

North Carolina Association of Local Health Directors
Association Business Meeting
July 20, 2017
NC DPH – Cardinal Room, 5605 Six Forks Road Raleigh, NC

Minutes

Meeting Called To Order – Jim Bruckner

Mr. Bruckner convened the meeting at 9:32 am. Mr. Bruckner inquired if there were any new or retiring health directors. Mr. Bruckner acknowledged Jerry Parks, who is serving as the interim health director for the Martin-Terrell-Washington Health District and Susan Young, who is serving as the interim health director for the Rockingham County Health Department.

Approval of Minutes – Janet Clayton

Motion to approve minutes of the June 8, 2017, meeting was made and seconded; motion approved.

Treasurer's/Financial Report – Janet Clayton

Motion to approve the Treasurer's/Financial Report as of June 30, 2017 was made and seconded; motion approved.

President's Report – Jim Bruckner

- Secretary Cohen appointed Pam Silberman and Kevin Fitzgerald to look at and work with us, DSS, CCNC, etc. to develop a Medicaid Reform plan. There have been two conference calls regarding this. Jim thanked Lisa Macon-Harrison and Beth Lovette for their participation.
 - a. Their first call was with Pam Silberman regarding the Advanced Medical Homes model. They are looking at local health departments as any other provider.
 - i. Advanced Medical Homes (AMH) are going to be the backbone of NC's plan. Key areas for local health departments to consider are:
 - 1. Primary Care: Medicaid reimbursement is going to be created to incentivize outcomes, quality and patient satisfaction. The driver for this will likely be Patient Centered Medical Home (PCMH) certification through NCQA or JCAHO Accreditation.
 - 2. Programmatic Services:
 - a. LHDs need to identify and refer patients who do not have a primary care provider.
 - b. LHDs need to provide continuity of care information to patients' primary care providers unless confidential services are requested.
 - 3. Care Management: will include both low-touch/high-volume care management and more intense care management, such as OBCM, CC4C and Nurse Family Partnership. Desire is for care managers to be closely involved with the patient's AMH, but PCPs will likely employ directly. CCNC will likely also be an interested party in this work.
 - 4. Yet to be determined: how patient selects and/or is assigned to an AMH.
 - b. The second call was around social determinants and was facilitated by Kevin Fitzgerald. NC DHHS clearly understands the impact of Social Determinants of Health (SDH) on individuals in NC. We provided feedback on the six elements of the social determinants of health. We reiterated our role as a backbone agency in many coalitions and partnerships and how LHDs connect to and through the following: identification and screening, navigation and resource connections, workforce and workflow, community partnerships, and data and evaluation. We also discussed the LHD role in community leadership, current programs or services in NC that could be enhanced and how could Medicaid help fund these items: screening for SDH upon enrollment for services, referral to supporting agencies, community Health Needs Assessments and Action Planning, and conveners for CHNA as well as other things such as inter-disciplinary care management. A concern is that the discussions are being held with individual groups and not collectively.
- On July 19th, there was a conference call between DMA and NCALHD. Participants included Jim Flowers, Kathy Cardenas, and Connie from DMA and Jim Bruckner and Dennis Joyner from NCALHD. The next steps in Local Health Department FY13 Medicaid Cost Settlement process were discussed:
 - 1. Summary Judgement upheld for DHHS
 - Proper authority by DMA to interpret NC State Plan charges
 - Proper authority to issue tentative settlements while withholding a percentage until audited

- DMA did not violate N.C. Administrative Code in timely completion of audits
2. A positive settlement agreement was reached with Cabarrus Health Alliance.
 - All settlements calculated and paid using Medicaid covered charges.
 - DHHS appropriations have now been released to Cabarrus because they were the only county not to have already received their portion of the \$14.8 million appropriation approved by legislature. This one time funding was to ease the burden on LHD of hold back and cover the potential losses due to paybacks.
 - Cabarrus was allowed to scrub the cost report for FY13 under very specific criteria and w/DMA support. This improved the denominator in Cabarrus's favor. This judgement allows other LHD's to do the same which could also improve their settlement amount by reducing their denominator as well.
 - i. Scrubbed denominator report must be in exact same format as originally filed report including any additional fields deemed necessary by DMA to identify the patients (i.e. if patient name was omitted on original and only a patient number was used).
 - ii. Scrubbed denominator report must identify the specific reason why charges are removed.
 - iii. Report may only be scrubbed for four criteria:
 1. Duplicates and removal of NC Health Choice (Title XXI)
 2. OB Charges – If you billed the package code for OB services, check to make sure that charges were not added for each individual visit as well. If they were, these individual visit charges need to be removed.
 3. Health Check Charges
 4. Vaccine for Children
 - iv. Scrubbed denominator report must be submitted timely ((i.e. within 10 business days). Some exceptions allowed if coordinated with DMA. If a repayment situation still exists, DMA will work with LHD on payment plan (2 years max). Payback funds will be deducted from monthly medical payments/check writes.
 3. DMA expects 2013 Settlements to go out week of 7/24/2017
 - Desk audits, notice of reimbursement, will also include appeal right.
 - If counties look to appeal for same reasons as Cabarrus, the outcome will be the same as Cabarrus. Counties will only be eligible for what was prescribed by the judge in the Cabarrus judgment. This has the potential to hold up your settlement with the same outcome.
 - Language to include in appeal letter: "Health Department X wishes to appeal adjustments made to FY13 Medicaid Cost Settlement. The reason for this appeal is to provide clarity and more accurate data to be included in the denominator".
 - If you file an appeal and are able to scrub your data, use the existing data spreadsheets provided to you with your FY13 attestation statement. Don't make changes to the original spreadsheet or create a new spreadsheet. Save a copy and add tabs to the saved version that are related to the four criteria defined above plus one additional tab for patient name, if it is missing from the original spreadsheet.
 4. Providers may appeal to preserve their right; however, with few exceptions. DMA expects providers would only use the appeal mechanism to allow time for the denominator scrub identified above.
 - Counties that find themselves in a payback situation will have to appeal in order for DMA to allow them to scrub their data and possibly improve their denominator
 - Counties who are not in a payback situation will also be able to appeal and possibly improve their denominator.
 5. Most LHD's even after scrubbing their data will still be in a payback situation. Remember if you were identified as being in a payback situation, you received a portion of the \$14.8 million appropriations.
 6. Specific concerns is that several counties are in significant payback situations; however they received a portion of the \$14.8 million appropriation close to their payback amount, and if they appeal and scrub their data could see a reduction in the difference between what they have already received and their payback.
 7. 2011 and 2012 Appeals – 50 LHD filed – in order to close these years these LHD's would have to rescind their appeal.
 8. FY14 & FY15 holdbacks will be reconciled once FY13 fixed. LHD's will be able to appeal and paybacks identified. FY14 many of the issues note in FY13 were fixed. FY15 almost all of the issues with FY13 were fixed, meaning these should not be as difficult to scrub and reconcile.
 9. Moving forward based on our input and the DMA requested SPA changes, we will be able to claim Laboratory and Health Choice costs, which will improve the total settlement statewide by a little over \$5 million in favor of LHD's.
- Doug Urland will be serving as the Past President.

NC Division of Public Health Report – Danny Staley

- Several press releases have been sent out regarding heat related illnesses. There have been over 1,100 ER visits due to heat related illnesses this year.
- AGs office hit with a \$10 million budget cut. Now, DPH is trying to figure out how to continue to have the legal support for the EH work and other staff that support DPH programs.
- Behavioral Health Strategic Plan listening sessions are occurring. Please attend if you can.
- Opioid Summit- There is very little time spent on prevention of opioid abuse. According to ER data and death data, opioid abuse is transitioning to heroin and street drugs. Utilize your county's statistical report.
- 6-18 project- DPH wanted to work with payers on payer policy initiatives to figure out what payment strategies can we use to drive prevention initiatives.
- CDC action level of lead was approved, and staff levels are being increased for this response.
- EH just finished CIT training with 42 interns; this was the largest class in many years.
- Dr. Kelly Kimple provided an update on the WCH Block grant. There are \$3.2million in carve outs which brings the carve outs to 39%. DPH is allowing LHDs the flexibility to decide which program would receive the reduction for their departments. Dr. Kimple thanked HDs for identifying funds. DPH staff is conversing with the Office of Rural Health on possible funding sources. We will be out of compliance with federal requirements.
- Dr. Zack Moore has been focusing on compounds such as Gen X in the water along the Cape Fear River.
- Dr. Betsey Tilson will be the Chief Medical Officer joining DHHS in mid-August. One of the position duties will be to look at clinical policies and performance standards for the Medicaid Transformation. She will have a very broad crosscutting medical role and will have the duties of the State Health Director.

NC Division of Public Health Report – Phyllis Rocco

- Good news from the Billing Committee- Counties can now bill Health Choice insurance for children's family planning physical at the family planning physical rate. Also, the issue with billing X modifier has been corrected by billing through the Medicaid portal directly not through clearing house. The missing FP codes have been added. CPT Code 99501- Postpartum home visits- There is now a mechanism to bill these. LHD must manually attach hospital discharge paper or birth certificate to claim.
- LHD Workforce Survey- There are 7 counties that still have not been completed the survey: Davidson, Brunswick, Jackson, Rockingham, RPM, Toe River, and Wayne.
- DPH has been encouraging nurse directors to look at making clinical processes the most efficient they can be. DPH offers a Practice Management program to assist with this assessment.

State Environmental Health Report – Larry Michael

- Nineteen bills were introduced during the most recent session. There will be a summary table sent out.
- Budget bill lowered the blood lead levels to the CDC standards. There is 6 additional staff being hired. These staff will be available to write the investigation reports once hired. 10 BLL for confirmed and 5 elevated BLL are effective now. Ed Norman will send memo out with information.
- DEQ and DHHS are to study moving the well inspection and permitting program to DEQ; study is due in March.
- Thanked everyone for their efforts to prevent the transfer of OWP to DEQ and the reorganization of the REHS Board.
- BETS has been dismantled. EHIDS, Environmental Health Inspection Data System, is the new data base and is on its own server.
- Mike Doyle, Public Health Entomologist, noted that the American Mosquito Control Association meeting targets health directors and is sponsored by CDC. The training will be at Carolina Beach October 9 & 10; there are about 35 spots left.

Office of Rural Health- Maggie Sauer

- Lynette Tolson introduced Maggie Sauer, the director of the Office of Rural Health. Community Health Grants doubled to \$15 million a year thanks to NCALHD efforts. Public Health is a critical component of the health system. She distributed a listing of grantees and wanted to make sure that health departments are aware that these opportunities are available. There are some funds remaining from this past cycle. She is working with DPH to determine if these may help fill the gap of the WCH funds reduction. The funds have to be used to provide primary care access. They are creating an open RFA process with additional points for being a LHD or for partnering with a LHD. It is one time funding and must be expended by June 30th.
- Handout for provider placement was distributed.
- Telemedicine legislation was introduced, and they are working on a report that is due in October. She asked for LHDs to think of ways to use telemedicine in public health.
- Allison Owen is in charge of business operations.
- SNAC, Safety Net Advisory Committee, advises the Office of Rural Health on needs.

Executive Director's Report – Lynette Tolson

- Community Health Center grant reviewers- This past year, we had 3 retired health directors participate in the review.
- Hotel rooms for NCPHA are going fast. Block was extended by 20 rooms.
- NCALHD dues invoices have been sent out. This invoice is for a complete year.
- Please let Lynette know about regional legislative meetings.
- If you have not returned your MOU and BAA to the Alliance, they cannot do any work for you including cost settlement work. Return as soon as possible.

Government Relations Coordinator Report –

- No report.

Partner Reports

NCAPHA Report – David Stanley

- No report.

NCPHA Report – Josh Swift

- Reminder of Fall Conference upcoming in September – Asheville, NC.
- Emerging Leadership program, inductees will be announced soon (mid to lower level staff, partnership with Medical Society). Applications are to go out next week and are due the end of August.
- NCPHA historical documentary will be filmed in the coming months.
- NCPHA staff has taken on other planning other events.

Committee Reports

Environmental Health – Heath Cain

Action:

Information:

- Did not meet.

Public Health Prevention & Promotion – Teresa Ellen

Action:

Information:

- Did not meet.

Nomination and Bylaws – Doug Urland

Action:

Information:

- Did not meet.

Education and Awards – Suzanne Wright

Action:

Information:

- Did not meet.

Technology – Beth Lovette

Action: None.

Information:

1. Local Health Department Health Service Analysis Update (formerly known as the Batch Interface): Phyllis Rocco reported that all of the data sets have been developed except BCCCP and WISEWOMAN which are underway. There is a very important meeting scheduled for tomorrow between DPH, health department EHR vendors and local health directors. This meeting will take place 30 minutes after the end of the NCALHD association meeting. It will include a large group meeting followed by break-out meetings.
2. HIEA Update:
 - a. Legislation regarding connectivity dates – Beth Lovette reported that our medical clinics deadline for connectivity to the NCHIEA has been pushed out a few months to July 1, 2018.

- Bob Martin provided various updates:
 - o HIE will not allow those who are under the age of 18 to opt out. Vendors will have to filter the information prior to the data submission to the HIE. There will be a draft uniform policy which will include electronic health records.
 - o HIPAA Alliance Workgroup- During the June 23rd meeting in Johnston County, there were presentations from Carolinas IT and EHR 2.0 regarding HIPAA risk assessments. The “Mobile Device Use Agreement” and the “Mobile Device Acceptable Use and Security Policy” were presented. Jill Moore will host a library of the template forms and policies.
 - o The second annual HIPAA training will be held on September 26th from 10-3, prior to NCPHA. Topics include: HIPAA and the Agency who and what is covered; Individual Rights of Access and Authorization; Special Challenges with Minors; Breaches Part 2- with a letter template.
 - o The next meeting of the HIPAA workgroup will be December 8th from 10-2 in Duplin County.
- Tim Gallagher provided an update on the Safety Net System. He provided updated maps and timelines for the HIE. Thirteen counties have not reported their site information. Data is being organized according to the six Medicaid regions. See the attached presentation.

Preparedness/EPI – Lillian Koontz

Action: Motion from committee for NCALHD to write a letter to support the proposed changes to 10A NCAC 41A.0202 Control Measures- HIV; motion passed unanimously.

Information:

- Jennifer Stewart presented to the group an overview of NCEDSS. Highlights from the presentation include:
 - In person training is required to get access to the system, at the end of training individual login information is given out.
 - It is recommended that practitioners have access to the system.
 - Should not access system on public Wi-Fi for security reasons.

Maternal & Child Health, Care Management and WIC – Stacie Saunders

Action: Motion to have NCALHD to send a letter of the cumulative effect across the local health department system of the WCH cuts will have on services and send a copy to NCACC; motion passed unanimously.

Information:

- CAPTA and the Infant Plan of Safe Care -
 - Dr. Kimple emailed Health Directors on 6/8/2017 regarding CAPTA and the new requirement of an Infant Plan of Safe Care and Belinda Pettiford and Marshall Tyson gave a summary of the information.
 - o Attention generated by the nation’s prescription drug and opioid epidemic resulted in the passage of Public Law 114-198, the Comprehensive Addiction and Recovery Act of 2016 (CARA), which addresses various aspects of substance use disorders. Section 503 of CARA (Infant Plan of Safe Care) aims to help states address the effects of substance abuse disorders on infants and families. It also amended provisions of the Child Abuse Prevention and Treatment Act (CAPTA) that are pertinent to infants with prenatal substance exposure. States receiving CAPTA funding are required to assure the federal government that they have a law or statewide program in effect. This assurance is to be submitted by June 30, 2017 in the form of a certification signed by the Governor - NC was granted an extension by Administration of Children and Families (ACF) until July 31st.
 - o The plan is for North Carolina to implement a statewide program in 2 phases. In Phase 1, the hospitals will notify CPS, CPS will decide whether child welfare intervention is warranted, and CPS will refer the infant and family to Care Coordination for Children (CC4C) program. The current CC4C program reaches children who meet certain risk criteria, of which toxic stress and parental substance abuse and neonatal exposure to substances is included. This population has already been identified and is currently being served as a priority population, which makes CC4C a natural partner with the Division of Social Services in the NC response to CAPTA/CARA. The Plan of Safe Care is carried out in the referral to CC4C, and CC4C will work with the family if they wish to engage. There is no planned change to the services of the CC4C program, except an additional data field to indicate a referral from CPS for a substance affected infant. Phase 2 will include strengthening the partnerships with hospitals to incorporate a Plan of Safe Care as part of discharge planning, but will still include CC4C referral as a critical part of the continued care of the infant and family. To help prepare and educate women on the plan of safe care process, pregnancy medical homes and care managers will be engaged during the prenatal period.
 - o Tommy Jarrell had questions regarding positive screens on the weekend and effective referral to CC4C. Marshall stated that the notification of the screen positive must happen immediately to DSS. DSS then refers to CC4C and there if a 6 day window to make contact. We will be following our standardized plan for CC4C. Members also had questions regarding non-Medicaid individuals being referred. Marshall stated

under the toxic stress area of the CC4C referral there will be a place for infant drug screen positive and a plan of action will be on the back of the page.

- Training has occurred for local health department staff, DSS staff and hospitals. Recording of training has been archived and will be sent to health directors per Marshall. Letter is being sent out by the NC Hospital Association to members about the requirement. Beth Lovette suggested that local directors get the letter at the same time and DPH agreed.

Public Health Regions

No action items or information.

Region 1	Elaine Russell	Region 6	Robert Wittman
Region 2	Marianna Daly	Region 7	Lisa Harrison
Region 3	Ann Absher	Region 8	Cris Harrelson
Region 4	Dorothea Wyant	Region 9	Sheila Davies
Region 5	Layton Long	Region 10	Davin Madden

Liaison Reports

ANCBH – Susan Elmore

- ANCBH dues were mailed out July 1. Please call Bob Blackburn if you have any questions.
- ANCBH will have their next monthly teleconference 7/21/17
- We have a committee to determine a common job description for a local health director. It requires quite a bit of investigative work so it should be finished in December.
- NALBOH is not receiving sufficient registrations for the conference this year. Please persuade public health folks to register and attend the meeting in Cleveland.

SOG- Rachel Wilfert for Jill Moore-

- Continuing to work collaboratively with the HIPAA Alliance to support training initiatives for local health HIPAA Privacy and Security Officers. Goal is to make sure overall training is strong and non-duplicative. Key components are:
- *HIPAA Alliance’s Critical Updates Workshop, held in conjunction with NCPHA fall conference*
 - Date: Tuesday, Sept. 26 from 10-3
 - Registration: Through NCPHA (not School of Government)
 - Focus: Breach response part two—what goes in the notification, what do you do about employees involved with breaches (last year was part 1, recognizing a breach); authorization and other forms; client’s right of access to their own health information; and special challenges with the PHI of minor children.
- Collaboration with UNC Gillings on AHEC-funded 1-year grant to take basic HIPAA training content and develop standardized online modules as well as 3 regional workshops for Spring 2018

SPH- Rachel Wilfert

- ***Roles and Responsibilities of Local Public Health Governing Boards in North Carolina***
NEW online version https://nciph.sph.unc.edu/tws/HEP_BOHRR/certificate.php
Still conducting in-person orientation and annual trainings – contact rachel.wilfert@unc.edu
- ***Physical Assessment of Adults and STD Nurse Clinician Training Combined Practicum Course***
August 22, 2017 – March 28, 2018
Registration OPEN
- ***Principles and Practices of Public Health Nursing***
September 18 – October 18, 2017 (On-site October 2-4)
Registration OPEN (deadline Aug. 30)
- ***34th Annual North Carolina School Nurse Conference***
December 6-8, 2017
Registration opening August 1st

North Carolina Institute for Public Health – Rachel Wilfert for Amy Belflower Thomas

- We look forward to seeing your staff next Monday and Tuesday at the **2017 NCLHD Accreditation Skills Building Workshop in Durham. 140 local staff are registered.**

- After already reaching 25-person capacity, registration has re-opened for the **Accreditation 101: AAC Training for an additional 15 persons**. The training will be held on September 26, 2017 from 9:00 a.m. - 4:00 p.m. at the Crowne Plaza Hotel and Golf Resort, Asheville NC. This training is designed specifically for new AAC's and back-up AAC's. Registration is \$60.00 and can be accessed through the NCPHA website.
- **90-day notification letters** will go out on August 1st to the following local health departments: Caswell, Forsyth, Madison, Moore, Northampton, Onslow, Randolph, Transylvania, and Wayne.

Meeting Adjourned

Motion was made to adjourn; seconded and passed unanimously. Meeting was adjourned at 11:26 am.

Next Meeting

August 17, 2017 9:30 a.m.

Location: DPH, Cardinal Room, 5605 Six Forks Road, Raleigh, NC