North Carolina Association of Local Health Directors
Association Business Meeting
February 21, 2019
NC DPH Cardinal Room, Raleigh, NC

Minutes

Meeting Called to Order – Steve Smith
Called to order at 9:30

Approval of Minutes – Phillip Tarte
Motion to approve minutes of the December, 2019 meeting was made and seconded; motion approved.

Treasurer's/Financial Report – Phillip Tarte
Motion to approve the Treasurer's/Financial Report as of was made and seconded; motion approved.

New Directors and guests
Terri Duncan, MSN - Bladen County 14th day as director (a lifetime)
Hugh Johnson with NCACC
Jim Flowers –Division of Health Benefits (DMA)

President's Report – Steve Smith
Officers have created an action plan on minute taking. Should there be any one interested in assuming this responsibility, please contact Steve or come on Thursdays with a pad and pencil in hand to ensure you get what you need.

Executive Director's Report – Lynette Tolson
Spring conference on May14. Focusing on social media for Public Health

NC DHHS Chief Medical Officer/State Health Director Report- Dr. Betsey Tilson
Beth reported for Dr. Tilson. Introduced Mike Laise. Working in legislative affairs office. Joined as the director of intergovernmental affairs specific to local government. Last position with Smart Start as governmental liaison. Did mention the Duke Carolina game (several boos). Public health background working with community transformation grant in Las Angeles County. Looks forward to working with the association.

Managed Care Presentation - Jim Flowers- Division of Health Benefits

Combination of fee for service and value based payments. Additional Utilization Based payments (directed payments), it is a replication of cost settlements. This is not the only provider group having conversations with Jim. Others in discussions are Hospitals and FQHC's. Current State of where we are- Receive a cost settlement on Health Choice and Medicaid for allowable costs. Going forward cost reports have been denied by CMS with the exception for wrap around payments covered in federal regulations for health centers.

Annual cost settlement on Clinic, Family planning and health choice, in SFY 2017 lab costs were added not to exceed what Medicare would allow on their fee schedule.
The cost report is a certification of our allowable expenditures, enabling us to draw the federal share. Our expenditures are covering the whole dollar and the state match of that. What we receive in cost settlement is the federal share equal to 90% on FP, a fluctuating % clinic, 100% on Health Choice (this may trend down). By certifying these expenditures, LHD are fronting the non-federal share. We receive the net federal share (this will not change under managed care). Cash is now flowing for 2018.
The primary data comes from our medical claim records locally and the paid claims data from the state.
Where we are going is called additional utilization based payments covered in statute.
Example of a utilization based payment would be Ambulance providers and a cost per trip.
LHD's have a wide array of services based on charges. We are moving on a ratio of costs to charges. Each health department has their own ratio of costs to charges.
In the new managed care model we will submit claims to the plans for our services we provide, we will get paid from the plan. The additional payment will then come. The plan will pay these on a quarterly basis to each Health department. What Medicaid will seek is an intergovernmental transfer of the nonfederal share. Example: we expect payment of $100 we are currently certifying the whole amount. We will then send a transfer to the state and the state will pay the plan $100 then the plan will pay us $100 so our net benefit is the same.
Public hospitals currently operate under this structure.
What would be coming to the state is the $34 as the nonfederal share. What we would get is the full $100. Currently they send the $66 directly to us.
Turnaround cycle is approximately 7 days for hospitals. More likely to be between 7-12 days and flow through NC Tracks to be accountable and tracked.
The payments will be calculated each quarter and could change based on claims. We will see some counties delayed because of the managed care roll out.
Ratio Cost of Charges (RCC): each health department will have a unique RCC, based on 2017 charges. Charges off of those claims will be the base payment. The calculation will be done by the claims from the health plans. Health Departments will not have to do this.
In summary, LHDs will receive a bill from the state each quarter. We will send the payment to state, state will send to the Health Plan and the Health Plan will settle with Local Health Departments.
Laboratory services- up to Medicare fee schedule amount, creates an issue for the calculation. These will be pulled out of cost report and an established fee schedule with covered lab services will be included. This will be a benefit to us as the state share of the dollars.

Note: This conversation is only addressing the Medicaid and Health Choice claims that are fee for service and we will be moving into managed care.

What is unique to LHDs is that we have charges used for cost reports. The State cannot tell locals how to change the charges. DMA will annually confirm our local charges by April 30 of each year. Will send our most recent listing and expect communication to adjust the RCC to interact with the inflation factor. Will likely not be this year.
Even if our charges remain static, we are still eligible for the inflation factor increase.

Jim committed to a statewide webinar for LHD. Is doing one for FQHC. Steve suggested we carve this into regions.

Committee Reports:

Preparedness – Lillian Koonzt

Dr. Zack Moore provided an update from the Branch.
* Shared with the group HB 103: Small Dairy Sustainability, will allow for the sale of raw milk in retail setting. Legislation would require this milk be labeled in store and not comingled with pasteurized milk.
* Today the last Epi Team training is being held. Thank you to everyone who participated and allowing staff to participate. Lots of positive feedback, some did say it was "higher level" than expected.
* The rate of Hep-A diagnosis is slowing; to date, 70 cases in NC that meet case definition. Great work at the local level with innovative approaches to provide vaccines.
* Flu cases are up, hopefully will be trending down. CDC report shows 50% effective vaccine this year. 16,000 deaths to date. –Dr. Sue Lynn Ledford shared that Wake County is currently tracking flu cases: did the infected individual get the flu shot and how long the symptoms lasted. This data is not being tracked at the state, and Dr. Ledford is excited about an opportunity to gather data comparting flu symptoms between vaccinated and unvaccinated.
* Ebola continues in Democratic Republic of the Congo. CDC graduated response-not tracking travelers as done with previous epidemic. In North Carolina Samaritans Purse in Boone has been extremely helpful with tracking their mission workers as they return to the United States—Jen Greene was instrumental in this process.
* Federal plan to eliminate the HIV Epidemic; roll out includes 7 states and 48 counties with high rates of HIV. Mecklenburg County is the only jurisdiction in NC included in the federal plan. North Carolina is also working on a similar initiative to be utilized state-wide.

Brian Combs presented as requested regarding utilization of school nurses in emergency shelters during a disaster. This year unusually long duration of open shelters required many resources, which included transporting nurses from other states to man our shelters. There is an interest among local health directors to work on legislation or policy that would allow us to utilize North Carolina school nurses during a disaster. The rationale is that the majority of these nurses are funded with public dollars and are not typically working in schools during a disaster, as schools are typically closed. Needed changes may include:

* Law stating school nurses are employed by the Local Health Department.
* Law requiring school nurses to respond upon request by either the Emergency Manager or Local Health Director.

Concern was expressed from the nursing branch regarding an insecurity among current school nursing staff with skills competency in shelters; specifically, that PHP&R required Just In Time Training is not sufficient training for these staff members. Additionally, it was shared that an easier solution may be improving individual MOUs between the local health departments and school system at the local level to include emergency response, some of which exist. It was also shared that language associated with the SNFI nurses includes emergency response.

Mr. Combs shared with the group the **Shelter Nurse (RN) Job Description for General Population Shelters.** This document outlines expectations of nurses while in the shelter. Wrapping up the conversation, with no clear direction to move forward it was pointed out: while there may be mechanisms in place to utilize local school nurses during a disaster, the fact remains that in 2018, approximately 200 out-of-state nurses were brought in to work in emergency shelters at a cost to North Carolina tax payers. The association agreed that this discussion should continue. Chair of the committee, Lillian Koontz promised this would be on the agenda in March with more data surrounding: number of available nurses, avenues for shelter training for nurses, and options related to policy, procedure, or law to allow for utilization of school nurses at shelters during an emergency. Please send information, comments or questions to Lillian at: Lillian.Koontz@DavidsonCountyNC.gov

Maternal/Child Health and WIC – Teresa Ellen

Lisa Macon Harrison expressed a concern from Region 7 that we need to begin looking at the MCH agreement addenda requirements to better align them for the new managed care environment. It was discussed that we could begin by looking at the Child Health Agreement Addenda.

Action Item: Lisa Macon Harrison made a motion that we form a Quality Improvement team to review MCH agreement addenda to better align the requirements for the new managed care environment. The motion was seconded by Sue Lynn Ledford and passed unanimously.

WIC

Kiera Phillips from the WIC and Nutrition branch encouraged Health Departments to apply for the Breast-Feeding Friendly Workplace Award. There are three requirements for the award and health departments should already have them in place as they are a part of the WIC agreement addenda. Those requirements include: You cannot advertise formula or formula products, you must allow breast feeding employees space and time to breast feed, and you must provide a private space for breast feeding. The award announcement is expected on April 1, 2019 and the deadline will be June 1, 2019. Kiera also reminded us that world breast feeding week is August 1-7.

Sara Moss who is the WIC, Nutrition, and Education Supervisor spoke to the committee about WIC outreach efforts. Sara informed the group that outreach materials are available on the nutrition NC website. Sara reviewed with the group some of the materials available and encouraged Health Directors to have their staff take advantage of the website.

MaryAnne Burghardt informed the group that NC WIC pays the National WIC Association dues for every WIC agency. Sara then encouraged everyone to check out their website's recruitment and retention campaign materials.

MCH Block Grant Update- Dr. Kelly Kimple

Dr. Kimple stated that we will be receiving our portion of the 2.2 million of funds re-appropriated to local health departments in the amount that it was previously reduced. These funds should be reoccurring back to local health departments going forward.

Dr. Kimple also stated that one-time funds for MCH mini grants have been sent out and the application contains a list of approved expenditures. We have until May 30th to expend the funds.

Lastly, Dr. Kimple informed the group that we can no longer shift funds between MCH programs due to title V requirements for funding ratios.

Policy and Finance – Janet Clayton

Privatization of NC's ABC Liquor System Update

The Program Evaluation Division (PED) released its report on NC's ABC liquor system February 11, 2019, "Changing How North Carolina Controls Liquor Sales Has Operational, Regulatory, and Financial Ramifications". The PED does not recommend privatization but provided recommendations for changes to the system. The recommendations are as follows:

- If the General Assembly wishes to change the system, a joint legislative commission should be appointed to determine how state and local government roles in regulating liquor sales would change. When considering any changes, PED assumes that local option for determining whether liquor is sold would be maintained.
- Require local boards located in counties with multiple boards to form merged ABC boards
- Provide local boards with flexibility to charge delivery fees to mixed beverage permittees
- Provide local boards with flexibility to sell one bottle from a special-order case with the remainder sold on the shelf in the board's discretion
- Report on the process for a new warehouse contract
- Consider allowing local governments to enact ordinances permitting Sunday sales

- Allow in-store tastings of liquor products, and
- Eliminate purchase-transportation permits.

Accreditation Change Discussion- Battle Betts

Battle shared the following points regarding accreditation and the need for changing or eliminating the NC Local Accreditation Program. There are many counties in support of changing accreditation, and it is not related to the fee increase. Each county pays the same fee for approximate totals of $60,000 in NCALHD dues compared to $300,000 for accreditation. Majority of accomplishments may be accomplished through changes to the AAs or the CA, and to strengthen those Agreements by tying to funding and by demonstrating value and outcomes. He suggested reallocating the accreditation fees in to advocacy. Counties need to also consider the investment of staff time and resources. He stated that the site visitors are using the SQI against LHDs. He does have concerns about tinkering with 130A, but reminded the group that accreditation is a self-imposed mandate and not funded by the Legislature.

Several health directors shared their thoughts:

- Davin Madden reminded the Committee that about 8 years ago the funding was reduced, and health directors agreed to fund for 3 years while other funding was sought, and we are still funding it.
- John Rouse stated that accreditation should be kept and not tied to AAs, but there were definite changes that needed to be made to the process.
- Sue Lynn Ledford reminded that there's a whole array of quality standards for a MCO and asked how does accreditation intersect with those expectations?
- Lisa Harrison added that accreditation does not feel as helpful now but should be looked at and felt that this is not the time to change GS 130A.
- Chris Dobbins recommended to review the process, possibly tie to outcome and money or a reward system, studying with a committee that includes outside representatives too, and to keep in mind the question, "how can we make it better".
- Ryan McGhee shared that the NC Accreditation is less expensive and more relative to what we do than the national accreditation. He stated it is not as cumbersome and not as expensive. National accreditation's fee is population based with an initial fee of $14,000-$56,000 and then an annual fee of $5,600-$22,000.
- Stacie Saunders shared concerns regarding GS 130A.

Action Item- A motion to form an accreditation study group to move from capacity to quality, from funding burden to funding benefit, and from an older system to a new, improved system was made by Stacie Saunders; seconded by Lillian Koontz; motion passed.

NCALHD Regional Alignment Discussion

Region 5 requested the Association discuss whether the NCALHD 10 regions should remain as is or should the Association's regions change to align with the 6 Medicaid regions. The questions from the discussion were 1) Does it make sense to align with the Medicaid regions? 2) What are the functional reasons to change? Regional pilots and the possibility of leveraging resources as we move to managed care. The consensus of the attendees was for the 10 region chairs to convene meetings to discuss this and to provide their region's preference and thoughts during the March committee meeting.

Technology – Wes Gray

Julie Walker presented for Phyllis Rocco. Julie went over the provisional LHD-HSA Year End and 4th Quarter reports. It was discovered that counties using CUREMD have a problem with the "Medicaid payer classification" being incorrect. This error does not impact your service, visit or patient counts. A ticket has been put in by one of the counties to get this error corrected in the CUREMD EHR. IF you are not with CUREMD and you think your payer breakdown is incorrect please contact Julie Walker, 911-707-5192 and she will trouble shoot this with you. Before you call Julie though, please run the same report in your EHR system so you will have something to compare our data too. Beth Lovette suggested the reports include a "draft" watermark when they are sent out.

Eleanor Howell, Director of the State Center for Health Statistics, talked about the new electronic vital records system. A vendor has been selected and there will be several counties picked soon to be in a pilot implementation program. Users will eventually be able to do queries. The registry will not include historical records.

Environmental Health – Battle Betts

The EH Committee covered two primary topics. Sally Herndon shared more information on the Healthy Homes/ Asthma Initiative. This program has been submitted as a State Plan Amendment that would infuse our public health system with approximately 2.1 million to support enhanced asthma initiatives. 750K would be distributed across the regions at 75K per region in a 10 region model or 125K in a six region model to support staff positions. Additional funds for supplies and travel will be allocated in a similar fashion. This program will also include a pilot program that utilizes a community health worker model as well as a PH Nurse Consultant to serve as a statewide program coordinator. Larry Michael provided an EH update on a variety of topics. He shared that the 18A rules are going back through the administrative process and our next steps in the process will be occurring the first part of March. He also

shared an update on the 18E rules and the ongoing debate related to obtaining final approval of those measures. Larry encouraged us to monitor the progress of HB 103 related to the sale of raw milk in retail outlets and the risks associated with this proposed legislation. This discussion prompted a reminder that local health directors value and appreciate the legislative update reports that were previously shared by Chris Hoke covering potential and or pending legislation that impacts public health.

Planning and Innovation – Stacie Saunders

Health Promotion and Disease Prevention – Joshua Swift

WISEWOMAN - Debi Nelson reported that 29 LHDs are providing WISEWOMAN and the CDC is on a 5-year cycle (Sept to Sept, BCCCP - June to June). 2 Agreement Addendum distributed per year with a combination of screening dollars and health coaching. Must spend federal dollars by September 29, 2019. $15 each for 2nd and 3rd coaching session.

Tobacco Update - Sally Herndon

Smoke free complaints - email bouncing back from 51 LHDs. Janet Clayton will send out a survey to be completed so this list can be updated.

Tobacco 21 - a map of state and cities was distributed. Twenty percent of persons under 18 in NC are able to buy tobacco and state could lose up to $17 million in Block Grants funds if this goes above 20%. Motion to add "effective" to NCALHD legislative agenda and make the law effective. In VA a law was passed swiftly that was ineffective and worse that no tobacco 21 law.

Tobacco Prevention Media Campaign - conducted in VA and SC with teens focused around different groups of teens. NC will conduct the media campaign which is focused on teens in rural areas.

March Forth - last year 10 new tobacco-free regulations where passed in local municipalities. A motion was made to continue this effort.

Public Health Regions-

Region 8 – Chris Harrelson (Brunswick) reported that Kim Smith (Columbus) is chair.

Partner Reports

NCAPHA Report – none

NCPHA Report –Teresa Ellen

Legislative agenda is complete

NACCHO – Chris Dobbins

March 12-15 Washington advocacy day. Several Directors will be there

Jill Moore - NCIOG
Drinking water tool kit is to be developed. Survey is coming to determine needs of locals. Please take the time to complete
Registration is open for the legal conference in Chapel Hill.

ANCBH/NALBOH – Barbara Ann F. Hughes
Dr. Jeffries ask that she recruit board members for the State Board
Still need individuals to train on the Accreditation process
NALBOH is in Denver in august 14-16
March 11-13 NALBOH is sponsoring advocacy in Washington

NCIPH/SPH Update- None

Meeting Adjourned
Motion was made to adjourn, seconded, and passed unanimously. Meeting was adjourned at
Next Meeting –March 21, 2019, 2018, @ 9:30 am, Division of Public Health, Cardinal Room, 5605 Six Forks Road, Raleigh, NC