

ALAMANCE COUNTY BOARD OF HEALTH

Minutes

Regular Meeting of the Board of Health

April 21, 2009

The Alamance County Board of Health met at 6:30 p.m. on Tuesday, April 21, 2009, in the Professional Board Room of the Human Services Center located at 319-B North Graham-Hopedale Road, Burlington, North Carolina.

The following board members were present: Mr. Eddie Boswell, Mr. James H. Gooch, Dr. Reid Woodard, Dr. Michael E. Blocker, Dr. Donald A. Courtney, Ms. Kara H. Marshall, Ms. Lynda P. Puckett, Mr. Michael S. Venable and Mr. Charles N. Wilson

The following staff members were present: Mr. Barry Bass, Dr. Kathleen Shapley-Quinn, Mr. Carl Carroll, Ms. Gayle Shoffner, Ms. Christy Bradsher, Ms. Jessica Banks, Ms. Tammy Ward and Ms. Janna Elliott.

I. Call to Order

Mr. James Gooch, acting chairman, called the meeting to order at 6:31 pm.

II. Approval of the February 17, 2009, Board of Health Minutes

A motion was made by Mr. Michael Venable to approve the February 17, 2009, Board of Health minutes. The motion was seconded by Dr. Donald Courtney and approved unanimously by the board.

III. Public Comment

No public comments were made.

IV. Administrative Report

Ms. Christy Bradsher introduced Health Department staff attending the meeting:

- Ms. Jessica Banks is a Dental Assistant with the Children's Dental Health Clinic.
- Ms. Tammy Ward is a Processing Assistant III in the Maternity Clinic.

A. Personnel Update

Ms. Bradsher provided the board with the following Personnel Update:

PERSONNEL UPDATE***Transfers / Resignations:***

- Angela Davis resigned from the Processing Assistant III – Finance position effective March 6, 2009
- Peggy Bowman transferred into the vacant Processing Assistant IV – Administration position, effective March 16, 2009
- Tammi Deal transferred into the vacant Public Health Nurse II – Communicable Disease Coordinator, replacing Bonnie Collins, effective March 23, 2009
- Tammy Ward transferred into the vacant Processing Assistant III – Maternity position, effective April 1, 2009, replacing Peggy Bowman
- Angela Gilson was dismissed from a Dental Assistant position effective April 17, 2009
- Jeannette Williams resigned from a Dental Assistant position effective April 17, 2009

Recruiting to fill the following positions:

- Public Health Nursing Director III, replacing Marilyn Burns
- Public Health Nurse III – Quality Assurance Coordinator (internal only posting), replacing Kelly Mendenhall
- Public Health Nurse II – Postpartum Home Visit (internal only posting), replacing Tammi Deal
- Nutritionist III – WIC Director, replacing Doris Jefferson
- Processing Assistant III – Finance, replacing Angela Davis
- Processing Assistant III – Administration (75%), replacing Tammy Ward
- Dental Assistant, replacing Angela Gilson
- Dental Assistant, replacing Jeannette Williams

The following positions have been frozen until June 30, 2009:

- Physician IIIA (40%), replacing Ruth Petersen, MD
- Physician Extender II (75%), replacing Rebecca Owens
- Environmental Health Specialist, replacing Tonya Randell

B. Budget Amendments/Transfers

Ms. Bradsher presented the Health, WIC and Dental amendments and transfers 15 and 16 for the 2008-2009 fiscal year for board approval.

Budget Amendments and Transfers FY 09				
ACCOUNT CODE	DESCRIPTION	TRIAL BALANCE	STATE BUDGET	COUNTY BUDGET
REV. NO.	15		DEPT. NAME:	Health
STATE BUDGET:			TRANSFER:	
			AMENDMENT:	X
Expenditures:				
110-5110-220	Computer Supplies	78,366.50	78,366.50	78,366.50
110-5110-440	Contracted Services	13,141.50	13,141.50	13,141.50
Revenue:				
110-3511-301	Aid-To-County	91,508.00	91,508.00	91,508.00
Explanation: Additional funds received from the NC Division of Public Health to upgrade AS400 system with Netsmart's new program Insight.				
ACCOUNT CODE	DESCRIPTION	TRIAL BALANCE	STATE BUDGET	COUNTY BUDGET
REV. NO.	16		DEPT. NAME:	Dental
STATE BUDGET:	Aid-To-County		TRANSFER:	X
			AMENDMENT:	
Expenditures:				
110-5160-352	Maintenance & Repair Equipment	-1,500.00	-1,500.00	-1,500.00
110-5160-260	Department Supplies	1,500.00	1,500.00	1,500.00
Explanation: Transfer needed to purchase program related supplies through the end of the fiscal year.				

A motion was made by Mr. Charles Wilson to approve the Health, WIC and Dental budget amendments and transfers 15 and 16 for the 2008-09 fiscal year. The motion was seconded by Ms. Kara Marshall and was approved by the board unanimously.

C. Fee Approvals

Ms. Bradsher presented the following fee schedules for the Health Department and Environmental Health:

Alamance County Health Department Fee Schedule				
Code	Explanation	7/1/2008 Medicaid Rate		FY 08-09 ACHD Rate
99381	New 0-1 year old	90.00	EP	90.00
99382	New 1-4 year old	90.00	EP	90.00
99383	New 5-11 year old	90.00		90.00
99384	New 12-17 year old	90.00	EP	90.00
99385	New 18-21 year old	90.00	EP	90.00
99385	New 22-39 year old	167.00		170.00
99386	New 40-54 year old	199.00		200.00
99387	New 65+ year old	215.00		220.00
99391	Est 0-1 year old	90.00	EP	90.00
99392	Est 1-4 year old	90.00	EP	90.00
99393	Est 5-11 year old	90.00	EP	90.00
99394	Est 12-17 year old	90.00	EP	90.00
99395	Est 18-39 year old	90.00	EP	90.00
99395	Est 18-39 year old	142.00		144.00
99396	Est 40-64 year old	158.00		160.00
99397	Est 65+ year old	175.00		180.00
99201	New PFH, PFE, SF (C10 min)	62.10		65.00
99202	New EPFH, EPFE, SF (C20 min)	93.15		95.00
99203	New DH, DE, LC (C30 min)	132.48		134.00
99204	New CH, CE, MC (C45 min)	194.58		196.00

99205	New CH, CE, HC (C60 min)	244.26	246.00
99211	Est. (Nurse) (C5 min)	34.16	36.00
99212	Est. PFH, PFE, SF (C10 min)	56.93	61.00
99213	Est. EPFH, EPFE, LC (C15 min)	78.66	80.00
99214	Est. DH, DE, MC (C25 min)	122.13	124.00
99215	Est. CH, CE, HC (C40 min)	182.16	184.00
D0150	Comprehensive oral evaluation (bill w/ D1203 & D1330)	45.00	D -----
D0120	Periodic oral evaluation (bill w/ D1202 & D1330)	27.01	D -----
T1018	Child Service Coordination (billed in units of 15min-max 8/month) refer to list of specific diagnosis for CSC	21.74	-----
97802	Nutr. Therapy (initial - ea. 15min)	24.72	26.00
97803	Nutr. Therapy (re-assessment - ea. 15min)	21.85	23.00
T1002	TB Screen/Treatment (billed in units of 15 min-max 4/day) RN ONLY	19.5/unit	-----
T1002	STD Screen/Treatment (billed in units of 15 min-max 4/day) RN ONLY	19.5/unit	-----
T1017	Maternity Care Coordination (billed in units of 15 min-max 6/month)	29.30/unit	-----
T1001	Maternal Skilled Nurse Visit	88.00	-----
99501	Home visit for postnatal assessment & t/u	60.00	-----
99502	Home visit for newborn care and assessment	60.00	-----
99502EP	Home visit for newborn EPSDT	90.00	-----
99000	Handling Fee (Outside Labs)	0.00	0.00
36415	Venipuncture/Cap.	3.00	8.00
		7/1/2008	FY 08-09
	Code Explanation	Medicaid Rate	ACHD Rate
36416	Collection of capillary blood sample (eg. finger, heel, ear stick)	0.00	4.00
90471	Administration 1 Vaccine	17.25	20.00
90472	Administration 2+ Vaccines	9.71	10.00
90772	Therap/Dx Depo injection (end dated 12/31/08)	18.35	24.00
J1055	Depo-Provera (150 mg)	40.50	65.00
90657	Flu (split 6-35 mos.)	-----	state supplied
90658	Flu (split 3 yrs. +)	13.22	25.00
90660	FluMist (updated 12/15/04)	22.09	-----
90649	Gardasil (private purchase-per dose)	-----	142.00
90649	Gardasil	140.79	-----
90633	Hepatitis A (pediatric- thru age 18)	-----	state supplied
90632	Hepatitis A (adult 19+)	45.81	-----
90632	Hepatitis A (private purchase-per dose)	-----	68.00
90690	Rota1eq (rotavirus vaccine-private purchase)	-----	65.00
90716	Varivax (private purchase-per dose)	-----	78.00
90716	Varivax	72.44	-----
90707	MMR (private purchase-per dose)	-----	44.00
90707	MMR	42.55	-----
90636	Twinrix (private purchase-per dose)	-----	94.00
90636	Twinrix	92.84	-----
90744	Hepatitis B (pediatric- thru age 19)	-----	state supplied
90746	Hepatitis B (per dose)	57.26	65.00
90732	Pneumoc. poly.	27.03	30.00
90734	Menactra (private purchase)	-----	102.00
90734	Menactra	100.44	-----
86580	PPD skin test	7.14	10.00
	Rabies pre-exposure (private purchase)	-----	110.00
	Rabies administration (x 3 @ 5.00)	-----	15.00
n/a	Rabies Titer	89.71	110.00
J2790	RhoGam	81.59	110.00
J0696	Rocephin (1gm) (UTI)	1.48	50.00
92551	Audiometry (when performed w/ HealthCheck visit, no additional reimbursement made)	8.58	10.00
96110	Develop. Screen (when performed w/ HealthCheck visit, no additional reimbursement made)	10.13	66.00
99173	VISION (when performed w/ HealthCheck visit, no additional reimbursement made)	-----	10.00
57061	Destruction Vaginal lesion	97.06	121.00
57170	Diaphragm fitting & instr.	65.39	96.00
58300	Insertion of IUD	89.35	88.00
58301	Removal IUD	83.36	122.00
57452	Colposcopy of cervix	92.96	102.00
57454	Colposcopy w/ biopsy & curettage	131.34	146.00
57455	Colposcopy w/ biopsy only	122.58	146.00
57456	Colposcopy w/ curettage only	115.77	146.00
		7/1/2008	FY 08-09
	Code Explanation	Medicaid Rate	ACHD Rate
J7300	Paraguard	358.8	-----
J7302	Mirena	407.7	-----
J7307	Implanon insertion (device)	588.39	590.00
11981	Implanon insertion (insertion)	109.03	111.00
11982	Implanon removal	126.32	128.00
S4993	Birth Control Pills (per pack charge)	3.35	10.00
59025	Fetal Non-stress testing	38.47	40.00
69210	Remove ear wax	40.72	64.00
10060	I & D of abscess, paronychia, furuncle	86.16	93.00
16000	Burn care (1st degree)	56.44	69.00
16020	Burn care (2nd 3rd degree/silverdopa)	87.28	75.00

16000	Burn care (1st degree)	67.23	75.00
16020	Burn care (2nd-3rd degree/silvadene)	67.23	75.00
69200	Removal of foreign body ear	101.79	110.00
30300	Removal of foreign body nose	184.43	195.00
17250	Silver nitrate (chemical cautery)	59.71	61.00
17110	Cryotherapy of warts	79.27	81.00
11200	Cryotherapy of skin tags	63.98	68.00
94640	Nebulizer treatment (initial tx)	11.81	25.00
94640-76	Nebulizer treatment (subsequent tx)	11.81	25.00
94664	Demo/evaluation of patient utilization (nebulizer)	11.19	19.00
11740	Evacuation of subungual hematoma	35.23	44.00
99070	Supplies & materials	10.84	12.00
	College/camp/sports physical (flat fee)	-----	40.00
96152	Health Behavior Intervention (HBI per unit by LCSW)	19.97/unit	20.00
90801	Diagnostic Interview/Evaluation	101.37	103.00
90802	Interactive Diagnostic Interview/Evaluation	107.43	108.00
90804	Individual Therapy (20-30 min)	42.58	44.00
90806	Individual Therapy (45-50 min)	60.47	62.00
90808	Individual Therapy (75-90 min)	89.33	91.00
90810	Interactive Therapy (20-30 min)	45.19	47.00
90812	Interactive Therapy (45-50 min)	65.67	67.00
90814	Interactive Therapy (75-90 min)	94.02	96.00
90847	Family Psychotherapy w/ patient	73.31	75.00
	* Medicaid rates revised to reflect LCSW allowable (2/08)		
Additional Services:			
12/9/2003	Family & Friends CPR		20.00
12/9/2003	Heartsaver CPR		35.00
12/9/2003	Healthcare Provider CPR		40.00
12/9/2003	Standard First Aid		30.00
12/9/2003	Heartsaver CPR & First Aid		45.00
	Code	Explanation	
		7/1/2008 Medicaid Rate	FY 08-09 ACHD Rate
		Use for determining contract rates:	
76805	Performing OB ultrasound	43.08	↓
76805-26	Interpretation of OB ultrasound	83.56	▲
	Perform & interpret OB ultrasound	126.64	▲
71010	Chest x-ray PA- single view	22.51	↓
71020	Chest x-ray PA & lateral view	29.06	↓
Medicaid rates for LHD effective 7/1/09 have not been released New services identified by BOLD text Effective 7/1/09 will begin billing clients for LCSW services (to date have billed Medicaid & LME only) due to grant			

Environmental Health Fees 2009/2010

Soil/Site Evaluation	\$200.00
Site Revisit Fee	\$50.00
Authorization to Construct Type I, II, IIIacdefg	\$200.00
Authorization to Construct Type IIIb	\$400.00
Authorization to Construct Type IV	\$600.00
Authorization to Construct Type V	\$1,000.00
Authorization to Construct Type VI	\$1,600.00
New Well Permit	\$300.00
Replacement Well Permit	\$300.00
Well Repair Permit	\$200.00
PVC Camera Inspection	\$100.00
Manufactured Home Park Permit	\$100.00
Manufactured Home Park Existing System Check	\$50.00
Existing System Check for Change in Use	\$50.00
Existing System Check for Plat	\$50.00
Bacterial H2O Sample	\$15.00
Chemical H2O Sample	\$25.00

Nitrate H2O Sample	\$25.00
Petroleum H2O Sample	\$30.00
Volatile Organic Compounds (VOC) H2O Sample	\$30.00
Pesticide H2O Sample	\$25.00
Tattoo Permit	\$100.00
Swimming Pool Permit	\$75.00
Swimming Pool Plan Review	\$200.00
Restaurant Plan Review	\$200.00
Temporary Food Establishment	\$50.00

PLEASE BE ADVISED THAT ALL PAYMENTS ARE FINAL AND NO REFUNDS OR TRANSFER OF FUNDS ARE POSSIBLE. BY SIGNING AND SUBMITTING YOUR PAYMENT YOU ARE AGREEING TO THESE TERMS AND CONDITIONS.

A motion was made by Mr. Venable to approve the Health Department and Environmental Health fees as presented. The motion was seconded by Dr. Reid Woodard and was approved by the board unanimously.

D. Service Eligibility Policy

Ms. Christy Bradsher presented the board with a memo requesting board approval for the Health Department to write-off account balances under \$50.00 which have had no account activity for a period of one year or more. It was explained that balances less than \$50.00 could not be submitted to the North Carolina Debt Set-off clearinghouse. As of March, 25, 2009, the amount that is proposed to write-off is \$17,728.33.

Ms. Bradsher also presented a revised Service Eligibility Policy for consideration:

ALAMANCE COUNTY HEALTH DEPARTMENT

“COMMITTED TO PROTECTING AND IMPROVING THE PUBLIC’S
HEALTH IN ALAMANCE COUNTY”



**Alamance
County
Health
Department**

EveryWhere.EveryDay.EveryBody.

Service Eligibility Policy
(includes Identification of Clients)

APPROVAL DATE BY BOARD OF HEALTH:

SIGNATURES:

Chair, Board of Health

Health Director

Division Manager

Alamance County Health Department

Title:	Service Eligibility Policy	Policy Number:	
Approved by:	Alamance County Board of Health	Program Area:	Personal Health
Effective Date:			
Revised Date:			

I. GOAL

- A. To establish policy and procedures for the determining eligibility for services offered by the Alamance County Health Department.

II. PURPOSE

- A. To ensure that all clients who wish to receive services are treated equally.

III. REFERENCES

None

IV. DEFINITIONS

- A. Alias - otherwise called; otherwise/also known as; aka
- B. Economic Unit- number of individuals living at an address, who work and either divide expenses equally or pool expenses.
- C. Essential service- services that the State shall assure because they are essential to promoting and contributing to the highest level of health possible for the citizens of North Carolina (§ 130-A-1.1, (b))
- D. Proof- certified (genuine), valid (official, such as drivers license, insurance card, immunization record), and current (recent, within the last 60 days or with valid dates such as with a drivers license).
- E. Residency- where a person lives, (not a post office box). Proof provided may be in another family member's name or another member of the household other than the applicant, the proof can represent each applicant in the family.

V. FOCUS POPULATION

- A. The focus population for this policy includes all clients of the Alamance County Health Department.

VI. POLICY

- A. In order to be consistent and fair in determining service eligibility for the people in the community, the Alamance County Health Department will require proof of identification, residency and income as part of the eligibility process. Persons requesting services in a program where Federal/State rules prohibit financial and residency requirements or where eligibility is not an issue shall be exempt from residency and financial proof only. Identification will still be required. At no time can this policy create a barrier to an essential service.

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VII. SERVICE PLAN

PROOF OF IDENTIFICATION

Upon initial eligibility request proof of identification and place a copy in the patient medical record. Should there be a name change, a copy of the new proof of identification should be made and placed in the medical record.

The following may be used as proof of identification:

- Medicaid Card
- Social Security Card
- Driver's License
- Insurance Card/Policy
- NC Health Choice ID
- Paycheck with their name (less than 60 days old)
- Bill in their name (less than 60 days old)
- Health Record
- Work ID With Photo
- Official Student ID With Photo
- Passport (no date limitation)
- Military Card
- Birth Certificate
- WIC Folder

If no proof of identity is available due to theft, loss, or disaster, an individual is homeless, a migrant, document the reasons for the no proof on the Patient Registration Form (PAPS).

Upon subsequent visit, request one form of acceptable proof of identification.

USE OF PERSONAL DATA CONTINUATION SHEET

- a. Upon registration, or at any time during the client's care, if the client requests the use of an alias name, they will be required to complete the "Personal Data Continuation Sheet".
- b. The "Personal Data Continuation Sheet" will allow for the use of only one alias name by the client.
- c. Staff will enter the alias name on the "alias" line of the patient registration screen.
- d. The "Personal Data Continuation Sheet" will be filed in the client medical record under the "Patient Data" tab.
- e. New patient labels, which include the alias name, will be printed and placed on the outside of the medical record and on all current any new forms in the medical record.

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f. All forms of correspondence completed on behalf of the client (i.e. work notes, disability forms, etc) will include both the name under which they are registered and the alias name. The format for use of both names will be:
 Patient: Susie Jones aka Susan Smith

g. If the client wishes to change the alias name being used to another name, this may be done. The client will be required to complete a new "Personal Data Continuation Sheet" at the time of the new request. Use of all prior "alias" names will be discontinued at that time.

PROOF OF RESIDENCY
 Upon initial eligibility, request proof of residency and document on the Patient Registration Form (PAPS). If address changes, request proof of new residency.

Proof of residency must be at least one acceptable form such as:

- Medicaid Card with address
- Mortgage or rental agreement
- Utility bill such as electric, gas, phone, water, cable (less than 60 days old)
- Bank Statement
- Pay check stub
- Driver's License or DMV identification
- Third party Confirmation Letter (with client's routine nighttime address and signed on behalf of the participant who may be living in a shelter, facility, or a migrant/farm worker living on a farm.)

If no proof of residency is available due to theft, loss or disaster, an individual is a homeless individual, a migrant or a transfer with no proof, document the reasons for no proof of residency on the Patient Registration Form (PAPS).

PROOF OF INCOME
 Upon initial visit request proof of income and document this information on the Patient Registration Form (PAPS). At each visit inquire about income and work place. Should either change, request proof of income.

One of the following is acceptable proof of income:

- Check stub
- Recent tax statement if self-employed
- Current Leave and Earnings Statement
- Letter from employer stating gross income and frequency
- W-2 forms or income tax return for most recent calendar year

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Alamance County Health Department

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- Alimony/Child Support payments (court decree or copies of check)
- Unemployment letter or notice
- Social Security Income Stub
- Foster child placement letter/foster parent award letter with amount received for foster care
- Third Party Confirmation Letter (See Attachment and file in medical record)

Verification of Income – In cases where documentation of income is questionable, staff should attempt to verify the documentation through another source e.g. employer verification of wages, local welfare office verification.

THIRD PARTY CONFIRMATION LETTER

A client reporting no income must have Third Party Confirmation Letter from a reliable third party such as social services staff, church, relief organization, legal aid society, school counselor or school nurse. Health Department employees, relatives of the applicant or members of the economic unit cannot be third party verifiers. The Third Party Confirmation letter must be signed, dated and a telephone number must be included. This letter will be filed in the medical record.

If no proof of income is available due to theft, loss, or disaster, an individual is a homeless individual, a migrant and applicants paid in cash whose employer(s) will not document on paper the applicant's income, document the reasons for no proof on Patient Registration Form (PAPS).

Failure to bring proof of income or Third Party Confirmation letter will result in the individual being charged 100% (with the exception of Family Planning services*). Charges will remain at 100% if proof of income is not presented within 45 days.

* Clients seeking Family Planning services are not required to provide written documentation of income. If when asked for income verification, a client refuses to produce written documentation, verbal documentation is sufficient. Document that verbal documentation was given on the patient financial record.

EXCEPTIONS:

CONFIDENTIAL SERVICES REQUESTED BY ANY CLIENT WILL BE DETERMINED AS A UNIT OF ONE. (No income verification is required) *(REVISED 9/1/07)*

STUDENTS REQUESTING SERVICES, EITHER LIVING ON CAMPUS OR AT HOME, WILL PROVIDE PROOF THEY ARE A FULL TIME STUDENT AND WILL BE DETERMINED A UNIT OF ONE. A DECLARATION OF INCOME WILL BE GIVEN.

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<p>SSI (Supplementary Security Income) and/or earnings on savings accounts, will not be counted as income.</p> <p><u>INSURANCE AND THIRD PARTY BILLING</u></p> <p>A client who has been determined to have third party coverage (insurance, Medicaid and/or Medicare coverage) and does not present information (card), will be considered as self-pay and income applied to the sliding fee schedule. After 45 days it becomes the responsibility of the patient to file insurance.</p> <p>Failure to present Medicaid Card within 6 months from date of service will result in patient being responsible for account balance as determined by the sliding fee schedule.</p> <p><u>COLLECTION OF REVENUE PROCEDURES</u></p> <p>It is the policy of the Alamance County Health Department to attempt to collect for fees incurred for services rendered at the time the service is provided. The patient will be informed of any outstanding balance at <u>each visit</u>. At the time of each visit the client will be asked if they are paying by <u>check or cash</u>. Established procedures for accepting payments and issuing receipts will be followed. Options available to clients who cannot satisfy the balance owed include making arrangements for reasonable monthly payments. A mailing envelope will be given to the client.</p> <p>Statements of client accounts will be mailed no less than quarterly, provided confidentiality is not jeopardized. At the same time patients will be notified failure to make regular payments may result in further action.</p> <p><u>Clients with an outstanding balance of \$250.00, no payment received within three months will receive a late payment notice and asked to contact the Billing Office who will investigate the reason for non payment and negotiate a payment plan.</u></p> <p>Client(s) will be informed at the time of service that they may be charged for some outside laboratory services.</p> <p>The Alamance County Health Department participates in the Debt Set-Off (DSO) program. This program allows for overdue accounts (no activity for a period of 1 year) to be submitted to the NC Local Government Debt Setoff Clearinghouse. If a client whose account has been submitted to this program, receives a federal tax refund, all or a portion of that return may be withheld to pay the debt owed. Additional fees will be added by the NC Local Government Debt Setoff Clearinghouse as part of the debt withheld from the income tax return. This process will</p>					
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continue until the debt is paid in full. If a client chooses, they may pay the debt themselves to avoid their tax return being withheld. Any debt that has been submitted to the DSO program will be maintained on the health department books for a period of 10 years (which is the maximum length of time the debt can remain in the DSO program). If at any time during that 10 year period, a payment is received, this amount will be posted on the client's account and the DSO program will be notified of the payment. Clients who have been submitted to the DSO program will not receive a regular statement from the health department.

SERVICE LIMITATIONS
 No services will be limited or denied due to "inability to pay". Inability to pay is determined by the use of the sliding fee schedule and the income of the economic unit.

Exception: Due to a Title X ruling, the Alamance County Health Department will not limit, deny or fail to provide any emergency services for Family Planning patients who have been determined at 250% or below on the poverty scale.

Documentation of an outstanding balance will be noted on the Patient Registration screen. Client(s) with outstanding balances will be referred to the Cashier at each visit to the health department.

BAD DEBT WRITE-OFF

A bad debt is defined as an outstanding balance in which ~~2 years~~ 1 year or more has elapsed since the last date of any activity on a client's account. ***Bad debts under \$50.00 will be written off at the end of each fiscal year (June 30). Bad debt summaries will be done no less than annually.***

If a client returns for services within 1 year after bad debt has been written off, the debt amount will be added back to the client's account. At no time will the client be informed that a bad debt had been written off.

VIII. APPENDIX

- A. Alamance County Health Department Personal Data Continuation Sheet (A1-English and A2-Spanish)
- B. Instruction Sheet: Use of Personal Data Continuation Sheet
- C. NC Local Government Debt Setoff Clearinghouse Manual
- D. NC General Statute 130A

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A motion was made by Ms. Marshall to approve writing off \$17,728.33 and to approve the proposed policy change. The motion was seconded by Dr. Courtney and approved unanimously by the board.

E. Proposed 2009 – 2010 Fiscal Year Budget

Ms. Bradsher reported that the Board of Commissioners held their budget retreat on April 6, 2009. Commissioners had the

opportunity to ask individual departments about various aspects of their budget requests. As a result of the retreat, some recommendations include:

- two percent (2%) cost of living increase effective January 1, 2010;
- two (2) additional bonus days for employees;
- ten percent (10%) cut to the requested travel budget, which would put the Health Department's travel budget at \$36,000;
- frozen positions will be eliminated; the Health Department currently has three frozen positions and has asked that the positions be made inactive instead of cut;
- approximately \$300,000 will be taken from the Health Department's Fund Balance to go into the County's General Fund.

It was stressed that these are all recommendations and nothing has been finalized. Ms. Bradsher will advise the board of any changes at the June 16, 2009, Board of Health Meeting.

V. Personal Health Committee Report

Dr. Woodard, Chairman of the Personal Health Committee, presented the minutes from the March 17, 2009, Personal Health Committee meeting.

Alamance County Board of Health

Personal Health Committee

The Personal Health Committee met on Tuesday, March 17, 2009, at 6:00 pm, in the Health Department Conference Room (Room 1129) of the Human Services Building located at 319-B N. Graham Hopedale Rd, Burlington, North Carolina.

The following committee members were present: Personal Health Committee Chairman Dr. Reid Woodard, Dr. Michael Blocker, Ms. Lynda Puckett and Mr. Charles Wilson.

The following staff members were present: Mr. Barry Bass, Ms. Gayle Shoffner, Dr. Kathleen Shapley-Quinn and Ms. Janna Elliott

Call to Order

Chairman Reid Woodard called the meeting to order at 6:04 pm.

Personal Health Update

Ms. Gayle Shoffner reviewed the Women's Health Clinic / Pregnancy Test / STD Monthly Report. Mr. Charles Wilson inquired about positive STD test results and wondered if there are isolated geographical areas that need education in the community. It was discussed that Alamance Community College and high schools provide STD education and that it could be possible to use data and GPS technology to map most affected neighborhoods. Although the later would be an expensive and time-consuming effort, it could be considered with grant funding and a student intern. Mr. Barry Bass informed the committee that he recently found out that the state is making plans to cut the HIV Case Management program.

Ms. Shoffner gave the Alamance County Health Department Maternity Clinic Volume and Payment Source Statistics. In December, new obstetric patients had a wait time of approximately five weeks before being seen for an appointment. Maternity Clinic staff have worked hard to decrease this wait time to approximately one week now. The wait time for the Women's Health Clinic is down from five weeks to two weeks.

Ms. Shoffner reported that 66 flu vaccinations had been given thus far in the month of March, totaling 1,616 for the flu season.

Ms. Shoffner discussed the WIC Monthly Report for February 2009. Mr. Bass mentioned that the WIC program puts approximately \$3,800,000 into the local economy.

Dr. Woodard inquired if there are other clinic reports. Ms. Shoffner stated that the other clinics, Child Health and Immunization, will be busy over the summer months with immunizations and pre-school physicals. There was a short discussion regarding continuity clinics and Dr. Blocker suggested the Health Department consider opening an Elder Clinic.

Medical Director's Report

Dr. Kathleen Shapley-Quinn provided an update on the negative pressure room. Ms. Shannon Alley, an Environmental Health Program Specialist working as the Preparedness Coordinator, made contacts with Alamance Regional Medical Center (ARMC) and is working hard to move the project along. Tuberculosis (TB) patients are continuing to be seen through home visits. Dr. Blocker inquired about the current TB caseload. The TB program currently has four active cases; however it has received numerous suspect or rule out TB calls in the recent weeks.

Dr. Shapley-Quinn reported that there have been recent outbreaks with norovirus. Of the 87 residents and 25 employees on staff at Cedar Ridge Retirement Village, 34 or thirty percent (30%) had norovirus. There was a suspected norovirus outbreak at Western Middle School, with two out of three stool samples testing positive. Dr. Blocker mentioned that ARMC had begun isolating any patients with nausea, vomiting and diarrhea. Dr. Shapley-Quinn informed the committee that norovirus is spread through fecal-oral transmission and the best way to prevent it from spreading is by frequent hand washing.

Health Director's Report

Mr. Bass reported that the legislature is currently focusing on the state's budget. The Department of Public Health (DPH) had made most of its cuts at the state level. Mr. Bass stated that House Bill 397, "Conscience Protection/Contraceptive Coverage," is being considered and would require insurance companies provide coverage for prescription contraceptive drugs or devices except for RU-486, Preven or their equivalent or for abortions. Mr. Bass stated that legislation is working to require parental consent with notary seal for adolescents seeking abortion. Also, in the past Pharmacists have been required to fill any prescription with which he was presented. New legislation is in the works that will not obligate a Pharmacist to fill a prescription for which his religious or ethical beliefs interfere (such as RU-486). Mr. Bass mentioned the state is working to establish an Office of Men's Health. The state also wants to reduce infant mortality by providing intraconceptive coverage and case managers for high risk patients. There is hope that a new Medicaid waiver will cover drugs for the treatment of AIDS and HIV. There may be a new requirement for six-year-olds to receive the influenza vaccine.

Mr. Bass informed the committee that the Board of Commissioners voted to allow the Health Department to proceed with purchasing the Insight program. The state is being insistent that we participate in the state's HIS program because Ms. Dorothy Cilenti signed a survey committing the Alamance County Health Department to the HIS.

Mr. Bass stated that he has requested the county unfreeze the Physician Extender II position so that he could hire a Physician Assistant or Family Nurse Practitioner to work in all clinics for 25 hours per week. UNC's Nurse Practitioner program will graduate students in May. The Public Health Nurse II – Communicable Disease position is in the interview process. The job description for the Public Health Nurse II – Quality Assurance was updated and submitted to the Office of State Personnel (OSP) for classification.

Adjournment

With no further business, the meeting adjourned at 6:49 pm.

**Respectfully submitted,
Janna Elliott
Clerk to the Board of Health**

VI. Personal Health Update

Ms. Gayle Shoffner informed the board that one thousand, six hundred and forty-five (1,645) flu vaccinations have been given thus far this flu season.

Ms. Shoffner reminded the board about the Tdap requirement for upcoming sixth graders. The Tdap vaccine combines Tetanus, Diphtheria and Pertussis Vaccines. All eleven (11) to twelve (12) year olds must show proof of Tdap vaccination prior to being admitted into the sixth grade. Health Department Immunization staff are working with the schools to ensure parents are aware of this requirement. The Health Department has the Tdap vaccine available for patients during regular clinic hours.

VII. Environmental Health Committee Report

Mr. Carl Carroll presented the minutes from the March 17, 2009, Environmental Health Committee meeting.

Alamance County Board of Health

Environmental Health Committee

The Environmental Health Committee met on Tuesday, March 17, 2009, at 12:00 pm in the Health Department Conference Room (Room 1129) of the Human Services Building located at 319-B N. Graham Hopedale Road, Burlington, North Carolina.

The following committee members were present: Mr. James Gooch, Environmental Health Committee Chairman, Dr. Donald Courtney and Mr. Chad Huffine.

The following staff members were present: Mr. Barry Bass, Mr. Carl Carroll, Ms. Terri Craver, Ms. Rebecca Rosso-Hall and Ms. Janna Elliott.

Call to Order

Chairman James Gooch called the meeting to order at 12:01 pm.

Pretreatment Drip Irrigation Wastewater System

Ms. Terri Craver gave an informative presentation on pretreatment drip irrigation wastewater systems. Pretreatment drip systems, and other engineered systems, are becoming more common throughout the state. Drip treatment systems offer wastewater generators the ability to place domestic or industrial wastewater in the soil at very slow and controlled rates. Both the permitting and the inspection of these systems require many trips to a site, as well as many hours of time in the office. The complexity of these systems also requires the staff of Environmental Health to stay up-to-date with all new technologies and understand all of their applications. These systems are very expensive to install, running approximately \$25,000 - \$30,000. The Environmental Health permitting fee is a one time \$1,600 charge.

Client Survey Results

Mr. Carl Carroll discussed client survey results. Every client obtaining a food and lodging permit receives a survey. Three days each week clerical staff choose two wastewater clients at random to mail surveys to. The survey results are very favorable. Most suggestions clients offered are either in the process or are being considered for the future.

Environmental Health Update

Mr. Carroll reported that there has been an increase in documentation requests and requests to evaluation lots due to the recent tax revaluation.

Mr. Carroll noted that revenue for this fiscal year is down; however February's revenue was the highest month this fiscal year. This decrease is due in large part to the decrease in new home construction, therefore fewer onsite wastewater permits have been purchased.

Health Director's Update

Mr. Bass discussed that House Bill 2, "Prohibit Smoking in Public & Work Places," is going through legislation. Mr. Bass also noted that a directive, "Davie's Law/Humane Euthanasia in Shelters," is being considered that would permit shelters to euthanize animals by lethal injection only.

Mr. Bass stated that legislation has made changes to the bill regarding volatile organics. This bill will go into effect October 1, 2009, mandating that every new well completed be tested for volatile organics in the water sample. The state charges \$200 per kit to obtain this water sample. Environmental Health will have to pass this cost along to clients through the permitting fee. Environmental Health staff will have the ability to make a determination of whether the test the water based on information and test results from area water samples; however, in theory it is best to sample all wells to avoid liability.

Mr. Bass and Mr. Carroll discussed a recent water sample from a local mobile home park. A child was seen at the Children's Dental Health Clinic and a water sample from the home was taken to test for fluoride and nitrates. The sample resulted in a very high level of nitrates. Further investigation found that there are three wells at the park: two are prior to 1975 and one is fairly new. The new well has suitable levels and the two older wells have water that is not suitable for drinking. The mobile home park is hooked to the two older wells, so tenants were advised not to drink the water. The new well supplies water to a rental house and old chicken coops. The new well will now be used for the entire mobile home park.

Mr. Bass commented that he attended the Board of Commissioners meeting held March 16. The new Alamance County website was presented and the website administrator complimented Environmental Health Staff's work to put together the Environmental Health page.

Mr. Bass stated that there is also legislation to determine the ability of Environmental Health departments to levy fees in food and lodging. The risk-based inspection system began on July 1, 2008. Environmental Health gets approximately \$15,000 from state for its food and lodging program. Environmental Health charges a \$200 plan review fee for each new facility unless it is a prototype or franchise. It costs approximately \$1,200,000 to run Environmental Health. 25-28% comes from fees (mostly onsite wastewater); 1% comes from the state and the remainder is funded by tax payers.

Adjournment

With no further business, the meeting adjourned at 12:47 pm.

**Respectfully submitted,
Janna Elliott
Clerk to the Board of Health**

Mr. Carroll further discussed "Pretreatment Drip System" and he noted that all wastewater systems will eventually fail. Mr. Carroll stated that when Environmental Health Specialists evaluate a lot for a wastewater system, they are required to find an area that is suitable for an initial system and also find an area where a repair system can be installed. Staff must designate the system type and the location for both the initial and repair on the permit. Having the "Pretreatment Drip System" available as an alternative allows permits to be issued on some lots that otherwise would be denied a permit. However, he discussed why staff is concerned about this. Staff can and do issue permits that call for a conventional wastewater system to be the initial system for the lot with the pretreatment drip system being required as the repair system. Staff is concerned because the cost of the "Pretreatment Drip System" may be cost prohibited to a homeowner when the wastewater system eventually fails. Once the system fails, it creates a public health problem if not properly repaired. Procedures are in place that requires homeowners to sign their permit indicating that they understand the information, but considering other information to provide homeowners of this due to the difference in costs between the two types of systems (\$5,000 vs. \$25,000).

Mr. Carroll mentioned that a home across the road from the mobile home park noted in the minutes also has high nitrate levels. The homeowner was instructed not to drink or cook with the water. Mr. Carroll contacted the Division of Water Quality to obtain help for the homeowner as no other source of water is available. There is no way to know exactly what has caused the high nitrate levels, but chicken litter has been applied to fields in the area and there was also a pit for deceased chickens. Other wells in the area are being sampled to ensure safe water.

Mr. Carroll stated that the new county website is up and running. He received four (4) emails this week from the public as a result of information provided on the website. Mr. Carroll stated that Jon Fowlkes and Shannon Alley did an excellent job with the content of the

site. Mr. Eric Nickens, Health Education Supervisor, has also been working on the Health Department's website.

VIII. Environmental Health Update

Mr. Carroll reported that there has been one documented case of animal rabies in the county this year, it was a skunk and it exposed several unvaccinated animals that had to be euthanized. There was also a strange acting raccoon spotted in the Health Department parking lot recently. Animal control was called and has been canvassing the area. This is likely directly related to the large number of cats that were being fed. The gentleman is no longer feeding the cats to our knowledge.

IX. Medical Director's Report

Dr. Kathleen Shapley-Quinn reported that there are currently two active tuberculosis cases and several other individuals that are being tested.

Dr. Shapley-Quinn was ecstatic to report that the negative pressure room has undergone repairs and is now being used. Preparedness Coordinator, Ms. Shannon Alley, was very instrumental in getting the repairs done expeditiously.

In regards to the earlier budget discussion, Dr. Shapley-Quinn stated that she hopes to combine the Physician IIIA (40%) position with the Physician Extender II (75%) position to form a 70% Physician Extender II position. This would provide a cost savings to the county of approximately \$37,235 annually if both positions were to be filled. Normally the demand for Child Health appointments significantly increases over the summer and fall due to kindergarten physicals. At this point, clinics are unable to provide additional appointment slots to meet the typical scheduling for the Child Health Clinic.

Dr. Shapley-Quinn provided the board with the following Communicable Disease report:

REPORTED CASES OF NOTIFIABLE DISEASES ALAMANCE COUNTY, NC																			revised 4/22/2009
	1995	1996	1997	1998	1999	2000	2001	2002	rate	NC rate	2003	rate	NC rate	2004	2005	2006	2007	2008	2009
AIDS	7	9	8	4	7	8	7	5	3.7	11.9	13	9.5	12.4	21	16	2	9	48	#
AIDS cases living+								59			55			70	81	***	***	***	
HIV	7	8	11	5	19	19	16	18	13.3	20.3	27	19.8	24.6	21	29	17 (18)	***	23	93
HIV cases living+								127			133			134	144	***	***	***	
Chlamydia	225	218	255	194	293	294	261	282	207.9	297.6	318	231.3	309.58	403	410	409 (415)	409	464	
Early Latent Syphilis	17	4	11	14	20	6	6	7	9.8	7.4	12	10.2	4.7	2	0	3	2	1	
Gonorrhoea	345	236	280	247	259	276	268	253	186.5	184.7	220	161	179.1	237	165	237 (224)	258	135	
Primary & Secondary Syphilis	17	5	23	30	19	5	3	5	3.7	3.3	2	1.5	1.8	1	4	2	5	5	
Total STD reports by Year	618	480	586	494	617	608	561	570	423.9	525.2	590	433.3	532.18	685	624	670	706	744	0
Active TB*	3	3	5	3	6	1	2	2			5			3	3	3	1	4	1
Campylobacter	5	1	3	2	3	11	10	17			10			21	7	8	10	8	
CJD ("mad cow")	0	0	0	0	0	0	0	1			0			0	0	0	0	0	
Cryptosporidiosis	0	0	0	0	0	1	0	0			1			0	1	0	2	2	
Dengue	0	0	0	0	0	0	0	0			0			0	1	0	0	0	
E. coli O157:H7	NA	NA	1	1	2	3	0	1			1			6	1	9	4	1	
Ehrlichiosis, Monocytic	0	0	0	0	0	0	0	0			0			2	0	1	1	1	
Foodborne (other)	0	0	2	0	0	0	0	7			1			2	5	0	14	0	
H. influenza, Invasive	0	0	0	0	0	0	0	1			0			0	0	0	1	2	
HUS	0	0	0	1	0	0	0	0			0			0	0	1	0	0	
Hep A, Acute	0	4	1	0	13	5	2	3			0			2	15	11	0	0	
Hep B, Acute	1	3	3	7	0	1	0	0			1			1	1	7	1	0	
Hep B Carrier	3	3	4	9	5	4	3	0			0			3	1	10	10	12	
Hepatitis C, Acute	0	0	0	0	0	0	0	0			0			0	0	1	0	1	
Hepatitis B, Perinatal	0	0	0	0	0	0	0	0			0			0	1	0	3	3	
Legionellosis	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	
Listeriosis	0	0	0	0	0	0	0	1			0			0	0	0	0	0	
Lyme Disease	2	0	0	0	2	2	2	3			0			0	0	1	0	2	
Malaria	0	0	0	0	0	0	0	0			0			0	0	0	1	1	
Measles (Rubeola)	0	0	0	0	0	0	0	0			0			0	0	0	0	0	
Meningitis, Pneumo	0	0	0	0	0	0	0	0			0			1	1	1	4	0	
Meningococcal Dis	3	3	2	0	0	1	1	0			0			0	1	0	0	0	
Mumps	0	1	0	0	0	0	0	1			0			0	0	1	0	0	
Pertussis	1	0	2	1	1	1	0	0			1			1	1	2	1	0	
Rabies (Animal)	0	0	17	24	5	4	9	4			18			1	2	5	2	1	
RMSF	0	0	0	0	1	0	0	3			4			9	14	33	12	29	
Shigella	2	0	3	3	15	2	2	2			0			0	2	0	0	0	
Salmonella	10	6	8	7	14	14	10	12			12			21	16	17	20	22	
Shigella	0	2	1	0	1	4	2	3			1			3	5	1	4	1	
Strep Inf. Group A	0	0	0	0	0	0	0	2			3			0	2	6	10	8	
Toxic Shock Syndrome	0	0	0	0	0	0	0	0			0			0	1	0	0	0	
Typhoid	0	0	0	0	0	0	0	1			0			0	0	0	0	0	
VRE	NA	NA	NA	0	1	3	5	10			5			6	0	0	0	0	
Yerseria	0	0	0	0	1	0	0	0			0			0	0	0	0	0	
Total CD Reports by Yr	28	26	52	55	55	70	41	77	0	0	61	0	0	82	79	119	110	98	1

STD/HIV data as reported by NC HIV/STD Branch
 NC & (local data)

* Data from ACHD
 + cases living as of 12/31 of each year
 *** data unavailable as of this printing

bold = revised data from previous report
 # - this increase is largely (possibly exclusively) a reflection of many cases from 1980 forward being reported in 2008.

Dr. Shapley-Quinn noted that the HIV and AIDs rates appear to have increased dramatically in 2008. After doing some research, it was discovered that previously unreported HIV/AIDs cases were entered into the database during the fourth quarter of 2008. These are likely cases that date back to the 1980s. Based on information gathered from the regional STD consultant, the true number of newly reported HIV cases in Alamance County during 2008 is 34. According to the consultant, ages for the 34 cases are: two are in their 70s; eight are in their 50s; four are in their 40s; six are in their 30s and 24 are in their 20s. The state is hoping to change the reporting system so data will be entered according to the date of the diagnosis, not the date the report was sent in. Dr. Shapley-Quinn stated that the increase in HIV diagnosis may be due to increased testing. Emergency Departments are now encouraged to run HIV tests along with other patient blood panels during emergency room visits. She also stated that there are no support groups for HIV/AIDs patients in Alamance County. Alamance Cares has a project, "Caring Voices," that goes into low income communities to meet with parents and grandparents to teach them how to talk with children and grandchildren about sex, HIV, violence and drug abuse. Alamance Cares also helps with transportation of uninsured HIV/AIDs patients to UNC for appointments. Dr. Shapley-Quinn stated that Dr. Blocker is the only provider in the county that will treat HIV patients with Medicaid. Dr.

Blocker mentioned there is funding available from the Ryan White Program, which allows people without insurance to receive care. The hospitals do not want to take on the administration part of this funding because of the potential auditing powers the program would have. Dr. Blocker also mentioned that the transportation money currently available may no longer be in another year. Dr. Shapley-Quinn did note that there is an increase in Chlamydia. She believes it to be a real increase, but there has also been an increase in testing. Prenatal patients are tested twice throughout the course of a pregnancy and all women under the age of 25 are tested during their annual exam.

Mr. Barry Bass stated that for the first time since he has been here, he issued an isolation order on an HIV positive patient who was diagnosed during his stay in the prison system. He was named as a contact from at least three individuals that tested positive for HIV. If this individual is treated at the Health Department or any other doctor's office with a sexually transmitted disease, he will be prosecuted. Dr. Shapley-Quinn stated that there is possibly another two individuals that are not following the control measures, but more research needs to be done before proceeding with isolation orders.

Dr. Blocker inquired if Dr. Shapley-Quinn knew how many of these results were being reported by laboratories versus providers of care. Dr. Shapley-Quinn stated that she did not know.

Mr. Venable inquired about how the process works for 40% and 75% employees. Mr. Bass stated that one employee was working two days per week and the other was working almost four days per week. The proposal is to eliminate the 40% Physician IIIA position and make the Physician Extender II position, which could be either a Physician Assistant or Nurse Practitioner, a 100% full-time equivalency. This would save the county nearly \$40,000 and would significantly contribute to meeting the needs of service. Mr. Bass stated that he would appreciate the board's support on this proposal.

X. Health Director's Report

Mr. Barry Bass stated that the Board of Commissioners approved the purchase of the new Insight software, which will replace the existing antiquated AS400 software. The state is giving push-back because the Health Department will not be using the HIS system. Ms. Dorothy Cilenti and Mr. Hendrix Valenzuela, both of whom are no longer with the agency, signed a survey in 2007 stating that the Alamance County Health Department (ACHD) would participate in the state's HIS system. The North Carolina Association of Local Health Directors (NCALHD) agreed to a moratorium on proprietary software several years ago, but Mr. Bass believes it to be expired. The state feels that this information should require ACHD to use the HIS system. The state has informed Mr. Bass

that if ACHD purchases the Insight software, clerical staff will be required to do double-entry work. In response to this, Mr. Bass requested that Alamance County be the last county to be converted and then ACHD will go to batch processing. Mr. Bass will keep the board as well as the County Attorney, Mr. Clyde Albright, informed of this situation.

Mr. Bass informed the board that a Regional Board of Health Orientation session will be conducted in Guilford County on Saturday, July 18, 2009, from 10:00 am – 2:00 pm. An RSVP is requested by April 30, so please let Mr. Bass or Ms. Elliott know if you would like to attend this training.

Mr. Bass reported that the North Carolina Senate has a Public Health Improvement Plan (PHIP) within its budget. Senator Purcell of Scotland County has tried to implement changes to the current plan, but was railroaded. Mr. Bass stated that they are trying to do to public health what they have done to mental health by making ten “super health departments” across the state. The County Commissioners Association is opposed to it. The state of North Carolina contributes less than 5% of funding for public health across the entire state. In Alamance County, tax payers contribute nearly 2/3 of ACHD’s budget. Considering the total Health Department budget, including county-funded resources, the state contributes 8.4% and federal money is 12%. Part of the PHIP eliminates \$750,000 that goes toward accreditation. Those counties that have been accredited have demonstrated they are providing better services to the public. Accreditation requires health departments to provide a minimal level of service. Mr. Bass will keep the board informed on the progress of this plan and he asks for the board’s support.

Mr. Bass also noted that another part of the PHIP establishes a Public Health Taskforce. There was a taskforce between 2005 and 2007 that made significant recommendations that would require \$50 Million to implement.

Mr. Bass informed the board that he will be participating in a Local Health Directors Legal Conference on Wednesday and Thursday of this week. He will present a chronology of events and newspaper headlines from the past year. Mr. Chris Hoak, the Division of Public Health Attorney, will discuss the legal aspects. The 287(g) program will also be discussed.

XI. Old Business**A. Election of 2009 Board of Health Officers**

Mr. Gooch reviewed the minutes from the Nomination Committee meeting held on February 17, 2009:

Alamance County Board of Health

Nomination Committee

The Nomination Committee met on Tuesday, February 17, 2009, in the Professional Board Room (Room S-118) of the Human Services Center located at 319-B North Graham-Hopedale Road, Burlington, North Carolina, at 8:00 pm.

The following committee members were present: Mr. James Gooch, Dr. Michael Blocker, Dr. Donald Courtney and Dr. Reid Woodard.

The following staff members were present: Ms. Janna Elliott.

Nomination of 2009 Board of Health Officers
Mr. James Gooch called the meeting to order at 8:05 pm.

Committee members held a discussion and decided unanimously to nominate Mr. James Gooch as the 2009 Board of Health Chairman and Dr. Reid Woodard as the 2009 Board of Health Vice-Chairman.

Adjournment
With no further business, the meeting adjourned at 8:10 pm.

Respectfully submitted,
Janna Elliott
Clerk to the Board of Health

A motion was made by Mr. Wilson to elect Mr. James Gooch as Chairman and Dr. Reid Woodard as Vice-Chairman for 2009. The motion was seconded by Dr. Blocker and approved unanimously by the board.

Mr. Bass stated that he is still trying to secure a Dentist to fill the vacancy on the board. He has a few dentists that he will be contacting to inquire of their interest.

XII. New Business

There was no new business to discuss.

XIII. Other

There was no other business to discuss.

XIV. Closed Session

The meeting went into closed session per N.C. General Statute 143-318.11 (a) (6) at 7:44 p.m. on a motion by Dr. Blocker for the purpose of discussing a personnel issue. The motion was seconded by Dr. Courtney.

The closed session adjourned into open session at 8:04 p.m. on a motion by Ms. Marshall and second by Dr. Blocker.

Mr. Gooch announced that a personnel matter was discussed during the closed session.

XV. Adjournment

With no further action or discussion, the meeting adjourned at 8:05 p.m.

ALAMANCE COUNTY BOARD OF HEALTH

Mr. James Gooch, Chairman

Mr. Joseph B. Bass, Jr., Secretary