

Agenda Item Number:

**ORANGE COUNTY BOARD OF HEALTH
AGENDA ITEM SUMMARY**

Meeting Date: October 22, 2014

Agenda Item Subject: Board of Health Annual Policy Review

Attachment(s): 1) 2014 Review Summary
2) BOH Policies & Procedures (Track Changes)
3) BOH Policies & Procedures (Clean)

Staff or Board Member Reporting: Coby Jansen Austin & Colleen Bridger

Purpose: Action
 Information only
 Information with possible action

Summary Information:

The Board of Health is required to review their Policies & Procedures each year to meet accreditation standards.

Recommended edits are summarized in the "2014 Review Summary" and also shown in track changes in the attached policies.

We are requesting the recommended edits be approved by the Board.

Recommended Action: Approve
 Approve & forward to Board of Commissioners for action
 Approve & forward to _____
 Accept as information
 Revise & schedule for future action
 Other (detail):

Section I: Board Adopted Policies	
A. Compliance with Public Health Laws/Regulations	<p>Recommend:</p> <ol style="list-style-type: none"> 1) Remove Guidelines 5 and 6 as they are included in BOH Policy and Procedure Section I, Policy B: Program and Policy Adoption
B. Program and Policy Adoption	No Change
C. Confidentiality and Conflict of Interest Policy for Board Members	<p>Recommend:</p> <ol style="list-style-type: none"> 1) Include language to specify completion of Confidentiality and Conflict of Interest Statement before first board meeting for new member 2) Include Appendix A – Confidentiality and Conflict of Interest Statement
D. Requests for Environmental Services and Assessments	Minor Change: Spelling/Grammar
E. Fee and Eligibility Policy	<p>The NC Division of Public Health conducted an administrative monitoring visit in July 2014. We learned that our Fee & Eligibility policy needs to explicitly state that we use the 101% - 250% FPL sliding scale. This language was removed from the policy by the Board of Health in August 2013 in an effort to simplify the policy, but it needs to be reinserted.</p> <p>DPH and the health department’s Financial Review Committee (FRC) recommended some additional edits, which are highlighted with tracked changes. Many edits either removed redundancies or updated the policy to reflect current practices (e.g., minimum fee for Nutrition Services). Substantive edits include:</p> <ul style="list-style-type: none"> - Override for Service Denial/Limitation (Section V.H.): The health director would now be able to override any decision to limit or deny services using the existing waiver process.

	<ul style="list-style-type: none"> - Donations (Section IV.P.): The health department will use the county’s relatively new, but now sufficiently well-established, OC Community Giving Fund to receive future donations. - Deductibles & Sliding Fee Scale (Section V.C.): Clients with insurance who are eligible for the sliding fee scale (based on verified residency and income) will have the appropriate sliding fee applied to payments against their deductible. Unless otherwise required, copayments will be collected in full. - Billing Cycle (Section V.I.): The policy will include a description of the billing cycle, which was previously removed with the intent to create separate documentation of such procedures. However, the timeline and processes for various relevant procedures are already documented in this policy, and it is recommended that the billing cycle also be included here. It has been updated to reflect participation in the debt set-off program.
<p>F. Community Assessment Policy and Procedures</p>	<p>Change title from I.G. to I.F. due to the No Fault Well Repair Fund Policy being rescinded in 2013 review</p>
<p>G. Community and Public Input Policy</p>	<p>Change title from I.H. to I.G. due to the No Fault Well Repair Fund Policy being rescinded in 2013 review</p> <p>Recommend:</p> <ol style="list-style-type: none"> 1) Including language in Guideline 1 to specifying time limits for public comment as follows: <ol style="list-style-type: none"> a. Each individual will be given a maximum of three minutes for comments, and the public comment period will be limited to 15 minutes each meeting.

H. Complaint Policy	Change title from I.I. to I.H. due to the No Fault Well Repair Fund Policy being rescinded in 2013 review
Section II: Board Adoption or Review of Reports and Documents	<p>Recommend:</p> <ol style="list-style-type: none"> 1) Specifying that the Board of Health will provide updates on their strategic plan at joint BOCC-BOH meetings, instead of forwarding the report. 2) Removing "Public Health Emergency Operations Plan" report
Section III: Board Processes	
A. Operating Procedures	<p>Recommend:</p> <ol style="list-style-type: none"> 1) Clarify that member(s) of nominating committee should not seek an officer position that year. <p>Discuss:</p> <ol style="list-style-type: none"> 1) Question for 2015 Review and repeal of By-Laws
B. Supplemental Processes	
a. Oath of Office	<p>Recommend:</p> <ol style="list-style-type: none"> 1) Include reference to Policy I.C. for Confidentiality and Conflict of Interest Policy
b. Orientation and Education for New BOH Members	<p>Recommend:</p> <ol style="list-style-type: none"> 1) Update Environmental Health training reference. 2) Remove specific reference to:"Orientation for Local Boards of Health: An Instructional Module" as has changed format in past, and is likely to again. 3) Clarify requirements and timing for ongoing continuing education of the Board to match accreditation requirements.
c. Recruitment and Reappointment Procedures for Members	Minor Formatting Change

d. Annual Performance Review
Process for Health Director

Recommend:

- 1) Specifying the ability of the Chair to form an ad-hoc committee of Board members to conduct evaluation.
- 2) Specifying 360° evaluation process every 5 years.
- 3) Specifying the option for input from senior staff or direct reports as desired by the Chair.

Section I: Board Adopted Policies

Policy A: Compliance with Public Health Laws/Regulations

Reviewed By: Board of Health

Approved By: Board of Health, Health Director

Policy:

It shall be the policy of the Orange County Board of Health and Health Department to ensure that its workforce consults and follows federal, state, and local laws and regulations and the current recommendations of regulating/advisory agencies in the delivery of public health services.

Purpose:

The purpose of this policy is to ensure that the Orange County Board of Health and Orange County Health Department workforce consults and follows federal, state, and local laws and regulations and the current recommendations of regulating and advisory agencies in the delivery of essential and mandated public health services.

Definitions:

1. Centers for Disease Control and Prevention (CDC) – an agency of the United States government that serves as the national focus for developing and applying disease prevention and control, environmental health, and health promotion and education activities designed to improve the health of the people of the United States.
2. North Carolina Department of Health and Human Services (NCDHHS) – a department of State government that is charged with “protecting health, fostering self-reliance and protecting the vulnerable.”
3. Essential public health services – defined in NC General Statute 130A.
4. North Carolina General Statutes (NCGS) – The laws passed by the North Carolina General Assembly. Public health statutes are generally located in Chapter 130A.
5. North Carolina Administrative Code (NCAC) – a compilation of the administrative rules of approximately 26 state agencies and more than 50 occupational licensing boards.
6. United States Code of Federal Regulations (USCFR) – the codification of the general and permanent rules published in the Federal Register by the executive departments and agencies of the Federal Government.
7. Ordinance – local rules adopted by the Board of Commissioners.
8. Regulating and advisory agencies – agencies that are created by a governing body to recommend best practices for public health or are charged with interpreting and enforcing public health laws. (Examples include the CDC, the National Immunization Advisory Committee, US Department of Health and Human Services, the NCDHHS)
9. Mandated public health services – the public health services that a local health department is required by state statute or administrative code to implement.
10. Workforce – Orange County Health Department employees, contract personnel, volunteers, trainees, and students.

Review Annually (July)

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Original Effective Date: October 24, 2004

Last Revision Date: 1/2006, 11/2013, 10/2014

ORANGE COUNTY HEALTH DEPARTMENT
Board of Health Policy and Procedure Manual

Section I: Board Adopted Policies

Policy A: Compliance with Public Health Laws/Regulations

Reviewed By: Board of Health

Approved By: Board of Health, Health Director

Guidelines:

1. The Board of Health and ~~H~~health ~~D~~epartment workforce must follow laws, established guidelines, and consistent procedure in order to assure that the public receives fair, efficient, and effective services.
2. The Board of Health must consult legal counsel such as the Orange County attorney, the NC Attorney General or the UNC School of Government whenever legal assistance is indicated to interpret laws and rules.
3. The Board of Health delegates to the Health Department Division Directors and Supervisors of the appropriate division through the Health Director, the development and implementation of all policies, procedures and/or task outlines to assure effective and efficient service delivery of programs within the scope of the most current public health laws and regulations.
4. All pertinent laws, regulations, and policy and procedure manuals shall be maintained in the appropriate division. The NCGS 130A and related statutes on public health law and administrative codes shall be maintained in the Health Director's Office and in a Board of Health Manual.
- ~~5. The Board of Health authorizes continuation of program activities through the annual approval of a Health Department budget.~~
- ~~6. The Board of Health must approve all new programs before they are implemented.~~

Review Annually (July)

Original Effective Date: October 24, 2004

Last Revision Date: 1/2006, 11/2013, 10/2014

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ORANGE COUNTY HEALTH DEPARTMENT
Board of Health Policy and Procedure Manual

Section I: Board Adopted Policies

Policy B: Program and Policy Adoption

Reviewed By: Health Director, Board of Health

Approved By: Board of Health

Policy:

The Orange County Board of Health authorizes and delegates the implementation of all programs and services as defined by North Carolina General Statute 130A, the related NC Administrative Code, and other programs approved by the Board to the staff of the Orange County Health Department under the direction of the Health Director.

Purpose:

The purpose of this policy is to ensure that the Orange County Board of Health provides guidance for programs and policies that affect the entire Health Department.

Guidelines:

1. The Orange County Board of Health, upon recommendation of the Health Director, shall review and approve policies or programs that commit the Health Department to utilize significant additional or new resources outside of the scope of the approved annual budget.
2. The Board of Health authorizes continuation of program activities through the annual approval of a Health Department budget.
3. The Board of Health delegates the approval of all administrative policies and procedures for the general functioning of the Health Department to the Health Director.
4. The Board of Health reviews and approves policies as requested or in response to a Board of County Commissioner initiative and forwards recommendations to the Board of Commissioners on relevant changes. The Board of Health delegates the implementation of these policies to the appropriate division staff through the Health Director.
5. The Orange County Board of Health shall review at least annually all policies adopted by the Board of Health.

ORANGE COUNTY HEALTH DEPARTMENT
Board of Health Policy and Procedure Manual

Section I: Board Adopted Policies
Policy C: Confidentiality Agreement and Conflict of Interest Statement
Reviewed By: Board of Health, Health Director
Approved By: Board of Health

Policy: Each Board member will sign a confidentiality agreement and conflict of interest statement upon accepting a seat on the Board of Health.

Purpose:

To prevent individuals from deriving any profit or gain directly or indirectly by reason of their association with the Orange County Health Department. All members of the Orange County Board of Health will promptly disclose any conflict of interest between his or her personal interests and the interests of the organization. To protect the disclosure of information that is judged to be of a confidential nature by state or federal statute or policy.

Guidelines:

1. Each new Board of Health member must sign a Confidentiality Agreement and Conflict of Interest Statement (I.C. Appendix A) prior to attending their first meeting of the Board of Health that states the following:

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Confidentiality

In connection with my responsibilities as a member of the Orange County Board of Health, I agree to treat all information concerning health department clients, personnel, and financial matters in a confidential manner as required by state and federal statute and will not divulge this information to unauthorized personnel or the public. I understand that if I wrongfully and/or willfully disclose such information, I may be subject to removal from the Orange County Board of Health.

Conflict of Interest

1. *Each board member, upon accepting a seat on the board, agrees in writing by signing below, to carefully guard against any conflict of interest that might develop between his or her personal interest and that of the Orange County Health Department.*
2. *If an issue arises in which a member of the board has a conflict of interest, the member shall promptly disclose the conflict to the Chair of the Board prior to consideration of the issue by the board.*
3. *In matters involving a conflict of interest, a board member must state the reason for which they reasonably think a conflict exists and the board member shall not vote on such policies or transactions unless requested by the board.*
4. *The abstention and the reason for it shall be recorded in the minutes.*
5. *A board member may not directly or indirectly benefit except as provided for as members of the board of directors, from the county's disbursement of funds.*
6. *Violation of this policy shall be grounds for recommending dismissal of a board member. The Board of Health will forward recommendation for dismissal to the Board of County Commissioners for action.*

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Reviewed By: Board of Health, Health Director
Approved By: Board of Health

I have read and understand the confidentiality and conflict of interest statements. I agree to abide by these policies.

Board Member Signature

Date

Board Member Name (Printed)

ORANGE COUNTY HEALTH DEPARTMENT
Board of Health Policy and Procedures Manual

Section I: Board Adopted Policies
Policy E: Fee and Eligibility Policy
Reviewed by: Financial Review Committee, Health Director
Approved by: Board of Health, Health Director

I. Purpose

- A. Public health services are increasingly costly to provide. The Health Department serves the public's interest best by assuring that all legally required public health services are furnished to all citizens. The department provides recommended and requested public health services based upon the priorities established by the Board of Health.
- B. Fees are a means to help provide services to the residents of Orange County. Fees help finance and extend public health services when government funding is not sufficient to support the full cost of providing all required and requested services.
- C. Fees for Orange County Health Department services are authorized under North Carolina G.S. 130A-39, provided that:
 - 1. They are in accordance with a plan recommended by the Health Director and approved by the Board of Health and the Orange County Board of Commissioners.
 - 2. They are not otherwise prohibited by law.
 - 3. They are deposited to the account of the local Health Department for public health purposes in accordance with the provisions of the Local Government Budget and Fiscal Control Act.
- D. Fees for services must also be in compliance with N.C. Administrative Code, Title X Regulations, and Women's and Children's Health Program Rules.

II. Policy Implementation

The implementation of this policy is delegated to appropriate financial or support staff in each division of the health department.

III. Income Eligibility

A. Definitions

- 1. Definition: A family is defined as a group of individuals who are living together as one economic unit. Individuals are considered members of a single family or economic unit when their production of income and consumption of goods are related. A pregnant woman is counted as a family of two in determining family size.
- 2. Income eligibility requirements apply to: Dental Health, Family Planning, Child Health, Maternal Health, Adult Health, Nutrition Services and Primary Care Services.
- 3. The Health Department utilizes a sliding fee scale based on Federal Poverty Guidelines in accordance with the Fee Schedule approved annually during the County Budget process. NC DPH updates and issues the scale yearly. Specifically, the health department uses the 101% - 250% Federal Poverty Level sliding scale. Determination of Sliding Fee percentage is based on gross income and family size.

Comment [L1]: DPH - FUNDING CONDITION C-3

Reference: Title X Family Planning Program Requirements: "8.4.2 A schedule of discounts, based on ability to pay, is required for individuals with family incomes between 101% and 250% of the FPL (42 CFR 59.5(a)(8))."

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4. Verification of income is required at time of enrollment for services, at the annual financial interview, or if there is a change in the work status in the family unit for clients to be eligible for the sliding fee scale.
 - a. An annual gross income statement is preferred for evaluation.
 - i. Gross income is defined as the total of all cash income before deductions for income taxes, employee social security taxes, insurance premiums, bonds, etc. For self-employed applicants, net income after business expenses. Gross income does NOT include money earned by children for babysitting, lawn mowing and other tasks.
 - ii. In general gross income includes: salary, wages, commissions, fees, tips, overtime pay, unemployment compensation, public assistance money, alimony and child support payments, Social Security benefits, VA benefits, Supplemental Security Income (SSI) benefits, retirement & pension payments, worker's compensation, bonuses, prize winnings and other sources of cash income except those specifically excluded.

Comment [L2]: Recommendation by Financial Review Committee (FRC): Update for accuracy.

B. Sources

1. Sources of income verification may include, but are not limited to:
 - a. Current pay stub
 - b. Self-employment accounting records
 - c. Recent income tax return
 - d. Unemployment or workers compensation receipt
 - e. Public assistance letter
2. If an individual claims "no income" (except for minors consenting to specific services under G.S. 90-21.5), a signed "Verification of Income and/or Residency" form (Appendix-Attachment A) indicating financial support from another party must be submitted.
3. Failure to provide verification within one month/10 business days of date of service will result in charges being assessed at 100% of sliding fee scale. The client will receive notification of required income verification at the time the initial appointment is made.
4. The client must read, sign and understand the "Determination of Eligibility Payment Plan for Clinical Services" and "Statement of Financial Responsibility Payment Plan" form (Appendix-Attachment B) at their initial visit and annual financial reviews.

Comment [L3]: DPH - RECOMMENDATION
DPH recommends that this period be shortened to 10 days to 2 weeks, which is a more typical timeframe.

C. Environmental Health

Persons seeking Environmental Health services must obtain and properly complete an application for service and pay the corresponding fee for service (all applicants pay at the 100% pay status) before an appointment for a field visit will be scheduled. Sometimes additional fees may be necessary if during service delivery it is determined that the correct fees were not initially paid, or services requested are more than applied for.

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IV. Residency Requirements

- A. ~~Proof of Residency is required for self-pay patients requesting Maternal Health, Child Health, Primary Care, Nutrition Services, and Dental Health Services. Dental Health provides emergency services for clients with pain and/or infection who are not residents of Orange County. Current clients who move out of the county may continue services at the 100% pay level. Any individual, Orange County resident or non-resident, is eligible for services provided by the Health Department. Exceptions include non-STD Communicable Disease cases (Orange County residents only) and when prohibited by law or regulation.~~
- B. Proof of Residency may be determined by using the US Postal and/or Orange County GIS website and one of the following: Driver's License, Pay Stub (Within the last 30 days), Utility bill (Within the last 45 days); Current rental or lease agreement; Personal or property tax bill; Student identification, and Matricula Consular (Mexican ID Card¹). Clients without one of the above identifying information sources but reportedly living within the county will be required to produce a written statement or letter from the head of household, verifying that the person resides in their home. Special cases will be referred to the Clinic Manager or Supervisor. Failure to provide proof of residency may result in referral to another resource.
- ~~A. Residency requirements for services will be waived for Orange County government employees and immediate family members residing with employees.~~
- C. ~~Proof of Residency in Orange County is required for self-pay patients to be eligible for the sliding fee scale when requesting Maternal Health, Child Health, Primary Care, Nutrition Services, and Dental Health Services. Out-of-county residents will be assessed at 100% of charges not covered by a third party payer source.~~
- ~~C. In special circumstances, the Health Director may make a determination that services can be offered to groups of residents outside of Orange County. The Health Director shall inform the Board of Health of any exceptions in a timely manner.~~

Comment [L4]: Financial Review Committee Rec: Modified to more clearly describe eligibility for services and to simplify the language.

Comment [L5]: Financial Review Committee rec: Redundant.

Comment [L6]: DPH - RECOMMENDATION Added for clarification & to reflect current practice.

References:
10A NCAC 46 .0204 CHILD HEALTH
A.(a) A local health department shall provide, contract for the provision of, or certify the availability of child health services for all individuals within the jurisdiction of the local health department.
10A NCAC 46 .0205 MATERNAL HEALTH
IV. (a) A local health department shall provide, contract for the provision of, or certify the availability of maternal health services for all individuals within the jurisdiction of the local health department.

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Comment [L7]: Financial Review Committee rec: Added programs that charge a "minimum fee." It is not necessary to list out which programs that includes.

V. Service Limitation/Denial

- A. Services will not be denied based solely on the inability to pay, with the exception of ~~flat~~ those services that require a flat or minimum fee ~~Dental Health and Primary Care services. Continued elective~~ Emergency dental services and ~~non~~ urgent primary care services will ~~not~~ be provided to clients ~~with an~~ regardless of any outstanding balance due.

¹ The Matrícula Consular de Alta Seguridad (MCAS) (Consular Identification Card) is an identification card issued by the Government of Mexico through its consulate offices to Mexican nationals residing outside of Mexico. Retrieved from http://en.wikipedia.org/wiki/Matr%C3%ADcula_Consular on October 14, 2012.

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- B. Otherwise, services may be denied if the department does not have the resources needed to provide a quality non-mandated service or the individual does not meet the residency or financial requirement.
- C. Family Planning clients will never be refused service due to an outstanding balance or inability to provide proof of income.
- D. Maternal and Child Health clients who are at 60% to 100% pay status may have services limited or denied for failure to make payments based on designated Payment Plans (“good faith” effort).

~~E. However, for all clients, services should not be denied until after a clinic visit in which the purpose and details of client fee procedures are explained, the client has received initial contraception services, and has been given an opportunity to pay. In all cases, emergency services will not be denied.~~

Comment [L8]: Redundant.

~~F.E.~~ Falsification of eligibility by the client may result in denial or limitation of services.

~~G.F.~~ The Health Department shall not deny a service due to religion, race, national origin, creed, sex, marital status, familial status, sexual orientation, veteran status or age.

G. The Health Department shall assure that no otherwise qualified handicapped individual, solely by reason of his/her handicap, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity covered by this agreement.

H. The Health Director can override any decision to deny or limit services to a client in accordance with the existing waiver process.

Comment [L9]: Inserted to ensure access to care.

IV. Fees for Services

- A. In order to facilitate early entry into prenatal care or family planning services, pregnancy tests will be provided free of charge unless they are required as part of another service.
- B. In order to facilitate early identification of and referral for hypertension, two blood pressure screenings will be provided in the clinic free of charge. Borderline readings will be checked free until determined to be normal or the client is referred for further evaluation. Follow-up of clients with a diagnosis of hypertension will be charged according to the fee policy.
- C. Fees are not charged for ~~state mandated immunizations~~, diagnosis and treatment of sexually transmitted diseases, or investigation and control of communicable diseases. There is also no charge to clients for any State-purchased vaccine.

Comment [L10]: FRC rec: This was inaccurate. We do bill insurance for state mandated immunizations.

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- D. Fees are charged for health and dental services provided to individuals unless prohibited by law or regulation. Fees are established based upon cost analysis, Medicaid and Medicare rates, comparable provider rates and/or state or contractual agreements. The Health Director shall inform the Board of Health and the Orange County Board of Commissioners of these adjustments in a timely manner.
- E. Fees may be charged to clients for “non-program” specific services without being adjusted on a sliding fee scale (flat fees).
- F. Fees may be charged for education, community-based limited clinical services (such as influenza shots) and screening services provided to individuals or groups. The following applies to these services:
1. They include orientation, field training, dental screening and education, and/or other health promotion activities such as infant and toddler car seats, bike helmets, or equipment rental.
 2. The Health Director will negotiate fees for services where fees have not been previously determined.
 3. Income eligibility requirements do not apply to these services.
- G. Per NC General Statute Chapter 7B, Subchapter 4, Article 35, and confidentiality regulations, emancipated minors and other individuals requesting confidential services will be considered a family of one for determination of charges. Private insurance will also not be billed for minors receiving services for which they can consent unless permission is received from the minor.
- H. Persons requesting any program services may be encouraged to apply for Medicaid, as applicable. A client, who is pending for Medicaid eligibility (presumptive eligibility) but not yet certified, will be notified to become certified or assume personal responsibility for all charges incurred based on the sliding fee scale determination which are not reimbursable through another third party.
- I. The Personal Health Services Division clinical and nutritional services will ~~utilize~~ use the appropriate sliding fee schedule for services when adjustable fees are allowed; all other fees will be charged at 100%.
1. Clients, who require services provided on the sliding fee schedule, are expected to pay the appropriate fee in full based on sliding fee guidelines.
 2. This schedule will require assessment of the client’s financial status on an annual basis or when a financial status change occurs, as specified in section III.
- J. Dental Health Services, ~~and~~ Primary Care Services, and Nutrition Services will ~~utilize~~ use a sliding fee schedule for all services, with a minimum charge to be established at the annual fee review during the budget preparation process.

Comment [L11]: DPH - RECOMMENDATION: Recommend moving this part of what was originally VI.K to VI.D.

Comment [L12]: DPH - RECOMMENDATION: This change makes it explicit that we do not require clients to apply for Medicaid, which was already our practice.

Comment [L13]: DPH - RECOMMENDATION: Recommend deleting, as this is covered in VI.I.1 and VII.J.5

Comment [L14]: DPH - RECOMMENDATION: This is a suggestion for clarification purposes.

Comment [L15]: Edited for clarification

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1. The minimum charge for dental, ~~and~~ primary care, and nutrition services will apply regardless of the determination of the client's financial status.
2. If a client is determined to fall at the 0% pay level, the minimum charge will be the only charge levied and collected.
3. Minimum charge is due at time of service.

K. ~~The Health Director is authorized to adjust fees, rounded to the next highest dollar, on an annual basis:~~

1. ~~Fees will be adjusted annually by either a) the general rate of inflation calculated based on the current Consumer Price Index (CPI); or b) the percent increase in any new Medicaid/ Medicare service rate adjustments, whichever is greater.~~
2. ~~The Health Director shall inform the Board of Health and the Orange County Board of Commissioners of these adjustments in a timely manner.~~

L. Fee schedules will be reviewed annually during the budget process and adjusted as appropriate; a complete cost analysis for purposes of fee adjustments will be performed every five years.

M. Based on G.S. 130A-41, the Health Director is authorized to enter into contracts, which may include negotiated reimbursement rates.

N. The Health Director may not make exceptions to the Fee Policy except to accommodate specific situations.

O. Any minimum administrative fee or flat fees shall be applied without discrimination to all patients.

P. There will be no "schedule of donations", bills for donations, or any other implied coercion for donations from clients as a condition for being seen at the Health Department. Donations to the health department can be made through the Orange County Community Giving Fund. Fees for services will not be waived because of client donations.

V. Fee Collection

A. Environmental Health service fees are paid before an appointment is scheduled. Field staff cannot accept fees in the field.

B. Fees collected from Medicaid and Medicare and other third party insurance for a covered service, combined with payment of any applicable co-pays and coinsurance, constitutes full payment for that service.

C. A co-payment, deductible, or balance of charge will be collected at the time of service from individuals covered by other third party insurance plans when OCHD is a member of their provider panel (exception family planning). For Family Planning clients, Family

Comment [L16]: DPH - RECOMMENDATION
Remove VI.K, as it conflicts with the fee change policy outlined in VI.D, which is consistent with the requirements.

Comment [L17]: DPH – RECOMMENDATION: DPH wants us to make the donation policy explicit. OCHD will begin using the OC Giving Fund to receive donations.
<http://www.ocnsgiving.org/About-the-Fund.html>

Comment [L18]: DPH - RECOMMENDATION
Should make it clear that services will not be waived because of client donations.

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income should be assessed before determining whether co-payments or additional fees are charged. With regard to insured clients, payments towards a deductible for clients whose family income is verified to be at or below 250% FPL should in copayments or additional fees) than what they would otherwise pay when the schedule of discounts have the appropriate sliding fee schedule is applied.

- D. If OCHD is not on the insurance provider panel, the client will be charged for the service(s) based on the Health Department's sliding fee schedule. The client will be provided with documentation of services for submission of a claim to their insurance company.
- E. At the time services are received, the client will be informed of the cost of services for that visit as well as their total account balance.
- F. Payment is due at the time services are rendered.
- G. When the client is unable to pay in full at the time services are rendered, a payment plan is established, and the client must sign a "Payment Agreement Form" (Appendix Attachment C) except when receiving for minimum-fee or flat-fee- chargeservices.
- H. When a client requests "no mail", discussion of payment of outstanding debt shall occur at the time the service is rendered. A remark regarding "no mail" is entered into the medical data system. No letters or other correspondence concerning insurance or past due accounts will be sent to any client that requests "no mail".

I. The Billing Cycle for the Health Department (by Division) is as follows:

1. Personal Health & Dental Health Divisions

- a. Bills will be sent monthly by the tenth of the month for two months after services have been rendered indicating a statement of balance due. Every quarter, all accounts with a balance \$50 or more that are more than 60 days past due will be forwarded to the County Attorney Office and pursued through debt set-off in accordance with the county policy. Accounts with a balance of less than \$50 will remain delinquent until paid or written-off.
- b. If a debt is not paid, when the client attempts to make another appointment, the client will be told they have a previous balance, and they must have an active payment plan or make a payment at time of next service except for Family Planning clients.

2. Environmental Health Division

- a. An initial invoice for additional or miscellaneous Wastewater Treatment Management Program (WTMP) charges is mailed with the inspection form.
- b. If no payment is received within 90 days, a second notice is mailed.

Comment [L19]: DPH - RECOMMENDATION
Co-payments and additional charges for services cannot be more than a FP client would have paid on sliding fee scale.

Clarified that the sliding fee scale can be applied to the deductible for eligible clients with insurance.

Reference:
Title X Section 8.4.6 states - Where there is legal obligation or authorization for third party reimbursement, including public or private sources, all reasonable efforts must be made to obtain third party payment without the application of any discounts(42 CFR 59.5(a)(9)).

Comment [L20]: FRC Rec: Edited to accommodate for flat/min fees for accuracy.

Comment [L21]: FRC Rec: 1) This applies to minimum fees as well as flat fees. 2) Reworded for accuracy: It applies to the minimum/flat fee charges itself, not all charges associated with services that have a flat/min fee.

Comment [L22]: This section was removed by BOH in August 2013 with the idea that a separate procedure would be written; however, the FRC recommends retaining this section and updating it to include participation in debt set-off.

ORANGE COUNTY HEALTH DEPARTMENT
Board of Health Policy and Procedures Manual

Section I: Board Adopted Policies
Policy E: Fee and Eligibility Policy
Reviewed by: Financial Review Committee, Health Director
Approved by: Board of Health, Health Director

- c. If no payment is received after an additional 30 days and the debt is \$50 or greater, the account is forwarded to the County Attorney's Office, which will pursue it through the county's debt set-off procedure.
- d. Debt owed by a corporation or non-individual is dissolved upon sale of property.
- e. If the client presents and voluntarily wishes to pay on the account, any amount the client offers will be accepted, documented in the client file, and a receipt will be provided.

J. Insurance and Third Party Billing

- 1. Where a third party is responsible, bills are to be submitted to that party;
- 2. Third parties authorized or legally obligated to pay for clients at or below 100% FPL are properly billed
- 3. Third party bills (including Medicaid) show total charges without any discounts; and
- 4. Bills to third parties (including Medicaid) show total charges without applying any discount unless there is a contracted reimbursement rate that must be billed per the third party agreement.
- 5. The health department will bill insurance and managed care organizations for which provider approval has been established. The patient will be responsible for all deductibles, coinsurance and non-covered charges.
- 6. Patient or parent/guardian signature is required to give authorization to file claims and provide necessary information to the insurance company (Attachment D).
- 7. Patients, or the accompanying parent/guardian of an unemancipated minor with appropriate insurance benefits, who receive public health services will be given the opportunity to choose whether or not to have insurance filed in order to avoid breach of confidentiality.

VI. Review and Approval

- A. This Policy shall be reviewed annually by members of the Financial Review Committee. The committee shall have representatives from each division, and must also include the Health Department's Finance and Administrative Services Director

- B. Any policy revisions must be approved by the Health Director and the Board of Health.

VERIFICATION OF INCOME AND/OR RESIDENCY

To Whom It May Concern:

The Orange County Health Department is ~~We are~~ trying to determine the eligibility of _____ for services requested at our agency.

INCOME (_____ Check if required to provide)

It is our policy to charge fees based on the income and household size. The above named person reports that he/she and his/her family has no income and does not receive Medicaid or public assistance.

_____ reports that he/she receives financial support from you.

Please verify below the amount of monthly support that you currently give to this person and sign your name at the bottom of the form.

\$ _____ per (check) ___ week ___ bi-weekly ___ month

RESIDENCY (_____ Check if required to provide)

_____ reports that he/she and his/her family live at the address listed below. Before we can determine eligibility, we need a third party to confirm this information. By signing this form, you are saying that, to the best of your knowledge, this person/family lives at this address in _____ County.

Street/Apt City State Zip

Sign Your Name Date

Print Your Name

Thank you for ~~completing~~ this information. This will help us determine ~~if we can serve this person in our programs~~ how we can best serve this person.

Office Assistant Signature Date

Interpreter Signature Date

DETERMINATION OF ELIGIBILITY FOR CLINICAL SERVICES

The Orange County Health Department, following approved policy and procedures, has determined that _____ (Client Name) is eligible for [circle] Medical / Dental services and will be charged _____ percent (%) of the total fees, based on the number of people living in the home and the total amount of gross income in the home.

STATEMENT OF FINANCIAL RESPONSIBILITY

Initial I understand that I am responsible for all fees involved in receiving services at the Orange County Health Department (as stated above)

Initial I understand that I am required to provide income verification to be eligible for the sliding fee scale. If I do not provide income verification in the next 310 business days (by _____), any services I receive that are not covered by insurance, with the exception of Family Planning services, will be billed at 100% on the sliding fee scale.

Comment [L1]: Updated to be consistent with proposed policy edits.

Initial I understand that if I ~~am deemed "presumptively eligible" for Medicaid and report that I am pending Medicaid eligibility, but I~~ do not follow-through with the Medicaid application or do not receive coverage, I will be responsible for all charges based on the sliding fee scale determination.

Initial I understand that payment is due at the time services are provided. I further understand that, if circumstances do not allow full payment on the day of service, a payment plan will be established.

Initial I understand that if I do not make a "good faith" effort to pay on any past bills due, future services may be limited or denied. However, emergency services will not be denied.

I understand that if I am unable to keep an appointment, I am to notify the clinic as early as possible. **Medical Clinics: 919-245-2400** **Dental Clinic: 919-245-2435**

Signature of Client/Responsible Party Date

Signature of Interpreter Date

Signature of OCHD Employee Date

PAYMENT AGREEMENT FORM

In accordance with the policy of the Orange County Health Department, payment is due when service is provided. However, we realize that there are times when an individual does not have the total amount of money owed to the clinic, therefore, this written agreement is established as a method of adopting a payment plan for those patients who have an outstanding balance.

Name _____ Date of Birth _____

Address _____

I, _____, agree to establish a payment plan for my account and agree to the following:

_____ My account balance is \$ _____.

_____ I will pay the amount of \$ _____ on my bill.

_____ Monthly _____ Weekly _____ Bi-weekly

I understand that I am responsible for any balance left owing if my insurance company should not pay the bill in full and that it will be based on my sliding fee scale status.

~~I understand that if I am deemed "presumptively eligible" for Medicaid and do not follow through with the application for Medicaid, I will be responsible for all charges based on the sliding fee scale determination.~~

Comment [L1]: Not necessary to include on the Payment Agreement Form.

Signature of Client

Date

Signature of OCHD Staff

Date

Client Signature

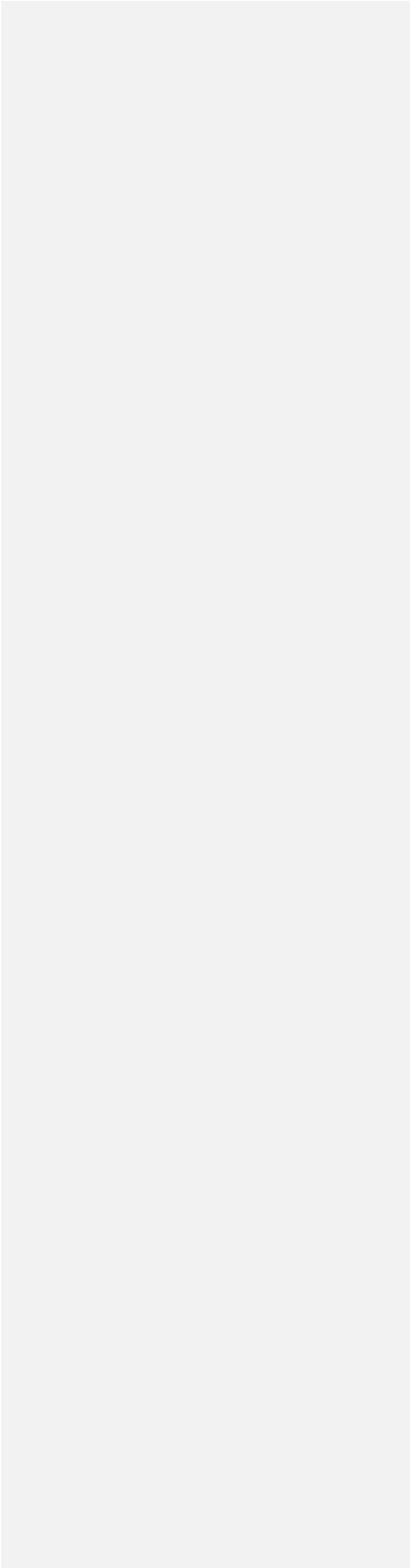
Date

Interpreter Signature

Date

OCHD Employee Signature/Witness

Date



ORANGE COUNTY HEALTH DEPARTMENT
Board of Health Policy and Procedure Manual

Section I: Board Adopted Policies
Policy FG: Community Assessment Policy
Reviewed by: Board of Health
Approved by: Board of Health, Health Director

Policy

This policy establishes that the Orange County Health Department will complete a Community Health Assessment (CHA) every four years that ensures community input and a State of the County Health (SOTCH) report in the interim years between assessments, according to guidelines published by the North Carolina Division of Public Health.

Purpose

The purpose of this policy is to provide guidelines for the development of the CHA and SOTCH report and to ensure that these are collaborative efforts that include input from community members, county agencies and organizations, the Board of Health and other county stakeholders.

Delegation

The development and implementation of procedures for the CHA and SOTCH reports are delegated to the Division of Health Promotion and Education Services through the Health Director.

Procedures

1. Community Health Assessment process procedures:
 - a. This process will be coordinated through the Health Promotion and Education Division every four years.
 - b. Health education staff will recruit a diverse group of partners to form a CHA team. Partners that will be approached about serving on this team include representatives from but not limited to the following:
 - i. Various ethnic and cultural backgrounds (Hispanic, Native American, etc.)
 - ii. Economic development and industry
 - iii. Educational systems
 - iv. Human service agencies
 - v. Organizations that serve children through senior adults
 - vi. Law enforcement
 - vii. And others as identified.
 - c. As funding is available, the Department will contract with an educational institution or consultant to facilitate the team in the collection, analysis, and reporting of the primary and secondary data.
 - d. The [*Community Health Assessment Guide Book*](#) available on the North Carolina Division of Public Health website will be used as a resource document or toolkit throughout the community health assessment process. This book will guide the

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Revision Dates: 10/15/12, November 2013, [October 2014](#)

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ORANGE COUNTY HEALTH DEPARTMENT
Board of Health Policy and Procedure Manual

Section I: Board Adopted Policies
Policy FG: Community Assessment Policy
Reviewed by: Board of Health
Approved by: Board of Health, Health Director

team on the various components (i.e. demographics, economic factors, health needs, etc.) that need to be included in this process and the final document.

- e. Primary data will be collected from community members, clients receiving direct services from the health department, the Board of Health and other county stakeholders through their participation in written surveys, focus groups, or interviews.
- f. Secondary data will be obtained from the North Carolina State Center for Health Statistics (NC SCHS) and other resources identified and available to CHA team members.
- g. CHA team members will assist with the collection of primary and secondary data.
- h. The CHA team will collaborate with county stakeholders to prioritize health concerns according to the primary and secondary data collected. The CHA team will reference the CHA Guidebook for guidance on reporting data findings and involving community members, the Board of Health and other county stakeholders in the process to establish health priorities for the county.
- i. Designated members of the CHA team will summarize the data and priority health topics to produce a document to report the community health assessment process and its findings.
- j. The CHA document will be submitted to the North Carolina Division of Public Health by the first Monday in ~~December~~ March every four years and will be disseminated to community and county stakeholders as specified in the North Carolina Local Health Department Accreditation Standards. This may include electronically via the department's website as well as presentations of findings and copies of reports to partner agencies and community organizations for public access.
- k. The CHA document will be used by the Orange County Health Department in the development of the department-wide strategic plan, grant writing, program planning and advocacy for funding. This document will be available as a resource for other individuals, agencies, and organizations.
1. Using the CHA, Health Promotion and Education staff and the CHA team will create Community Health Action Plans to describe plans for health activities to be carried out in the county. The [Community Health Action Plan](#) form is due the first ~~Monday~~ Friday of ~~September~~ June the year ~~after~~ the county was assigned to

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ORANGE COUNTY HEALTH DEPARTMENT
Board of Health Policy and Procedure Manual

Section I: Board Adopted Policies
Policy FG: Community Assessment Policy
Reviewed by: Board of Health
Approved by: Board of Health, Health Director

complete their CHA. The form is available through the NC Division of Public Health website.

2. State of the County Health (SOTCH) report process procedures:
 - a. The SOTCH report will primarily be produced by the Department's Health Promotion and Education staff in the interim years between community health assessments.
 - b. This report will include:
 - i. A review of major morbidity and mortality data for the county
 - ii. A review of health concerns selected as priorities
 - iii. Progress made in the last year on these priorities
 - iv. A review of any changes in the data that guided the selection of these priorities
 - v. Other changes in the county that affect health concerns (such as economic or political changes, new funds or grants available to address health problems, etc.)
 - vi. New and emerging issues that affect health status
 - vii. Methods of direct community involvement with ongoing efforts
 - c. The primary source of data for this report will be the NC SCHS website.
 - d. The SOTCH report will be submitted to the state by the first Monday in ~~December~~ March of each year it is due and will be disseminated to the community and county stakeholders according to North Carolina Local Health Department Accreditation Standards. .

References:

Community Health Assessment Guidebook online at:
<http://publichealth.nc.gov/lhd/cha/docs/guidebook/CHA-GuideBookUpdatedDecember15-2011.pdf>

Community Health Action Plan Form online at:
<http://publichealth.nc.gov/lhd/cha/docs/guidebook/GuidelinesForCommunityHealthActionPlanForms.pdf>

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ORANGE COUNTY HEALTH DEPARTMENT
Board of Health Policy and Procedure Manual

Section I: Board Adopted Policies

Policy HG: Community and Public Input Policy

Reviewed By: Board of Health

Approved By: Board of Health, Health Director

Policy

It shall be the policy of the Orange County Board of Health and Health Department to ensure that reasonable mechanisms for community/public input are available.

Purpose

The purpose of this policy is to ensure that policies and services of the Orange County Board of Health and Orange County Health Department have considered the health and environmental safety needs of the general population and any at-risk populations of Orange County.

Guidelines

1. The Board of Health will reserve a public comment period on each regularly scheduled Board meeting. Each individual will be given a maximum of three minutes for comments, and the public comment period will be limited to 15 minutes each meeting.
2. Annually the Board of Health will receive from the staff of the Health Department the results of patient and client input on services received, including any corrective actions deemed necessary to improve services.
3. The Health Director or his/her designee will maintain current contact information on the Department and the Board of Health on the Health Department website.
4. The Health Director shall report significant community-wide input received by the staff to the Board at least quarterly.

ORANGE COUNTY HEALTH DEPARTMENT
Board of Health Policy and Procedure Manual

Section I. Board Adopted Policies

Policy II: Policy and Procedure for Complaints

Reviewed By: Board of Health

Approved By: Board of Health, Health Director

Policy

The Board of Health and Health Department staff will ensure that a mechanism exists for complaints to be considered and resolved from clients, patients, or residents regarding services delivered by the Health Department.

Purpose

The purpose of this process is to ensure that the Orange County Board of Health and Orange County Health Department have reasonable means in place to ensure that timely appeals can be heard from clients, patients, or members of the public.

Guidelines

1. The Department will follow all provisions and requirements outlined by North Carolina General Statutes governing Health Departments, including but not limited to GS 130A.
2. If any provision of the following procedures is in conflict with General Statutes, the current Statute will govern.

Procedures:

1. Procedure for a General Complaint

- a. A complaint shall be made either verbally or in writing to any staff member in the Health Department.
- b. The staff member receiving the complaint shall attempt to resolve the complaint.
- c. If the complainant is not satisfied, the staff member shall provide contact information for the most closely aligned Division Director-.
- d. The Division Director will contact complainants within one working day and attempt to resolve the complaint.
- e. If the complainant is not satisfied, the Division Director shall provide contact information to the complainant for the Health Director.
- f. The Health Director will attempt to contact complainants within one working day and attempt to resolve the complaint.
- g. If the complainant is not satisfied, the Health Director will provide the complainant with the time and date of the next regularly scheduled Board meeting and invite the complainant to speak to the Board. The Board Chair and Vice-Chair shall be informed prior to the meeting. A summary of actions taken to date along with a description of the complaint will be provided to the Board in the agenda packet.

**ORANGE COUNTY HEALTH DEPARTMENT
Board of Health Policy and Procedure Manual**

Section I. Board Adopted Policies

Policy II: Policy and Procedure for Complaints

Reviewed By: Board of Health

Approved By: Board of Health, Health Director

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ORANGE COUNTY HEALTH DEPARTMENT
Board of Health Policy and Procedure Manual

Section II: Board Adoption or Review of Reports and Documents

Reviewed by: Board of Health

Approved by: Board of Health, Health Director

Purpose: To ensure that the Board of Health provides guidance and input for community and departmental planning that affects the health and well being of county residents and to meet the requirements for program review as specified by law or regulation.

Scope of Review and Approval: A particular document or program may have differing review and adoption requirements. Annually, the Health Director and Division Directors will review program requirements and recommend changes to the reports or documents and actions required that are listed in this Section.

1. Community Health Assessment: (2007, 2011, 2015) A comprehensive county-wide community health assessment every four years is the current requirement of the contract agreement the health department has with the NCDHHS. The assessment has several components, all of which are individually adopted by the Board of Health in the year that the assessment is due to the NCDHHS. The components include:
 - a. **Approval** of community input process.
 - b. **Approval** of priority selection.
 - c. **Approval** of final document.
 - d. **Approval** of action plans based on priority selection.
2. State of the County Health Report (SOTCH): An annual update on progress toward the community action plans of the community health assessment and a review of secondary data related to the priorities. **The Board reviews and endorses** this report. (Due December of each year a Community Health Assessment is not due).
3. Health Department Budget: The Board **annually reviews and approves** for forwarding to the Board of Commissioners, the proposed budget for the Health Department in accordance with the county adopted schedule for budget completion. The review and approval includes but is not limited to new position requests, capital requests, technology requests, fee schedules, and new program requests.
4. Board of Health Strategic Plan: **The Board of Health develops and adopts a** strategic plan every two years to define the Board's policy and programmatic goals. These goals are shaped by the Community Health Assessment, available primary and secondary data, and available department resources. ~~The Board adopts the plan and forwards-provides updates it~~ **The Board adopts the plan and forwards-provides updates it** to the Board of Commissioners ~~for information at joint meetings of the Board of Commissioners and Board of Health.~~
5. Child Fatality Prevention Task Force Report: The Board of Health **receives and forwards** annually to the Board of Commissioners a report and recommendations for improvement from the Orange County combined Child Fatality Prevention Task Force and the Child Protection Task Force as required by state law.
6. Fiscal Oversight: In order to exercise fiscal oversight, the Board **receives and reviews** quarterly financial summaries on revenues and expenditures by Division for the Health Department. The Board **forwards recommendation of approval** for the receipt of all grant funds and funds not originally part of the approved annual budget to the County Commissioners. Contracts that require the Board of Commissioner

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ORANGE COUNTY HEALTH DEPARTMENT
Board of Health Policy and Procedure Manual

Section II: Board Adoption or Review of Reports and Documents

Reviewed by: Board of Health

Approved by: Board of Health, Health Director

- approval for execution are reviewed by the Board of Health, either prior to submission to Commissioners or immediately following the submission to Commissioners.
7. Research Project Requests and Reports: The Board **receives information** on all research project requests that are made to the Health Department and on final reports as a result of research approved by the Health Director. Projects that are conducted by health department staff members require a written or oral report to be submitted to the Board of Health.
 8. Annual Activity Reports: The Board **receives and reviews** an annual activity and budget report for the Department after the close of the fiscal year, before the next budget is prepared. An annual summary of communicable disease activity may be included as part of the Annual Activity Report.
 9. ~~Public Health Emergency Operations Plans: The Board **receives and reviews the Public Health Emergency Operations Plan and receives major updates at least annually.**~~

ORANGE COUNTY HEALTH DEPARTMENT
Board of Health Policy and Procedures Manual

Section III: Board Processes

Process A: Operating Procedures

Reviewed by: Health Director

Approved by: Health Director, Board of Health

Purpose

To outline operating procedures for the Board of Health in accordance with pertinent state, local and federal requirements for the operation of the Board.

I. Name and Office

The name of this organization is the Orange County Board of Health (hereinafter "Board"). The principal office of the Board is located at 300 West Tryon Street, Hillsborough, NC 27278.

II. Charge to the Board

The Board is the primary policy-making and adjudicatory body (NCGS 135A-25(a)) for the health department and is charged to protect and promote the public health of Orange County (NCGS 130A-39).

III. Officers and Committees

A. Chair and Vice-Chair

The Board members shall select a Chair and Vice-Chair by majority vote each year at the last meeting of the calendar year.

B. Secretary

The Orange County Health Director shall serve as Secretary to the Board, but the Director is not a member of the Board. The Health Director may delegate the duties of the secretary that are set forth in these operating procedures to an appropriate local health department employee.

C. Committees

The Board shall review the existing committee structure annually and make decisions regarding the number and types of standing committees. Board members are appointed to committees in January of each year. Only Board members may serve as committee members of standing Board committees and the number of Board members on any single committee must be at least two members and may not exceed five members.

The Board shall have the following committees:

1. Executive Committee

To provide the structure for the work of the Board of Health and act as an advisor to the health director and senior management staff as needed.

Chair and Vice-Chair are committee members.

2. Nominating and Bylaws Committee

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Original Effective Date: February 8, 1979

Revision Dates: 12/18/1980, 4/16/1981; 4/26/1984; 11/16/2000; 2/23/2007; 10/24/2007; 4/23/2009, 7/24/12, 11/5/13, 10/14

**ORANGE COUNTY HEALTH DEPARTMENT
Board of Health Policy and Procedures Manual**

Section III: Board Processes

Process A: Operating Procedures

Reviewed by: Health Director

Approved by: Health Director, Board of Health

To develop and present an annual slate of officers for Board consideration, to oversee the board recruitment process, and to recommend operating procedure changes as needed. Members are appointed by the Chair on an ad hoc basis. Members of the Nominating and ByLaws committee should not include those seeking a nomination as an office for that year.

3. Access to Care

To oversee the action steps and deliverables outlined in the Access to Care section of the Board of Health Strategic Plan

4. Mental Health and Substance Abuse

To oversee the action steps and deliverables outlined in the Mental Health and Substance Abuse section of the Board of Health Strategic Plan

5. Childhood and Family Obesity Prevention

To oversee the action steps and deliverables outlined in the Childhood and Family Obesity Prevention section of the Board of Health Strategic Plan

All standing committees are subject to the North Carolina open meetings laws and shall comply with the provisions of those laws.

6. Temporary Committees

The Board may establish and appoint members for temporary committees as needed to carry out the Board's work. Temporary committees must limit their work to the specific charge outlined by Board motion and may include members that are not serving on the Board of Health.

All temporary committees are subject to the North Carolina open meetings laws and shall comply with the provisions of those laws.

IV. Meetings

A. Regular Meetings

The Board shall hold regular meetings no less than quarterly. As a general rule, the Board will meet monthly. A calendar of regular meetings and location of each meeting will be established at the last regular meeting of the calendar year for the next calendar year. The dates may be adjusted annually based on Commissioner meeting dates for the year to enable the Commissioner member of the Board to attend.

B. Agenda

The Secretary to the Board shall prepare an agenda for each meeting. Any board member who wishes to place an item of business on the agenda shall submit a request to the Secretary at least five working days before the meeting. For regular meetings, the Board may add items to the agenda or

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ORANGE COUNTY HEALTH DEPARTMENT
Board of Health Policy and Procedures Manual

Section III: Board Processes

Process A: Operating Procedures

Reviewed by: Health Director

Approved by: Health Director, Board of Health

subtract items from the agenda by a majority vote. The agenda for a special or emergency meeting may be altered only if permitted by and in accordance with the North Carolina open meetings laws.

C. Presiding Officer

The Chair of the Board shall preside at Board meetings if he or she is present. If the Chair is absent, the Vice-Chair shall preside. If the Chair and Vice-Chair are both absent, another member designated by a majority vote of members present at the meeting shall preside.

D. Quorum

A majority of the actual membership of the Board, excluding vacant seats, shall constitute a quorum. A member who has withdrawn from a meeting without being excused by a majority vote of the remaining members shall be counted as present for purposes of determining whether or not a quorum is present.

E. Voting

Each Board member shall be permitted to abstain from voting, by so indicating when the vote is taken. A member must abstain from voting in cases involving conflicts of interest as defined by North Carolina law. If a member has withdrawn from a meeting without being excused by a majority vote of the remaining members, the member's vote shall be recorded as an abstention.

F. Minutes

The Secretary shall prepare minutes of each Board meeting. Copies of the minutes shall be made available to each Board member before the next regular Board meeting. At each regular meeting, the Board shall review the minutes of the previous regular meeting as well as any special or emergency meetings that have occurred since the previous regular meeting, make any necessary revisions, and approve the minutes as originally drafted or as revised. The public may obtain copies of Board meeting minutes at the Board of Health website (<http://orangecountync.gov/health/BOHAgendasandMinutes.asp>).

V. Amendments to Operating Procedures

These operating procedures may be amended at any regular meeting or at any properly called special meeting that includes amendment of the operating procedures as one of the stated purposes of the meeting. A quorum must be present at the meeting at which amendments are discussed and approved, and any amendments must be approved by a majority of the members present at the meeting.

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Revision Dates: 12/18/1980, 4/16/1981; 4/26/1984; 11/16/2000; 2/23/2007; 10/24/2007; 4/23/2009, 7/24/12, 11/5/13, 10/14

ORANGE COUNTY HEALTH DEPARTMENT
Board of Health Policy and Procedures Manual

Section III: Board Processes

Process A: Operating Procedures

Reviewed by: Health Director

Approved by: Health Director, Board of Health

VI. Other Procedural Matters

The Board shall refer to Bell, II, A. Fleming. Suggested Rules of Procedure for Small Local Government Boards, Second Edition, Institute of Government, The University of North Carolina at Chapel Hill, 1998 to answer procedural questions not addressed in this document, so long as the procedures prescribed in *Suggested Rules of Procedure for Small Local Government Boards* do not conflict with North Carolina law.

VII. Rules Development Procedure

The board shall evaluate the need for adoption of rules to protect and promote the public health. In addition, existing rules should be evaluated periodically for the need for revisions to respond to new risks, advances in technology, or changes in statutes or state regulations.

A. The Board will follow the procedures outlined in NCGS 130A-39.

1. Not less than 10 days before the adoption, amendment or repeal of any local board of health rule, the proposed rule shall be made available at the office of the county clerk, and a notice shall be published in a newspaper having general circulation within Orange County. The notice shall contain:
 - a. A statement of the substance of the proposed rule or a description of the subjects and issues involved.
 - b. The proposed effective date of the rule, and
 - c. A statement that copies of the proposed rule are available at the local health department.

A local board of health rule shall become effective upon adoption unless a later effective date is specified in the rule.

2. Copies of all rules shall be filed with the secretary of the local board of health and will be made available to all Board of Health members.
3. A local board of health may, in its rules, adopt by reference any code, standard, rule or regulation, which has been adopted by any agency of this State, another state, any agency of the United States or by a generally recognized association. Copies of any material adopted by reference shall be filed with the rules.

VIII. Adjudication Procedures

A. The Board will follow all procedures as specified in NCGS 130A-24. In the case where a member of the public is appealing a staff decision on the

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Revision Dates: 12/18/1980, 4/16/1981; 4/26/1984; 11/16/2000; 2/23/2007; 10/24/2007; 4/23/2009, 7/24/12, 11/5/13, 10/14

ORANGE COUNTY HEALTH DEPARTMENT
Board of Health Policy and Procedures Manual

Section III: Board Processes

Process A: Operating Procedures

Reviewed by: Health Director

Approved by: Health Director, Board of Health

application of an Orange County Board of Health adopted rule or policy, the process will include the following steps:

1. The aggrieved party shall provide written notice of appeal to the Health Director within 30 days of the challenged action. The notice shall contain the name and address of the aggrieved person, a description of the challenged action and a statement of the reasons why the challenged action is incorrect.
2. The Health Director shall notify the Board within five working days of receipt of the appeal and transmit all documents upon which the challenged action was taken.
3. The Board of Health shall hold a hearing within 15 days of the receipt of the notice of appeal from the health director to the Board. The Board will give the person not less than 10 days notice of the date, time and place of the hearing. A quorum of the entire Board of Health shall hear the appeal.
4. The hearing must meet the requirements of procedural due process.
 - a. No contact outside the hearing with parties involved or between board members.
 - b. Board members with any bias must not participate.
 - c. Board must allow the appellant's attorney to attend and advise his/her client.
 - d. Board must take sworn and relevant testimony.
 - e. Board must provide for cross-examination of witnesses.
 - f. Board must keep detailed or verbatim minutes.
5. The proceedings shall be recorded and a transcript of the hearing shall be prepared and be available to the appellant and/or the Board upon request.
6. At the next regularly scheduled Board meeting following the hearing, the Board must issue a written decision based on the evidence presented at the hearing. The decision shall contain a concise statement of the reasons for the decision and the Secretary will transmit the final written decision of the Board to the person appealing via certified US mail.
7. A person who wishes to contest a decision of the Board of Health shall have a right of appeal to the district court having jurisdiction within 30 days after the date of the decision.

IX. Annual Review of the Health Director

The Board will annually review the performance of the Orange County Health Director using the process detailed in the Board of Health Policy and Procedure Manual, Section III, Process Bd *Annual Performance Review Process for Health Director*.

Review Annually (July)

Page 5 of 6

Original Effective Date: February 8, 1979

Revision Dates: 12/18/1980, 4/16/1981; 4/26/1984; 11/16/2000; 2/23/2007; 10/24/2007; 4/23/2009, 7/24/12, 11/5/13, 10/14

ORANGE COUNTY HEALTH DEPARTMENT
Board of Health Policy and Procedures Manual

Section III: Board Processes

Process A: Operating Procedures

Reviewed by: Health Director

Approved by: Health Director, Board of Health

X. Compliance with North Carolina Law

In conducting its business, the Board shall comply with all applicable North Carolina laws, including but not limited to open meetings laws, public records laws, and the laws setting forth the responsibilities and duties of local boards of health. To assist the Board in compliance, the local health director shall maintain a current copy of relevant North Carolina General Statutes and make them available to Board members on request.

Review Annually (July)

Page 6 of 6

Original Effective Date: February 8, 1979

Revision Dates: 12/18/1980, 4/16/1981; 4/26/1984; 11/16/2000; 2/23/2007; 10/24/2007; 4/23/2009, 7/24/12, 11/5/13, 10/14

ORANGE COUNTY HEALTH DEPARTMENT
Board of Health Policy and Procedure Manual

Section III: Board Processes

Process B: Supplemental Processes a. Oath of Office for New Board Members

Reviewed by: Health Director

Approved by: Board of Health, Health Director

Oath of Office for New Board Members

Purpose: *To establish a process for new Board of Health members to complete requirements for assuming their seat as an Orange County Board of Health member.*

1. Each new Board of Health member must complete certain tasks prior to assuming their seat as an Orange County Board of Health member. These include completing the “Oath of Office”, a Confidentiality Agreement, and a Conflict of Interest statement.
 - a. The Oath of Office is administered to a new Board member by a public notary either at or before the first regular meeting of the Board of Health after the member’s appointment by the Orange County Board of Commissioners. The oath may be administered with or without a Bible by a notary public. The original of the signed and notarized oath is placed in the official health department file and a copy is provided to the Board member. The oath is as follows:

“ I, [name], do solemnly swear (or affirm) that I will support and maintain the Constitution and laws of the United States, and the Constitution and laws of North Carolina not inconsistent therewith, and that I will faithfully discharge the duties of my office as a member of the Orange County Board of Health, (so help me God). {NCGS 11-7.1}

“I [name], do swear (or affirm) that I will well and truly execute the duties of the office of member of the Orange County Board of Health according to the best of my skill and ability, according to law, (so help me God). {NCGS 11.11}

- b. Each new Board of Health member must sign a Confidentiality Agreement and Conflict of Interest Statement prior to attending their first meeting of the Board of Health. ~~(Attachment 1)~~ as specified in Board Policy I.C. Confidentiality and Conflict of Interest Policy for Board Members.

ORANGE COUNTY HEALTH DEPARTMENT
Board of Health Policy and Procedure Manual

Section III: Board Processes
Process B: Supplemental Processes b: Orientation and Education for New BOH Members
Reviewed by: Board of Health
Approved by: Board of Health, Health Director

Process for Orientation and Education for New BOH Members

Purpose

To orient new Board members so they can become effective Board members and to ensure that Board members remain current health issues and best practices that affect the community.

Guidelines:

1. Board members will complete a designated orientation program no later than 9 months after their first appointment date, ~~and participate in ongoing continuing education.~~
 - a. Each Board member will meet with the Health Director and other staff as appropriate to review the Orientation Manual for Board of Health Members and the Local Data and Rules Manual.
 - b. The Health Director is responsible for reviewing and updating the Orientation Manual and the Local Data and Rules Manual on an annual basis prior to new Board members first date of appointment.
 - ~~e.~~ Each Board member will complete either independently or in a group the “Orientation for Local Boards of Health, An Instructional Module” found at www.sph.unc.edu/occe/boh or from the compact disc provided by the Health Director.
 - ~~d.~~c. Each Board member will review the ~~DVD training~~(available from the Health Director) (available on the Orange County Board of Health website) “Protecting Your Public, ~~The~~ Environmental Health Orientation Part 1 and 2” either independently or in a group.

2. Board members will participate in ongoing continuing education.
 - ~~2.~~ Board members will, participatinging in at least 3 educational sessions each ~~fiscal~~ calendar year:
 - a.
 - b. The Health Director, in consultation with the Board, will establish a schedule of educational sessions each fiscal year that take place either prior to or as part of a regular Board meeting.
 - ~~a.~~c. Board members will receive ongoing training on the responsibilities and authority of the local board of health at least once every 4-year accreditation cycle.

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ORANGE COUNTY HEALTH DEPARTMENT
Board of Health Policy and Procedures Manual

Section III: Board Processes
Process B: Supplemental Processes c. Recruitment and Reappointment Procedures for Members
Reviewed by: Board of Health
Approved by: Board of Health, Health Director

Process for Recruitment and Reappointment for BOH Members

Purpose

To provide advice to the Orange County Board of Commissioners on the appointment of Board of Health members to ensure that they meet requirements of NCGS 130A and Orange County Commissioner Policies.

Guidelines:

1. Recruitment procedures for new Board of Health members.

- a. The Nominating and Operating Procedures Committee of the Board of Health is delegated to carry out recruitment for vacant slots on the Board of Health. In order to meet a timely transition in July the process should begin four months prior to expiration of term (generally in March). The procedure is as follows:

For representatives of professional slots:

1. Recommendations for replacements may be solicited from the “retiring” Board member. Applicants must apply through the County Commissioner’s Clerk’s Office.
2. If there are no suitable applicants in the current database, mailing list/labels from appropriate licensing board or association may be obtained.
3. If a list is used to solicit suitable applicants, a recruitment letter is prepared by the Health Director for Committee approval. Recruitment letter is signed by current board chair and current board member occupying the slot or nominating committee chair.
4. Applicants send applications to Clerk's Office. Application period open until filled. Committee reviews applications no sooner than 15 working days after mailing of letter.
5. Nominating Committee may add current professional representative, related division director, and health director to review applications, apply criteria, and may choose to interview top two or three applicants. At a minimum, committee interviews top candidate to solicit interest, commitment, and understanding of expectations of service on the Board. Committee makes recommendation to Board of Health.
6. Board of Health receives roster of all applicants and applications from top selections. Board makes recommendation to Board of Commissioners.

For at-large representative slots:

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ORANGE COUNTY HEALTH DEPARTMENT
Board of Health Policy and Procedures Manual

Section III: Board Processes
Process B: Supplemental Processes c. Recruitment and Reappointment Procedures for Members
Reviewed by: Board of Health
Approved by: Board of Health, Health Director

1. Recommendations for replacements may be solicited from the “retiring” Board member. Applicants must apply through the County Commissioner’s Clerk’s Office.
 2. If there are no suitable candidates in the current database, the Committee meets with all three at-large representatives and the Health Director to determine community groups from which to recruit and mailing labels/list are obtained from those community groups.
 3. If a list is used to solicit suitable applicants, a recruitment letter is prepared by the Health Director for Committee approval. The letter is signed by the current board chair and current at-large representative occupying the slot or by nominating committee chair.
 4. Applicants send applications to Clerk’s Office or apply on-line through the county website. Application period open until filled. Committee will look at applicants no sooner than 15 working days after letters were mailed.
 5. Nominating Committee reviews applications, applies criteria, and may choose to interview top two or three applicants. At a minimum, committee interviews top candidate to solicit interest, commitment, and understanding of expectations of service on the Board. Committee makes recommendation to Board of Health.
 6. Board of Health receives roster of all applicants and applications from top selections. Board makes recommendation to Board of Commissioners.
- b. Criteria for Board of Health applicant review. The following criteria are meant to be guidelines for assessing applicants and are not meant to be exclusive.
1. Full-time resident of Orange County, with commitment to stay in the county for at least six years (2 terms)
 2. Must hold required degree for service if in a professional slot: RN, MD/DO, DVM, OD, BS Pharm, PE, DDS
 3. Public health training or experience preferred for professional slots
 4. For professional slots, actively employed in their profession (e.g., as a pharmacist or in a pharmacy administrative role). Priority given to practicing professionals (non-researchers).
 5. Prior experience with community work (e.g., Red Cross, mission work, school health)
 6. Willingness to engage as an active member of the Board, serve in a leadership position, and/or serve as an active member on a committee
 7. Currently serving on not more than one other Board or committee that requires significant amounts of time
 8. Geographic representation of the county (balance on the current board)
 9. Gender and culturally diverse representation on the current board
 10. No former employees of the health department
 11. No employees of other county departments

ORANGE COUNTY HEALTH DEPARTMENT
Board of Health Policy and Procedures Manual

Section III: Board Processes

Process B: Supplemental Processes c. Recruitment and Reappointment Procedures for Members

Reviewed by: Board of Health

Approved by: Board of Health, Health Director

2. Reappointment of Existing Board of Health Members

A Board of Health member is appointed to a three-year term beginning July 1, unless serving in an unexpired term slot. Generally, members are eligible for reappointment for a second term. In March of each year, the Nominating Committee reviews the attendance records of members who are eligible for reappointment, contacts each member to assess willingness to continue and makes a recommendation to the Board of Health. The Board Secretary (Health Director) sends a letter to the Clerk of the Commissioners indicating the Board of Health's review and endorsement for reappointment.

3. Resignation of Board Member from Current Term of Office

In the event that a Board member resigns prior to the official end of his/her term of office, the Board member shall send a letter to the Secretary (Health Director) or the Board Chair with the date of his/her resignation. The Secretary will transmit the letter to the County Commissioners Clerk's Office and ask that recruitment for the slot be activated. The Board shall be informed at the next regularly scheduled meeting of the Board.

**ORANGE COUNTY HEALTH DEPARTMENT
Board of Health Policy and Procedures Manual**

Section III: Board Processes
Process B: Supplemental Processes d. Annual Performance Review Process for Health Director
Reviewed by: Board of Health
Approved by: Board of Health, Health Director

Annual Performance Review Process for Health Director

Purpose

To provide the Board with a process for accomplishing the required annual review of the health director's performance in accordance with the statutory requirement GS 130A-41.

Guidelines:

1) Orange County Personnel Policies are followed in conducting this review.
Steps in the standard process are:

- Preparation of an annual work plan by the employee and supervisor.
- Preparation of performance notes at the end of the plan year that relate to the objectives contained in the work plan.
- A conference between the employee and the supervisor regarding the employee's performance for the year.
- Supervisor prepares a Work Planning and Performance Summary after the conference which outlines the findings of the discussion and makes the final recommendation as to performance.
- Supervisor forwards all paperwork to Human Resource Director.

2) In the case of the Health Director, the "supervisor" of the Director is the entire Board. The Chair assumes the responsibility of managing the information flow and input into the performance evaluation. This may include the formation of an ad-hoc committee to assist in the completion of the performance evaluation.

1. The Health Director prepares performance notes relevant to the year and emails them to all Board members.
2. The Chair schedules a meeting with the County Manager to obtain input on the Health Director's performance.
3. The Chair may or may not solicit additional feedback, including from senior management staff and direct reports at the Health Department through electronic or in-person methods each year. A 360° evaluation should be conducted at least every 5 years.
4. The Chair presents these findings to the full Board at a closed session of the Board and a general discussion of performance is then held. The Board reaches agreement on a recommendation and then the health director is called into the room and the Chair guides the discussion by Board members.
5. The Board is required to keep minutes during the closed session, including any motions made and actions resulting from such motions and transmit them to the Secretary (Health Director) for the permanent record.
6. Board members indicate changes they would like to see included in the following year's work plan and those areas are discussed with the Health Director in the meeting.

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ORANGE COUNTY HEALTH DEPARTMENT
Board of Health Policy and Procedures Manual

Section III: Board Processes

Process B: Supplemental Processes d. Annual Performance Review Process for Health Director

Reviewed by: Board of Health

Approved by: Board of Health, Health Director

Following the meeting, the Chair writes the performance summary, finalizes the paperwork, obtains the Health Director's signature and sends it to the Human Resources Director for the County. The Human Resources Director processes the remaining paperwork. The goal should be to have the performance review complete within 30 days of the hiring date anniversary.

Section I: Board Adopted Policies

Policy A: Compliance with Public Health Laws/Regulations

Reviewed By: Board of Health

Approved By: Board of Health, Health Director

Policy:

It shall be the policy of the Orange County Board of Health and Health Department to ensure that its workforce consults and follows federal, state, and local laws and regulations and the current recommendations of regulating/advisory agencies in the delivery of public health services.

Purpose:

The purpose of this policy is to ensure that the Orange County Board of Health and Orange County Health Department workforce consults and follows federal, state, and local laws and regulations and the current recommendations of regulating and advisory agencies in the delivery of essential and mandated public health services.

Definitions:

1. Centers for Disease Control and Prevention (CDC) – an agency of the United States government that serves as the national focus for developing and applying disease prevention and control, environmental health, and health promotion and education activities designed to improve the health of the people of the United States.
2. North Carolina Department of Health and Human Services (NCDHHS) – a department of State government that is charged with “protecting health, fostering self-reliance and protecting the vulnerable.”
3. Essential public health services – defined in NC General Statute 130A.
4. North Carolina General Statutes (NCGS) – The laws passed by the North Carolina General Assembly. Public health statutes are generally located in Chapter 130A.
5. North Carolina Administrative Code (NCAC) – a compilation of the administrative rules of approximately 26 state agencies and more than 50 occupational licensing boards.
6. United States Code of Federal Regulations (USCFR) – the codification of the general and permanent rules published in the Federal Register by the executive departments and agencies of the Federal Government.
7. Ordinance – local rules adopted by the Board of Commissioners.
8. Regulating and advisory agencies – agencies that are created by a governing body to recommend best practices for public health or are charged with interpreting and enforcing public health laws. (Examples include the CDC, the National Immunization Advisory Committee, US Department of Health and Human Services, the NCDHHS)
9. Mandated public health services – the public health services that a local health department is required by state statute or administrative code to implement.
10. Workforce – Orange County Health Department employees, contract personnel, volunteers, trainees, and students.

Review Annually (July)

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Original Effective Date: October 24, 2004

Last Revision Date: 1/2006, 11/2013, 10/2014

ORANGE COUNTY HEALTH DEPARTMENT
Board of Health Policy and Procedure Manual

Section I: Board Adopted Policies

Policy A: Compliance with Public Health Laws/Regulations

Reviewed By: Board of Health

Approved By: Board of Health, Health Director

Guidelines:

1. The Board of Health and Health Department workforce must follow laws, established guidelines, and consistent procedure in order to assure that the public receives fair, efficient, and effective services.
2. The Board of Health must consult legal counsel such as the Orange County attorney, the NC Attorney General or the UNC School of Government whenever legal assistance is indicated to interpret laws and rules.
3. The Board of Health delegates to the Health Department Division Directors and Supervisors of the appropriate division through the Health Director, the development and implementation of all policies, procedures and/or task outlines to assure effective and efficient service delivery of programs within the scope of the most current public health laws and regulations.
4. All pertinent laws, regulations, and policy and procedure manuals shall be maintained in the appropriate division. The NCGS 130A and related statutes on public health law and administrative codes shall be maintained in the Health Director's Office and in a Board of Health Manual.

Review Annually (July)

Original Effective Date: October 24, 2004

Last Revision Date: 1/2006, 11/2013, 10/2014

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ORANGE COUNTY HEALTH DEPARTMENT
Board of Health Policy and Procedure Manual

Section I: Board Adopted Policies

Policy B: Program and Policy Adoption

Reviewed By: Health Director, Board of Health

Approved By: Board of Health

Policy:

The Orange County Board of Health authorizes and delegates the implementation of all programs and services as defined by North Carolina General Statute 130A, the related NC Administrative Code, and other programs approved by the Board to the staff of the Orange County Health Department under the direction of the Health Director.

Purpose:

The purpose of this policy is to ensure that the Orange County Board of Health provides guidance for programs and policies that affect the entire Health Department.

Guidelines:

1. The Orange County Board of Health, upon recommendation of the Health Director, shall review and approve policies or programs that commit the Health Department to utilize significant additional or new resources outside of the scope of the approved annual budget.
2. The Board of Health authorizes continuation of program activities through the annual approval of a Health Department budget.
3. The Board of Health delegates the approval of all administrative policies and procedures for the general functioning of the Health Department to the Health Director.
4. The Board of Health reviews and approves policies as requested or in response to a Board of County Commissioner initiative and forwards recommendations to the Board of Commissioners on relevant changes. The Board of Health delegates the implementation of these policies to the appropriate division staff through the Health Director.
5. The Orange County Board of Health shall review at least annually all policies adopted by the Board of Health.

ORANGE COUNTY HEALTH DEPARTMENT
Board of Health Policy and Procedure Manual

Section I: Board Adopted Policies
Policy C: Confidentiality Agreement and Conflict of Interest Statement
Reviewed By: Board of Health, Health Director
Approved By: Board of Health

Policy: Each Board member will sign a confidentiality agreement and conflict of interest statement upon accepting a seat on the Board of Health.

Purpose:

To prevent individuals from deriving any profit or gain directly or indirectly by reason of their association with the Orange County Health Department. All members of the Orange County Board of Health will promptly disclose any conflict of interest between his or her personal interests and the interests of the organization. To protect the disclosure of information that is judged to be of a confidential nature by state or federal statute or policy.

Guidelines:

1. Each new Board of Health member must sign a Confidentiality Agreement and Conflict of Interest Statement (I.C. Appendix A) prior to attending their first meeting of the Board of Health that states the following:

Confidentiality

In connection with my responsibilities as a member of the Orange County Board of Health, I agree to treat all information concerning health department clients, personnel, and financial matters in a confidential manner as required by state and federal statute and will not divulge this information to unauthorized personnel or the public. I understand that if I wrongfully and/or willfully disclose such information, I may be subject to removal from the Orange County Board of Health.

Conflict of Interest

1. *Each board member, upon accepting a seat on the board, agrees in writing by signing below, to carefully guard against any conflict of interest that might develop between his or her personal interest and that of the Orange County Health Department.*
2. *If an issue arises in which a member of the board has a conflict of interest, the member shall promptly disclose the conflict to the Chair of the Board prior to consideration of the issue by the board.*
3. *In matters involving a conflict of interest, a board member must state the reason for which they reasonably think a conflict exists and the board member shall not vote on such policies or transactions unless requested by the board.*
4. *The abstention and the reason for it shall be recorded in the minutes.*
5. *A board member may not directly or indirectly benefit except as provided for as members of the board of directors, from the county's disbursement of funds.*
6. *Violation of this policy shall be grounds for recommending dismissal of a board member. The Board of Health will forward recommendation for dismissal to the Board of County Commissioners for action.*

**ORANGE COUNTY HEALTH DEPARTMENT
Board of Health Policy and Procedure Manual**

Section I: Board Adopted Policies
Policy C: Confidentiality Agreement and Conflict of Interest Statement
Reviewed By: Board of Health, Health Director
Approved By: Board of Health

I have read and understand the confidentiality and conflict of interest statements. I agree to abide by these policies.

Board Member Signature

Date

Board Member Name (Printed)

Confidentiality & Conflict of Interest Statement For New Board of Health Member

Board Adopted Policy I.C. Appendix A

Confidentiality

In connection with my responsibilities as a member of the Orange County Board of Health, I agree to treat all information concerning health department clients, personnel, and financial matters in a confidential manner as required by state and federal statute and will not divulge this information to unauthorized personnel or the public. I understand that if I wrongfully and/or willfully disclose such information, I may be subject to removal from the Orange County Board of Health.

Conflict of Interest

1. Each board member, upon accepting a seat on the board, agrees in writing by signing below, to carefully guard against any conflict of interest that might develop between his or her personal interest and that of the Orange County Health Department.
2. If an issue arises in which a member of the board has a conflict of interest, the member shall promptly disclose the conflict to the Chair of the Board prior to consideration of the issue by the board.
3. In matters involving a conflict of interest, a board member must state the reason for which they reasonably think a conflict exists and the board member shall not vote on such policies or transactions unless requested by the board.
4. The abstention and the reason for it shall be recorded in the minutes.
5. A board member may not directly or indirectly benefit except as provided for as members of the board of directors, from the county's disbursement of funds.
6. Violation of this policy shall be grounds for recommending dismissal of a board member. The Board of Health will forward recommendation for dismissal to the Board of County Commissioners for action.

I have read and understand the confidentiality and conflict of interest statements. I agree to abide by these policies.

Board Member Signature

Date

Board Member Name (Printed)

Staff initials

Date

ORANGE COUNTY HEALTH DEPARTMENT
Board of Health Policy and Procedure Manual

Section I: Board Adopted Policies
Policy D: Requests for Environmental Services and Assessments
Reviewed By: Board of Health & Health Director
Approved By: Board of Health

Policy:

This policy covers processing and budgetary considerations regarding requests from citizens and communities for environmental services and assessments to determine whether environmental contaminants are present, environmental degradation has occurred or for the applicant's information for future reference.

Purpose:

The purpose of this policy is to determine when environmental services, surveys or assessments will be conducted and also to set forth the funding mechanisms for those actions. Also covered within the policy scope are the decision tree for when community assessments will be considered and the ensuing financial responsibilities for those expanded efforts. This policy is not intended to cover nor does it cover applications, inspections, approvals or other processes for regulatory programs generally administered in the Environmental Health Services Division.

Section I Policy Overview

1.0 Environmental Health routinely receives concerns and queries from Orange County residents regarding environmental investigations to determine whether an environmental exposure exists and also whether unusual disease prevalence is occurring. These requests may arise from an individual or from communities. This policy addresses general and specific practices for these requests and assigns responsibilities for their dispensation.

Section II Individual Requests

1.0 Individual residents may request services and environmental assessments for their property, whether owned outright, leased, rented, or otherwise legally occupied. These services include septic inspections, water samples, indoor air quality (IAQ) assessments, vector control inspections, single disease case investigations, or other services germane to current or future environmental health programs.

Section III Community or Collective Requests

1.0 The following types of community or collective studies and assessments will be considered and acted upon by staff with the appropriate approval(s) when environmental conditions are suspected as a causative factor:

1.1 Acute and Chronic Disease

- a. Airborne, vector-borne and waterborne diseases are environmentally related in their transmissions and may affect a community as a whole. Chronic diseases such as asthma and cancer can have causative factors

ORANGE COUNTY HEALTH DEPARTMENT
Board of Health Policy and Procedure Manual

Section I:	Board Adopted Policies
Policy D:	Requests for Environmental Services and Assessments
Reviewed By:	Board of Health & Health Director
Approved By:	Board of Health

related to environmental conditions and exposures. The investigation of acute and chronic diseases would be indicated with confirmed cases of those diseases in rates extraordinary to baseline rates for Orange County or statistically expected rates for that community. Investigations will be carried out in accordance with best epidemiological practices established by the EPI Team* in each community or collective request.

- b. OCHD will conduct community studies for acute and chronic diseases suspected of originating from environmental exposures and for wells and septic systems failures when data or reports indicate that study beyond the individual level is needed to confirm or deny multiple sources of contamination leading to acute and/or chronic disease under investigation.

1.2 Wastewater and Well Water Studies

- a. Community studies will be considered and acted on or deferred by OCHD based on several risk factors and other defined considerations. Those include the following:
 - 1. The study area consists of more than 5 households.
 - 2. Known disease-causing environmental contamination (chemical releases, improper biosolids applications, underground storage tanks, junkyards, etc.) that could adversely affect a natural resource (groundwater, stream, etc.) or negatively impact more than a single property in that community.
 - 3. Known geophysical conditions (e.g., underlying rock structure that might lead to high levels of natural radon release, severe disturbances of the underlying structure) with a scientifically documented negative environmental impact potential that could affect the intended use and sustainability of property in the community.
 - 4. More than 30% of the individual wells in a given geographical community were drilled prior to 1981 or more than 30% of the septic systems in the community are more than 20 years old.
 - 5. Protection of water supply resources (protected water supply watersheds, water quality critical areas, wellhead protection areas, etc.).
- b. Statistical Studies may be considered in order to gain important information about septic system failure rates or groundwater quality or quantity characteristics. Examples in this category might include:

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1. comparing septic system failure rates in mobile home parks with those of neighborhoods with stick built construction;
2. examining the existing data for septic system repairs to identify common characteristics of failed systems;
3. studying the effect of water softener systems on septic system failures;
4. exploring the relationship between well water quality and the age of the well, length of casing, landscape position, etc.
5. gathering baseline water quality data and tracking water quality over time in a defined geographical study area near a suspected environmental hazard (such as a biosolid application site)

Section IV Funding

- 1.0 Individual Requests: The cost recovery for individual testing and assessments will come from fees for service administered according to the Environmental Health Division's Fee and Application Policy and from the fee schedule approved by the Board of Health and the Board of County Commissioners. In the case of an individual disease investigation that is a direct follow-up to an outbreak, the individual charge is waived.
- 2.0 Community Surveys: The direct operational costs for materials needed for community related surveys, assessments and other studies will be paid for by Orange County as specified in Section V of this policy **if**:
 - a. surveillance data or other confirmed and documented medical or scientific reports indicate a potentially environmentally caused or transmitted disease prevalence at abnormal levels in that community, or
 - b. at least three of the five items in Section III. 1.2a are met.
- 3.0 Studies requested by other governmental agencies will be evaluated by the Health Director and County Manager as appropriate.

Section V Community Study Funding Approvals

- 1.0 When estimated operational costs are less than or equal to \$250, the Orange County Health Director will approve or deny the study and the study will be funded through the Environmental Health Services budget.
- 2.0 When estimated operational costs are greater than \$250 but less than or equal to \$2,500, the Orange County Health Director will approve or deny the study based on current availability of budgetary and staff resources and present it to the Orange County Board of Health for final decision. The Health Director will determine the specific funding source for an approved study.

ORANGE COUNTY HEALTH DEPARTMENT
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Section I: Board Adopted Policies
Policy D: Requests for Environmental Services and Assessments
Reviewed By: Board of Health & Health Director
Approved By: Board of Health

3.0 When estimated operational costs are greater than \$2,500, or if the budgetary and staff resource needs are greater than available in the Health Department budget, the Orange County Health Director will recommend to approve or deny the study and present the recommendation to the Orange County Board of Health for consideration. The Board of Health's recommendation will be presented to the Orange County Board of County Commissioners for final decision and funding source identification if approved.

*The EPI Team is the interdisciplinary health department staff team that is responsible for all outbreak investigations.

ORANGE COUNTY HEALTH DEPARTMENT
Board of Health Policy and Procedures Manual

Section I: Board Adopted Policies
Policy E: Fee and Eligibility Policy
Reviewed by: Financial Review Committee, Health Director
Approved by: Board of Health, Health Director

I. Purpose

- A. Public health services are increasingly costly to provide. The Health Department serves the public's interest best by assuring that all legally required public health services are furnished to all citizens. The department provides recommended and requested public health services based upon the priorities established by the Board of Health.
- B. Fees are a means to help provide services to the residents of Orange County. Fees help finance and extend public health services when government funding is not sufficient to support the full cost of providing all required and requested services.
- C. Fees for Orange County Health Department services are authorized under North Carolina G.S. 130A-39, provided that:
 - 1. They are in accordance with a plan recommended by the Health Director and approved by the Board of Health and the Orange County Board of Commissioners.
 - 2. They are not otherwise prohibited by law.
 - 3. They are deposited to the account of the local Health Department for public health purposes in accordance with the provisions of the Local Government Budget and Fiscal Control Act.
- D. Fees for services must also be in compliance with N.C. Administrative Code, Title X Regulations, and Women's and Children's Health Program Rules.

II. Policy Implementation

The implementation of this policy is delegated to appropriate financial or support staff in each division of the health department.

III. Income Eligibility

A. Definitions

- 1. Definition: A family is defined as a group of individuals who are living together as one economic unit. Individuals are considered members of a single family or economic unit when their production of income and consumption of goods are related. A pregnant woman is counted as a family of two in determining family size.
- 2. Income eligibility requirements apply to: Dental Health, Family Planning, Child Health, Maternal Health, Adult Health, Nutrition Services and Primary Care Services.
- 3. The Health Department utilizes a sliding fee scale based on Federal Poverty Guidelines in accordance with the Fee Schedule approved annually during the County Budget process. NC DPH updates and issues the scale yearly. Specifically, the health department uses the 101% - 250% Federal Poverty Level sliding scale. Determination of Sliding Fee percentage is based on gross income and family size.

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4. Verification of income is required at time of enrollment for services, at the annual financial interview, or if there is a change in the work status in the family unit for clients to be eligible for the sliding fee scale.
 - a. An annual gross income statement is preferred for evaluation.
 - i. Gross income is defined as the total of all cash income before deductions for income taxes, employee social security taxes, insurance premiums, bonds, etc. For self-employed applicants, net income after business expenses. Gross income does NOT include money earned by children for babysitting, lawn mowing and other tasks.
 - ii. In general gross income includes: salary, wages, commissions, fees, tips, overtime pay, unemployment compensation, public assistance money, alimony and child support payments, Social Security benefits, VA benefits, Supplemental Security Income (SSI) benefits, retirement & pension payments, worker's compensation, bonuses, prize winnings and other sources of cash income except those specifically excluded.

B. Sources

1. Sources of income verification may include, but are not limited to:
 - a. Current pay stub
 - b. Self-employment accounting records
 - c. Recent income tax return
 - d. Unemployment or workers compensation receipt
 - e. Public assistance letter
2. If an individual claims "no income" (except for minors consenting to specific services under G.S. 90-21.5), a signed "Verification of Income and/or Residency" form (Attachment A) indicating financial support from another party must be submitted.
3. Failure to provide verification within 10 business days of date of service will result in charges being assessed at 100% of sliding fee scale. The client will receive notification of required income verification at the time the initial appointment is made.
4. The client must read, sign and understand the "Determination of Eligibility Payment Plan for Clinical Services" and "Statement of Financial Responsibility Payment Plan" form (Attachment B) at their initial visit and annual financial reviews.

C. Environmental Health

Persons seeking Environmental Health services must obtain and properly complete an application for service and pay the corresponding fee for service (all applicants pay at the 100% pay status) before an appointment for a field visit will be scheduled. Sometimes additional fees may be necessary if during service delivery it is determined that the correct fees were not initially paid, or services requested are more than applied for.

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IV. Residency Requirements

- A. Any individual, Orange County resident or non-resident, is eligible for services provided by the Health Department. Exceptions include non-STD Communicable Disease cases (Orange County residents only) and when prohibited by law or regulation.

- B. Proof of Residency may be determined by using the US Postal and/or Orange County GIS website and one of the following: Driver's License, Pay Stub (Within the last 30 days), Utility bill (Within the last 45 days); Current rental or lease agreement; Personal or property tax bill; Student identification, and Matrícula Consular (Mexican ID Card¹). Clients without one of the above identifying information sources but reportedly living within the county will be required to produce a written statement or letter from the head of household, verifying that the person resides in their home. Special cases will be referred to the Clinic Manager or Supervisor. Failure to provide proof of residency may result in referral to another resource.

- C. Proof of Residency in Orange County is required for self-pay patients to be eligible for the sliding fee scale when requesting Maternal Health, Child Health, Primary Care, Nutrition Services, and Dental Health Services. Out-of-county residents will be assessed at 100% of charges not covered by a third party payer source.

V. Service Limitation/Denial

- A. Services will not be denied based solely on the inability to pay, with the exception of those services that require a flat or minimum fee. Emergency dental services and urgent primary care services will be provided to clients regardless of any outstanding balance due.

- B. Otherwise, services may be denied if the department does not have the resources needed to provide a quality non-mandated service or the individual does not meet the residency or financial requirement.

- C. Family Planning clients will never be refused service due to an outstanding balance or inability to provide proof of income.

- D. Maternal and Child Health clients who are at 60% to 100% pay status may have services limited or denied for failure to make payments based on designated Payment Plans ("good faith" effort).

¹ The **Matrícula Consular de Alta Seguridad (MCAS) (Consular Identification Card)** is an identification card issued by the Government of Mexico through its consulate offices to Mexican nationals residing outside of Mexico. Retrieved from http://en.wikipedia.org/wiki/Matr%C3%ADcula_Consular on October 14, 2012.

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- E. Falsification of eligibility by the client may result in denial or limitation of services.
- F. The Health Department shall not deny a service due to religion, race, national origin, creed, sex, marital status, familial status, sexual orientation, veteran status or age.
- G. The Health Department shall assure that no otherwise qualified handicapped individual, solely by reason of his/her handicap, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity covered by this agreement.
- H. The Health Director can override any decision to deny or limit services to a client.

IV. Fees for Services

- A. In order to facilitate early entry into prenatal care or family planning services, pregnancy tests will be provided free of charge unless they are required as part of another service.
- B. In order to facilitate early identification of and referral for hypertension, two blood pressure screenings will be provided in the clinic free of charge. Borderline readings will be checked free until determined to be normal or the client is referred for further evaluation. Follow-up of clients with a diagnosis of hypertension will be charged according to the fee policy.
- C. Fees are not charged for diagnosis and treatment of sexually transmitted diseases, or investigation and control of communicable diseases. There is also no charge to clients for any State-purchased vaccine.
- D. Fees are charged for health and dental services provided to individuals unless prohibited by law or regulation. Fees are established based upon cost analysis, Medicaid and Medicare rates, comparable provider rates and/or state or contractual agreements. The Health Director shall inform the Board of Health and the Orange County Board of Commissioners of these adjustments in a timely manner.
- E. Fees may be charged to clients for “non-program” specific services without being adjusted on a sliding fee scale (flat fees).
- F. Fees may be charged for education, community-based limited clinical services (such as influenza shots) and screening services provided to individuals or groups. The following applies to these services:

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1. They include orientation, field training, dental screening and education, and/or other health promotion activities such as infant and toddler car seats, bike helmets, or equipment rental.
 2. The Health Director will negotiate fees for services where fees have not been previously determined.
 3. Income eligibility requirements do not apply to these services.
- G. Per NC General Statute Chapter 7B, Subchapter 4, Article 35, and confidentiality regulations, emancipated minors and other individuals requesting confidential services will be considered a family of one for determination of charges. Private insurance will also not be billed for minors receiving services for which they can consent unless permission is received from the minor.
- H. Persons requesting any program services may be encouraged to apply for Medicaid, as applicable.
- I. The Personal Health Services Division clinical and nutrition services will use the appropriate sliding fee schedule for services when adjustable fees are allowed; all other fees will be charged at 100%.
1. Clients, who require services provided on the sliding fee schedule, are expected to pay the appropriate fee in full based on sliding fee guidelines.
 2. This schedule will require assessment of the client's financial status on an annual basis or when a financial status change occurs, as specified in section III.
- J. Dental Health Services, Primary Care Services, and Nutrition Services will use a sliding fee schedule for all services, with a minimum charge to be established at the annual fee review during the budget preparation process.
1. The minimum charge for dental, primary care, and nutrition services will apply regardless of the determination of the client's financial status.
 2. If a client is determined to fall at the 0% pay level, the minimum charge will be the only charge levied and collected.
 3. Minimum charge is due at time of service.
- K.
- 1.
- L. Fee schedules will be reviewed annually during the budget process and adjusted as appropriate; a complete cost analysis for purposes of fee adjustments will be performed every five years.
- M. Based on G.S. 130A-41, the Health Director is authorized to enter into contracts, which may include negotiated reimbursement rates.
- N. The Health Director may not make exceptions to the Fee Policy except to accommodate specific situations.

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- O. Any minimum administrative fee or flat fees shall be applied without discrimination to all patients.
- P. There will be no “schedule of donations”, bills for donations, or any other implied coercion for donations from clients as a condition for being seen at the Health Department. Donations to the health department can be made through the Orange County Community Giving Fund. Fees for services will not be waived because of client donations.

V. Fee Collection

- A. Environmental Health service fees are paid before an appointment is scheduled. Field staff cannot accept fees in the field.
- B. Fees collected from Medicaid and Medicare and other third party insurance for a covered service, combined with payment of any applicable co-pays and coinsurance, constitutes full payment for that service.
- C. A co-payment, deductible, or balance of charge will be collected at the time of service from individuals covered by other third party insurance plans when OCHD is a member of their provider panel (exception family planning). For Family Planning clients, family income should be assessed before determining whether co-payments or additional fees are charged. With regard to insured clients, payments towards a deductible for clients whose family income is verified to be at or below 250% FPL should not pay more have the appropriate sliding fee schedule applied.
- D. If OCHD is not on the insurance provider panel, the client will be charged for the service(s) based on the Health Department’s fee schedule. The client will be provided with documentation of services for submission of a claim to their insurance company.
- E. At the time services are received, the client will be informed of the cost of services for that visit as well as their total account balance.
- F. Payment is due at the time services are rendered.
- G. When the client is unable to pay in full at the time services are rendered, a payment plan is established, and the client must sign a “Payment Agreement Form” (Attachment C) except for minimum-fee or flat-fee charges.
- H. When a client requests “no mail”, discussion of payment of outstanding debt shall occur at the time the service is rendered. A remark regarding “no mail” is entered into the medical data system. No letters or other correspondence concerning insurance or past due accounts will be sent to any client that requests “no mail”.

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- I. The Billing Cycle for the Health Department (by Division) is as follows:
1. Personal Health & Dental Health Divisions
 - a. Bills will be sent monthly by the tenth of the month for two months after services have been rendered indicating a statement of balance due. Every quarter, all accounts with a balance \$50 or more that are more than 60 days past due will be forwarded to the County Attorney Office and pursued through debt set-off in accordance with the county policy. Accounts with a balance of less than \$50 will remain delinquent until paid or written-off.
 - b. If a debt is not paid, when the client attempts to make another appointment, the client will be told they have a previous balance, and they must have an active payment plan or make a payment at time of next service except for Family Planning clients.
 2. Environmental Health Division
 - a. An initial invoice for additional or miscellaneous Wastewater Treatment Management Program (WTMP) charges is mailed with the inspection form.
 - b. If no payment is received within 90 days, a second notice is mailed.
 - c. If no payment is received after an additional 30 days and the debt is \$50 or greater, the account is forwarded to the County Attorney's Office, which will pursue it through the county's debt set-off procedure.
 - d. Debt owed by a corporation or non-individual is dissolved upon sale of property.
 - e. If the client presents and voluntarily wishes to pay on the account, any amount the client offers will be accepted, documented in the client file, and a receipt will be provided.
- J. Insurance and Third Party Billing
1. Where a third party is responsible, bills are to be submitted to that party;
 2. Third parties authorized or legally obligated to pay for clients at or below 100% FPL are properly billed
 3. Third party bills (including Medicaid) show total charges without any discounts; and
 4. Bills to third parties (including Medicaid) show total charges without applying any discount unless there is a contracted reimbursement rate that must be billed per the third party agreement.
 5. The health department will bill insurance and managed care organizations for which provider approval has been established. The patient will be responsible for all deductibles, coinsurance and non-covered charges.
 6. Patient or parent/guardian signature is required to give authorization to file claims and provide necessary information to the insurance company (Attachment D).
 7. Patients, or the accompanying parent/guardian of an unemancipated minor with appropriate insurance benefits, who receive public health services will be given the opportunity to choose whether or not to have insurance filed in order to avoid breach of confidentiality.

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VI. Review and Approval

- A. This Policy shall be reviewed annually by members of the Financial Review Committee. The committee shall have representatives from each division, and must also include the Health Department's Finance and Administrative Services Director

- B. Any policy revisions must be approved by the Health Director and the Board of Health.

VERIFICATION OF INCOME AND/OR RESIDENCY

To Whom It May Concern:

The Orange County Health Department is trying to determine the eligibility of _____ for services requested at our agency.

INCOME (_____ Check if required to provide)

It is our policy to charge fees based on the income and household size. The above named person reports that he/she and his/her family has no income and does not receive Medicaid or public assistance.

_____ reports that he/she receives financial support from you. Please verify below the amount of monthly support that you currently give to this person and sign your name at the bottom of the form.

\$_____ per (check) ___ week ___ bi-weekly ___ month

RESIDENCY (_____ Check if required to provide)

_____ reports that he/she and his/her family live at the address listed below. Before we can determine eligibility, we need a third party to confirm this information. By signing this form, you are saying that, to the best of your knowledge, this person/family lives at this address in _____ County.

Street/Apt City State Zip

Sign Your Name Date

Print Your Name

Thank you for this information. This will help us determine how we can best serve this person.

Office Assistant Signature Date

Interpreter Signature Date

VERIFICACIÓN DE INGRESO Y/O RESIDENCIA

A Quien Concierna:

El Departamento de Salud del Condado de Orange está intentando determinar la elegibilidad de _____ para los servicios solicitado en nuestra agencia.

INCOME (_____ Check if required to provide)

Nuestra política es cobrar los honorarios en base al ingreso y a la cantidad de personas en el hogar. La persona nombrada arriba informa que él/ella y su familia no tiene ningún ingreso y no reciben Medicaid o asistencia pública.

_____ informa que él/ella está recibiendo ayuda financiera de usted. Por favor verifique aquí abajo la cantidad de apoyo financiero que usted le da mensualmente a esta persona y firme su nombre al final del formulario.

\$ _____ por (check) ___ semana ___ quincena ___ mes

RESIDENCY (_____ Check if required to provide)

_____ informa que él/ella y su familia viven en la dirección anotada abajo. Antes de poder determinar elegibilidad para nuestros servicios, necesitamos que una tercera persona confirme esta información. Al firmar este formulario usted está indicando que, a su entender, esta persona/familia vive en esta dirección en el condado de _____.

Calle/departamento Ciudad Estado Código de área/Zip

Firme Su Nombre Fecha

Escriba Su Nombre en Letra Imprenta

Gracias por esta información. Esto nos ayudará a determinar cómo podemos servir mejor a esta persona.

Firma del Oficinista Asistente Fecha

Firma del Intérprete Fecha

DETERMINATION OF ELIGIBILITY FOR CLINICAL SERVICES

The Orange County Health Department, following approved policy and procedures, has determined that _____ (Client Name) is eligible for [circle] Medical / Dental services and will be charged _____ percent (%) of the total fees, based on the number of people living in the home and the total amount of gross income in the home.

STATEMENT OF FINANCIAL RESPONSIBILITY

Initial I understand that I am responsible for all fees involved in receiving services at the Orange County Health Department (as stated above)

Initial I understand that I am required to provide income verification to be eligible for the sliding fee scale. If I do not provide income verification in the next 10 business days (by _____), any services I receive that are not covered by insurance, with the exception of Family Planning services, will be billed at 100% on the sliding fee scale.

Initial I understand that if I report that I am pending Medicaid eligibility, but I do not follow-through with the Medicaid application or do not receive coverage, I will be responsible for all charges based on the sliding fee scale determination.

Initial I understand that payment is due at the time services are provided. I further understand that, if circumstances do not allow full payment on the day of service, a payment plan will be established.

Initial I understand that if I do not make a "good faith" effort to pay on any past bills due, future services may be limited or denied. However, emergency services will not be denied.

I understand that if I am unable to keep an appointment, I am to notify the clinic as early as possible. **Medical Clinics: 919-245-2400** **Dental Clinic: 919-245-2435**

Signature of Client/Responsible Party

Date

Signature of Interpreter

Date

Signature of OCHD Employee

Date

PAYMENT AGREEMENT FORM

In accordance with the policy of the Orange County Health Department, payment is due when service is provided. However, we realize that there are times when an individual does not have the total amount of money owed to the clinic, therefore, this written agreement is established as a method of adopting a payment plan for those patients who have an outstanding balance.

Name _____ Date of Birth _____

Address _____

I, _____, agree to establish a payment plan for my account and agree to the following:

_____ My account balance is \$ _____.

_____ I will pay the amount of \$ _____ on my bill.

_____ Monthly _____ Weekly _____ Bi-weekly

I understand that I am responsible for any balance left owing if my insurance company should not pay the bill in full and that it will be based on my sliding fee scale status.

Signature of Client

Date

Signature of OCHD Staff

Date

Assignment of Benefits

Client Name (Last, First, Middle Initial)

Date of Birth (DOB)

Insurance Provider

Client's Insurance ID #

Subscriber's Name

Subscriber's DOB

Policy #

Subscriber's Address (If different from client)

(____)____-____
Subscriber's phone #

I authorize Orange County Health Department to file insurance claims for services provided to me. These claims may be filed with Medicare, Medicaid, private insurance, or any other medical/dental plan.

I understand that it is my responsibility to report any changes in insurance coverage.

I understand that I am financially responsible for any amount not covered by insurance, unless otherwise state in the provider agreement.

I understand that any co-payment or deductible is due at the time that services are rendered.

I authorize the release of any medical or pertinent information necessary to obtain these benefits to my insurance carrier or any other medical entity for continued medical care.

Please state any records you want excluded from information that may have to be released:

Client Signature

Date

Interpreter Signature

Date

OCHD Employee Signature/Witness

Date

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Section I: Board Adopted Policies
Policy F: Community Assessment Policy
Reviewed by: Board of Health
Approved by: Board of Health, Health Director

Policy

This policy establishes that the Orange County Health Department will complete a Community Health Assessment (CHA) every four years that ensures community input and a State of the County Health (SOTCH) report in the interim years between assessments, according to guidelines published by the North Carolina Division of Public Health.

Purpose

The purpose of this policy is to provide guidelines for the development of the CHA and SOTCH report and to ensure that these are collaborative efforts that include input from community members, county agencies and organizations, the Board of Health and other county stakeholders.

Delegation

The development and implementation of procedures for the CHA and SOTCH reports are delegated to the Division of Health Promotion and Education Services through the Health Director.

Procedures

1. Community Health Assessment process procedures:
 - a. This process will be coordinated through the Health Promotion and Education Division every four years.
 - b. Health education staff will recruit a diverse group of partners to form a CHA team. Partners that will be approached about serving on this team include representatives from but not limited to the following:
 - i. Various ethnic and cultural backgrounds (Hispanic, Native American, etc.)
 - ii. Economic development and industry
 - iii. Educational systems
 - iv. Human service agencies
 - v. Organizations that serve children through senior adults
 - vi. Law enforcement
 - vii. And others as identified.
 - c. As funding is available, the Department will contract with an educational institution or consultant to facilitate the team in the collection, analysis, and reporting of the primary and secondary data.
 - d. The [*Community Health Assessment Guide Book*](#) available on the North Carolina Division of Public Health website will be used as a resource document or toolkit throughout the community health assessment process. This book will guide the

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team on the various components (i.e. demographics, economic factors, health needs, etc.) that need to be included in this process and the final document.

- e. Primary data will be collected from community members, clients receiving direct services from the health department, the Board of Health and other county stakeholders through their participation in written surveys, focus groups, or interviews.
- f. Secondary data will be obtained from the North Carolina State Center for Health Statistics (NC SCHS) and other resources identified and available to CHA team members.
- g. CHA team members will assist with the collection of primary and secondary data.
- h. The CHA team will collaborate with county stakeholders to prioritize health concerns according to the primary and secondary data collected. The CHA team will reference the CHA Guidebook for guidance on reporting data findings and involving community members, the Board of Health and other county stakeholders in the process to establish health priorities for the county.
- i. Designated members of the CHA team will summarize the data and priority health topics to produce a document to report the community health assessment process and its findings.
- j. The CHA document will be submitted to the North Carolina Division of Public Health by the first Monday in March every four years and will be disseminated to community and county stakeholders as specified in the North Carolina Local Health Department Accreditation Standards. This may include electronically via the department's website as well as presentations of findings and copies of reports to partner agencies and community organizations for public access.
- k. The CHA document will be used by the Orange County Health Department in the development of the department-wide strategic plan, grant writing, program planning and advocacy for funding. This document will be available as a resource for other individuals, agencies, and organizations.
- l. Using the CHA, Health Promotion and Education staff and the CHA team will create Community Health Action Plans to describe plans for health activities to be carried out in the county. The [Community Health Action Plan](#) form is due the first Monday of September the year the county was assigned to complete their CHA. The form is available through the NC Division of Public Health website.

Review Annually (July)

Original Effective Date: February 28, 2008

Revision Dates: 10/15/12, November 2013, October 2014

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2. State of the County Health (SOTCH) report process procedures:
 - a. The SOTCH report will primarily be produced by the Department's Health Promotion and Education staff in the interim years between community health assessments.
 - b. This report will include:
 - i. A review of major morbidity and mortality data for the county
 - ii. A review of health concerns selected as priorities
 - iii. Progress made in the last year on these priorities
 - iv. A review of any changes in the data that guided the selection of these priorities
 - v. Other changes in the county that affect health concerns (such as economic or political changes, new funds or grants available to address health problems, etc.)
 - vi. New and emerging issues that affect health status
 - vii. Methods of direct community involvement with ongoing efforts
 - c. The primary source of data for this report will be the NC SCHS website.
 - d. The SOTCH report will be submitted to the state by the first Monday in March of each year it is due and will be disseminated to the community and county stakeholders according to North Carolina Local Health Department Accreditation Standards. .

References:

Community Health Assessment Guidebook online at:
<http://publichealth.nc.gov/lhd/cha/docs/guidebook/CHA-GuideBookUpdatedDecember15-2011.pdf>

Community Health Action Plan Form online at:
<http://publichealth.nc.gov/lhd/cha/docs/guidebook/GuidelinesForCommunityHealthActionPlanForms.pdf>

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Section I: Board Adopted Policies

Policy G: Community and Public Input Policy

Reviewed By: Board of Health

Approved By: Board of Health, Health Director

Policy

It shall be the policy of the Orange County Board of Health and Health Department to ensure that reasonable mechanisms for community/public input are available.

Purpose

The purpose of this policy is to ensure that policies and services of the Orange County Board of Health and Orange County Health Department have considered the health and environmental safety needs of the general population and any at-risk populations of Orange County.

Guidelines

1. The Board of Health will reserve a public comment period on each regularly scheduled Board meeting. Each individual will be given a maximum of three minutes for comments, and the public comment period will be limited to 15 minutes each meeting.
2. Annually the Board of Health will receive from the staff of the Health Department the results of patient and client input on services received, including any corrective actions deemed necessary to improve services.
3. The Health Director or his/her designee will maintain current contact information on the Department and the Board of Health on the Health Department website.
4. The Health Director shall report significant community-wide input received by the staff to the Board at least quarterly.

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Section I. Board Adopted Policies

Policy H: Policy and Procedure for Complaints

Reviewed By: Board of Health

Approved By: Board of Health, Health Director

Policy

The Board of Health and Health Department staff will ensure that a mechanism exists for complaints to be considered and resolved from clients, patients, or residents regarding services delivered by the Health Department.

Purpose

The purpose of this process is to ensure that the Orange County Board of Health and Orange County Health Department have reasonable means in place to ensure that timely appeals can be heard from clients, patients, or members of the public.

Guidelines

1. The Department will follow all provisions and requirements outlined by North Carolina General Statutes governing Health Departments, including but not limited to GS 130A.
2. If any provision of the following procedures is in conflict with General Statutes, the current Statute will govern.

Procedures:

1. Procedure for a General Complaint

- a. A complaint shall be made either verbally or in writing to any staff member in the Health Department.
- b. The staff member receiving the complaint shall attempt to resolve the complaint.
- c. If the complainant is not satisfied, the staff member shall provide contact information for the most closely aligned Division Director.
- d. The Division Director will contact complainants within one working day and attempt to resolve the complaint.
- e. If the complainant is not satisfied, the Division Director shall provide contact information to the complainant for the Health Director.
- f. The Health Director will attempt to contact complainants within one working day and attempt to resolve the complaint.
- g. If the complainant is not satisfied, the Health Director will provide the complainant with the time and date of the next regularly scheduled Board meeting and invite the complainant to speak to the Board. The Board Chair and Vice-Chair shall be informed prior to the meeting. A summary of actions taken to date along with a description of the complaint will be provided to the Board in the agenda packet.

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Section II: Board Adoption or Review of Reports and Documents

Reviewed by: Board of Health

Approved by: Board of Health, Health Director

Purpose: To ensure that the Board of Health provides guidance and input for community and departmental planning that affects the health and well being of county residents and to meet the requirements for program review as specified by law or regulation.

Scope of Review and Approval: A particular document or program may have differing review and adoption requirements. Annually, the Health Director and Division Directors will review program requirements and recommend changes to the reports or documents and actions required that are listed in this Section.

1. Community Health Assessment: (2007, 2011, 2015) A comprehensive county-wide community health assessment every four years is the current requirement of the contract agreement the health department has with the NCDHHS. The assessment has several components, all of which are individually adopted by the Board of Health in the year that the assessment is due to the NCDHHS. The components include:
 - a. **Approval** of community input process.
 - b. **Approval** of priority selection.
 - c. **Approval** of final document.
 - d. **Approval** of action plans based on priority selection.
2. State of the County Health Report (SOTCH): An annual update on progress toward the community action plans of the community health assessment and a review of secondary data related to the priorities. **The Board reviews and endorses** this report. (Due December of each year a Community Health Assessment is not due).
3. Health Department Budget: The Board **annually reviews and approves** for forwarding to the Board of Commissioners, the proposed budget for the Health Department in accordance with the county adopted schedule for budget completion. The review and approval includes but is not limited to new position requests, capital requests, technology requests, fee schedules, and new program requests.
4. Board of Health Strategic Plan: **The Board of Health develops and adopts a** strategic plan every two years to define the Board's policy and programmatic goals. These goals are shaped by the Community Health Assessment, available primary and secondary data, and available department resources. **The Board adopts the plan** and provides updates to the Board of Commissioners at joint meetings of the Board of Commissioners and Board of Health.
5. Child Fatality Prevention Task Force Report: The Board of Health **receives and forwards** annually to the Board of Commissioners a report and recommendations for improvement from the Orange County combined Child Fatality Prevention Task Force and the Child Protection Task Force as required by state law.
6. Fiscal Oversight: In order to exercise fiscal oversight, the Board **receives and reviews** quarterly financial summaries on revenues and expenditures by Division for the Health Department. The Board **forwards recommendation of approval** for the receipt of all grant funds and funds not originally part of the approved annual budget to the County Commissioners. Contracts that require the Board of Commissioner

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Original Effective Date: October 24, 2007

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Section II: Board Adoption or Review of Reports and Documents

Reviewed by: Board of Health

Approved by: Board of Health, Health Director

- approval for execution are reviewed by the Board of Health, either prior to submission to Commissioners or immediately following the submission to Commissioners.
7. Research Project Requests and Reports: The Board **receives information** on all research project requests that are made to the Health Department and on final reports as a result of research approved by the Health Director. Projects that are conducted by health department staff members require a written or oral report to be submitted to the Board of Health.
 8. Annual Activity Reports: The Board **receives and reviews** an annual activity and budget report for the Department after the close of the fiscal year, before the next budget is prepared. An annual summary of communicable disease activity may be included as part of the Annual Activity Report.

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Board of Health Policy and Procedures Manual

Section III: Board Processes

Process A: Operating Procedures

Reviewed by: Health Director

Approved by: Health Director, Board of Health

Purpose

To outline operating procedures for the Board of Health in accordance with pertinent state, local and federal requirements for the operation of the Board.

I. Name and Office

The name of this organization is the Orange County Board of Health (hereinafter "Board"). The principal office of the Board is located at 300 West Tryon Street, Hillsborough, NC 27278.

II. Charge to the Board

The Board is the primary policy-making and adjudicatory body (NCGS 135A-25(a)) for the health department and is charged to protect and promote the public health of Orange County (NCGS 130A-39).

III. Officers and Committees

A. Chair and Vice-Chair

The Board members shall select a Chair and Vice-Chair by majority vote each year at the last meeting of the calendar year.

B. Secretary

The Orange County Health Director shall serve as Secretary to the Board, but the Director is not a member of the Board. The Health Director may delegate the duties of the secretary that are set forth in these operating procedures to an appropriate local health department employee.

C. Committees

The Board shall review the existing committee structure annually and make decisions regarding the number and types of standing committees. Board members are appointed to committees in January of each year. Only Board members may serve as committee members of standing Board committees and the number of Board members on any single committee must be at least two members and may not exceed five members.

The Board shall have the following committees:

1. Executive Committee

To provide the structure for the work of the Board of Health and act as an advisor to the health director and senior management staff as needed.

Chair and Vice-Chair are committee members.

2. Nominating and Bylaws Committee

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To develop and present an annual slate of officers for Board consideration, to oversee the board recruitment process, and to recommend operating procedure changes as needed. Members are appointed by the Chair on an ad hoc basis. Members of the Nominating and ByLaws committee should not include those seeking a nomination as an office for that year.

3. Access to Care

To oversee the action steps and deliverables outlined in the Access to Care section of the Board of Health Strategic Plan

4. Mental Health and Substance Abuse

To oversee the action steps and deliverables outlined in the Mental Health and Substance Abuse section of the Board of Health Strategic Plan

5. Childhood and Family Obesity Prevention

To oversee the action steps and deliverables outlined in the Childhood and Family Obesity Prevention section of the Board of Health Strategic Plan

All standing committees are subject to the North Carolina open meetings laws and shall comply with the provisions of those laws.

6. Temporary Committees

The Board may establish and appoint members for temporary committees as needed to carry out the Board's work. Temporary committees must limit their work to the specific charge outlined by Board motion and may include members that are not serving on the Board of Health.

All temporary committees are subject to the North Carolina open meetings laws and shall comply with the provisions of those laws.

IV. Meetings

A. Regular Meetings

The Board shall hold regular meetings no less than quarterly. As a general rule, the Board will meet monthly. A calendar of regular meetings and location of each meeting will be established at the last regular meeting of the calendar year for the next calendar year. The dates may be adjusted annually based on Commissioner meeting dates for the year to enable the Commissioner member of the Board to attend.

B. Agenda

The Secretary to the Board shall prepare an agenda for each meeting. Any board member who wishes to place an item of business on the agenda shall submit a request to the Secretary at least five working days before the meeting. For regular meetings, the Board may add items to the agenda or

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Approved by: Health Director, Board of Health

subtract items from the agenda by a majority vote. The agenda for a special or emergency meeting may be altered only if permitted by and in accordance with the North Carolina open meetings laws.

C. Presiding Officer

The Chair of the Board shall preside at Board meetings if he or she is present. If the Chair is absent, the Vice-Chair shall preside. If the Chair and Vice-Chair are both absent, another member designated by a majority vote of members present at the meeting shall preside.

D. Quorum

A majority of the actual membership of the Board, excluding vacant seats, shall constitute a quorum. A member who has withdrawn from a meeting without being excused by a majority vote of the remaining members shall be counted as present for purposes of determining whether or not a quorum is present.

E. Voting

Each Board member shall be permitted to abstain from voting, by so indicating when the vote is taken. A member must abstain from voting in cases involving conflicts of interest as defined by North Carolina law. If a member has withdrawn from a meeting without being excused by a majority vote of the remaining members, the member's vote shall be recorded as an abstention.

F. Minutes

The Secretary shall prepare minutes of each Board meeting. Copies of the minutes shall be made available to each Board member before the next regular Board meeting. At each regular meeting, the Board shall review the minutes of the previous regular meeting as well as any special or emergency meetings that have occurred since the previous regular meeting, make any necessary revisions, and approve the minutes as originally drafted or as revised. The public may obtain copies of Board meeting minutes at the Board of Health website (<http://orangecountync.gov/health/BOHAgendasandMinutes.asp>).

V. Amendments to Operating Procedures

These operating procedures may be amended at any regular meeting or at any properly called special meeting that includes amendment of the operating procedures as one of the stated purposes of the meeting. A quorum must be present at the meeting at which amendments are discussed and approved, and any amendments must be approved by a majority of the members present at the meeting.

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Approved by: Health Director, Board of Health

VI. Other Procedural Matters

The Board shall refer to Bell, II, A. Fleming. Suggested Rules of Procedure for Small Local Government Boards, Second Edition, Institute of Government, The University of North Carolina at Chapel Hill, 1998 to answer procedural questions not addressed in this document, so long as the procedures prescribed in *Suggested Rules of Procedure for Small Local Government Boards* do not conflict with North Carolina law.

VII. Rules Development Procedure

The board shall evaluate the need for adoption of rules to protect and promote the public health. In addition, existing rules should be evaluated periodically for the need for revisions to respond to new risks, advances in technology, or changes in statutes or state regulations.

A. The Board will follow the procedures outlined in NCGS 130A-39.

1. Not less than 10 days before the adoption, amendment or repeal of any local board of health rule, the proposed rule shall be made available at the office of the county clerk, and a notice shall be published in a newspaper having general circulation within Orange County. The notice shall contain:
 - a. A statement of the substance of the proposed rule or a description of the subjects and issues involved.
 - b. The proposed effective date of the rule, and
 - c. A statement that copies of the proposed rule are available at the local health department.

A local board of health rule shall become effective upon adoption unless a later effective date is specified in the rule.

2. Copies of all rules shall be filed with the secretary of the local board of health and will be made available to all Board of Health members.
3. A local board of health may, in its rules, adopt by reference any code, standard, rule or regulation, which has been adopted by any agency of this State, another state, any agency of the United States or by a generally recognized association. Copies of any material adopted by reference shall be filed with the rules.

VIII. Adjudication Procedures

A. The Board will follow all procedures as specified in NCGS 130A-24. In the case where a member of the public is appealing a staff decision on the

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Reviewed by: Health Director

Approved by: Health Director, Board of Health

application of an Orange County Board of Health adopted rule or policy, the process will include the following steps:

1. The aggrieved party shall provide written notice of appeal to the Health Director within 30 days of the challenged action. The notice shall contain the name and address of the aggrieved person, a description of the challenged action and a statement of the reasons why the challenged action is incorrect.
2. The Health Director shall notify the Board within five working days of receipt of the appeal and transmit all documents upon which the challenged action was taken.
3. The Board of Health shall hold a hearing within 15 days of the receipt of the notice of appeal from the health director to the Board. The Board will give the person not less than 10 days notice of the date, time and place of the hearing. A quorum of the entire Board of Health shall hear the appeal.
4. The hearing must meet the requirements of procedural due process.
 - a. No contact outside the hearing with parties involved or between board members.
 - b. Board members with any bias must not participate.
 - c. Board must allow the appellant's attorney to attend and advise his/her client.
 - d. Board must take sworn and relevant testimony.
 - e. Board must provide for cross-examination of witnesses.
 - f. Board must keep detailed or verbatim minutes.
5. The proceedings shall be recorded and a transcript of the hearing shall be prepared and be available to the appellant and/or the Board upon request.
6. At the next regularly scheduled Board meeting following the hearing, the Board must issue a written decision based on the evidence presented at the hearing. The decision shall contain a concise statement of the reasons for the decision and the Secretary will transmit the final written decision of the Board to the person appealing via certified US mail.
7. A person who wishes to contest a decision of the Board of Health shall have a right of appeal to the district court having jurisdiction within 30 days after the date of the decision.

IX. Annual Review of the Health Director

The Board will annually review the performance of the Orange County Health Director using the process detailed in the Board of Health Policy and Procedure Manual, Section III, Process Bd *Annual Performance Review Process for Health Director*.

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Reviewed by: Health Director

Approved by: Health Director, Board of Health

X. Compliance with North Carolina Law

In conducting its business, the Board shall comply with all applicable North Carolina laws, including but not limited to open meetings laws, public records laws, and the laws setting forth the responsibilities and duties of local boards of health. To assist the Board in compliance, the local health director shall maintain a current copy of relevant North Carolina General Statutes and make them available to Board members on request.

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Section III: Board Processes

Process B: Supplemental Processes a. Oath of Office for New Board Members

Reviewed by: Health Director

Approved by: Board of Health, Health Director

Oath of Office for New Board Members

Purpose: *To establish a process for new Board of Health members to complete requirements for assuming their seat as an Orange County Board of Health member.*

1. Each new Board of Health member must complete certain tasks prior to assuming their seat as an Orange County Board of Health member. These include completing the “Oath of Office”, a Confidentiality Agreement, and a Conflict of Interest statement.
 - a. The Oath of Office is administered to a new Board member by a public notary either at or before the first regular meeting of the Board of Health after the member’s appointment by the Orange County Board of Commissioners. The oath may be administered with or without a Bible by a notary public. The original of the signed and notarized oath is placed in the official health department file and a copy is provided to the Board member. The oath is as follows:

“ I, [name], do solemnly swear (or affirm) that I will support and maintain the Constitution and laws of the United States, and the Constitution and laws of North Carolina not inconsistent therewith, and that I will faithfully discharge the duties of my office as a member of the Orange County Board of Health, (so help me God). {NCGS 11-7.1}

“I [name], do swear (or affirm) that I will well and truly execute the duties of the office of member of the Orange County Board of Health according to the best of my skill and ability, according to law, (so help me God). {NCGS 11.11}

- b. Each new Board of Health member must sign a Confidentiality Agreement and Conflict of Interest Statement prior to attending their first meeting of the Board of Health as specified in Board Policy I.C. Confidentiality and Conflict of Interest Policy for Board Members.

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Section III: Board Processes
Process B: Supplemental Processes b: Orientation and Education for New BOH Members
Reviewed by: Board of Health
Approved by: Board of Health, Health Director

Process for Orientation and Education for New BOH Members

Purpose

To orient new Board members so they can become effective Board members and to ensure that Board members remain current health issues and best practices that affect the community.

Guidelines:

1. Board members will complete a designated orientation program no later than 9 months after their first appointment date.
 - a. Each Board member will meet with the Health Director and other staff as appropriate to review the Orientation Manual for Board of Health Members and the Local Data and Rules Manual.
 - b. The Health Director is responsible for reviewing and updating the Orientation Manual and the Local Data and Rules Manual on an annual basis prior to new Board members first date of appointment.
 - c. Each Board member will review the training (available on the Orange County Board of Health website) “Protecting Your Public, Environmental Health Orientation Part 1 and 2” either independently or in a group.

2. Board members will participate in ongoing continuing education.
 - a. Board members will participate in at least 3 educational sessions each calendar year
 - b. The Health Director, in consultation with the Board, will establish a schedule of educational sessions each fiscal year that take place either prior to or as part of a regular Board meeting.
 - c. Board members will receive ongoing training on the responsibilities and authority of the local board of health at least once every 4-year accreditation cycle.

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Section III: Board Processes
Process B: Supplemental Processes c. Recruitment and Reappointment Procedures for Members
Reviewed by: Board of Health
Approved by: Board of Health, Health Director

Process for Recruitment and Reappointment for BOH Members

Purpose

To provide advice to the Orange County Board of Commissioners on the appointment of Board of Health members to ensure that they meet requirements of NCGS 130A and Orange County Commissioner Policies.

Guidelines:

1. Recruitment procedures for new Board of Health members.

- a. The Nominating and Operating Procedures Committee of the Board of Health is delegated to carry out recruitment for vacant slots on the Board of Health. In order to meet a timely transition in July the process should begin four months prior to expiration of term (generally in March). The procedure is as follows:

For representatives of professional slots:

1. Recommendations for replacements may be solicited from the “retiring” Board member. Applicants must apply through the County Commissioner’s Clerk’s Office.
2. If there are no suitable applicants in the current database, mailing list/labels from appropriate licensing board or association may be obtained.
3. If a list is used to solicit suitable applicants, a recruitment letter is prepared by the Health Director for Committee approval. Recruitment letter is signed by current board chair and current board member occupying the slot or nominating committee chair.
4. Applicants send applications to Clerk's Office. Application period open until filled. Committee reviews applications no sooner than 15 working days after mailing of letter.
5. Nominating Committee may add current professional representative, related division director, and health director to review applications, apply criteria, and may choose to interview top two or three applicants. At a minimum, committee interviews top candidate to solicit interest, commitment, and understanding of expectations of service on the Board. Committee makes recommendation to Board of Health.
6. Board of Health receives roster of all applicants and applications from top selections. Board makes recommendation to Board of Commissioners.

For at-large representative slots:

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Process B: Supplemental Processes c. Recruitment and Reappointment Procedures for Members

Reviewed by: Board of Health

Approved by: Board of Health, Health Director

1. Recommendations for replacements may be solicited from the “retiring” Board member. Applicants must apply through the County Commissioner’s Clerk’s Office.
 2. If there are no suitable candidates in the current database, the Committee meets with all three at-large representatives and the Health Director to determine community groups from which to recruit and mailing labels/list are obtained from those community groups.
 3. If a list is used to solicit suitable applicants, a recruitment letter is prepared by the Health Director for Committee approval. The letter is signed by the current board chair and current at-large representative occupying the slot or by nominating committee chair.
 4. Applicants send applications to Clerk's Office or apply on-line through the county website. Application period open until filled. Committee will look at applicants no sooner than 15 working days after letters were mailed.
 5. Nominating Committee reviews applications, applies criteria, and may choose to interview top two or three applicants. At a minimum, committee interviews top candidate to solicit interest, commitment, and understanding of expectations of service on the Board. Committee makes recommendation to Board of Health.
 6. Board of Health receives roster of all applicants and applications from top selections. Board makes recommendation to Board of Commissioners.
- b. Criteria for Board of Health applicant review. The following criteria are meant to be guidelines for assessing applicants and are not meant to be exclusive.
1. Full-time resident of Orange County, with commitment to stay in the county for at least six years (2 terms)
 2. Must hold required degree for service if in a professional slot: RN, MD/DO, DVM, OD, BS Pharm, PE, DDS
 3. Public health training or experience preferred for professional slots
 4. For professional slots, actively employed in their profession (e.g., as a pharmacist or in a pharmacy administrative role). Priority given to practicing professionals (non-researchers).
 5. Prior experience with community work (e.g., Red Cross, mission work, school health)
 6. Willingness to engage as an active member of the Board, serve in a leadership position, and/or serve as an active member on a committee
 7. Currently serving on not more than one other Board or committee that requires significant amounts of time
 8. Geographic representation of the county (balance on the current board)
 9. Gender and culturally diverse representation on the current board
 10. No former employees of the health department
 11. No employees of other county departments

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Process B: Supplemental Processes c. Recruitment and Reappointment Procedures for Members

Reviewed by: Board of Health

Approved by: Board of Health, Health Director

2. Reappointment of Existing Board of Health Members

A Board of Health member is appointed to a three-year term beginning July 1, unless serving in an unexpired term slot. Generally, members are eligible for reappointment for a second term. In March of each year, the Nominating Committee reviews the attendance records of members who are eligible for reappointment, contacts each member to assess willingness to continue and makes a recommendation to the Board of Health. The Board Secretary (Health Director) sends a letter to the Clerk of the Commissioners indicating the Board of Health's review and endorsement for reappointment.

3. Resignation of Board Member from Current Term of Office

In the event that a Board member resigns prior to the official end of his/her term of office, the Board member shall send a letter to the Secretary (Health Director) or the Board Chair with the date of his/her resignation. The Secretary will transmit the letter to the County Commissioners Clerk's Office and ask that recruitment for the slot be activated. The Board shall be informed at the next regularly scheduled meeting of the Board.

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Section III: Board Processes
Process B: Supplemental Processes d. Annual Performance Review Process for Health Director
Reviewed by: Board of Health
Approved by: Board of Health, Health Director

Annual Performance Review Process for Health Director

Purpose

To provide the Board with a process for accomplishing the required annual review of the health director's performance in accordance with the statutory requirement GS 130A-41.

Guidelines:

1) Orange County Personnel Policies are followed in conducting this review.

Steps in the standard process are:

- Preparation of an annual work plan by the employee and supervisor.
- Preparation of performance notes at the end of the plan year that relate to the objectives contained in the work plan.
- A conference between the employee and the supervisor regarding the employee's performance for the year.
- Supervisor prepares a Work Planning and Performance Summary after the conference which outlines the findings of the discussion and makes the final recommendation as to performance.
- Supervisor forwards all paperwork to Human Resource Director.

2) In the case of the Health Director, the "supervisor" of the Director is the entire Board. The Chair assumes the responsibility of managing the information flow and input into the performance evaluation. This may include the formation of an ad-hoc committee to assist in the completion of the performance evaluation.

1. The Health Director prepares performance notes relevant to the year and emails them to all Board members.
2. The Chair schedules a meeting with the County Manager to obtain input on the Health Director's performance.
3. The Chair may or may not solicit additional feedback, including from senior management staff and direct reports at the Health Department through electronic or in-person methods each year. A 360° evaluation should be conducted at least every 5 years.
4. The Chair presents these findings to the full Board at a closed session of the Board and a general discussion of performance is then held. The Board reaches agreement on a recommendation and then the health director is called into the room and the Chair guides the discussion by Board members.
5. The Board is required to keep minutes during the closed session, including any motions made and actions resulting from such motions and transmit them to the Secretary (Health Director) for the permanent record.
6. Board members indicate changes they would like to see included in the following year's work plan and those areas are discussed with the Health Director in the meeting.

Following the meeting, the Chair writes the performance summary, finalizes the paperwork, obtains the Health Director's signature and sends it to the Human Resources Director for the County. The

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Reviewed by: Board of Health

Approved by: Board of Health, Health Director

Human Resources Director processes the remaining paperwork. The goal should be to have the performance review complete within 30 days of the hiring date anniversary.