



**CUMBERLAND  
COUNTY**  
NORTH CAROLINA

**DEPARTMENT OF PUBLIC HEALTH  
BOARD OF HEALTH MEETING**

**AGENDA**

December 17, 2019 at 6:00 PM in Third Floor Boardroom

- Welcome & Introductions Dr. Connette McMahon, Chair
- Moment of Silence Dr. Connette McMahon
- Item 1. Agenda (Pg. 1)
- Item 2. Action Items:
- A. Approval of Agenda Dr. Connette McMahon
  - B. Approval of Meeting Minutes: November 19, 2019 Dr. Connette McMahon
  - C. Appointment of Dr. Sam Fleishman Dr. Connette McMahon
  - D. Election of Chair and Vice Chair Dr. Connette McMahon
  - E. Tobacco Free Resolution Review Mrs. Ashley Curtice
  - F. Award to Dr. William Philbrick Dr. Jennifer Green & Dr. Connette McMahon
- Item 3. Informational/Discussion Items:
- A. Public Comment Dr. Connette McMahon
  - B. Financial Reports (Pg. 7-13) Mrs. Candi York
  - C. Board of Health Retreat Update
  - D. STI Research Collaboration with UNC CH MPH, DHHS, Womack, SHRAEC, and CCDPH Dr. Connette McMahon/Dr. Lori Haigler
  - E. Board of Health Goals Update
  - F. Perinatal Substance Use Conference Ms. Ashley Curtice
  - G. External Reports/Reviews (Pg. 14-25) Dr. Krystle Vinson
    - a. TB Audit
    - b. BCCCP Audit
  - H. Director's Report: Dr. Jennifer Green
    - a. Update on Rodney Jenkins, Deputy Health Director and Administrative Assistant III
    - b. Medicaid Transformation Update: PHPs
    - c. Friends of the Health Department
    - d. Upcoming Events
      - i. January 11th – National Human Trafficking Day
      - ii. NCPHA Public Health Leadership Raleigh, NC, Jan 23-24, 2020
      - iii. Eastern NCPHA Nags Head, NC, April 29- May 1
      - iv. NCPHA Spring Conference Raleigh, NC, May 19
      - v. NACCO Denver, CO, July 7-9
      - vi. NALBOH Grand Rapids, MI, Aug 18-20
  - I. Membership Roster/Attendance Roster (Pg. 26-27) Dr. Connette McMahon
    - a. Prospective new Board member for Optometrist representative: Dr. Joseph Ballard
  - J. Board Member Comments Board Members

ADJOURN

NEXT REGULAR BOARD MEETING: January 21, 2020 (Tuesday) - 6:00 PM

**CUMBERLAND COUNTY BOARD OF HEALTH**  
November 19, 2019 – 6:00p.m.  
1235 RAMSEY STREET, THIRD FLOOR BOARD ROOM  
REGULAR MEETING

MEMBERS PRESENT:           Dr. Connette McMahon, Chair  
                                  Dr. William Philbrick, Vice Chair, Optometrist  
                                  Dr. Jeannette Council, Chair of the Board of Commissioner  
                                  Dr. Sam Fleishman, Physician  
                                  Mrs. Stacy Cox, General Representative  
                                  Dr. Kent Dean, Veterinarian Representative  
                                  Dr. Kingsley Momodu, Dentist  
                                  Ms. Sonja Council, Public Representative  
                                  Dr. Cynthia McArthur-Kearney, Nurse Representative  
                                  Dr. Olusola Ojo, Pharmacist

MEMBERS ABSENT:           Mr. John Larch III, Professional Engineer

STAFF PRESENT:             Dr. Jennifer Green, Incoming Public Director  
                                  Mr. Duane Holder, Assistant County Manager  
                                  Dr. Krystle Vinson, Director of Nursing  
                                  Torica Fuller, Nurse Practitioner  
                                  Ashely Curtice, Local Public Health Administrator  
                                  Dr. Lori Haigler, Medical Director  
                                  Candice York, Accountant  
                                  Sang Nguyen, IT  
                                  Michelle Love, Temporary Administrative Assistant to the Health  
                                  Director

GUEST PRESENT:             Huwan Smith, FSU Student, CFVMC RN  
                                  Jessica Elmore, Optometrist  
                                  Hakkam Alsaidi, Optometrist  
                                  Ashley Yun, Former Administrative Assistant to Health Director

**WELCOME, INTRODUCTIONS AND MOMENT OF SILENCE**

Dr. Connette McMahon welcomed all guests and called the meeting to order at 6:01pm. Introductions were given. A moment of silence was taken.

Dr. Jeannette Council left at 6:00pm and returned at 6:22pm.

**ACTION ITEMS**

A. Approval of Agendas

MOTION:           Dr. William Philbrick moved to approve Board of Health regular meeting agenda  
SECOND:           Dr. Olusola Ojo  
VOTE:              Unanimous (9-0)

B. Approval of October 15, 2019 Regular Meeting Minutes

MOTION: Dr. Sonja Council moved to approve Board of Health regular meeting minutes  
SECOND: Dr. Olusola Ojo  
VOTE: Unanimous (9-0)

C. Approval of Meeting 2020 Calendar Meeting Schedule

MOTION: Dr. Sonja Council moved to approve Board of Health meeting schedule  
SECOND: Dr. Olusola Ojo  
VOTE: Unanimous (9-0)

Dr. McMahon made note that February is the Board of Health Retreat, and the meeting time and date will be scheduled early.

D. Approval of Tobacco Free Resolution

MOTION: Dr. Sam Fleishman moved to approve the Tobacco Free Resolution  
SECOND: Dr. William Philbrick  
VOTE: Unanimous (9-0)

Dr. McMahon said the resolution is very well written, and that there are talks of the resolution being presented throughout the county to include the Majors Coalition. The Board members reviewed and discussed options of making the Resolution more practical every day. Mrs. Curtice suggested providing educational sessions with staff and the Board of County Commissioners, before making request for policy change making sure that they are aware of lung injury, what devices look like, supporting, and countywide partners. The wants to add proper language to prohibit smokeless tobacco into the resolution, and if any additional changes are needed, they can be made at a later date.

**INFORMATIONAL/DISCUSSION ITEMS**

A. Public Comments:

Dr. McMahon opened the floor for public comments at 6:25 p.m. There being no public comments registered, Dr. McMahon closed the floor for public comments at 6:25 p.m.

B. Financial Reports:

Board members received the following financial reports:

- The Statement of Revenue and Expenditures (Profit and Loss) as of October 31, 2019. The revenue exceeds expenditures at \$99,350. Most of these excess payments are comprised of the Pregnancy Care Management/Care Coordination for Children/PMP is the bulk of those dollars.
- The Statement of Expenditures by Program as of October 31, 2019. We have expenditure of 25.5% of our budget. At the close of the 4<sup>th</sup> month of the year, if we spend 100% of budget would be 33%. We are under spending, due to lax service and fringe benefits for vacant positions.
- Revenue by Source reports by state and federal allocations are always received a month behind, grants, Medicaid earned 31.3%, fees collected 40.9%. Overall, we earned 25.99%



of budget fund balance, county funds allocated, and total earned. Express Care clinic and Environmental Health fees earned more this year than last year. There are no areas for concern at this point.

- The accounts receivable by program are broken down by clinic and payer source.
- Self-Pay Accounts Receivable based on aging.

Dr. McMahon asked are the fees up because people were charged more or are more people using the services? Mrs. York responded that the fees have not really changed since only a handful of fees were changed last fiscal year. Its more self-pay people coming in for various immunizations. A report will have to be pulled to do comparison from year-to-year to tell which one is up. We do not collect fee for flu vaccines and revenue has not suffered from adoption of policy. Environmental Health fees are based on building & project permits and food vending permits. Also, the Cumberland Health Net patient's makeup actual flat rate charging from self-pay fluctuation fees, since we from adult clinic, and the debt set-off program payments collected at state level.

#### C. 2020-21 Budget Update

The county has already begun to plan for the fiscal year 2021 budget, and so there are different timelines when things are due. November 7th is deadline for any new position budget requests. Requests were sent to all department managers for new position just detailed justification response and data to support their request. Ms. York presented a PowerPoint presentation listing new positions, cost, and fringe benefit justifications. Ms. York and Mr. holder, as interim Health director, reviewed and made determination list for positions to the budget office for consideration to include: Physicians, 3 public health nurses for the epidemiology Clinic, Public Health Educator, School Health Nurses, and Team Lead positions to name a few.

Dr. Council asked does the unutilized school system look at the number of students a nurse has or the number of schools? Dr. Vinson replied both, because some nurses have schools with higher number of students (Jack Britt) and smaller enrolled schools to balance it out. Dr. McArthur-Kearney asked is the public health educator a non-nurse and is that full-time? Ms. York replied that it is a full-time non-nurse position. In addition, we submitted abolished positions that of course, have no funding attached to them anymore. On November 15<sup>th</sup>, we had a deadline to submit any kind of maintenance or repairs that we were requesting County to help fund. We only submitted request to modify the front entrances to allow warm air to stay in. The wide door allows cold air in making it cold for our patients' waiting in lobby and staff. County Engineering will come and do an assessment on modifying doors to ADA compliant and handicap entrance of the smaller opening and then a regular door in both the main entrance for the lobby and also the WIC entrance. Finally, budget deadlines: IT technology requests are only communicating anything that need to be budgeted and requested in the county that are non-county-funded, so there's nothing major needed for that. February 7th is any fees needing modification to, and February 28<sup>th</sup> is for operating request that I plan to have in your January meeting for approval to Budget office.

#### D. Flu Shot Update

Dr. Vinson gave an update of how many flu shots were given compared to this time last year. Last year, we started giving flu shots on October 10<sup>th</sup>, 2018 to November 19<sup>th</sup>, 2018, we gave 719 shots. This year, the flu shot from the state was delayed. So, from October 21<sup>st</sup>, 2019 to today, November 19<sup>th</sup>, 2019, we have given 450 flu shots. Dr. Philbrick asked are we using all 4 different flu shots? Dr. Vinson replied yes.

#### E. Health Resources and Services Administration Application (HRSA)



Dr. Haigler said the Health Department was re-certified by HRSA for 3 years. HRSA is a federal government health resource program that brings health professionals to areas of shortage across the country. It will provide up to \$50,000 for a 2-year commitment doctors, nurse practitioners, and PAs. An agreement had to be signed to ensure that we are following their rules of providing good healthcare on a sliding scale. The recruitment goes to the health Workfirst Director Site for listings in Cumberland County for providing quality nurses for patients. Dr. Haigler agreed with Dr. McMahon that attending PA recruitments in the county is an excellent idea for staff. Dr. Haigler acknowledged Torika Fuller was a participant in the Emergent Leaders in Public Health Development Program, and Ms. Patrice is a former inaugural class.

#### F. Health Department & Department of Social Services Collaboration

Dr. Green gave report in Mr. Jenkin's absence. On October 28<sup>th</sup>. Mr. Shawn Christian (primary) and Mrs. Ashley Carlo (backup) came to the Health Department team, and both of them are Income Maintenance caseworker at Cumberland County DSS. They will be housed on the second floor in Women's Health at the Health Department, where the pregnancy test counseling is located. Both Public Health and DSS are monitoring levels of activity to ~~kind of~~ clarify the needs of the clients. Their primary role is Family Planning. The Pregnancy Test Counseling Nurse will direct a pregnant woman to Mr. Sean and Mrs. Ashley for pregnancy Medicaid as scheduling permits based on number of patients and length of enrollment time. Child health and WIC can process and evaluate Medicaid concerns for any children and then process any of presumptive Medicaid for maternal health. On November 12<sup>th</sup>, Mrs. Evette, our WIC worker, went over to DSS, and she will help enroll new DSS clients into WIC with full access to the crossroads program with all the essentials, e-WIC, card reader, and the scanner to evaluate and help them get enrolled, and have an appointment at the health department. Mrs. Everette's hours are Monday, Tuesday, and Thursday from 9 a.m. to 4 p.m. The DSS supervisors will make sure that they are aware that she is there and is a resource to them. Her primary duty is to enroll patients into WIC, and then send them to the Health Department, so they will have a shorter wait time in completing nutrition counseling and benefits and then she'll be able to troubleshoot any WIC issues at DSS.

#### G. External reports

PHEP (Public Health Emergency Preparedness): Dr. Green gave a summary of the Budget Period 1 supplemental report for FY 2018-2019, which evaluates you on several required plans for the budget period, an all hazards response plan, a coup continuity plan, an Ebola plan, quarantine plan, and all plans completed and reviewed in the past two years, and exercised in the past 5 years. Many areas have been completed and reviewed plan, and the next step is making sure that we exercise plan. In the self-reported data, we completed 95% of these plans with a few areas of the components of the plan that still needs to be completed in the situations portion of the All-Hazards Response plan. The report also includes some comparisons Statewide in terms of what percentage, and how we compared to other counties across the state. Overall, a very positive report.

Dr. Green said a press release came out today, around 4:30pm about Medicaid in the state. It will not go live February 1<sup>st</sup>. The press release indicates that everything is going to be suspended. North Carolina Medicaid will operate under the current fee-for-service model and no change in Medicare beneficiaries. They will communicate with clients already enrolled but will no longer enroll beneficiaries. The call center will remain open for questions. Candi and Dwayne work very hard last week to get the PHP contracts signed.

#### H. Director's Report:

Fort Bragg held a tabletop exercise at the Health Department. Staff participated with Fort Bragg regarding a hepatitis A outbreak. Fort Bragg Air Force Base, several County Health departments across the state, and the State Health Department participated. The tabletop exercise had primarily very positive feedback to include people worked very well together, great content, well organized, good location, and knowledgeable presenters. It was very well-attended with about 60 people. Issues of concern noted were areas for improvement was starting a little later in the day, so people coming from around the state can get here; have group facilitators, not just from other agencies around the state; and to have different breakout group topics.

Last night was the Friends of the Health Department meeting, whereas, Dr. McMahon attended. The primary focus of that meeting was to identify a method to move the Friends of the Health Department into a nonprofit 501c3 status. The Health Department and the County can't pay for their filing fees and attorney fees. A next step for them is identifying attorneys in the community that may do work pro bono and will bring that information back to the December meeting. Then figure out the next steps in identifying what the IRS fees and the North Carolina fees are, and how it will be funded. Dr. Ojo suggested contacting a law school to assist the Friends of the Health Department in obtaining a nonprofit 501c3 status.

a. Upcoming Events:

November 12, 2019 at 5:30pm at DSS Change....is Coming Event to talk about Medicaid Transformation, Raise the Age, The Family First Prevention at 5:30pm, and then the World AIDS day is on December 1<sup>st</sup>. The nursing department is working on a couple of things and will have signage on LED sign about world AIDS Day as well.

#### Membership Roster/Attendance Roster

There are 2 Prospective New Board Member applicants for Optometrist Representative. Dr. Fleishman is pondering re-appointment as Physician Representative

Dr. Philbrick mentioned that shortly there will be a vacancy of the optometrist position. He mentioned it at the local Optometry meeting and Southeastern District, who put out an email to all.

Dr. McMahon hopes Dr. Fleishman will re-consider re-appointment to the Board. Dr. Fleishman responded ok and that he will re-consider reappointment. Dr. McMahon said that we will come back to that later.

#### Board Member Comments

Dr. Elmore and Dr, Asaidi were the two applicant attendees for Optometrist seat. They each stood up and gave a brief introduction of themselves and experiences. Afterwards, they were instructed to complete the application process for consideration.

Dr. McMahon reminded everyone to fill out Board Self-Evaluation given last month, if anyone needs another copy, more can be made. We will also be evaluating the Health Director in 8 months. Dr. McMahon encouraged the Board to do the informative NC Institute for Public Health free online training for BOH members and the state workshops and National conferences-



Dr. Fleishman asked is there data on populations and children getting the flu shot? Dr. Haigler said they track vaccination rates and why people don't vaccinate and will give updates.

Everyone verified information on roster and made sure that information is correct.

As a final close-out. Dr. McMahon thanked Mr. Holder for serving as our interim director for a 1 ½ years of service. She acknowledged he did a fantastic job in transforming the Health Department, bringing up the morale, changing within & outside, and returning this place to the great institution that we know that it should be.

The next regular meeting is Tuesday, December 17, 2019 at 6 p.m.

ADJOURNMENT

MOTION: Dr. Jeannette Council moved to adjourn.

SECOND: Dr. William Philbrick

VOTE: Unanimous (12-0)

The meeting was adjourned at 7:40 p.m.

  
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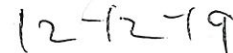
Dr. Jennifer Green, Health Director

  
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Date

  
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Dr. Cornette McMahon, Chair

  
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Date

CUMBERLAND COUNTY HEALTH DEPARTMENT  
 STATEMENT OF REVENUES AND EXPENDITURES  
 MODIFIED CASH BASIS  
 As of November 30, 2019

	ACTUAL MONTH ENDED 11/30/2019	BUDGETED MONTH ENDED 11/30/2019	ACTUAL FISCAL YEAR TO DATE 11/30/2019	BUDGETED FISCAL YEAR TO DATE 11/30/2019	FY 2020 ADOPTED 11/30/2019
<b>REVENUES :</b>					
LOCAL FEES/SALES	97,207.93	110,243	638,631.34	551,215	1,322,916
MEDICAID TITLE 19	188,941.63	91,113	503,916.31	455,567	1,093,360
MEDICAID : CC4C & PCM CASE MGMT.	149,696.08	150,025	742,381.28	750,125	1,800,300
STATE OF NORTH CAROLINA	336,783.82	415,337	1,384,635.81	2,076,684	4,984,042
TRANSFERS FROM HEALTH DEPT. FUND BAL.	176,537.00	30,331	176,537.00	151,653	363,967
GRANTS, AWARDS, OTHER	40,251.19	140,116	89,624.19	700,578	1,681,387
COUNTY FUNDING	1,028,801.65	804,880	3,404,815.50	4,024,401	9,658,562
DUE FROM STATE AND SCHOOL SYSTEM		-	631,274.84	-	-
<b>TOTAL REVENUES</b>	<b>2,018,219.30</b>	<b>1,742,045</b>	<b>7,571,816.27</b>	<b>8,710,223</b>	<b>20,904,534</b>
<b>EXPENDITURES :</b>					
SALARIES AND FRINGE BENEFITS	1,591,499.06	1,355,011	5,688,135.91	6,775,057	16,260,137
OPERATING EXPENSES	275,479.99	344,616	1,494,273.91	1,723,082	4,135,397
CAPITAL OUTLAY - EQUIPMENT	-	750	-	3,750	9,000
NOTE PAYMENT - NEW FACILITY	380,000.00	41,667	380,000.00	208,333	500,000
<b>TOTAL EXPENDITURES</b>	<b>2,246,979.05</b>	<b>1,742,045</b>	<b>7,562,409.82</b>	<b>8,710,223</b>	<b>20,904,534</b>
<b>EXCESS OF REVENUES OVER EXPENDITURES</b>			<b>9,406.45</b>		
			<b>(228,759.75)</b>		



CUMBERLAND COUNTY HEALTH DEPARTMENT  
EXPENDITURES BY PROGRAM  
As of November 30, 2019

Program	Budgeted	YTD Expended thru 11/30/2019	Balance	% Used
General *	2,990,269	1,169,696.58	1,820,572.42	39.12%
Lab/Pharmacy	1,040,414	430,571.31	609,842.69	41.38%
Communicable Disease and STD	1,602,945	591,758.58	1,011,186.42	36.92%
AIDS-HIV	72,874	29,133.90	43,740.10	39.98%
Tuberculosis- TB Clinic	157,072	66,833.97	90,238.03	42.55%
Maternal Health	1,056,782	389,755.47	667,026.53	36.88%
Family Planning	1,155,909	397,600.41	758,308.59	34.40%
School Health	2,696,865	820,767.84	1,876,097.16	30.43%
Adult Health	267,500	114,103.82	153,396.18	42.66%
Care Coordination for Children	816,417	363,713.01	452,703.99	44.55%
Pregnancy Care Management	1,199,101	468,050.64	731,050.36	39.03%
Child Fatality Prevention	4,175	-	4,175.00	0.00%
Child Health Clinic	1,079,813	432,653.37	647,159.63	40.07%
Breast & Cervical Cancer (BCCCP)	129,220	35,835.52	93,384.48	27.73%
Health Promotion/Education	503,776	188,393.64	315,382.36	37.40%
Tobacco Prevention CDC Core Grant	138,761	35,110.76	103,650.24	25.30%
Comprehensive Opioid Grant	289,131	-	289,131.00	0.00%
Positive Parenting Program (Triple P)	293,518	80,665.72	212,852.28	27.48%
Preparedness and Ebola	83,278	19,032.69	64,245.31	22.85%
Environmental Health	1,801,232	648,995.17	1,152,236.83	36.03%
Immunization Clinic	807,157	352,673.02	454,483.98	43.69%
Adolescent Parenting Program	79,156	32,819.34	46,336.66	41.46%
WIC	2,639,169	894,245.06	1,744,923.94	33.88%
<b>TOTAL</b>	<b>20,904,534</b>	<b>7,562,409.82</b>	<b>13,342,124.18</b>	<b>36.18%</b>

\*General includes: Administration, Billing, Management Support (patient registration/discharge) and Medical Records

**CUMBERLAND COUNTY HEALTH DEPARTMENT**  
**REVENUE BY SOURCE**  
**As of November 30, 2019**

**STATE AND FEDERAL ALLOCATIONS**

<i>ACCOUNT DESCRIPTION</i>	<i>BUDGETED</i>	<i>YTD EARNED</i>	<i>% EARNED</i>
433100 NC HEALTH SERVICES	233,260	84,820.00	36.36%
433101 NC BREASTFEEDING PEER COUNS	112,095	24,654.15	21.99%
433102 NC HEALTH PROMOTION	39,235	7,646.70	19.49%
433103 NC TB PROJECT	114,803	41,607.26	36.24%
433105 NC COMMUNICABLE DISEASE	60,778	11,837.58	19.48%
433106 NC IMMUN ACTION PLAN	146,804	69,840.66	47.57%
433107 NC SCHOOL HEALTH	189,406	63,135.28	33.33%
433108 NC - YOUTH PREVENTION	82,872	33,448.17	40.36%
433111 NC FAMILY PLANNING	446,825	90,023.92	20.15%
433112 NC WIC ADMINISTRATION	150,000	32,704.48	21.80%
433113 NC WIC NUTRITION EDUCATION	475,000	128,792.28	27.11%
433114 NC WIC CLIENT SERVICES	1,762,074	485,198.85	27.54%
433115 NC WIC BREASTFEEDING	140,000	31,459.30	22.47%
433118 NC CHILD HEALTH	196,604	50,974.38	25.93%
433119 NC CHILD CARE COORDINATION	50,573	8,235.25	16.28%
433120 NC MATERNAL HEALTH	198,910	72,328.00	36.36%
433121 NC BREAST & CERVICAL CANCER	43,850	20,475.00	46.69%
433123 NC CHILD FATALITY PREVE	4,175	-	0.00%
433124 NC AIDS CONTROL	25,000	20,000.00	80.00%
433125 NC ENVIRONMENTAL HEALTH	60,000	-	0.00%
433126 NC BIO-TERRORISM TEAM	83,278	13,056.47	15.68%
433133 TEEN PREGNANCY PREVENTION	78,000	18,778.50	24.08%
433136 NC POSITIVE PARENTING PROG	290,500	75,619.58	26.03%
<b>Subtotal- Revenue</b>	<b>4,984,042</b>	<b>1,384,635.81</b>	<b>27.78%</b>

**GRANTS**

<i>ACCOUNT DESCRIPTION</i>	<i>CURRENT</i>	<i>YTD EARNED</i>	<i>% EARNED</i>
433095 AFDO GRANTS-EH GRANTS	4,178	-	0.00%
433130 FDA GRANT	70,000	5,653.81	8.08%
433132 SHIFT NC	66,359	-	0.00%
433134 MATERNAL & CHILD HEALTH	48,914	4,388.43	8.97%
433135 COMMUNITY HEALTH GRANTS	291,500	75,429.95	25.88%
433137 COMPREHENSIVE OPIOID ABUSE	289,131	-	0.00%
433750 CC SCHOOL HEALTH	867,280	-	0.00%
488400 MISC-HEALTHY HOMES	4,025	4,025.00	100.00%
444124 HEALTHNET FEES	40,000	-	0.00%
<b>Subtotal- Revenue</b>	<b>1,681,387</b>	<b>89,497.19</b>	<b>5.32%</b>



**CUMBERLAND COUNTY HEALTH DEPARTMENT**  
**REVENUE BY SOURCE**  
**As of November 30, 2019**

**MEDICAID**

<i>ACCOUNT DESCRIPTION</i>	<i>CURRENT</i>	<i>FY 20 YTD</i>		<i>FY 19 YTD</i>
		<i>EARNED</i>	<i>% EARNED</i>	<i>EARNED</i>
444100 ESCROW NC TB CONTROL	3,000	340.31	11.34%	658.58
444101 ESCROW NC STD	150,000	93,528.80	62.35%	44,501.26
444102 ESCROW EXPRESS CARE	180,000	72,373.94	40.21%	59,902.62
444103 ESCROW PRIMARY CARE	0	7,965.39	100.00%	279.04
444109 CAROLINA ACCESS CAP	60,000	22,750.00	37.92%	25,820.00
444125 ESCROW NC CHILD/MATERNAL	700,360	306,957.87	43.83%	250,324.67
444112 CASE MANAGEMENT FEES	1,800,300	742,381.28	41.24%	736,992.88
<b>Subtotal- Revenue</b>	<b>2,893,660</b>	<b>1,246,297.59</b>	<b>43.07%</b>	<b>1,118,479.05</b>

**FEES**

<i>ACCOUNT DESCRIPTION</i>	<i>CURRENT</i>	<i>FY 20 YTD</i>		<i>FY 19 YTD</i>
		<i>EARNED</i>	<i>% EARNED</i>	<i>EARNED</i>
444104 EXPRESS CARE FEES	278,000	159,653.62	57.43%	141,709.69
444105 PLOT PLANS	100,000	46,788.00	46.79%	42,350.00
444106 RABIES CLINIC	11,000	2,350.00	21.36%	1,355.00
444107 ENVIRONMENTAL HEALTH FEES	190,000	82,565.00	43.46%	60,097.50
444108 MEDICAL CLINIC	2,000	4,323.07	216.15%	5,859.91
444110 LAB FEES	145,000	72,133.45	49.75%	60,426.40
444111 FAMILY PLANNING FEES	40,100	25,702.72	64.10%	19,275.74
444115 TB CLINIC FEES	50,000	22,351.17	44.70%	22,695.06
444117 CHILD HEALTH FEES	18,000	11,917.91	66.21%	7,555.03
444118 MATERNAL HEALTH FEES	14,000	6,489.17	46.35%	4,708.45
444120 MEDICAL RECORD FEES	4,000	794.50	19.86%	1,409.25
444121 COMMUNICABLE DISEASE FEES	5,000	1,572.22	31.44%	1,797.82
444122 MISCELLANEOUS	1,000	1,268.00	126.80%	4,363.01
444126 PHARMACY SERVICES	464,816	200,849.51	43.21%	182,295.46
<b>Subtotal- Revenue</b>	<b>1,322,916</b>	<b>638,758.34</b>	<b>48.28%</b>	<b>555,898.32</b>

**CUMBERLAND COUNTY HEALTH DEPARTMENT**  
**REVENUE BY SOURCE**  
**As of November 30, 2019**

**FUND BALANCE and COUNTY FUNDS ALLOCATED**

<i>ACCOUNT DESCRIPTION</i>	<i>CURRENT</i>	<i>YTD EARNED</i>	<i>% EARNED</i>
499903 FUND BALANCE APPROP - HEALTH	363,967	176,537.00	48.50%
COUNTY FUNDS ALLOCATED	9,658,562	3,404,815.50	35.25%
<b>Subtotal- Revenue</b>	<b>10,022,529</b>	<b>3,581,352.50</b>	<b>35.73%</b>

**TOTAL REVENUE EARNED**

<i>ACCOUNT DESCRIPTION</i>	<i>CURRENT</i>	<i>YTD EARNED</i>	<i>% EARNED</i>
TOTAL REVENUE RECEIVED	20,904,534	6,940,541.43	33.20%

<i>Total Revenue Received</i>	6,940,541.43
<i>Total Revenue Due</i>	631,274.84
<b>Grand Total Revenue</b>	<b>7,571,816.27</b>

*% Earned (Received and Due)* **36.22%**



<b>CUMBERLAND COUNTY HEALTH DEPARTMENT</b>						
ACCOUNTS RECEIVABLE- AR24						
NOVEMBER 2019						
<b>PROGRAM</b>	<b>PRIVATE PAY</b>	<b>PRIVATE INSURANCE</b>	<b>HEALTH CHOICE</b>	<b>MEDICAID</b>	<b>MEDICARE</b>	<b>TOTAL</b>
ADULT HEALTH/MEDICAL	7,842.58	100.00				7,942.58
CHILD HEALTH	11,474.12	5434.41	978.00	3,682.00		21,568.53
DENTAL CLINIC	156.20					156.20
EPI/TB		80.00		147.00		227.00
FAMILY PLANNING	45,375.41	5759.56		15,538.27	170.00	66,843.24
IMMUNIZATIONS	4,837.27	21388.22	539.00	2,525.11	1162.73	30,452.33
CONTRACT - IMMUNIZATIONS	5,319.00					5,319.00
MATERNITY CLINIC	6,308.37	3359.65		4,028.01		13,696.03
NEWBORN ASSESSMENT						-
POSTPARTUM HOME VISIT				810.00		810.00
STD		175.00		4,144.33		4,319.33
TB	307.41					307.41
TB CONTRACTS	83.00					83.00
<b>TOTALS</b>	<b>81,703.36</b>	<b>36,296.84</b>	<b>1517.00</b>	<b>30,874.72</b>	<b>1,332.73</b>	<b>151,724.65</b>
<b>PERCENTAGE</b>	<b>53.85</b>	<b>23.92</b>	<b>1.00</b>	<b>20.35</b>	<b>0.88</b>	<b>100.00</b>

CUMBERLAND COUNTY HEALTH DEPARTMENT  
 ACCOUNTS RECEIVABLE  
 AGING REPORT  
 AR24  
 PRIVATE PAY

NOVEMBER 2019

PROGRAM	AMOUNT DUE	CURRENT	30 DAYS	60 DAYS	90 DAYS	120 DAYS	180 DAYS	1 YEAR +
ADULT HEALTH	\$ 7,842.58	570.00	940.00	675.00	450.00	1497	2704	1006.58
CHILD HEALTH	\$ 11,474.12	2,059.00	2,077.14	2,961.94	812.90	1,835.49	1,291.78	435.87
DENTAL	\$ 156.20							156.20
FAMILY PLANNING	\$ 45,375.41	4,937.84	5,379.76	9,405.85	7,475.91	9,930.70	7,194.81	1,050.54
IMMUNIZATIONS	\$ 4,837.27	16.00	335.02	734.44	986.40	1,758.52	1,094.24	(87.35)
CONTRACTS -IMMUNIZATION	\$ 5,319.00	3,804.00	1160.00	248.00	13.00	30.00	64.00	
MATERNITY CLINIC	\$ 6,308.37	2,017.20	2,347.94	965.95	125.67	418.88	629.83	(197.10)
CONTRACTS - TB	\$ 307.41	150.00	73.00	84.41				
TB	\$ 83.00	15.00			15.00	15.00	38.00	

<b>TOTALS</b>	<b>\$ 81,703.36</b>	<b>13,569.04</b>	<b>12,312.86</b>	<b>15,075.59</b>	<b>9,878.88</b>	<b>15,485.59</b>	<b>13,016.66</b>	<b>2,364.74</b>
%	100.00	16.61	15.07	18.45	12.09	18.95	15.93	2.89





NC DEPARTMENT OF  
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ROY COOPER • Governor

MANDY COHEN, MD, MPH • Secretary

MARK T. BENTON • Assistant Secretary for Public Health,  
Division of Public Health

November 20, 2019

Jennifer Green, Director  
Cumberland County Health Department  
1235 Ramsey St  
Fayetteville, NC 28301

Dear Dr. Green,

On November 19, 2019, I completed the annual assessment of Cumberland County's tuberculosis control activities. The review process covered TB cases, contact investigations, targeted testing data, and completion of treatment of latent TB infection data for the calendar year 2018. Any items that did not meet the goal were out of Heather's control (such as persons starting LTBI treatment and completion of LTBI treatment...it is not mandatory; also, locating class B immigrants is a challenge for all counties because addresses and phone numbers for patients may not be accurate). Additionally, the current TB caseload was reviewed. Enclosed is a summary of my findings.

It was a pleasure working with Heather Salisbury. She is very thorough and a great TB nurse to work with.

Please feel free to contact me at (919) 755-3183 anytime I can be of any assistance.

Sincerely,

*Lynn Kearney BSN, RN*

Lynn Kearney  
Nurse Consultant, NC TB Control

cc: Lori Haigler, MD  
Krystle Vinson, DON  
Asya Akins, RN  
Heather Salisbury, RN  
NC TB Control

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF PUBLIC HEALTH • EPI/CD/ TB Control

LOCATION: 1200 Front St. Suite 103, Raleigh, NC 27609  
MAILING ADDRESS: 1905 MSC, Raleigh, NC 27699-1905  
www.ncdhhs.gov • TEL: 919-755-3184 • FAX: 919-733-0084

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**TB Assessment Summary  
Cumberland County 2018  
Date of Assessment November 19, 2019**

	<b>Performance Measures</b>	<b>Achieved for 2018</b>			
1.	85% of cases with initial positive sputum cultures will have documentation of culture status every 2 weeks until microbiologic conversion to negative is achieved.	5	of	5	or 100 %
2.	96% of TB cases with a pleural or respiratory site of diseases and who are 12 years or older will have a sputum-culture result reported.	6	of	6	or 100 %
3.	73% of cases with positive sputum culture results will have documented conversion to sputum culture-negative within 60 days.	4	of	5	or 80 %
4.	96% of cases with positive AFB sputum-smear results will have treatment initiated within 7 days of specimen collection.	4	of	4	or 100 %
5.	96% of patients who are suspected of having TB will be started on the recommended initial 4-drug regimen.	9	of	9	or 100 %
6.	100% of cases will receive directly observed therapy (DOT) in accordance with NC TB Control policy and state law for the duration of treatment in NC.	9	of	9	or 100 %
7.	99% of patients with newly diagnosed TB and for whom 12 months or less of therapy is indicated will complete treatment within 12 months and that information will be entered into NCEDSS	8	of	9	or 89 %
8.	100% of all TB patients with positive AFB sputum smear results will have contacts identified in NCEDSS.	2	of	4	or 50 %
9.	100% of contact information for all pulmonary and pleural cases will be completely entered into NCEDSS (enter total contact #)	20	of	20	or 100 %
10.	94% of contacts to sputum AFB smear-positive TB patients will be fully evaluated and that information will be entered into NCEDSS.	20	of	20	or 100 %
11.	71% of contacts to sputum AFB smear-positive TB patients with newly diagnosed latent TB infection (LTBI) will start treatment and that information will be entered into NCEDSS	3	of	6	or 50 %
12.	68% of contacts to sputum AFB smear-positive TB patients who start treatment for newly diagnosed LTBI, will complete prescribed treatment and that information will be entered into NCEDSS	1	of	3	or 33 %
13.	65% of all persons (non-contacts) who begin treatment for latent infection will complete treatment.	16	of	19	or 84 %
14.	100% of all TB cases will have HIV test results recorded in their medical record and NCEDSS.	9	of	9	or 100 %
15.	All suspect TB cases will be reported to the regional TB Nurse Consultant within 7 days of notification.	9	of	9	or 100 %
16.	98% of each core Report of Verified Case of Tuberculosis (RVCT data items will be reported electronically into NCEDSS.	9	of	9	or 100 %
17.	85% of all surveillance reports (Report of verified Case of Tuberculosis plus the Follow Up #1 Report) on both laboratory and clinically confirmed cases will be forwarded in NCEDSS to the nurse consultant within 12 weeks of starting treatment.	9	of	9	or 100 %
18.	95% of all Follow Up #2 Reports will be reported through NC EDSS to the nurse consultant within 4 weeks of treatment completion.	9	of	9	or 100 %
19.	100% of TB case medical records will, at a minimum, contain the following:				
a.	signed physician orders for the treatment of disease	9	of	9	or 100 %
b.	monthly documentation of the PHN's assessment for possible medication side effects	9	of	9	or 100 %
c.	completed TB Epidemiological Record	9	of	9	or 100 %



	Performance Measures	Achieved for 2018			
d.	interpretation of the initial chest x-ray	9	of	9	or 100 %
e.	a signed TB treatment agreement or isolation order	9	of	9	or 100 %
f.	baseline lab results and subsequent lab results as indicated	9	of	9	or 100 %
g.	TB drug record/DOT record containing current and accurate information	9	of	9	or 100 %
h.	end of treatment chest x-ray, if pulmonary or pleural	6	of	6	or 100 %
i.	documented visits with a physician or mid-level provider at the beginning and end of treatment	8	of	8	or 100 %
20.	64% of immigrants and refugees will have a medical evaluation initiated within 30 days of arrival.	6	of	10	or 60 %
21.	65% of immigrants and will have a completed medical evaluation and presumptive diagnosis within 90 days of arrival.	8	of	10	or 80 %
22.	52% of immigrants and refugees, who are diagnosed with latent TB infection (LTBI) during evaluation in the U.S., will start treatment.	1	of	3	or 33 %
23.	66% of immigrants and refugees who are diagnosed with latent TB infection (LTBI) during evaluation in the U.S. and started on treatment will complete treatment.	1	of	1	or 100 %
24.	78% of Class B events in NC Electronic Disease Surveillance System (NC EDSS) will have all core data items completed	10	of	10	or 100 %

**Investigation of suspects that were ruled out in 2018**

- 3 Suspects were investigated
- 12 Contacts were tested as a result of the investigation
- 1 Suspects started treatment for active disease

**Persons under active surveillance on the date of the assessment**

- 6 Suspects and/or cases of active TB are currently being followed
  - 4 are on tuberculosis disease therapy
  - 4 are on directly observed therapy (DOT)
  - 0 are HIV positive
  - 0 are drug resistant
- 33 Contacts and/or reactors are currently being followed
  - 28 are on treatment for latent TB infection
  - 0 are on directly observed preventive treatment
  - 1 are HIV positive
  - 0 are contacts to drug resistant cases

The Public Health Nurse who is responsible for the TB Control program has attended the Introduction to TB Management class? **YES**. If no, will attend the next class.

The designated TB nurse at the health department completed the NCEDSS training class within four months of starting this role? **YES**.

Standing orders, if used, are signed and dated annually and are consistent with the TB Control Manual policies and procedures? **YES**.

The TB Medical Director attended at least one TB related educational offering in 2018? **YES**.

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NC DEPARTMENT OF  
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**ROY COOPER** • Governor  
**MANDY COHEN, MD, MPH** • Secretary  
**MARK T. BENTON** • Assistant Secretary for Public Health  
Division of Public Health

December 10, 2019  
Dr. Jennifer Green, Cumberland County Health Director  
1235 Ramsey Street  
Fayetteville, NC, 28301

Dear Dr. Green:

Your agency recently participated in the North Carolina Breast and Cervical Cancer Control Program (NC BCCCP) and WISEWOMAN Project monitoring process as a part of the Division's Subrecipient Monitoring Plan and the National Breast and Cervical Cancer Early Detection Program in the Centers for Disease Control and Prevention (CDC). Both programs are funded by CDC grants. Your assigned Monitoring Team completed this triennial assessment on December 6, 2019. Your Monitoring Process Triennial Program Review is enclosed.

We are pleased to report that your agency is in compliance with the monitoring criteria Performance Indicators and established program standards. The monitoring process reflects your agency complies with all required components of NC BCCCP.

Suggested recommendations may or may not be included in your report based on an overall general assessment from the monitoring team. These are meant as helpful suggestions for general quality improvement, but do not require a corrective plan.

Again, thank you for participating in the NC BCCCP monitoring process. Your agency's next scheduled monitoring visit for the BCCCP is December 2022. Agencies may be monitored more frequently than every three years if there are concerns related to non-compliance with CDC Performance Indicators or your agency requests an earlier review. If you have questions regarding the monitoring site visit findings, please call me at (919) 218-7660 or email me at [cindy.herndon@dhhs.nc.gov](mailto:cindy.herndon@dhhs.nc.gov).

Sincerely,

*Cindy Herndon*

Cindy Herndon, PhD, RN, WHNP, CNE, CBEC  
Nurse Consultant  
NC BCCCP/WISEWOMAN

cc: Dr. Lori Haigler  
Dr. Krystal Vinson, DNP, RN, DON  
Malkia Raynor, RN BCCCP Nursing Supervisor

**NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF PUBLIC HEALTH**

LOCATION: 5505 Six Forks Road, Building 1, Raleigh, NC 27609  
MAILING ADDRESS: 1922 Mail Service Center, Raleigh, NC 27699-1922  
[www.ncdhhs.gov](http://www.ncdhhs.gov) • TEL: 919-707-5300 • FAX: 919-870-4812

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Tonya Burke, RN BCCCP Nurse Navigator  
Brittany Fox, RN  
Debi Nelson, Cancer Branch Head and Program Director, NC BCCCP and  
WISEWOMAN  
Cushanta Horton, NC BCCCP Epidemiologist/ Evaluator  
Tavonyia Thompson, NC BCCCP Operations Manager  
Brittney Wooten  
File

- Enclosures: 1. Triennial Program Review  
2. QI Recommendation

## North Carolina Breast and Cervical Cancer Control Program and WISEWOMAN Project Triennial Program Review

Agency/Contractor: Cumberland County Health Department Date of Event: December 6, 2019

Time Frame Covered by Review: 9-13-2017 to 5-9-2019

### Cancer Branch Review Team:

- Cindy Herndon, Nurse Consultant
- Sherry Wright, Nurse Consultant
- Angie Moody, Nurse Consultant

### Agency personnel present at the entrance conference:

- Dr. Krystal Vinson, DNP, RN, Director of Nursing
- Malkia Raynor, BSN, RN Supervisor
- Brittany Foxx, BSN, RN
- Tonya Burks, Nurse, BSN, RN BCCCP Navigator

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Sources utilized for collection of information:

- Patient Chart or EMR  HIS/Vendor System  Staff Member  Log Books/Tickler File  Training Manual

Received Cumberland County Health Department's Pre-Assessment Survey on December 2, 2019 completed by Malkia Raynor who had not fully completed the document because she had not received a recent Monthly Report. Malkia had discussed this two weeks prior with me and we agreed that we would address the unfinished portion on December 6, 2019.

Tonya Burkes, RN, is a fairly new NC BCCCP Nurse Navigator and has requested a face-to-face orientation. The scheduled date is Friday, January 17, 2020 at 9:00AM.

Report from Aid to County (ATC) activity through 10-2019 aligns with CCHD's women serving 39 patients in the 2019- 20 Program up to September 30, 2019. Cumberland County Health Department has reportedly served 77 of 150 targets to date or 51% for 2019-20 Program Year.

County specific data as well as resources available to CCHD for data for all cancers and comparison data from NC Comprehensive Cancer Branch's Cancer Burden Document for Cumberland County was shared with CCHD staff (hard copy given at July Training).

### Triennial Assessment Worksheet

<u>Breast Cancer Performance Indicator</u>	CDC Standard	FY 2018- 2019 as of 5/19/2018
1. Screening mammograms provided to women > 50 years of age	≥ 75%	Calculating %
<input type="checkbox"/> Abnormal screening results with complete follow-up	≥ 90%	Calculating %
<input type="checkbox"/> Abnormal screening results; Time from screening to diagnosis > 60 days	≤ 25%	Calculating 0%
2. Treatment started for breast cancer	≥ 90%	Calculating %
3. Breast cancer; time from diagnosis to treatment >60 days	≤ 20%	Calculating %
<u>Cervical Cancer Performance Indicator</u>	CDC Standard	FY 2018- 19 as of 5/19/2018
4. Initial Program Pap test, never screened	≥ 20%	Calculating %
5. Abnormal screening with complete follow-up	≥ 90%	Calculating %
6. Abnormal screening results: time from screening to diagnosis >90 days	≤ 25%	Calculating %
7. Treatment started for diagnosis of HSIL, CIN 2,3, CIS, Invasive Cancer	≥ 90%	Calculating %
8. HSIL, CIN 2,3; time from diagnosis to treatment >90 days	≤ 20%	Calculating %
9. Invasive carcinoma; time to diagnosis to treatment >60 days	≤ 20%	Calculating %

Screening Rate	Most recent 12 months July 2018 to July 2019	Previous 12 months July 2017 to July 2018
10. What is your screening rate for mammograms? (Number of women who receive age-appropriate mammograms divided by the number of women who are due for a mammogram during a one-year period)	No data yet %	No data yet %
11. What is your screening rate for cervical cancer screening (Pap and/or HPV testing)? (Number of women who receive age-appropriate cervical cancer screening divided by the number of women who are due for screening during a one-year period)	No data yet %	No data yet %

<u>WISEWOMAN Performance Indicators</u>	CDC STANDARD	FY 2018 as of 4/2/2018
1. Percentage of screening target number met or exceeded	≥95%	NA
2. Percentage of women receiving valid risk reduction counseling	≥90%	NA
3. Percentage of follow up for abnormal blood pressure	100%	NA
4. Percentage of follow up for alert blood pressure or glucose	100%	NA
5. Percentage of women attending at least one session of LSP or HC.	≥80%	NA
6. Percentage of women with complete programs	≥60%	NA

<u>Fiscal Management</u>	<u>Results</u>	<u>Comments</u>
1. Verification that all fee schedules and income eligibility guidelines in use are current.	<b>BCCCP</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  <b>WISEWOMAN</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	2019 Federal Poverty Guidelines in use effective 1/11/2019; 2019 NC BCCCP Fee Schedule in use effective 1/1/2019-12/31/2019, revised 1/23/2019.

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<p>2. Evidence that current contracts or letters of agreement are in place with all providers.</p>	<p><b>BCCCP</b>  <input checked="" type="checkbox"/>Yes <input type="checkbox"/>No  <b>WISEWOMAN</b>  <input type="checkbox"/>Yes <input type="checkbox"/>No <input checked="" type="checkbox"/>NA</p>	<p>CCHD has contracts with Cape Fear Valley OB/ GYN, Cape Fear Valley Healthcare System (CFVHS), Valley Surgical Associates, and Cape Fear Surgical (CFVHS). All contracts are in order and all signatures are current (all contracts are revolving unless one or both parties have changes). Lab services are conducted through Lab Corp and the contract is current.</p>
<p>3. Current CLIA certification is on file for laboratory provider(s).</p>	<p><b>BCCCP</b>  <input checked="" type="checkbox"/>Yes <input type="checkbox"/>No  <b>WISEWOMAN</b>  <input type="checkbox"/>Yes <input type="checkbox"/>No <input checked="" type="checkbox"/>NA</p>	<p>Current CLIA for Lab Corp expiration date is 10/19/2020.</p>
<p>4. Current MQSA certification is on file for mammography provider(s)</p>	<p><b>BCCCP</b>  <input checked="" type="checkbox"/>Yes <input type="checkbox"/>No</p>	<p>MQSA for Diagnostic Center of Cape Fear Valley Medical Center through 4/23/2021.</p>
<p>5. Evidence that a budget monitoring process/system is in place with separate accounts for BCCCP and WISEWOMAN.</p>	<p><b>BCCCP</b>  <input checked="" type="checkbox"/>Yes <input type="checkbox"/>No  <b>WISEWOMAN</b>  <input type="checkbox"/>Yes <input type="checkbox"/>No <input checked="" type="checkbox"/>NA</p>	<p>Separate line items were visualized for NC BCCCP. Documents will be sent to Tavonyia Thompson, Operations Manager via email.</p>
<p>6. Verification that appropriate payment(s) are made for BCCCP/ WW procedures.  (Reviewed payment invoices and vouchers)</p>	<p><b>BCCCP</b>  <input checked="" type="checkbox"/>Yes <input type="checkbox"/>No  <b>WISEWOMAN</b>  <input type="checkbox"/>Yes <input type="checkbox"/>No <input checked="" type="checkbox"/>NA</p>	<p>No patients are ever charged for services through The BCCCP program. Most patients slide to zero on the Federal Poverty Guidelines. The only time patients are ever charged is when they need a procedure outside the realm of BCCCP such as an endometrial or uterine procedure.</p>
<p>7. Verification that patients are not charged inappropriately for BCCCP/ WW covered services.</p>	<p><b>BCCCP</b>  <input checked="" type="checkbox"/>Yes <input type="checkbox"/>No  <b>WISEWOMAN</b>  <input type="checkbox"/>Yes <input type="checkbox"/>No <input checked="" type="checkbox"/>NA</p>	<p>No patients are ever charged for services through the BCCCP program.</p>
<p>8. Verification that sliding scale fee is applied appropriately for income. Consult with the administrative consultants if indicated.</p>	<p><b>BCCCP</b>  <input checked="" type="checkbox"/>Yes <input type="checkbox"/>No <input type="checkbox"/>NA  <b>WISEWOMAN</b>  <input type="checkbox"/>Yes <input type="checkbox"/>No <input checked="" type="checkbox"/>NA</p>	<p>Sliding Fee Scale is used for NC BCCCP at CCHD, and no patients have been charged for services through the BCCCP program so far because all have been evaluated to slide to zero..</p>

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<p>9. Evidence that BCCCP/WW funds are requested on the basis of the number of women served (and Health Coaching or Lifestyle Program sessions for WISEWOMAN).</p>	<p><b>BCCCP</b>  <input checked="" type="checkbox"/>Yes <input type="checkbox"/>No  <b>WISEWOMAN</b>  <input type="checkbox"/>Yes <input type="checkbox"/>No <input checked="" type="checkbox"/>NA</p>	<p>Yes, this is being carried out on a capitated fee basis. The Aid-To-County (ATC) activity report of 10/2019 confirms this and CCHD has utilized 39 targets up until September 30, 2019. CCHD reports utilizing 77 targets or 51% of the 2019- 2020 overall targets. The LHD Expenditure Report is being sent to Tavonyia Thompson on a monthly basis by the finance officer Candace York.</p>
<p>10. Verify that staff time used for BCCCP/WW programs is reasonable for the number of targets assigned.</p>	<p><b>BCCCP</b>  <input checked="" type="checkbox"/>Yes <input type="checkbox"/>No  <b>WISEWOMAN</b>  <input type="checkbox"/>Yes <input type="checkbox"/>No <input checked="" type="checkbox"/>NA</p>	<p>Time study are completed at CCHD and all time is appropriate for number of hours per Malkia Raynor, RN. Time studies for Tonya Burke, RN was reviewed.</p>
<p><b>Clinical Management</b></p>	<p><b>Results</b></p>	<p><b>Comments</b></p>
<p>1. A review of not less than 5 or more than 10 medical records and documents to include normal and abnormal findings.</p>		
<p>a. Consent Form is current, signed and dated annually</p>	<p><b>BCCCP</b>  <input checked="" type="checkbox"/>Yes <input type="checkbox"/>No  <b>WISEWOMAN</b>  <input type="checkbox"/>Yes <input type="checkbox"/>No <input checked="" type="checkbox"/>NA</p>	
<p>b. BCCCP and WISEWOMAN services are integrated.</p>	<p><input type="checkbox"/>Yes <input type="checkbox"/>No <input checked="" type="checkbox"/>NA</p>	
<p>c. Documentation of all referrals to a medical provider for evaluation of abnormal results is present</p>	<p><b>BCCCP</b>  <input checked="" type="checkbox"/>Yes <input type="checkbox"/>No <input type="checkbox"/>NA  <b>WISEWOMAN</b>  <input type="checkbox"/>Yes <input type="checkbox"/>No <input checked="" type="checkbox"/>NA</p>	
<p>d. Patient education is documented (i.e., Colorectal cancer screening, physical activity, nutrition, smoking behavior, insurance information, etc.)</p>	<p><b>BCCCP</b>  <input checked="" type="checkbox"/>Yes <input type="checkbox"/>No  <b>WISEWOMAN</b>  <input type="checkbox"/>Yes <input type="checkbox"/>No <input checked="" type="checkbox"/>NA</p>	
<p>e. Patients are informed of results of examinations and all test results</p>	<p><b>BCCCP</b>  <input checked="" type="checkbox"/>Yes <input type="checkbox"/>No  <b>WISEWOMAN</b>  <input type="checkbox"/>Yes <input type="checkbox"/>No <input checked="" type="checkbox"/>NA</p>	<p>Process is in place where notification calls and/ or letters are sent for normal and abnormal results, calls made and documented or letters printed and mailed out by BCCCP Navigator.</p>
<p>f. Documentation is present of all attempts to notify patient of abnormal results [The third attempt must be documented by certified letter return receipt].</p>	<p><b>BCCCP</b>  <input checked="" type="checkbox"/>Yes <input type="checkbox"/>No <input type="checkbox"/>NA  <b>WISEWOMAN</b>  <input type="checkbox"/>Yes <input type="checkbox"/>No <input checked="" type="checkbox"/>NA</p>	<p>This is evident.</p>

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g. Documentation of outcome of all follow up services provided to patient is present	<b>BCCCP</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <b>WISEWOMAN</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	This is present.
h. Case closure due to non-compliant patient is documented.	<b>BCCCP</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <b>WISEWOMAN</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	This is present.
i. Pap test reports are filed in medical record	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
j. Mammogram results are filed in medical record	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
k. Patient Navigation for abnormal findings is appropriately documented: <b>BCCCP -</b> Needs Assessment <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA Patient Navigation Plan <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <b>WISEWOMAN -</b> Needs Assessment <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA Patient Navigation Plan <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA		Patients are being navigated.
l. BCCM application is completed on all eligible women.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
2. Evidence of a tracking system in place for follow up of abnormal results and annual rescreening (i.e., computer program, notebook, tickler cards, logs)	<b>BCCCP</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <b>WISEWOMAN</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	Insight task page as well as hard-copy notebook is utilized. Recommend following BCCM cases closely as well.
3. Evidence that appropriate materials for patient education are available and provided.	<b>BCCCP</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <b>WISEWOMAN</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	Has more than enough.
4. Evidence of accurate medical record documentation.	<b>BCCCP</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <b>WISEWOMAN</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	
5. Medical record organization is logical and consistent.	<b>BCCCP</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <b>WISEWOMAN</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	
<b>General Management</b>	<b>Results</b>	<b>Comments</b>

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<p>1. Evidence that BCCCP patient services are discussed as part of a policy and procedure/ clinical service review.</p>	<p><b>BCCCP</b>  <input checked="" type="checkbox"/>Yes <input type="checkbox"/>No  <b>WISEWOMAN</b>  <input type="checkbox"/>Yes <input type="checkbox"/>No <input checked="" type="checkbox"/>NA</p>	<p>Many meetings several times per year. Monthly meetings are completed and minutes were available for review.</p>										
<p>2. Evidence of a regular schedule (at least annually) of clinical record reviews conducted by staff and corrective plans made and implemented for identified deficiencies.</p>	<p><b>BCCCP</b>  <input checked="" type="checkbox"/>Yes <input type="checkbox"/>No  <b>WISEWOMAN</b>  <input type="checkbox"/>Yes <input type="checkbox"/>No <input checked="" type="checkbox"/>NA</p>	<p>Audits are available for review and are current. These are conducted monthly.</p>										
<p>3. Are there additional quality improvement exercises conducted regularly? (Describe in "Comments")</p>	<p><b>BCCCP</b>  <input checked="" type="checkbox"/>Yes <input type="checkbox"/>No  <b>WISEWOMAN</b>  <input type="checkbox"/>Yes <input type="checkbox"/>No <input checked="" type="checkbox"/>NA</p>	<p>Per agency planning. CCHD has Meetings on a monthly basis as well QI/ QA monthly. Colorectal screen referrals for FIT to Stedman-Wade FQHC. BCCCP staff meets frequently several times per year. Collaborates with administration as well as other departments as needed.</p>										
<p>4. Are standing orders/protocols in NC Board of Nursing format?</p>	<p><b>BCCCP</b>  <input checked="" type="checkbox"/>Yes <input type="checkbox"/>No  <b>WISEWOMAN</b>  <input type="checkbox"/>Yes <input type="checkbox"/>No <input checked="" type="checkbox"/>NA</p>	<p>Policies and protocols are reviewed annually and will be reviewed and revised by CCHD in January 2020.</p>										
<p>5. Evidence that ERRN competencies are maintained according to UNC/ BCCCP guidelines.</p>	<p><input checked="" type="checkbox"/>Yes <input type="checkbox"/>No</p>	<p>Currently, there are no ERRNs utilized at CCHD for NC BCCCP.</p>										
<p>6. Evidence of timely submission of patient services/data following the date of service.</p>	<p><b>BCCCP</b>  <input checked="" type="checkbox"/>Yes <input type="checkbox"/>No  <b>WISEWOMAN</b>  <input type="checkbox"/>Yes <input type="checkbox"/>No <input checked="" type="checkbox"/>NA</p>	<p>Per Insight private vendor system, timely submission of services/ data following the date of service is being uploaded.</p>										
<p>7. Evidence that clinical forms are current and reflect required program data fields.</p>	<p><b>BCCCP</b>  <input checked="" type="checkbox"/>Yes <input type="checkbox"/>No  <b>WISEWOMAN</b>  <input type="checkbox"/>Yes <input type="checkbox"/>No <input checked="" type="checkbox"/>NA</p>											
<p>8. Current copies of the following information are available and accessible?</p> <table border="0" style="width: 100%;"> <tr> <td style="width: 60%;"><b><u>Breast &amp; Cervical Cancer Control Program</u></b></td> <td style="text-align: right;"><b><u>Responses</u></b></td> </tr> <tr> <td>■ BCCCP Training Manual</td> <td style="text-align: right;"><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>■ BCCCP Patient Navigation Kit</td> <td style="text-align: right;"><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>■ Breast and Cervical Screening Manual: A Guide for Health Departments and Providers</td> <td style="text-align: right;"><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>■ Recruitment and Education Resource Notebook</td> <td style="text-align: right;"><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> </table>			<b><u>Breast &amp; Cervical Cancer Control Program</u></b>	<b><u>Responses</u></b>	■ BCCCP Training Manual	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	■ BCCCP Patient Navigation Kit	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	■ Breast and Cervical Screening Manual: A Guide for Health Departments and Providers	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	■ Recruitment and Education Resource Notebook	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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■ Recruitment and Education Resource Notebook	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No											
<p>9. Current copies of the following information available and accessible?</p> <p><b><u>WISEWOMAN Project</u></b></p>												

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■ WISEWOMAN Training Manual	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> NA
■ Med South Lifestyle Program Manual	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> NA
■ NHLBI recommendations for Prevention, Detection, Evaluation and Treatment of High Blood Pressure (JNC 7 & 8)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> NA
■ National Cholesterol Education Program (NCEP) Third Report of the Expert Panel on Detection, Evaluation, and Treatment of High Blood Cholesterol in Adults (Adult Treatment Panel III or ATP III)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> NA
■ American Diabetes Association Clinical Practice Recommendations	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> NA

**Additional Comments or Findings:** Strengths: 1) Very clear and thorough documentation via EMR; sends notification letters for normal results and calls patients with abnormal results.; 2) All of the screening and diagnostic results are included in the charts; 3) Patient Navigation information embedded in Insight; 4) Very thorough and conscientious BCCCP Navigators; 5) Invoices were paid per fee schedules correctly, although invoices are not always being sent; 6) Supportive and active DON; 7) Supportive and involved Medical/ Health Director; 8) New Navigator will attend the NC BCCCP Triannual Training in March 2020; 9) Contracts were in good order; 10) Certificates for lab facilities and mammography facilities were on site and available with updated and current policies and protocols. 11) Outreach activities are ongoing with many events conducted for 2019 and planned for 2020.

Challenges to meet: 1) New BCCCP Navigator; focus on BCCM tracking due to issues across NC with DSS not including nurse navigators in BCCM re-certification process..

**Name and Title of Agency Persons at Exit Conference**

- Cindy Herndon, NC BCCCP and WISEWOMAN Nurse Consultant
- Angie Moody, NC BCCCP and WISEWOMAN Nurse Consultant
- Ms. Malkia Raynor, RN, BCCCP Supervisor
- Ms. Tonya Burke, RN, BCCCP Navigator
- Krystal Vinson, CNP, RN, DON
- Dr. Lori Haigler, Medical Director

**Agency Comments at Exit Conference**

Discussed screening and diagnostic procedures covered by NC BCCCP Fee Schedule and invoices that are not being sent by contracted facilities. Cindy congratulated CCHD on the good work that they are doing and the impact they are making in the lives of the women in Cumberland County. Tonya Burke, RN agreed to meet on for a one on one orientation for NC BCCCP on January 17, 2020. A CBE Training has been scheduled for February 14, 2020. Dr. Green was not able to attend the meeting as planned, however Cindy will reach out to Dr. Green on January 17<sup>th</sup> and February 14, 2020.

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**CUMBERLAND**  
★ **COUNTY** ★  
NORTH CAROLINA

**DEPARTMENT OF PUBLIC HEALTH**

2020 BOARD OF HEALTH REGULAR MEETING DATES

- TUESDAY, JANUARY 21, 2020, 6:00 PM
- TUESDAY, FEBRUARY 18, 2020, 6:00 PM
- TUESDAY, MARCH 17, 2020, 6:00 PM
- TUESDAY, APRIL 21, 2020, 6:00 PM
- TUESDAY, MAY 19, 2020, 6:00 PM
- TUESDAY, JUNE 16, 2020, 6:00 PM
- TUESDAY, JULY 21, 2020, 6:00 PM (NO MEETING – UNLESS DESIRED)
- TUESDAY, AUGUST 18, 2020, 6:00 PM
- TUESDAY, SEPTEMBER 15, 2020, 6:00 PM (NO MEETING – UNLESS DESIRED)
- TUESDAY, OCTOBER 20, 2020, 6:00 PM
- TUESDAY, NOVEMBER 17, 2020, 6:00 PM
- TUESDAY, DECEMBER 15, 2020, 6:00 PM



# Board of Health Meeting Attendance Report 2019

Board Members	Jan	Feb	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec
Dr. Connette McMahon	Y	Y	Y	Y	Y	Y	X	Y	Y	Y	Y	
Dr. Sam Fleishman	Y	Y	Y	Y	Y	N	X	Y	Y	N	Y	
Dr. Jeannette Council	N	Y	Y	Y	N	Y	X	N	Y	Y	Y	
Ms. Sonja Council	Y	Y	Y	N	Y	Y	X	N	Y	Y	Y	
Ms. Stacy Cox	N/A	N	N	Y	Y	N	X	N	Y	Y	Y	
Dr. Kent Dean	N/A	Y	Y	Y	Y	Y	X	N	N	Y	Y	
Mr. John H. Larch III	Y	Y	Y	Y	Y	Y	X	Y	Y	Y	E	
Dr. Cynthia McArthur-Kearney	Y	Y	Y	Y	Y	Y	X	Y	Y	Y	Y	
Dr. Kingsley Momodu	N/A	Y	Y	Y	Y	Y	X	N	N	Y	Y	
Dr. Olusola Ojo	Y	Y	Y	Y	N	N	X	Y	Y	Y	Y	
Dr. William Philbrick	N	Y	Y	Y	N	Y	X	Y	N	Y	Y	
<b>% Attending</b>	<b>75%</b>	<b>91%</b>	<b>91%</b>	<b>91%</b>	<b>73%</b>	<b>73%</b>	<b>N/A</b>	<b>55%</b>	<b>73%</b>	<b>91%</b>	<b>91%</b>	<b>%</b>

**Y = Member attended meeting    N = Member was absent    X = No meeting held**  
**E = Excused**