

Catawba County Board of Health

Minutes

June 2, 2014

The Catawba County Board of Health met on Monday, June 2, 2014. The meeting convened at 7:00 p.m. at Catawba County Public Health, 3070 11th Av Dr SE, Hickory, NC 29602 in the Boardroom.

Members present: Ms. Brenda H. Watson, Chair
Dr. William Geideman, Vice-Chair
Mr. Dan Hunsucker, Commissioner
Mr. John Dollar
Mr. William Mixon
Dr. David C. Hamilton, Jr.
Dr. Matthew Davis
Mr. Brian Potocki.

Members absent: Ms. Naomi East
Dr. Sharon Monday

Staff present: Mr. Doug Urland, Health Director
Ms. Kelly Isenhour, Assistant Health Director
Ms. Jennifer McCracken, Health Services Manager
Mr. Mike Cash, Environmental Health Supervisor
Ms. Julie Byrd, WIC Supervisor
Ms. Chantae Lail, Medical Lab Manager
Ms. Alice Layne, Home Health Manager
Ms. Rhonda Stikeleather, Children's Services Nurse Supervisor
Ms. Amy McCauley, Community Outreach Manager
Ms. Martha J. Knox, Administrative Assistant III

CALL TO ORDER

Ms. Brenda Watson, Chair called the meeting of the regular meeting of the Catawba County Public Health Board to order at 7:00p.m. Ms. Watson welcomed Board Members and staff present to the meeting.

AGENDA

Ms. Brenda Watson, Chair, stated that a revised agenda had been distributed to Board members at this meeting. Item J – WIC Crossroads Update has been added. Ms. Watson asked if there were any additional changes to the agenda, hearing none, she requested a motion to accept the agenda as presented. Dr. William Geideman made the motion to accept the agenda as revised. Mr. Brian Potocki seconded the motion and it passed unanimously.

MINUTES

The minutes for May 5, 2014 were included in the Board packet. Ms. Watson, Chair, stated that Martha Knox noted two corrections as follows: on page 8, second paragraph from the bottom the word "including" will be changed to "included". On page 9, second paragraph was changed to read: "He stated the General Assembly's short-session begins May 14, 2014. She asked if there were any additional changes, hearing none, she requested a motion to adopt the minutes as amended. Dr. William Geideman made a motion to accept the minutes as amended and Dr. David Hamilton, Jr. seconded the motion and it passed unanimously.

PUBLIC COMMENTS

Ms. Watson asked if anyone presented to speak before the Board. Ms. Martha Knox, Administrative Assistant III, stated that no one had presented to speak.

COMMISSIONERS COMMENTS

Mr. Dan Hunsucker, County Commissioner stated that the Catawba County Board of Commissioners met in session on this date and he shared a few items that were considered at this meeting with the Board.

The Board adopted a Fiscal Year 2014-2015 County Budget in the amount of \$214,699,319, which leaves the property tax rate unchanged at 53 cents per \$100 of property valuation while increasing investments in education, economic development and public safety.

The Board recognized the recipients of an Outstanding Achievement in Local Government Innovation Award, awarded by the Alliance for Innovation to Social Services' Child Wellbeing Project, which works with families when children leave foster care under age 16 for their reunified, guardianship or adoptive families. These families are offered the opportunity to receive up to two years of extended services. They have a success coach, who works with them to enhance parenting, communication and other life skills.

The Board received a presentation on United Way's 2-1-1 phone service, which provides free, confidential, 24/7 information and referral about local agencies and services.

The Board accepted and appropriated grant funds from a Carolina Thread Trail Implementation Grant, to construct a hard surface trail, footbridge and other improvements adjacent to Radio Station Road across the Catawba County Government Center Campus. The Carolina Thread Trail Governing Board approved a grant of \$87,000 to Catawba County to fund the design, permitting and construction of approximately 670 feet of new sidewalk, as well as the design, permitting and construction of a 25 foot bridge along a natural surface trail segment on the campus. This half mile trail segment adjoining the Heritage Trail in Newton will complete a 6.3 mile continuous trail connecting the cities of Newton and Conover.

Chair Watson thanked Commissioner Hunsucker for his report.

HOME HEALTH GOVERNING BODY AND ADVISORY BOARD

Ms. Brenda Watson, Chair asked for a motion to suspend the regular meeting of the Catawba County Board of Health and reconvene as the Home Health Governing Body and Professional Advisory Board. Mr. John Dollar so moved and Mr. Dan Hunsucker and the motion passed unanimously.

Mr. Dan Hunsucker made a motion to return to the regular meeting of the Catawba County Board of Health. Dr. David Hamilton, Jr., seconded the motion and the motion passed unanimously.

ELIGIBILITY AND FEE POLICY REVIEW

Ms. Sindie Sigmon, Business Manager, stated that both the Eligibility and Fee Policies for the Public Health Department are required to be reviewed on an annual basis. The Eligibility Policy has been reviewed, however, that policy did not require any changes.

She stated that the Fee Policy, which has been presented to the Board has some changes as indicated below. (See the highlighted items in yellow):

- II Personal Health Services A.
 - Federal poverty level was changed from 300% to 250% of the federal level for Dental Health, Maternal Health, Women's Preventive Health Services. In addition the following language was also changed: Breast and Cervical Cancer Prevention and Adult Health services. ~~Breast and Cervical Cancer Prevention is based on 250% of federal poverty level as directed from the State.~~ For those persons whose income and family size place them at or below 100% of the Federal Poverty Level no fee will be imposed for services when State and/or Federal dollars are budgeted to support the program. These scales are reviewed and adjusted as required annually

based upon the *Department of Health and Human Services (DHHS) Federal Poverty Levels*. Clinical eligibility is reassessed on an annual basis, or when a patient's financial status change occurs

- Item C Private and Public Insurance – the following changes were made:

When a contracted payor specifies patient cost sharing, CCPH will collect said cost sharing amount from the patient or bill the patient for these amounts as described below:

- For cost sharing amounts designated as co-pay (per visit or per service amounts), CCPH will charge patient the cost sharing amount in total;
- For cost sharing amounts designated as deductible or co-insurance amounts, CCPH will charge patient the cost sharing amount reduced by Eligibility discount described in Section II.A of this Policy.

~~Patients will be responsible for the balance not paid by insurance and may receive a discount based on eligibility.~~ Patients will be expected to sign the *Admissions Form*, which provides patient consent for treatment, allows the release of patient information for billing, authorizes assignment of benefits, and outlines the patient's responsibility for payment. Each Title X patient will receive "a value of services received" notice at each visit/encounter as required by the Family Planning guidelines.

- Item D. First Party Fees – the following changes were made:

Item 2 - Catawba County Public Health will charge fees for services provided to patients who have no third party source coverage or when payment is denied or services are not covered by third party sources, such as private insurance, Medicaid, or Medicare. When third-party payment for services is not received due to patient's non-compliance with private insurance requirements, charges will be billed to the patient at 100% with the exception of those charges where the imposition of a fee is prohibited by statute. ~~or where an employee of the local health department is performing the services as an agent of the State.~~

V. Dental – the following changes were made:

- Dental Clinic services with a corresponding Medicaid rate will be calculated at our agency costs as determined by the annual Public Health cost analysis and rounded up to the nearest five dollars. ~~Dental Health does not receive State funding, and therefore can determine if co-pays and other fees will be collected or waived for clients.~~

VII. Accounts Receivable

- C. Maintain an accounts receivable control account, ~~which shall be reconciled with the individual Accounts receivable.~~

After Ms. Sigmon finished review of the changes, Ms. Watson, Chair, requested a motion to approve the review of the Eligibility Policy and the changes made to the Fee Policy as reviewed. Dr. William Geideman so moved and Mr. Dan Hunsucker seconded the motion. The motion passed unanimously.

3RD QUARTER FINANCIAL REPORT

Ms. Sindie Sigmon, Business Manager, stated that the Board members received the 3rd quarter financial report for the 2013-14 fiscal year in their packets. She stated that this report covers expenses and revenues as of March 31st of the fiscal year. The highlights of the report have comments in the far right column of the report. The report shows amount budgeted for the year, what has been received in revenue and what has been expended as of March 31st. It also shows where revenues and expenses should be at this point of the fiscal year.

She briefly explained about Medicaid PMH incentives – CCPH is still waiting on approval of the NC State Plan Amendments (SPA). It is uncertain as to whether we will receive the revenue due from the SPA this year or next year. Doug Urland, Health Director, stated that Medicaid and the cost settlement issue is ongoing. Mr. Urland explained that there is a 10% reduction to the cost settlement payment withheld for an audit process.

Due to the changes that the State made CSC/MCC to the case management programs – the CC4C and PCM programs, to participate in the Medicaid reimbursement process Per Member/Per Month (PMPM) the reimbursement is no longer fee for service. The reimbursement now is per members enrolled in the programs. This change required a SPA be approved from the federal government. The programs changed, however, the Pregnancy Medical Home (PMH) which includes incentives of enhanced rates required the SPA to make that approval. The approval has been delayed for several years now. CCPH has been waiting for outstanding amounts prior to the transition to Catawba Valley Medical Centers – Maternity Services, and the outstanding 10% for two fiscal years.

The SPA has finally been approved by the federal government, although the money has not been released to CCPH. The NC Association of Health Directors has worked with Senators Hagen and Burr to get the SPA approval.

Ms. Sigmon stated that the report also shows that some local grants have come in 100% for the fiscal year. The PMPM shows that reserves funds will be added at the end of the fiscal year. This will utilize some rollover funds from prior years.

WIC – this program missed reallocated by .03 and the report shows an adjustment to cover that of \$57,000. Doug stated that the percentage was very minute – and that many health departments' caseloads are down across the State. The WIC Director's office is currently looking at the percentages and calculations and entertaining a formula that can be applied statewide to assist counties.

School Nurses – CVMC funds the school nurses at the level of \$500,000. That is expended in addition to funds from Catawba County Public Health funds and the remaining dollars needed to fund the school nurses are provided by the three school systems for the school nursing program. Once the CVMC funds have been expended then the school systems will provide the remaining revenue during the final quarter of the fiscal year.

Medicaid revenue – under maternal health shows revenue and that was for prior claims that staff were able to follow up and receive payment. Regarding escrow or maximization lines are only deposited during the last month in the fiscal year.

Ms. Sigmon stated the county share is higher at this point in the budget, but will be reduced once the escrow is realized along with the rollover, restricted funds, and state funds.

Expenditures –

This past fiscal year, the County Human Resources/Finance posted Home Health Stipends in the salary/wage line item. This will be corrected to the proper line item for Home Health Stipends. The stipends are amounts paid for additional services provided by Home Health Nurses after regular working hours. The other item in the Home Health area includes expenditures for hourly staff that assist with nursing in Home Health and billing.

Repair and maintenance office equipment – shows some unexpected repairs that were made to necessary equipment.

The Health Partners grant is at 100% and that includes roll-over funds from a prior year.

Ms. Sigmon stated the expenditures are at the levels anticipated for the 3rd quarter.

Doug Urland, Health Director, stated regarding the revenues. He added that the escrow for Dental and Child Health Services are part of the cost settlement and that 10% that was reserved for the auditing process. The maximum amount of time we will have to wait for reimbursement with the approval of the NC SPA will be 18 months.

ENVIRONMENTAL HEALTH – VECTOR REPORT (See Minutes Attachment I)

Mike Cash, Environmental Health Supervisor shared information about vectors and vector-borne disease. Highlights of his presentation included”

- What is a “vector”? Mike stated that a vector is: “An insect or other organism that transmits a pathogenic fungus, virus, bacterium, etc. “
Bacterial, viral and parasitic diseases that are transmitted by mosquitoes, ticks and fleas are collectively called "vector-borne diseases". The term "vector" can also apply to other carriers of disease — such as mammals that can transmit rabies or rodents that can transmit hantavirus — those diseases are generally called zoonotic (animal-borne) diseases.
- Some Common Vectors
 - Rats, mice, and bats, and certain birds
 - Mosquitoes, fleas, cockroaches, and ticks

➤ Disease linked to vectors

Mosquitoes and ticks - Governor McCrory declared Mosquito and Tick Awareness Month April, 2014 in North Carolina. Mike added that Tick and Mosquito borne infections were responsible for more than 800 cases that were reported in 2013. Due to the summer season more people will be spending increased time outdoors so it is important that information concerning appropriate precautions be shared with the public.

- Common mosquito/tick-borne diseases include: the Tick borne diseases of Rocky Mountain spotted fever, Lyme disease and Ehrlichiosis and Mosquito borne diseases such as: Lacrosse Virus and West Nile Virus, which causes encephalitis, or inflammation of the brain. The majority of infections from these diseases occur from June through September.

Mike stated that the latest vector-borne disease is the **Chikungunya virus**, which is also a mosquito-borne viral disease. This disease causes acute onset of fever and severe joint pain. This virus made its way to the Americas in 2013 via the Caribbean islands.

Although, the mosquito that transmits the virus is not found in the NC – the tiger mosquito is common here and can cause the mosquito borne illnesses. Any container that can hold water is an ideal breeding ground for the larva.

- Protecting yourself and minimizing risk is important and NC Division of Public Health encourages the following activities to help protect against illness caused by ticks and mosquitoes:
 - * Use mosquito repellent when outside and exposed to mosquitoes
 - * Reduce mosquito breeding by making sure to empty any containers that have standing water including: flowerpots, gutters, buckets, pool covers, pet water dishes, discarded tires, and birdbaths.
 - * Replace damaged screens on windows and doors to keep mosquitoes out of your home.
 - * If you have been in a wood area have a family member help check for ticks – if a tick is found remove it by grasping the tick with a fine tipped tweezers as close as possible to your skin and apply a steady gentle pressure until it releases.
 - * Remember to be mindful of vector-borne diseases and use appropriate control measures for you and your family.

Mike stated that if a pond or large area of water exists, homeowners can get mosquito dunks to put in the water to get rid of the mosquito larva before they can hatch. Mike shared a sample of what mosquito dunks look like.

Mr. Dan Hunsucker asked about the difference in size of the deer tick and the brown tick (known as a dog tick). Mike stated the brown tick is a little smaller; however there isn't much of a difference.

Doug Urland, Health Director, thanked Mike for his report. He stated that calls do come in from time to time about abandoned pools, and safety issues are a concern. Environmental Health will make a visit to the property and throw the mosquito dunks in the water to get rid of the mosquitoes. Those dunks are good for approximately 90 days and this allows enough time to work through the legal process of locating the owner of the property.

Most home owners do not have a pool with stagnant water; however, we need to be vigilant about water faucets, and any type of container that may become a breeding ground for mosquitoes. The new disease, **Chikungunya virus**, could be spread by the Tiger mosquitoes. The Tiger mosquitoes can feed during the day, therefore, people will need to be vigilant.

North Carolina has a good surveillance system in place to monitor tick and mosquito illnesses, due to the high incidence of Rocky Mountain spotted fever and Lyme disease. Kelly Isenhour, Assistant Health Director, stated that she attended a conference and she stated we will be hearing more about the **Chikungunya virus**. This disease is very painful and at this time there is no cure. The protocol is to treat the symptoms.

Mr. Dan Hunsucker stated that if a person lives outside of the city limits they can buy some guinea fowl. These birds will eat ticks.

Doug stated that due to the budget reductions here in North Carolina, \$200,000 has been eliminated that municipalities had received to assist in Mosquito spraying.

WIC CROSSROADS UPDATE

Julie Byrd, WIC Nutrition Director, gave a brief update on the new computer program being utilized across North Carolina. "Crossroads" was rolled out first in a pilot program by Wayne County, NC. May 27th the program began rolling out to other counties.

It is a web-based program and was a collaborative between Virginia, West-Virginia, Alabama and North Carolina. There have been a few glitches; however, the roll-out is going well. Julie began working 7 years ago on this program. Training will occur for CCPH WIC staff during the first 2 weeks of July and it is planned to rollout July 28, 2014.

The program will include going to electronic medical records and benefits will be pro-active with mailing out July benefits. As of June 2nd the number is 600 food instruments to be mailed out. The schedule will be lighter the 1st couple of weeks and this will enable to staff to get up to speed and fully implement the program in August.

Julie stated that most counties report that the first week or two are a little slower, however, after that staff are able to pick up the pace to meet the demands of their caseload. The system will make the process more efficient and participants will spend less time in the office to receive their benefits.

CALENDAR FOR 2014-15

Ms. Brenda Watson, Chair, stated that the Board members received in their packets a draft of the 2014-15 calendar for the Catawba County Board of Health meeting. She asked if there were any changes or additions for this calendar. Hearing none, she requested a motion to adopt the calendar as presented. Mr. William Mixon so moved and Mr. John Dollar seconded the motion. The motion to adopt the 2014-15 meeting schedule for the Catawba County Board of Health passed unanimously.

HEALTH DIRECTOR'S REPORT

Mr. Doug Urland, Health Director, gave his report to the Board. He stated that regarding the 2014-15 budget, Catawba County Public Health saw a reduction of 2.3 Fulltime Equivalent (FTEs) in the budget that was adopted on this date by the Catawba County Board of Commissioners. Human Resources worked with CCPH to determine those that would be affected and they were notified prior to the effective date of those reductions.

School Health is working to implement a new staff schedule for all three school systems and superintendents were notified of the changes. Due to the budget reductions one school health supervisor will be working in the schools in addition to assisting with supervision of the program. In the clinical areas and quality compliance coordination, staff is currently looking to ensure services are provided with reduced staff.

State Budget –

Mr. Urland stated the Governor's budget has been released and only a few items are directly impactful for public health at this time. The Senate's budget may contain more items that will be of concern for Public Health.

If the Senate budget is approved, there is a risk for a loss of school health nurses. Senate wants to remove State funds from the School Nurse Initiative. The formula for Catawba County has 1- school health nurse in Catawba County Schools, 3- school health nurses in the Hickory City Schools. If the Senate plan is implemented it would have an impact on those two county school systems. The Senate plan would remove the money from Tier 2 & 3 counties and give it to a Tier 1 county. Tier 1 counties are the poorest counties and most economically disadvantaged in North Carolina.

Medicaid Program – eliminate Health and Human Services CCNC funding as of December 15, 2015.

- PMPM – CC4c & OB/CM would eliminate the way the program is currently managed.
- Onsite water and public drinking water – transfer that function to NC Department of Environment and Natural Resources (NCDENR). Mr. Urland stated that onsite water and public drinking water are public health issues; however, they can be environmental issues also. Senate bill 734 – would remove private and public drinking water from the Public Health Commission and move oversight to the Environmental Management Commission.

Mr. Urland stated that when people think about the word “environmental” they may associate that with over-regulation and an impediment to economic development. Environmental Health Specialists were formerly known as Sanitarians, and the former designation was beneficial to the connection to the public's health. Public drinking water is a “public health” issue, and therefore should be under the purview of the Public Health Commission.

Mr. Urland stated that the Senate's budget is one of three budgets and the finalized budget will be a combination of things from all three. However, he wanted to share a few of the items that are being monitored in the State budget.

Regarding Medicaid – the new Affordable Care Organizations (ACO) will be required to engage and work with local public health departments. However, unsure if there will be much forward movement on Medicaid in the short-session of the General Assembly.

Doug asked Amy McCauley to comment on the opening of the Farmer's Market at Public health.

Amy McCauley, Community Outreach Manager, stated that the Farmer's market opens on June 2, 2014 at 11:00 a.m. and will operate every Thursday from 11 am to 2 pm and will continue through the end of September.

Catawba County Board of Health

June 2, 2014

Page 8

Many of the farmers are returning and some new ones will be joining the market to provide fresh fruits, vegetables and other items from local growers here in Catawba County.

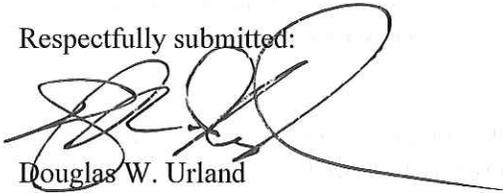
The market will be accepting Food Stamps EBT cards, debit cards, and WIC vouchers. This will increase the access to fresh produce by having the market here at Public Health and allowing a variety of ways to purchase the produce.

OTHER BUSINESS

No other business was presented for consideration of the Board.

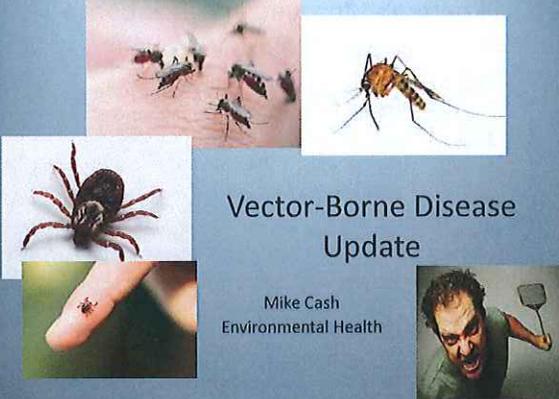
Ms. Brenda Watson, Chair, asked for a motion to adjourn the meeting, Mr. William Mixon so moved and Dr. Sharon Monday seconded the motion. The motion to adjourn passed unanimously.

Respectfully submitted:



Douglas W. Urland
Health Director

DWU: mjk

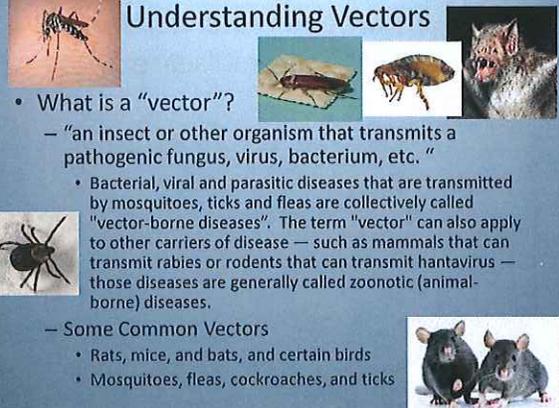


Vector-Borne Disease Update

Mike Cash
Environmental Health

Highlights

- Understanding vectors and vector-borne disease
 - What is a vector?
 - Common vectors
 - Disease linked to vectors
- Mosquitoes and ticks
 - Mosquito and Tick Awareness Month – April
 - Common mosquito/tick-borne diseases
 - Latest vector-borne disease concerns
- Protecting yourself and minimizing risk



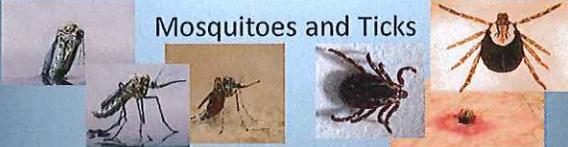
Understanding Vectors

- What is a "vector"?
- "an insect or other organism that transmits a pathogenic fungus, virus, bacterium, etc."
- Bacterial, viral and parasitic diseases that are transmitted by mosquitoes, ticks and fleas are collectively called "vector-borne diseases". The term "vector" can also apply to other carriers of disease — such as mammals that can transmit rabies or rodents that can transmit hantavirus — those diseases are generally called zoonotic (animal-borne) diseases.
- Some Common Vectors
 - Rats, mice, and bats, and certain birds
 - Mosquitoes, fleas, cockroaches, and ticks

Vector-borne Disease

- Approximately 75% of recently emerging infectious diseases affecting humans are diseases of animal origin; approximately 60% of all human pathogens are zoonotic.
- Vector-borne diseases are among the most complex of all infectious diseases to prevent and control.
- These include some of the world's most destructive diseases, many of which are increasing threats to human health as the environment changes and globalization increases.

Mosquitoes and Ticks



- Tick and mosquito borne infections cause illnesses and deaths in North Carolina each year, with more than 800 cases reported in 2013.
- To encourage awareness of this issue, Governor McCrory recently proclaimed April 2014 as "TICK AND MOSQUITO AWARENESS MONTH" in North Carolina.
- With summer fast approaching and people spending more time outdoors, it is important for everyone to take precautions against tick and mosquito bites

Common Mosquito and Tick-borne Diseases in North Carolina

- Tick borne diseases in North Carolina include Rocky Mountain spotted fever, Lyme disease, and ehrlichiosis.
- Mosquito borne diseases are less common than tick borne illness, but severe infections due to LaCrosse virus and West Nile virus are reported every year, including cases of encephalitis, or inflammation of the brain.
- These diseases are diagnosed from all regions of the state and can be acquired at any time of year. However, the vast majority of infections occur in the months of June through September.

Latest vector-borne disease concern: Chickungunya virus

- Chickungunya virus is a mosquito-borne viral disease that is characterized by acute onset of fever and severe joint pain. In 2013 it made its way to the Americas, in particular the islands in the Caribbean.
- The mosquito that transmits the virus is not found in NC. However, an equally good mode is the tiger mosquito, which is common here.
- Problem: It is a container mosquito – food wrappers, cans, etc. are ideal for larva – our normal roadside and backyard litter – in addition to flower pots, etc.



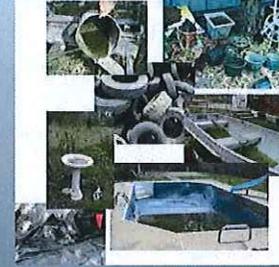
Prevention and Protection from Vector-borne Disease

The North Carolina Division of Public Health encourages the following activities to help protect against illness caused by ticks and mosquitoes:

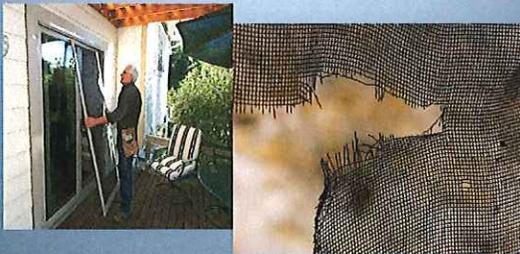
To prevent exposure to mosquitoes, use a mosquito repellent when you are outside and exposed to mosquitoes.



Reduce mosquito breeding by emptying standing water from flowerpots, gutters, buckets, pool covers, pet water dishes, discarded tires, and birdbaths on a regular basis.



Mosquito proof your home by installing or repairing screens on windows and doors to keep mosquitoes outside.



Avoid tick habitat, which includes wooded, grassy or brushy areas and wear repellents if you can't avoid habitat.

If you find a tick attached to your body, carefully remove it by grasping the tick with a fine tipped tweezers as close as possible to your skin and apply a steady gentle pressure until it releases.



It may not be possible to eliminate tick and mosquito borne illness in NC, but you may greatly reduce your risk through application of some basic control measures. It is a great time to enjoy North Carolina outdoors, just remember to be mindful of vector-borne diseases and use appropriate control measures for you and your family.



Be careful and have a great summer!