

CLEVELAND COUNTY BOARD OF COMMISSIONERS

July 10, 2012

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: Johnny Hutchins, Chairman
Ronnie Hawkins, Vice-Chairman
Mary S. Accor, Commissioner
Jason Falls, Commissioner
Eddie Holbrook, Commissioner
Eddie Bailes, County Manager
Bob Yelton, Attorney
Kerri Melton, County Clerk
Chris Green, Tax Administrator
Chris Crepps, Finance Director
Rebecca Clark, *The Star*
Other individual names on file in the Clerk's Office

CALL TO ORDER

Chairman Johnny Hutchins called the meeting to order. Vice-Chairman Ronnie Hawkins led the audience in the "Pledge of Allegiance" to the flag of the United States of America. Vice-Chairman Hawkins provided the invocation and encouraged all to remember those local airman who were injured or lost their lives in the Colorado wildfires.

AGENDA ADOPTION

ACTION: Jason Falls made the motion, seconded by Ronnie Hawkins, and unanimously adopted by the Board, to *adopt the agenda as presented by the County Clerk.*

CONSENT AGENDA

APPROVAL OF MINUTES

There being no corrections, additions, or deletions to the Minutes of *June 5, 2012 and June 19, 2012*, motion was made by Ronnie Hawkins, seconded by Jason Falls, and unanimously adopted by the Board, to *approve the minutes as written.*

TAX COLLECTOR'S MONTHLY REPORT

The Tax Collector provided Commissioners with a detailed written report regarding taxes collected during *June 2012* (copy found on Page _____ of Minute Book _____).

TAX ABATEMENTS AND SUPPLEMENTS

The Tax Assessor provided Commissioners with a detailed written report regarding tax abatements and supplements during *June 2012*. The monthly grand total of tax abatements was listed as (\$6,737.61); and, the monthly grand total for tax supplements was listed as \$3,624.08.

HEALTH DEPARTMENT: BUDGET AMENDMENT (BNA #001)

ACTION: Ronnie Hawkins made the motion, seconded by Jason Falls, and unanimously adopted by the Board, *to approve the following budget amendment:*

<u>Account Number</u>	<u>Department/Account Name</u>	<u>Increase</u>	<u>Decrease</u>
012.535.4.350.00/01120-5525	Health Promotion/State Gov't Grants	\$35,250.	
012.535.5.121.00	Health Promotion/Salaries-Reg	16,155.	
012.535.5.131.00	Health Promotion/Social Security	1,002.	
012.535.5.132.00	Health Promotion/Retirement	546.	
012.535.5.133.00	Health Promotion/Hospital Ins.	2,558.	
012.535.5.134.00	Health Promotion/Dental Ins.	83.	
012.535.5.135.00	Health Promotion/Employer 401K	404.	
012.535.5.136.00	Health Promotion/Medicare Ins.	235.	
012.535.5.210.00	Health Promotion/Departmental Supp	3,267.	
012.535.5.310.00	Health Promotion/Travel/Training	2,000.	
012.535.5.420.00	Health Promotion/Contracted Services	9,000.	

Explanation of Revisions: Budget Eat Smart Move More grant funds for one half-time Health Education Specialist, travel, signage for school facilities and contracted services (Elementary Schools) for garden grants and incentive policy grants.

HEALTH DEPARTMENT: BUDGET AMENDMENT (BNA #002)

ACTION: Ronnie Hawkins made the motion, seconded by Jason Falls, and unanimously adopted by the Board, *to approve the following budget amendment:*

<u>Account Number</u>	<u>Department/Account Name</u>	<u>Increase</u>	<u>Decrease</u>
012.537.4.810.00	Child Health/Donations/Contributions	\$ 50.	
012.537.5.790.00	Child Health/Donations/Contributions	50.	

Explanation of Revisions: Budget donation from First National Bank for immunizations incentive.

HEALTH DEPARTMENT: BUDGET AMENDMENT (BNA #003)

ACTION: Ronnie Hawkins made the motion, seconded by Jason Falls, and unanimously adopted by the Board, *to approve the following budget amendment:*

<u>Account Number</u>	<u>Department/Account Name</u>	<u>Increase</u>	<u>Decrease</u>
012.548.4.540.00	CODAP/Contracted Revenue	\$30,000.	
012.548.4.991.00	CODAP/Fund Balance Approp	1,658.	
012.548.5.121.00	CODAP/Salaries-Reg	16,155.	
012.548.5.131.00	CODAP/Social Security	1,002.	
012.548.5.132.00	CODAP/Retirement	546.	
012.548.5.133.00	CODAP/Hospitalization Ins.	2,558.	
012.548.5.134.00	CODAP/Dental Ins.	83.	
012.548.5.135.00	CODAP/Employer 401K	404.	
012.548.5.136.00	CODAP/Medicare Ins.	235.	
012.548.5.310.00	CODAP/Travel/Training	10,475.	
012.548.5.460.00	CODAP/Dues & Subscriptions	200.	

Explanation of Revisions: Budget North Carolina Coalition Initiative Grant (effective 7/1/12) to employ one half-time Health Education Specialist and support operating expenses as indicated in the grant approval. Also, budget CODAP fund balance for fringe of position.

HEALTH DEPARTMENT: BUDGET AMENDMENT (BNA #004)

ACTION: Ronnie Hawkins made the motion, seconded by Jason Falls, and unanimously adopted by the Board, *to approve the following budget amendment:*

<u>Account Number</u>	<u>Department/Account Name</u>	<u>Increase</u>	<u>Decrease</u>
012.548.4.540.00	CODAP/Contracted Revenue	\$12,000.	
012.548.5.210.00	CODAP/Departmental Supplies	4,000.	

012.548.5.310.00	CODAP/Travel	2,000.
012.548.5.370.00	CODAP/Advertising/Promotions	5,000.
012.548.5.490.00	CODAP/Professional Services	1,000.

Explanation of Revisions: Budget additional Pathways substance abuse funds for FY 2012-2013.

HEALTH DEPARTMENT: FINANCIAL ELIGIBILITY FEE COLLECTION POLICY

ACTION: Ronnie Hawkins made the motion, seconded by Jason Falls, and unanimously adopted by the Board, *to approve the updated Financial Eligibility Fee Collection Policy (see highlighted changes):*

CLEVELAND COUNTY DEPARTMENT OF PUBLIC HEALTH		GUIDELINE/ PROCEDURE: Financial Eligibility/Fee Collection Policy		MANUAL: Board of Health SUBJECT: Financial Eligibility/Fee Collection Policy	
NAME OF GUIDELINE	APPROVED BY:	EFFECTIVE DATE:	VERSION:	PAGE	
CCHD Financial Eligibility/ Fee Collection Policy	Health Director, Cleveland County Boards of Health and County Com's.	2/1/99	FINAL	1 OF 12	
	PREPARED BY: Amanda Bouttamy Rodella Gold	DATE LAST REVISED: 7/1/12	DATE LAST REVIEWED: 7/1/12		

1.0 Policy:

Fees for Health Department services are authorized under NC General Statues 130A-39 provided: (1) they are in accordance with a plan recommended by the Health Director and approved by the Boards of Health and County Commissioners, and (2) unless they are not otherwise prohibited by law.

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

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

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

2.0 Programs Affected:

All clinical services should follow these guidelines.

3.0 Definitions:

None

4.0 Procedure:

PROGRAM GUIDELINES

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

FINANCIAL ELIGIBILITY

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

Definition of Family/Economic Unit

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

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

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

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

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

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

A pregnant woman is counted as two in determining a family size unless it is in conflict with the clients cultural, religious, and/or beliefs.

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

Definition of a New Patient

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

Identification Requirements

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

Residency Requirements

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

Program Residency Criteria:

General Clinic, Immunizations, Sexually Transmitted Diseases, Tuberculosis, Pharmacy, Family Planning, Communicable Disease, Breast and Cervical Cancer Control Program, HIV/AIDS: No residency requirement.

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

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

Maternal Health: must be a resident of North Carolina.

Documentation of Income

Patients will be asked to provide documentation of income. Family Planning patients that do not provide verification of income will have charges assessed to the sliding fee scale based on the information provided verbally about income.

For patients other than Family Planning, documentation of income will be required. No patient will be refused services when presenting for care based on lack of documentation; however, if documentation is not provided, the patient should be informed (see example Attachment 1) at the time of service delivery that they are responsible for the full amount of the fees for services rendered. The patient will be allowed to provide documentation within two 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.

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.

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

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

Documentation of income will not be required for mandated services such as Sexually Transmitted Diseases, Tuberculosis, Communicable Diseases and **state supplied** Immunizations since no charge will be assessed to the patient for these services, or for School Based Health center services due to Title V exemptions.

The Employment Security Commission database may be used to verify income of applicants.

Determination of Gross Income

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

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

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

- a) Irregular income that children earn from babysitting, mowing lawns, etc.
- b) Inheritances
- c) WIC vouchers
- d) Food stamps

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

Zero Income

If the patient reports zero income or very little income, the interviewer should question the patient further and must include an explanation of how the family is meeting the financial demands of basic daily living. In most cases, a statement of zero income would only be acceptable when the applicant lives on income from sources such as food stamps, etc. A third party, such as landlord, should verify zero income of a patient (Attachment 1).

Verification of Income

Each patient will be required to sign a Financial Eligibility Form (Attachment 2) verifying that the financial information supplied to the interviewer is true and accurate. This statement will also include an authorization giving the Cleveland County Health Department the right to verify this information and authorize payment of benefits to Cleveland County Health Department. A Financial Eligibility Form should be completed at each income screening. The Financial Eligibility Form should be signed and dated by the patient and initialed by the interviewer. The Financial Eligibility Form will become part of the patient record.

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

Computation of Income

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

- a) Add the actual income earned during the previous six months and projected income for the future six months
- b) Use income from the previous 12 months. The previous 12 months period is calculated based on the date the applicant signed the income statement or the first date of program covered services, whichever is earlier.
- c) Following the initial financial eligibility determination, the patient should be asked if their financial status has changed at each subsequent visit. If no change has occurred, income should be reviewed annually or according to program guidelines.

SLIDING FEE SCALE

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

FEES

Fees are subsidized by grants, private donations, state and federal funds, and local contributions. The Cleveland County Health Department will determine fees based upon cost of services. For non-mandated services, flat rate fees may be established for a service based on cost. Fees will be approved by the Cleveland County Board of Health and Cleveland County Board of County Commissioners, and giving the Local Health Director the latitude to adjust fees if changes occur in cost or in the Medicaid/Medicare rates. If necessary, in order to provide efficient continuity of care, the Health Director may approve a new fee for current CPT code/HCPCS procedures that are ordered by clinicians. Clients will be given a receipt when fees are paid at each visit, a statement of fees assessed for services and balance owed.

Laboratory Fees

When laboratory specimens are sent out to a reference lab for analysis, the reference lab should be given information for the purpose of billing of the third party payers for analysis of the specimen. Patients should be informed at the time of the clinic visit that a specimen is being sent to an outside lab for analysis. They should also be informed that they could receive an invoice from the reference lab if their third party payer does not cover the entire charge.

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

Immunizations

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

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

Medical Record Fees

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

Returned Check Fee

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

SOURCES OF REIMBURSEMENT

Sources of reimbursement should be reviewed with the patient at each visit. An "Authorization for Assignment of Benefits" (Attachment 2) statement should be signed and dated at the initial visit and updated and signed annually thereafter or whenever there is a change in insurance provider or other third party reimbursement.

Private Pay

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

Insurance/Medicare

Patients with a third party source of coverage such as Insurance or Medicare should disclose this information and give a copy of their card to the interviewer. Bills will be submitted to these sources for payment. Co-payments will be the responsibility of the patient and will not be discounted since they are part of the patient's insurance plan. If there is a balance after the insurance has paid, other than the co-payment, the patient who qualifies will be responsible for the balance after the sliding fee scale adjustment.

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

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

If a Family Planning patient gives consent to bill insurance, the clerk should explain that an Explanation of Benefits will be sent to the address listed with the insurance company. Patients should always sign Informed Consent form.

Medicaid

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

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

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

Grants

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

COLLECTIONS

The policy of the Cleveland County Health Department is to comply with North Carolina governmental regulations (North Carolina Administrative Code .0205/NC General Statute 130a-124), which require that all funds collected, must be budgeted and expended to further the objectives of the program that generated the income.

Clinic Visit

Clerical personnel will have the primary responsibility to inform patients of all charges incurred during clinic visit. Patients should be informed of the specific items that make up the charge such as office visit, lab work, supplies, etc. Clinicians may also disclose charges to patients in order to emphasize the importance of payments. Full payment will be solicited verbally and expected at the time service is rendered. Patients will be informed of their entire account status at each clinic visit or contact. The receipt of payments that are not insurance co-payments for the current service will be posted to the oldest outstanding charges.

Statements

Patients with an active account will be mailed a computer-generated statement on a monthly basis (Attachment 4). Statements will not be generated for patients with a balance below \$15.00. Statements will include full charges, sliding fee amounts, payments on accounts and the total balance due.

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

Debt Set-Off

As authorized by North Carolina General Statutes, Chapter 105A, the Cleveland County Health Department will utilize the North Carolina Government Debt Set-Off Program as an avenue to enhance collections and reduce accounts receivable. Amounts that are 60 days past due and \$50.00 or greater will be submitted through a clearinghouse to the North Carolina Department of Revenue for collection by applying the past due amount against any income tax refund to which the patient may be entitled. Specific policies and procedures of the Debt Set-Off Program to notify patients of the debt set-off and their right of appeal (Attachment 5) will be followed. Patients will be encouraged to resolve their past due amount before the debt set-off is submitted for collection.

Staff members who collect fees should be pleasant, polite, positive, professional, friendly and assertive. A payment plan or contract can be negotiated based on when and how often patients receive regular income, how much they earn, and how much they owe. The contract should be discussed with the patient and a copy of the signed contract that shows the patient's pledge for payment should be given to him/her (see Attachment 6). Each patient should be informed that he/she is expected to make a good faith effort toward payment of these fees.

SPECIAL FAMILY PLANNING ISSUES

Since the Cleveland County Health Department receives funding from Title X, local family planning programs must address patient preferences and concerns, contain costs while assuring quality care, and assure compliance with Title X Guidelines.

Chronic Pill Abusers

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

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

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

Expensive Forms of Contraception

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

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

SPECIAL SCHOOL HEALTH ISSUES

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

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

RESTRICTION OF SERVICES

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

BAD DEBT/WRITE-OFF POLICY

Delinquent accounts will be written off no earlier than two years after the last date of Health Department service. Bad debts, which are determined to be uncollectible (i.e. bankruptcy, death), will be written off

upon notification that the account is uncollectible. At no time will a patient be notified that their account has been written off as a bad debt. If an inactive patient presents for service with a history of fees that have been written off in the last write-off, the prior service fees will be reactivated and the billing process will resume.

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

The accounts receivable system shall indicate the written off amount of the account. A listing of patients that have been sent statements shall be kept on file as evidence that they have been notified of their amounts due.

DONATIONS

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

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

GRIEVANCE PROCEDURES

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

CONFIDENTIALITY

The confidentiality of patient information is of utmost concern to all Health Department staff. All employees are required to sign a statement assuring patient confidentiality. Employees who do not have a "need to know" or to access patient records are informed that it is not their right to view this information and are prohibited from doing so. With the passage and implementation of the Health Insurance Portability and Accountability Act (HIPAA) of 1996 (Federal Register 45 CFR, Part 160 & 164), health care providers have addressed many issues such as electronic transactions, medical records security and patient rights. Health Department employees are expected to comply with HIPAA regulations relating to privacy and confidentiality. The Cleveland County Health Department will continue to address these issues and have implemented necessary changes to comply with the regulations effective April 14, 2003.

HEALTH DEPARTMENT: FINANCIAL ELIGIBILITY FEE COLLECTION POLICY

ACTION: Ronnie Hawkins made the motion, seconded by Jason Falls, and unanimously adopted by the Board, *to adopt the following resolutions regarding grants for utilities to serve the AT&T data center.*

NUMBER 11-2012

GRANT APPLICATION IDF- AT&T PROJECT

BE IT RESOLVED, that a grant from the Department of Commerce through the County of Cleveland be made to assist the ATT project.

BE IT FURTHER RESOLVED, that Cleveland County will administer this grant in accordance with the rules and regulations of the Department of Commerce.

BE IT FURTHER RESOLVED, that the County will administer this grant through the County Finance Office.

BE IT FURTHER RESOLVED, that the grant will be monitored quarterly to assure compliance with this proposal and the Department of Commerce regulations.

BE IT FURTHER RESOLVED, that the amount of the grant application will be \$500,000.

ADOPTED THIS 10th DAY OF JULY, 2012.

NUMBER 12-2012

GRANT APPLICATION IDF- AT&T PROJECT

BE IT RESOLVED, that a grant from the Department of Commerce through the County of Cleveland be made to assist the ATT project.

BE IT FURTHER RESOLVED, that Cleveland County will administer this grant in accordance with the rules and regulations of the Department of Commerce.

BE IT FURTHER RESOLVED, that the County will administer this grant through the County Finance Office.

BE IT FURTHER RESOLVED, that the grant will be monitored quarterly to assure compliance with this proposal and the Department of Commerce regulations.

BE IT FURTHER RESOLVED, that the amount of the grant application will be \$100,000.

ADOPTED THIS 10th DAY OF JULY, 2012.

NUMBER 13-2012

AUTHORIZING RESOLUTION BY CLEVELAND COUNTY BOARD OF COMMISSIONERS

Economic Infrastructure Grants Program

WHEREAS, the North Carolina Rural Economic Development Center, Inc. (Rural Center) has authorized the awarding of grants from appropriated funds to aid eligible units of government in financing the cost of infrastructure activities needed to create jobs; and

WHEREAS, the County of Cleveland needs assistance in financing an infrastructure project that may qualify for Rural Center funding; and

WHEREAS, the County of Cleveland intends to request grant assistance for the ATT/Bellsouth Data Center project from the Economic Infrastructure Grants Program;

NOW THEREFORE BE IT RESOLVED, BY THE BOARD OF COMMISSIONERS OF THE COUNTY OF CLEVELAND:

That Cleveland County will arrange financing for all remaining costs of the project, if approved for a grant.

That Eddie Bailes, County Manager, and successors so titled, is hereby authorized to execute and file an application on behalf of Cleveland County with the Rural Center for a grant to assist in the above-named infrastructure project.

That Eddie Bailes, County Manager, and successors so titled, is hereby authorized to execute and file an application on behalf of Cleveland County with the NCREDC (Rural Center) for a grant to assist in the above named infrastructure project.

That Eddie Bailes, County Manager, and successors so titled, is hereby authorized and directed to furnish such information as the Rural Center may request in connection with an application or with the project proposed; to make assurances as contained in the application; and to execute such other documents as may be required in connection with the application.

That Cleveland County has substantially complied or will substantially comply with all federal, state, and local laws, rules, regulations, and ordinances applicable to the project and to the grants pertaining thereto.

ADOPTED THIS 10th DAY OF JULY, 2012.

PUBLIC HEARINGS

ECONOMIC DEVELOPMENT ~ INCENTIVES FOR BADGER COLOR CONCENTRATES

Kristin Fletcher, Vice-President of Economic Development, presented highlights of the incentive agreement to Commissioners as follows:

Badger Color Concentrates will be located in the former Indian Motorcycle Building located at 116 Battleground Road in Kings Mountain.

Within three years, Badger Color Concentrates will create 29 jobs and create approximately \$1 Million in new taxable investment. The incentive agreement will consist of 40% of the \$.0057 tax rate for a five-year period.

Chairman Hutchins opened the public hearing

David Dear, spoke in support of the incentives for Badger Color Concentrates. “Badger is a leader in their field and has plans to expand both the facility and the number of employees.” Mr. Dear thanked Commissioners for their leadership in Economic Development.

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

ACTION: Ronnie Hawkins made the motion, seconded by Mary Accor, and unanimously adopted by the Board, *to approve the incentive agreement as presented by Kristin Fletcher (copy found on Page _____ of Minute Book _____).*

ECONOMIC DEVELOPMENT ~ INCENTIVES FOR PROJECT TUNDRA

The Cleveland County Economic Development Partnership worked long and hard on recruiting Project Tundra. Project Tundra, which has been announced since the legal ad was published, is Greenheck Fan Corporation, a parent company of Kitchen Ventilation Systems. Kitchen Ventilation Systems, located at in the Kings Mountain Industrial Park, has been a fantastic corporate citizen. Kitchen Ventilation is a supplier of complete ventilation systems. Kitchen Ventilation not only manufactures, but also engineers their products.

Greenheck will construct a 100,000 square foot facility adjacent to the current Kitchen Ventilation Systems within twenty-four months. They will create 74 jobs and invest \$8 Million in site improvements and equipment.

The incentive agreement will consist of the conveyance of 15 acres of land to the company at no cost. It will also include a five year option to purchase an additional eight acres in the industrial park. If construction is started on the additional property within five years, the land will be conveyed to Greenheck at no cost. If it is not started within five years, they will have an option to purchase the property for \$10,000 per acre. The incentive agreement will consist 65% of the \$.0072 tax rate for an eight-year period.

Chairman Hutchins opened the public hearing

David Dear spoke in support of the proposed incentive package. The seventy four jobs included in the incentive agreement will be located in only 50,000 square feet of the building. It is a goal of Greenheck to create a “campus-like” environment in the Kings Mountain Industrial Park. Kitchen Ventilation Systems has been very pleased with the workforce they have been able to recruit in Cleveland County.

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

ACTION: Mary Accor made the motion, seconded by Ronnie Hawkins, and unanimously adopted by the Board, *to approve the incentive agreement as presented by Kristin Fletcher (copy found on Page _____ of Minute Book _____).*

REGULAR AGENDA

NUMBER THREE VOLUNTEER FIRE DEPARTMENT BOARD APPOINTMENT

At their June 19, 2012 regular meeting, Commissioners appointed Thomas Austell to the Number Three Volunteer Fire Department. At that time, the Clerk was unaware that Mr. Austell had passed away. County Clerk Kerri Melton recommended David Austin be appointed to fill the vacancy left by Mr. Austell.

ACTION: Ronnie Hawkins made the motion, seconded by Jason Falls, and unanimously adopted by the board, *to appoint David Austin to serve a three year term on the Number Three Volunteer Fire Department Board (copy found on Page _____ of Minute Book _____).*

CLEVELAND COUNTY YOUTH COUNCIL

At a work session in February, Commissioners voted to add the Cleveland County Youth Council as an official county board. Commissioner Accor received applications from all county high schools. A committee was put together to select members for the Youth Council. A meeting will be held on July 23, 2012 to swear in the board members.

ACTION: Ronnie Hawkins made the motion, seconded by Mary Accor, and unanimously adopted by the Board, *to appoint the following members to the Cleveland County Youth Council for a one-year term.*

Allison	Howell	Burns
Saronda	Williams	Burns
Paige	Morton	CCECHS
Kati	Roy	CCECHS
Andrew	Thurman	CCECHS
Allison	Ward	CCECHS
Seth	Manuel	CCECHS

Jordyn	Peterson	KMHS
Mason	Fleisher	KMHS
Taylor	Rogers	KMHS
Zachariah	Grant	KMHS
Allen	Williams	KMHS
Ashelin	Hunt	Crest
Natural	Gidney	Crest
Molly	McConnell	Crest
Sara	Odembo	Crest
Shelton	Binion	Crest
Maegan	Barber	Shelby
Diamond	Brown	Shelby
Tyla	McClain	Shelby
Austin	Smith	Shelby
Chase	Thompson	Shelby

GROVER RESCUE SQUAD AGREEMENT

Grover Rescue Squad recently lost their Rescue Association membership due to several previous administrative flaws. Chief Matt Childers explained, with the help of EMS Director Joe Lord, they have been making positive strides to get their membership back. It is their hope this can happen within the next year. Although Grover Rescue lost their Rescue Association Membership, they are still able to provide ambulance transport in Cleveland County.

Cleveland County EMS and Bethlehem Fire Department will cover this area when a rescue is needed. Vice-Chairman Hawkins asked if Grover Rescue would be opposed to quarterly checks to ensure they are working towards obtaining their rescue membership. Chief Childers said they would not be opposed to that.

Commissioners were also presented with an addendum to the franchise agreement. This addendum would allow Grover Rescue Squad to assist in providing coverage in areas outside of theirs. Commissioners had several questions and did not feel as though they had enough time to review the addendum. They asked that EMS Director Joe Lord be available, at a future meeting, to answer questions and give an opinion on the addendum.

ACTION: Ronnie Hawkins made the motion, seconded by Mary Accor, and unanimously adopted by the board, *to approve the franchise agreement with the stipulation that quarterly reviews be completed to ensure that Grover Rescue Squad is working towards re-obtaining their membership* (Copy found on Page _____ of Minute Book _____).

The addendum will be tabled until a future meeting.

NORTH CAROLINA ASSOCIATION OF COUNTY COMMISSIONERS: ANNUAL CONFERENCE VOTING DELEGATE SELECTION

ACTION: Jason Falls made the motion, seconded by Ronnie Hawkins and unanimously adopted by the Board, *to appoint Commissioner Mary Accor to serve as voting delegate at the 2012 Annual NCACC conference.*

COMMISSIONER REPORTS

Commissioner Hawkins asked Commissioners to mark their calendars for a preview event of the LeGrand Center on August 25th.

Commissioner Accor joined the Civitans to try and help bring service to the handicapped of Cleveland County. She also visited the Math Academy.

The first Cleveland County Youth Council meeting will be held on Monday, July 23rd.

Commissioner Holbrook talked about the LeGrand Center. "It is really taking shape." He thinks that approximately 30-40 events have already been scheduled.

Commissioner Falls attended the last Pathways meeting. All meetings of the new Partners Behavioral Healthcare board will be held via conference call.

Chairman Hutchins reminded Commissioners of the Oak Grove Fire Department open house to be held July 22nd.

ADJOURN

There being no further business to come before the Board at this time, Mary Accor made the motion, seconded by Eddie Holbrook, and unanimously adopted by the Board, *to adjourn.* The next regular scheduled meeting will be held *on August 7, 2012 at 6:00 pm* in the Commission Chamber.

*Johnny Hutchins, Chairman
Cleveland County Board of Commissioners*

*Kerri Melton, Clerk
Cleveland County Board of Commissioners*