MINUTES

DAVIDSON COUNTY BOARD OF HEALTH

January 4, 2011
12:30 p.m.

BOARD MEMBERS PRESENT	STAFF PRESENT	VISITORS PRESENT
Mr. Keith Raulston	Kim Frank	
Rev. Lamar Moore	Sindhura Citineni	
Commissioner Don Truell	Glenyce Fulton	
Dr. Peter Rogaski	Carol Conrad	
Dr. Mark Hamrick	Lynnette Cole	
Dr. Mark Davis	Rebecca Dirienzo	
Dr. Cathy Riggan	Karen Sheffield	
	Catherine Warren	
	Gwen Yates	
	Janie Ange	
	Barbara Jones	

WELCOME

Mr. Long called the meeting to order, established a quorum, and welcomed everyone. Mr. Long explained that the Board of Health Bylaws requires the election of a Chair and Vice-chair at the January meeting, leaving the Board without a Chair until this process is completed and requiring that he open the meeting. He stated in attendance at today's meeting are Dr. Sindhura Citineni, the department's new dentist and several staff members who provide CAP-C services. He stated that the CAP-C program will be the main topic for discussion today. Also in attendance are two (2) persons representing clients receiving our CAP-C services.

ELECTION of CHAIR

Mr. Long opened the floor for nominations for the Board Chair for the calendar year 2011. Dr. Peter Rogaski nominated Dr. Mark Davis who responded that he would be rotating off the Board in July. Dr. Cathy Riggan then nominated Dr. Rogaski and Dr. Davis nominated Dr. Mark Hamrick.

MOTION
Rev. Lamar Moore made the motion that the nominations be closed. Dr. Davis seconded and the motion was approved. Votes were cast and Dr. Hamrick was elected the Board Chair. Dr. Hamrick assumed duties of the Chair and proceeded with the meeting.

ELECTION of VICE-CHAIR

Dr. Hamrick opened the floor for nominations for Board Vice-chair. Dr. Davis nominated Alice Gray stating she has agreed. Mr. Long noted she is almost always in attendance at the Board meetings but is absent from today's meeting due a conflicting medical appointment. No other nominations were made.

MOTION
Dr. Davis made the motion that nominations be closed. Rev. Moore seconded and Ms. Gray was approved as Vice-chair by acclamation.

MEETING AGENDA

Dr. Hamrick asked if there was any discussion regarding the agenda for today's meeting. No discussion ensued.

MOTION
Dr. Davis made a motion that the agenda be approved as presented. Rev. Moore seconded and the motion was approved.

SPECIAL RECOGNITION- Mr. Long

Mr. Long stated two individuals present at today's meeting will be absent at the next Board meeting. Kim Frank, our Director of Nursing will be retiring March 1, 2011 after thirty-three (33) years of public health service in this department. She deserves special recognition for her years of service in this department and this community. He stated he regrets seeing her leave but it is a well deserved retirement. We hope she will be willing to come back and lend a helping hand from time to time.

Glenyce Fulton will be retiring February 1, 2011 after twenty-three (23) years with the department. She supervises the Community Health Nursing Team which provides a variety of services including CAP-C, Senior Services assessments and community education activities. She has done an outstanding job for the department and is a real professional.

Mr. Long stated we wish both of these ladies the best in their retirement. He understands that grand parenting will be a major retirement activity for both of them.

CONSENT AGENDA
Dr. Hamrick asked if there was approval of the items on the consent agenda including the November 2010 minutes, monthly and financial reports, Board of Health By Laws review and dates for 2011 Board meetings.

MOTION
Rev. Moore made the motion to approve the items on the consent agenda. Dr. Davis seconded and the motion was approved.

HEALTH DIRECTOR'S REPORT

- **State Budget –** continuing to wait to see what happens with the State budget this year, this will be one of the issues discussed later in the meeting regarding the CAP-C program. One of the bright spots that we have seen at this point in time is the MCC/CSC program. This program has undergone a lot of changes including a forty (40) and then a twenty (20) percent reduction in the reimbursement rate and a restructuring of the program. As it stands right now, the model presented appears to have lot of merit. The health directors like it and have agreed to it and we are now waiting to see how it plays out when it starts in March. It will no longer be fee for service – a unit billed for a unit of service provided – but is referred to as a "Pregnancy Home" model. The program is strictly Medicaid and our reimbursement rate will be based on the total number of Medicaid women of child bearing age in the county. Funding will be through the Community Care of NC (CCNC) Network. The reimbursement rate has been suggested at $47.00 per member per month. The re-structuring of the program will allow us to put resources where it is most needed – spending more time with clients with intensive needs and less time with clients with less needs. There is an incentive of increased reimbursement rates for the OB practices to participate in the program. We are not sure of the impact of these changes but it could mean an expansion of this program. We will provide services to all clients referred. *Dr Rogaski asked if this is sure to be implemented – is there a possibility this could be revamped with the budget. Mr. Long responded that this is set to be implemented but Medicaid reimbursement rates can change, either on the federal level or the state level (if it is a state option but the understanding is that this is not a state option).* There will be a reimbursement transition period with the State setting up contracts for budgeting purposes so that we receive essentially the same

amount for the first year through December 2012. This will allow us to know how to manage our money. Then health departments will transition to the per-member-per-month (PMPM) reimbursement model.

- **Bed Bugs –** we have bed bugs in the county. They have been found in one part of a room at Fairgrove Elementary and at a hotel in the county. Bed bugs are not known to spread diseases – they are basically a nuisance issue. It is one of those things we are eventually will have to learn to adjust to and live with at a certain level. They are difficult to get rid of. We have met with the school superintendents, Community College staff and even had an entomologist come from Raleigh to talk with the school systems, conducted some training here, and Cooperative Extension has gotten involved. We will continue to do trainings to educate the public about this issue. It is expensive to get rid of these bugs once you have them; they get into cracks and crevices. Pesticides can be effective but must be applied appropriately to get into all infested areas. Heat treatment is effective but the cost is approximately $1,500 per room. The best practice is prevention. Getting bed bugs has nothing to with cleanliness but rather picking them up somewhere else and bringing them back to your house. You can stay at a nice hotel that has bed bugs, pick them up on your suitcase and bring them back home with you. Just be aware they are here.

- **Hepatitis B –** We have had a Hepatitis B case that we investigated in a nursing home in conjunction with the State Communicable Disease staff. There was a situation in a nursing home in another county where, due to disregard of safe blood borne pathogens practices, diabetic patients were using the same glucose monitor which apparently resulted in the transmission of Hepatitis B to other patients. There was some concern that this might have happened in our situation but it turned out not to be the case. There were no cases indentified beyond the initial case and we have made sure our nursing home is following safe practices.

- **County Budget –** the County budgeting process is beginning. It is no secret that the status of the state budget is bleak. We do not know yet what that this will mean for us but it will no doubt impact us. We do get aid to County money which is appropriated through the legislature. We also have other legislative appropriations, reimbursements from Medicaid, State grants, etc. that could be impacted so we will just have to wait to see what it will mean for the health department at the end of the process. The Board's Budget Sub-committee usually meets at the end of February and a health department budget proposal is presented to the Board in March. Whatever we submit this year will be a best guess until the legislature approves a State budget.

- **Administrative Secretary position –** we are recruiting for Jackie's position. I have interviews set up for next week. I told Jackie we will fill her position but will not be able to replace her.

- **Director of Nursing position –** we will begin actively recruiting for this position. I will probably get an announcement out about this position becoming vacant by the end of this week or the first of next week.

- **East Carolina University Dental Project –** Dr. Rogaski called last week, asking about an update to the ECU project with DCCC. ECU definitely wants to come here but there is still an issue with the sewer line to be worked out with DCCC and the County (who's going to pay what, how much, etc.). *Mr. Truell stated he is to meet with the ECS representatives, Dr. Mary Rittling from DCCC, Robert Hyatt and Sam Watford on January 24th. The issue is the sewer service.* Mr. Long stated we definitely hope this comes to fruition as this will mean a lot to the residents of the community who have difficulty accessing dental services and ECU is adamant that they want to be here. *Board discussion followed that the City of Thomasville provides sewer service to DCCC. For this project a sewer line will have to be run under the highway and a pump station will be required – an estimate of at least a quarter million dollars and probably more has been mentioned. Mr. Truell stated ECU will definitely not pay for this and he thinks DCCC would like to see the County become involved as well as perhaps the City of Thomasville and the City of Lexington. When asked*

his opinion regarding the potential for the sewer issue being worked out, Mr. Truell stated he felt like something would be worked out.

- **WIC Open House –** the WIC program will be holding an open house on January 21st and the Board of Health is invited. (Invitations were passed out.)

OLD BUSINESS

HIS

Mr. Long stated that HIS remains an issue even though it has gotten a little better in terms of speed and functionality. We are getting paid and some of the health departments who were having problems with the system regarding getting paid are now getting paid. The larger issue still remains that HIS is not a clinic management system or an electronic medical record system. We have looked at the Insight electronic medical record/clinical management product before. Rowan County has a Mitchell & McCormick product which they have been using for quite some time and they invited surrounding counties for a software vender demo. Several of us, including the County IT Director, Kim, our clinic supervisor, management support supervisor, HIS Coordinator and our IT Administrator went to see this demonstration. This product is designed around public health functions like the Insight product. We may have a demonstration provided by both Insight and Mitchell & McCormick on the same day to allow our staff to compare them. These two products are the only real choices of software systems designed for public health departments. The difficulty will be doing the RFP, etc., determining the cost and whether or not we can make that happen at this time. The HIS Action Plan from the State has resulted in the promise that some badly needed reports will be available by January 15th. I do know that the Health Director's Association has gotten the attention of the Secretary with some of the things we have done. We came very close to passing a resolution of no confidence in the HIS system which would have meant that eighty-five (85) health departments in the state association essentially saying that the State purchased software that does not work. The Director of Information Resource Management was at that meeting and I think our message was sent loud and clear. Since that time we have seen some real aggressiveness toward fixing some of the immediate problems. Shortly after this meeting the batch counties that were so far behind in billing began getting payments. Even though we are beginning to see incremental improvements in HIS I am still not convinced we are going to have a truly functioning clinical management system in a reasonable amount of time. I will be bringing more back to the Board about this at a later date.

NEW BUSINESS

Appointment of Committees – Dr. Hamrick called the Board member's attention to the list of committees and current members mailed in the pre-meeting packet.

MOTION

Rev. Moore, noting that the current committees seem to be working well, moved that the Board continue the committees as appointed from the previous year. The motion was seconded by Dr. Riggan. *Discussion ensued as to whether a chair and co-chair needed to be designated for the sub-committees. Mr. Long responded that this was not a requirement but could be included should the Board so desire. It was also noted that Dr. Davis serves on both the Budget and Evaluation subcommittees but will be leaving the Board in mid-year. Rev. Moore made a motion to amend the initial motion by adding Dr. Hamrick to the Budget and Evaluation Sub-committees. Dr. Riggan seconded and the amendment was approved. With no further discussion, the Board proceeded to vote and approve the amended motion.*

Review of Current Board Appointments

Dr. Hamrick called to the Board members' attention a listing of the current Board members with contact information and terms of appointment. Mr. Long explained that this was presented to keep the Board informed. He

noted that Mr. Rod Kcuik, whose current term expires on 2/08/2011, has agreed to continue to serve and will be presented to the Board of Commissioners for reappointment. He also noted that Dr. Davis, whose term expires 7/23/2011, has a suggestion for a dentist to fill his position on the Board but has not had time to discuss this with the potential nominee. Updated contact information was obtained and the updated list will be provided to the Board members.

Cap-C Program

Mr. Long stated we have had the CAP-C program, which provides services to medically fragile children, for many years but recent changes in the program have presented some difficulties for the department. The purpose of today's presentation is informational only to assure the Board fully understands the program, what it is and what it does, the impact of the recent changes and what it could mean as we enter the budget process. Staff providing services for the program are present and will attempt to answer any questions the Board may have. Glenyce Fulton, the program supervisor provided a PowerPoint presentation giving an overview of the program. Ms. Fulton relayed that the Community Alternative Program for Children is a Medicaid funded program to provide care to medically high risk children in the home and the community, preventing institutionalization. Our role is to provide case management regarding the services and supplies these clients receive in the home. The goal is to provide sufficient support to the caregivers and family members to allow these children to remain in the home at a lower cost than would be required to keep them in an institution. Participants of this program must be less than twenty-one (21) years of age. Recent changes to the program include the following:

- In 10/09, the reimbursement rate for case management services was reduced from $15.25/15 minute unit ($61.00/hour) to $14.43/15 minute unit ($57.72/hour).
- In March 2010, the case management units were restricted to twelve (12) units/month – prior to that there was no restriction. An additional twenty-four (24) units/year are allowed for assessments and emergencies but this number of units is not adequate to reimburse the time required to manage a case.
- Medicaid was supposed to establish a weekly case rate by the end of December 2010 to replace the unit rate which has not yet been provided. When the new rate is established Medicaid states it will be ninety (90) days before it can become effective.
- Additional CAP-C case management services related to home and motor vehicle modifications, caregiver training and community transition funding are included in the 2010 CAP-C Waiver and need to be added as services. Although this may change, there is a possibility we may have to pay the home or vehicle modification contractor up-front while waiting for Medicaid reimbursement. This will present a cash flow/funding issue.
- The program is supposed to move toward automation in February 2011. This could be helpful if it reduces the time we must spend meeting program documentation requirements.

Mr. Long stated this is a very needed and valuable program. An issue for the department is that not knowing the case rate now may require modification of the budget later. Another issue, even in the current budget year, is that we have no process in place to pay for the home and vehicle modifications. Through conversations with DMA it appears all these new requirements were developed without having an implementation strategy and now providers have to find a way to deal with them. This budget year will be a very unique and difficult. Anticipating additional manpower needs for this program coupled with not knowing what we will be facing with budget cuts is problematic and will require decisions regarding the CAP-C program during our budget planning process. We are not making any recommendations to the Board at this time but only attempting to assure the Board is fully informed of the program and recent changes prior to budget discussions.

Mrs. Fulton stated we provided several thousands dollars worth of case management services between July and November 2010 for which we were unable to receive reimbursement due to the unit limits. She further added that this is without the additional case management services which will soon be required which will require even more staff time. *Board discussion included whether the state budgeting process may change some of the program requirements. Mr. Long responded that his understanding is the program is federally mandated and not impacted by the State budget. The question was raised regarding the number of current clients who require more services*

than can be provided within the twelve (12) units per month limit. Mrs. Fulton relayed this varies from month to month due to the activities the program requires case managers to complete at various times during the year. A guess would be that we have averaged exceeding the unit limits by thirty (30) units per month during the past few months. The question was raised regarding whether the number of clients who could possibly need vehicle and home modification and the costs for these modifications can be anticipated. Mrs. Fulton responded there is no way to anticipate the needs or costs as this will vary greatly based on the clients in the program and their current status at any given time. Of the twenty-seven clients we currently have, probably twenty-one (21) have modification needs. The needs can range from very minimal (i.e. a shower head replacement) to very costly modifications. Mr. Long stated the CAP-C program has never been self sustaining. It requires two (2) FTEs now and generates enough to not quite cover one (1) FTE. The remainder is supported by County funds. The additional case management activities soon to be required will increase the amount of County funds needed to support the program unless the per case reimbursement rate is sufficient to cover the program costs when it is established. The bottom line is we are not sure what will be facing with this program at this point – we anticipate facing a reduction in our budget but if the per case reimbursement rate is sufficient we may not have any issues with the program. Mr. Long stated he feels that, due to the nature of this program and the needs of these children, the Health Department has to assure these services are provided. Dr. Rogaski recalled health departments are in the minority as providers of this program in the state. (Nine of the eighty-five health departments in the state provide this service.)

PUBLIC COMMENT

Dr. Cathy Riggan relayed the concern and dismay on behalf of Dr. David Williams who is a partner at Thomasville Pediatrics regarding the closing of the Health department office in Thomasville. His desire is that a new facility can be found, allowing services to be restored to the Thomasville area. *Mr. Truell supported this regret also. Mr. Long noted the Board of Commissioners has committed to finding a facility and re-locating back to Thomasville. Mr. Long stated that the reason the health department left the Varner building is a result of Piedmont Behavioral Health (PBH) purchasing the building to locate an inpatient mental health crisis center. There will be an interim period without a health department facility in Thomasville. The closing on the Varner building is not moving forward as of this date and if not completed we may be back over there. Operations continued in Thomasville until the end of December. Mr. Truell recommended that Board members provide any suggestions for health department relocation sites to the Board of Commissioners, expressing concern that the longer a health department facility is absent in Thomasville, the less likely relocation will occur.*

FUTURE BOARD MEETING DATES

The Board of Health will meet Tuesday, March 1, 2011 at 12:30.

MEETING ADJOURNED

Respectfully submitted,

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L. Layton Long, REHS, MSA
Secretary to the Board

This is a true and accurate copy of the January 4, 2011, Board of Health Minutes.

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Dr. Mark Hamrick, Chair