAVEL AND TOURISM: BUDGET AMENDMENT (BNA #019)

ACTION: Commissioner Hardin made a motion, seconded by Commissioner Bridges, and unanimously

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

| <i>Account Number</i> | <i>Project Code</i> | <i>Department/Account Name</i> | <i>Increase</i> | <i>Decrease</i> |
|-----------------------|---------------------|---|-----------------|-----------------|
| 010.422.4.510.61 | | Travel & Tourism/T&T Events-Sponsors | \$7,500.00 | |
| 010.422.4.409.00 | | Travel & Tourism/Local Revenues | \$7,500.00 | |
| 010.422.5.370.00 | | Travel & Tourism/Advertising-Promotions | \$7,500.00 | |
| 010.422.5.510.00 | | Travel & Tourism/T&T Events | \$7,500.00 | |

Explanation of Revisions: Budget allocation for \$15,000 in grant monies awarded from the City of Shelby for travel & tourism needs. Half the funds are allocated for the Liver Mush Festival Promotion. The remaining funds are to be used for photography project to procure professional images of the City of Shelby for PR/Marketing and/or support paid or shared marketing opportunities for Shelby destinations/attractions.

HEALTH DEPARTMENT: BUDGET AMENDMENT (BNA #020)

ACTION: Commissioner Hardin made a motion, seconded by Commissioner Bridges, and unanimously

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

| <i>Account Number</i> | <i>Project Code</i> | <i>Department/Account Name</i> | <i>Increase</i> | <i>Decrease</i> |
|-----------------------|---------------------|--|-----------------|-----------------|
| 012.539.4.3101.84 | | Family Planning/Federal Grants – Title X | \$26,457.00 | |
| 012.539.5.230.01 | | Family Planning/Prescription Drugs | \$17,661.00 | |
| 012.539.5.581.00 | | Family Planning/Awards | \$3,416.00 | |
| 012.539.5.370.00 | | Family Planning/Advertising | \$5,380.00 | |

Explanation of Revisions: The North Carolina Department of Health and Human Services, Women’s & Children’s Health Section has awarded the Cleveland County Health Department and additional \$26,457 in additional funding from Title X Funding.

HEALTH DEPARTMENT: BUDGET AMENDMENT (BNA #021)

ACTION: Commissioner Hardin made a motion, seconded by Commissioner Bridges, and unanimously

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

| <i>Account Number</i> | <i>Project Code</i> | <i>Department/Account Name</i> | <i>Increase</i> | <i>Decrease</i> |
|-----------------------|---------------------|------------------------------------|-----------------|-----------------|
| 012.548.4.310.27 | | Opioid Abuse/Federal Grants | \$141,806.00 | |
| 012.548.5.121.00 | | Opioid Abuse/Salaries-Wages | \$40,426.00 | |
| 012.548.5.131.00 | | Opioid Abuse/Social Security | \$4,135.00 | |
| 012.548.5.132.00 | | Opioid Abuse/Retirement | \$3,642.00 | |
| 012.548.5.133.00 | | Opioid Abuse/Hospital Insurance | \$7,200.00 | |
| 012.548.5.134.00 | | Opioid Abuse/Dental Insurance | \$120.00 | |
| 012.548.5.135.00 | | Opioid Abuse/Employer 401K | \$2,022.00 | |
| 012.548.5.136.00 | | Opioid Abuse/Medicare Taxes | \$586.00 | |
| 012.548.5.310.27 | | Opioid Abuse/Travel | \$8,819.00 | |
| 012.548.5.210.27 | | Opioid Abuse/Supplies | \$1,050.00 | |
| 012.548.5.311.27 | | Opioid Abuse/Education Supplies | \$630.00 | |
| 012.548.5.370.27 | | Opioid Abuse/Advertising | \$2,438.00 | |
| 012.548.5.581.27 | | Opioid Abuse/Awards-Appreciation | \$900.00 | |
| 012.548.5.490.27 | | Opioid Abuse/Professional Services | \$69,838.00 | |

Explanation of Revisions: The Office of Justice Programs has awarded the Cleveland County Health Department \$141,806 per year for the next 3 years totaling \$425,418 to be used for combating opioid abuse in the community.

SHERIFF’S DEPARTMENT: BUDGET AMENDMENT (BNA #022)

ACTION: Commissioner Hardin made a motion, seconded by Commissioner Bridges, and unanimously

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

| <i>Account Number</i> | <i>Project Code</i> | <i>Department/Account Name</i> | <i>Increase</i> | <i>Decrease</i> |
|-----------------------|---------------------|---|-----------------|-----------------|
| 010.438.4.310.00 | 16575-LEVS | Sheriff's Office Grants/Federal-Govt Grants | \$25,000.00 | |
| 010.438.5.121.00 | 16575-LEVS | Sheriff's Office Grants/Salary-Wages F/T | \$12,236.00 | |
| 010.438.5.122.00 | 16575-LEVS | Sheriff's Office Grants/Salary-Wages P/T | \$3,400.00 | |
| 010.438.5.210.00 | 16575-LEVS | Sheriff's Office Grants/Departmental Supply | \$2,527.00 | |
| 010.438.5.310.00 | 16575-LEVS | Sheriff's Office Grants/Travel-Training | \$2,273.00 | |
| 010.438.5.460.00 | 16575-LEVS | Sheriff's Office Grants/Dues-Subscriptions | \$100.00 | |
| 010.438.5.910.00 | 16575-LEVS | Sheriff's Office Grants/Capital Equipment | \$4,464.00 | |

Explanation of Revisions: Budget \$25,000 in conditional clearance grant funds received from the United States Dept of Justice Office (USDOJ) for Victims of Crime Law Enforcement Based Victim Specialist grant program. Remainder of funds to be budgeted at a later date.

HEALTH DEPARTMENT: BUDGET AMENDMENT (BNA #023)

ACTION: Commissioner Hardin made a motion, seconded by Commissioner Bridges, and unanimously

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

| <i>Account Number</i> | <i>Project Code</i> | <i>Department/Account Name</i> | <i>Increase</i> | <i>Decrease</i> |
|-----------------------|---------------------|------------------------------------|-----------------|-----------------|
| 012.547.4.310.48 | | CODAP-DFC/ Federal-Govt Grants-DFC | \$94,985.00 | |
| 012.548.5.121.00 | | CODAP/Salaries | \$24,234.00 | |
| 012.548.5.131.00 | | CODAP/Social Security | \$1,502.00 | |
| 012.548.5.132.00 | | CODAP/Retirement | \$1,659.00 | |
| 012.548.5.133.00 | | CODAP/Hospital Insurance | \$5,820.00 | |
| 012.548.5.134.00 | | CODAP/Dental Insurance | \$90.00 | |
| 012.548.5.135.00 | | CODAP/401K | \$1,211.00 | |
| 012.548.5.136.00 | | CODAP/Medicare Insurance | \$352.00 | |
| 012.548.5.210.48 | | CODAP-DFC/Departmental Supplies | \$600.00 | |
| 012.548.5.310.48 | | CODAP-DFC/Travel-Training | \$16,469.00 | |
| 012.548.5.370.48 | | CODAP-DFC/Advertising-Promotions | \$29,530.00 | |
| 012.548.5.411.48 | | CODAP-DFC/Rental of Space-Building | \$2,700.00 | |
| 012.548.5.460.48 | | CODAP-DFC/Dues-Subscriptions | \$1,104.00 | |
| 012.548.5.490.48 | | CODAP-DFC/Professional Services | \$5,050.00 | |
| 012.548.5.581.48 | | CODAP-DFC/Awards-Appreciation | \$3,514.00 | |
| 012.548.5.910.48 | | CODAP-DFC/Capital Equipment | \$1,150.00 | |

Explanation of Revisions: Budget allocation for \$94,985 in funds as the Substance & Mental Health Services Administration has extended the Drug Free Communities Grant for an additional 5 years; October 31, 2019 – October 31, 2024. Activities lead to building community awareness and community relations about the dangers of substance abuse.

FINANCIAL ELIGIBILITY FEE COLLECTION POLICY

ACTION: Commissioner Hardin 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 15 | |
| | PREPARED BY: | DATE LAST REVISED: | DATE LAST REVIEWED: | | |
| | Alisa Leonard Tracy Barrett | 11/12/19 | 11/12/19 | | |

1.0 Policy:

Fees for Cleveland County Health Department (“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 (Medicaid rate plus 25% unless cost is more than Medicaid rate, then cost plus 25%), and (2) unless they are not otherwise prohibited by law.

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

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

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

2.0 Programs Affected:

All clinical services should follow these guidelines.

3.0 Definitions:

None

4.0 Procedure:

PROGRAM GUIDELINES

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

FINANCIAL ELIGIBILITY

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

Definition of Family/Economic Unit

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

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

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

The Health Department otherwise uses the Economic Unit to define a family. Under this method, a family is defined as a group of related or non-related individuals who are living together as one economic unit. Individuals are considered members of a single family or economic unit when their production of income and consumption of goods are related. Also, groups of individuals living in the same house with other individuals may be considered a separate Economic Unit. (Example: Some patients live in a setting with a number of family members, sometimes distantly related that make up the household. If they share daily expenses such as food, rent, utilities, etc, they constitute one Economic Unit. If the patient indicates that they share the expenses, and if confidentiality is not a factor, then the members of the Economic Unit would be considered as family members.)

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

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

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

A foster child assigned by the Department of Social Services is a family of one with income considered to be paid to the foster parent for support of the child.

Definition of a New Patient

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

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

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

Residency Requirements

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

Program Residency Criteria:

General Clinic, Immunizations, Sexually Transmitted Diseases, Tuberculosis, Pharmacy, Family Planning, Communicable Disease, ~~Breast and Cervical Cancer Control Program (BCCCP)~~, HIV/AIDS, ~~Diabetic Screening~~: 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, ~~Breast and Cervical Cancer Control Program (BCCCP)~~, ~~Wisewoman~~, Women, Infants and Children's Program: must be resident of North Carolina.

Documentation of Income

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

Acceptable forms of income documentation are:

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

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

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

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

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

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

Determination of Gross Income

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

- a) Salaries and wages including overtime pay, commissions, fees and tips
- b) Earnings from self-employment
- c) Public Assistance money
- d) Unemployment compensation
- e) Alimony Work First and child support (cannot be counted for Family Planning patients) payments received
- f) Military allotments including re-enlistment and jump pay
- g) All Social Security benefits
- h) Veteran's Administration benefits
- i) Supplemental Security Income (SSI benefits)
- j) Retirement and pension payments
- k) Worker's compensation
- 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~~ North Carolina Division of Employment Security, landlord or whoever is assisting patient with household expenses, should verify income of a patient (Attachment 2). If the stated income is found to be untrue, the patient may be responsible for charges incurred based on the applicable sliding fee scale.

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

Verification of Income

Each patient will be required to sign a ~~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~~ A Declaration of Income Form ~~should~~ **must be completed annually or if income changes occur.** ~~at each income screening.~~ ~~The Financial Eligibility~~ A Declaration of Income Form ~~should~~ **must** be signed and dated by the patient, interviewer and/or interpreter when applicable. ~~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 in Patagonia Health record.

Computation of Income

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

- a) **Initial income will be computed by taking the patient's declared income and if paid weekly multiply by 52, if paid bi-weekly multiply by 26, semimonthly multiply by 24, and monthly multiply by 12.**
- b) 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.
- c) **If there has been a change to income and/or employment, recalculate annual income with step (a) and have patient sign a new Declaration of Income.**

~~b) 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~~

~~a) 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.~~

SLIDING FEE SCALE

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

FEES

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

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

Laboratory Fees

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

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

Immunizations

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

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

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

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

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

Returned Check Fee

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

SOURCES OF REIMBURSEMENT

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

Private Pay

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

Insurance/Medicare

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

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

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

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

If a Family Planning patient gives consent to bill insurance, the clerk should explain that an Explanation of Benefits will be sent by the insurance company to the address listed with the insurance company. Patients should always sign the Private Insurance Advance Notice ~~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 of income screening. Maternal Health patients that are income screened and that are determined eligible to have Presumptive Eligibility for Medicaid, will have Medicaid coverage for approximately two months (depending upon when they are screened during the month). Patients should be informed that if they do not officially apply for Medicaid at the Department of Social Services, they will be responsible for charges after Presumptive Eligibility ends. However, patients are not required to apply for Medicaid.

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

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

Grants

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

COLLECTIONS

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

Clinic Visit

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

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

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

Statements

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

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

Debt Set-Off

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

SPECIAL FAMILY PLANNING ISSUES

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

Chronic Pill Abusers

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

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

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

Expensive Forms of Contraception

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

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

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

SPECIAL SCHOOL HEALTH ISSUES

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

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

BAD DEBT/WRITE-OFF POLICY

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

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

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

DONATIONS

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

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

GRIEVANCE PROCEDURES

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

CONFIDENTIALITY

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

5.0 **Appendices (Attachments):**

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

9. SOBIR Sliding Fee Scale

6.0 **Legal Reference/Reference:**

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

Dorothea Wyant
Health Director

Tom Spurling
Chairperson, Cleveland County Board of Health

Elliot Engstrom
Deputy County Attorney

Susan Allen, Chair
Cleveland County Board of Commissioners

Lucas Jackson
Finance Director

History of Revisions:

Original Approved 2/1/99
Revised 11/9/99
Revised 2/1/03
Revised 3/9/05
Revised 10/24/05
Revised 6/1/06
Revised 5/07
Revised 9/10/07
Revised 1/8/08
Revised 5/15/08
Revised 11/9/10
Revised 11/10/11
Revised 7/1/12
Reviewed 11/13/12
Revised 11/12/13
Revised 10/14/14
Revised 11/10/15
Revised 11/8/16
Revised 7/1/18
Revised 11/12/19

2020 CENUS PROCLAMATION

The 2020 Census Proclamation declares and proclaims the Board's intent to work with federal government and local entities as the county moves toward the census year.

ACTION: Commissioner Hardin made a motion, seconded by Commissioner Bridges, and unanimously approved by the Board to, ***adopt the 2020 Census Proclamation.***



Proclamation

Number 13-2019

2020 Census and Establishment of Census Complete Count Committee

WHEREAS, an accurate census count is vital to our community and residents well-being by helping planners and public officials determine where to locate schools, daycare centers, roads, hospitals and other facilities, and is used to make decisions concerning business growth and housing needs; and

WHEREAS, more than \$600 billion per year in federal and state funding is allocated to states and communities based on census data; and

WHEREAS, census data ensure fair Congressional representation by determining how many seats each state will have in the US House of Representatives as well as the redistricting of state legislatures, county and city councils and voting districts; and

WHEREAS, the 2020 Census creates jobs that stimulate economic growth and increase employment opportunities in our community; and

WHEREAS, the information collected by the census is confidential and protected under Federal Law Title-13 of the United States Code; and

WHEREAS, Cleveland County will, in conjunction with the US Census Bureau, forming a Complete Count Committee to ensure all residents in our community are counted; and

WHEREAS, the Complete Count Committee will include representatives from local government, businesses, residents and other community organizations.

NOW, THEREFORE, be it resolved by the Board of Commissioners of Cleveland County that Cleveland County is committed to partnering with the US Census Bureau to help ensure a full and accurate count in 2020.

Adopted this the 3rd day of December, 2019.


Susan Allen, Chairman


J. Ronnie Whetstone, Vice-Chairman


Johnny Hutchins, Commissioner


Douglas Bridges, Commissioner


Deb Hardin, Commissioner



PUBLIC HEARINGS

PUBLIC FINANCE AUTHORITY FACILITIES REVNUUE BOND

Chairman Allen recognized Cam Corder, Cleveland County YMCA President, who gave a brief overview of the intent and purpose of the public hearing and what role he is asking of the Board and the County. The YMCA is seeking a private activity bond to be issued by the Public Finance Authority. Pursuant to 28 U.S.C. § 141(f)(2)(A)(ii), the YMCA must receive the approval of each governmental unit having jurisdiction over the area in which any facility, with respect to which financing is to be provided from the net proceeds of such issue, is located. For the YMCA, the governmental unit having the requisite jurisdiction is Cleveland County. The bond therefore needs the County's approval to be issued. The County is solely giving a stamp of approval saying that the bond issue will benefit the local community. The public hearing offers an opportunity for anyone who has questions or comments to be presented within the County where the capital improvements will be made. The

County is **NOT** obligating itself financially or otherwise by cooperating with the YMCA. It is simply providing the location for the public hearing.

Chairman Allen opened the Public Hearing at 6:30 pm for anyone wanting to speak for or against the Public Finance Authority Facilities Revenue Bond (*Legal Notice was published in the Shelby Star on Thursday, November 21, 2019*).

Hearing no comments, Chairman Allen closed the Public Hearing at 6:31 pm.

Chairman Allen opened the floor to the Board for questions and discussion. Commissioners commented on the partnership with the YMCA and its positive impact made to the community.

ACTION: Commissioner Hutchins made a motion, seconded by Commissioner Whetstine, and passed unanimously by the Board to, ***approve the resolution supporting the Public Finance Authority Facilities Revenue Bond at the YMCA.***



PLANNING DEPARTMENT: REQUEST TO ABANDON THE RIGHT OF WAY OF A PORTION OF BANKS ROAD

Chairman Allen called Chris Martin, Senior Planner, to the podium to present the request to abandon the right of way of a portion of Banks Road. Southern Power Company has acquired all of the properties surrounding Banks Road and has requested to close that right of way to give them more access control over the area around their property. In 2010, the Board of Commissioners approved a resolution to abandon a one-thousand-foot section of Banks Road further south. Since that time Southern Power has acquired all the property around Banks Road and is asking to abandon the remaining fifteen hundred feet of right of way. If approved, the abandonment will allow the right of way to be absorbed into the surrounding parcels, all owned by Southern Power. Banks Road is currently a North Carolina Department of Transportation (NCDOT) maintained right of way. If the resolution is approved, it will go to the NCDOT to complete the abandonment and give Southern Power Company only one point of ingress and egress. Planning staff has mailed notices to the surrounding property owners, posted the required signage and ran the required legal notices in the local newspaper.



Chairman Allen opened the floor to the Board for questions and discussion. Commissioner Whetstine asked if the right of way is abandoned, does it revert back to the property owners; Mr. Martin replied that was correct.

Chairman Allen opened the Public Hearing at 6:33 pm for anyone wanting to speak for or against the request to abandon the right of way on Banks Road. (*Legal Notice was published in the Shelby Star on Friday, November 15, 2019, Friday, November 22, 2019 and Friday, November 29, 2019*).

Hearing no comments, Chairman Allen closed the Public Hearing at 6:34 pm.

ACTION: Commissioner Hutchins made a motion, seconded by Commissioner Hardin, and passed unanimously by the Board to, ***approve the order to abandon public right-of-way portion of Banks Road.***



PLANNING DEPARTMENT: REQUEST TO ABANDON A PORTION ON THE RIGHT OF WAY PRINCESS LANE

Chairman Allen recognized Chris Martin, Senior Planner, to the podium to present the request to abandon a portion on the right of way Princess Lane. Stephen Fisher owns Fisher's Tree Service located at 1323 North Post Road and is surrounded by a right of way on Princess Lane. Mr. Fisher is requesting that the approximately 0.3 mile of unpaved right of way along the south side of his property be abandoned. The road is adjoined by vacant parcels, most of which are owned by Mr. Fisher. If approved the abandonment will allow surrounding property owners to add this back to their respective parcels and eliminates an unpaved, non-maintained, right-of-way from public record. Planning staff mailed notices to the surrounding property owners, posted the required signage and ran the legal notices in the local newspaper.



Chairman Allen opened the Public Hearing at 6:35 pm for anyone wanting to speak for or against request to abandon the right of way on Princess Lane. (*Legal Notice was published in the Shelby Star on Friday, November 15, 2019, Friday, November 22, 2019 and Friday, November 29, 2019.*)

Hearing no comments, Chairman Allen closed the Public Hearing at 6:36 pm.

ACTION: Commissioner Hutchins made a motion, seconded by Commissioner Bridges, and passed unanimously by the Board to, *approve the order to abandon public right-of-way portion of Princess Lane.*



Resolution

Number 30-2019

**Order to Abandon Public Right-of-Way
Portion of PRINCESS LANE**

WHEREAS, the Cleveland County Board of Commissioners have received a petition from Stephen Fisher, requesting the abandonment of a portion of the public right-of-way of Princess Lane (approximately 0.3 miles), shown on the attached map.

WHEREAS, the mandates of North Carolina General Statute 153A-241 have been met regarding the proposed abandonment of the public right-of-way; and,

WHEREAS, the Cleveland County Board of Commissioners held a public hearing on December 3, 2019.

NOW THEREFORE, BE IT RESOLVED THAT, in accordance with North Carolina General Statute 153A-241, the Cleveland County Board of Commissioners do hereby order the abandonment of a portion of PRINCESS LANE, and that a copy of this order be filed in the Office of the Register of Deeds.

ADOPTED THIS 3rd DAY OF DECEMBER 3, 2019.

By: Susan K. Allen
Susan K. Allen, Chairman
Cleveland County Board of Commissioners

Attest: Phyllis Nowlen
Phyllis Nowlen
Clerk to the Board



PLANNING DEPARTMENT: REQUEST TO ABANDON A PORTION OF THE RIGHT OF WAY ON ROBYN LANE

Chairman Allen again called Chris Martin, Senior Planner, to the podium to present the request to abandon a portion of the right of way on Robyn Lane. Carlos Clark lives at 2123 Dana Place and has requested a portion of Robyn Avenue, in front of his parcel 4777, be abandoned. His property abuts an unpaved right of way that has never been maintained by NCDOT nor has there ever been a road on the property. There are two other properties that adjoin the road right of way. Both have access to other portions of road right of ways so they will not be affected by the road abandonment. Mr. Clark is requesting that the portion of the right of way, approximately one hundred fifty feet, that adjoins his property, be abandoned. If approved the abandonment will allow surrounding property owners to add this back to their respective parcels and eliminates an unpaved, non-maintained, right-of-way from public record. Planning staff mailed notices to the surrounding property owners, posted the required signage and ran the legal notices in the local newspaper.

Chairman Allen opened the floor to the Board for questions and discussion. Commissioner Bridges asked if there have been any complaints; Mr. Martin advised Planning staff has not heard from any of the property owners. Commissioner Hardin questioned if the right of way was in use. Mr. Martin stated it was not; the abutting home owners use it as part of their property now by maintaining the mowing and upkeep. Commissioner Whetstine inquired if approved, if the right of way would increase the homeowner's property. Mr. Martin replied it would, there would be no actual change on the ground, simply a mapping modification.



Chairman Allen opened the Public Hearing at 6:38 pm for anyone wanting to speak for or against the request to abandon the right of way on Robyn Lane. (*Legal Notice was published in the Shelby Star on Friday, November 15, 2019, Friday, November 22, 2019 and Friday, November 29, 2019*).

Carlos Clark, 2123 Dana Place, Shelby – spoke in favor of the request to abandon the right of way on Robyn Lane. Mr. Clark reiterated the road is not paved and he, along with the surrounding neighbors, have been mowing, landscaping and maintaining the right of way for many years. He also advised the approved abandonment would allow for a safer neighborhood as currently there are cars that will drive on the access area and park at different hours of the day. Mr. Clark stated if the request is approved, they are planning on building a fence to block the area to keep traffic from coming through and keep the neighborhood safe.

Hearing no further comments, Chairman Allen closed the Public Hearing at 6:40 pm.

ACTION: Commissioner Hardin made a motion, seconded by Commissioner Bridges, and passed unanimously by the Board to, ***approve the order to abandon a portion of the public right-of-way on Robyn Lane.***



REGULAR AGENDA

SECOND AMENDMENT SANCTUARY RESOLUTION

Chairman Allen recognized Commissioner Hutchins to present the Second Amendment Sanctuary Resolution. The Second Amendment Sanctuary Resolution is being passed in cities and counties across the state of North Carolina and the nation. It is important for residents to know their second amendment rights are important

and are being protected. Commissioner Whetstine stated it is important the Board goes on record supporting the Second Amendment of the Constitution. Phyllis Nowlen, Clerk to the Board, read the following resolution:



Resolution

Number 28-2019

RESOLUTION DECLARING CLEVELAND COUNTY A SECOND AMENDMENT SANCTUARY

WHEREAS, the Constitution of the United States is the Supreme Law of our nation; and

WHEREAS, the Second Amendment to the Constitution of the United States of America states: "A well-regulated Militia being necessary to the security of a free State, the right of the people to keep and bear arms shall not be infringed"; and

WHEREAS, the North Carolina Constitution, Article I, Section 30, states: "A well-regulated militia being necessary to the security of a free State, the right of the people to keep and bear arms shall not be infringed; and, as standing armies in time of peace are dangerous to liberty, they shall not be maintained, and the military shall be kept under strict subordination to, and governed by, the civil power. Nothing herein shall justify the practice of carrying concealed weapons, or prevent the General Assembly from enacting penal statutes against that practice; and

WHEREAS, the Cleveland County Board of Commissioners is concerned about the passage of any bill or legislation which could be interpreted as infringing the rights of the citizens of Cleveland County to keep and bear arms or which may unduly restrict their right to the same; and

WHEREAS, the criminal misuse of firearms is not a reason to infringe the rights of law-abiding citizens of Cleveland County; and


WHEREAS, the Cleveland County Board of Commissioners wishes to express its deep commitment to the rights of all citizens of Cleveland County to keep and bear arms; and


WHEREAS, the Cleveland County Board of Commissioners wishes to express opposition to any law that would unconstitutionally restrict the rights under the Second Amendment of the U.S. Constitution and under the North Carolina constitution of the citizens of Cleveland County to keep and bear arms; and

WHEREAS, the Cleveland County Board of Commissioners wishes to express its intent to stand as a Sanctuary County for Second Amendment rights and to oppose, within the limits of the Constitutions of the United States and the State of North Carolina, any efforts to unconstitutionally restrict such rights, and to use such legal means at its disposal to protect the rights of the citizens to keep and bear arms.

NOW, THEREFORE, be it resolved by the Board of Commissioners of Cleveland County hereby expresses its intent to uphold the Second Amendment rights of the citizens of Cleveland County and that public funds, resources, employees, buildings or offices not be used to restrict Second Amendment rights or to aid or assist in the enforcement of the unnecessary and unconstitutional restriction of the rights under the Second Amendment of the citizens of Cleveland County to keep and bear arms and hereby declares Cleveland County, North Carolina, as a 'Second Amendment Sanctuary.'

Adopted this the 3rd day of December 2019.

By: 
Susan K. Allen, Chairman
Cleveland County Board of Commissioners

Attest: 
Phyllis Nowlen
Clerk to the Board



ACTION: Commissioner Hutchins made the motion, seconded by Commissioner Hardin, and unanimously approved by the Board to, ***adopt the Second Amendment Sanctuary Resolution.***

COMMISSIONER REPORTS

Commissioner Hardin – has attended several holiday parties and expressed her appreciation to the citizens for their continued support as she celebrates her one-year anniversary as County Commissioner.

Commissioner Bridges – also commented on the busy holiday season. There will be a ribbon cutting for the T-Hanger at the Shelby airport on Tuesday, December 10th.

Commissioner Whetstine – echoed the Commissioners comments on the holiday schedule and parades.

Chairman Allen – attend the Farm City Breakfast and spoke about the farming communities in Cleveland County.

ADJOURN

There being no further business to come before the Board at this time, Commissioner Hutchins made a 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 17, 2019 at 6:00 p.m. in the Commissioners Chamber.*

*Susan Allen, Chairman
Cleveland County Board of Commissioners*

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