

MINUTES OF THE CASWELL COUNTY BOARD OF HEALTH

The Caswell County Board of Health met at 7:00 P.M. on October 22, 2013 in the Caswell County Health Department's downstairs meeting room in Yanceyville, North Carolina.

ATTENDANCE:

Position	Name	Present	Not Present
County Commissioner	Nate Hall	X	
Pharmacist	Andrew Foster, Pharm. D, R.Ph. (Chair)	X	
Dentist	Rose Satterfield, DMD	X	
Veterinarian	Donald Fuller, DVM		X
Physician (Gen. Pub.)	Cecil Page	X	
Registered Nurse (Gen. Pub.)	Sharon Kupit	X	
Engineer (Gen. Pub.)	Ricky McVey		X
Optometrist (Gen. Pub.)	Carl Carroll, RS, MBA	X	
General Public	Keisha King	X	
General Public	Elin Armeau-Claggett, PA-C, PhD (Vice-Chair)	X	
General Public	Sally Wallace		X

Others Present: Frederick Moore, MD – Health Director
 Sharon Hendricks – Finance Officer
 Jennifer Eastwood, MPH – QI Specialist
 Candace West, M.Ed. - Tobacco/Rural Lead, CTG Project

I. Call to Order

A. The October 22, 2013 meeting of the Caswell County Board of Health was called to order by the Chair at 7:00 P.M.

II. Public Comment

A. None

III. Action Items

A. Approval of Minutes

A motion was made by Cecil Page and seconded by Sharon Kupit, to approve the September 24, 2013 Minutes of the Board Of Health as distributed in the packet. The motion carried on a vote of 7 to 0.

B. Accreditation Issues

1. Jennifer Eastwood asked all of the Board of Health members that had not already signed a "Confidentiality Agreement" or "Conflict of Interest Statement" to sign one before leaving the meeting.
2. She also requested that each board member write down any community activities they were involved in and turn that in as well.
3. Board of Health Operating Procedures
 - a. The Caswell County Board of Health has used "By-Laws" for many years. However, the accreditation standard is that we use "Operating Procedures" format provided by the NC Division of Public Health instead.
 - b. The primary difference between the two is that much of the content of our By-Laws is also in the NC General Statutes while the Operating Procedures assumes that we are following the law and mainly contains the rules that are not in the General Statutes.
 - c. The parts of our current By-Laws that are not included in the Operating Procedures will be included in the Board of Health Handbook under the Roles and Responsibilities section.

- d. The draft of the Operating Procedures was distributed to the members for them to review over the next month and a vote will be held at the November board meeting.
 - e. The new handbook, the old By-Laws, training links and other policies and procedures can be found online at www.employee.caswellnc.us.
4. Health Director Job Description
- a. The accreditation standard is that the Health Director's job description is reviewed annually by the Board of Health to determine if the current Health Director is qualified.
 - b. The job description was distributed for the board to review over the next month and approve at the next meeting.
5. Fees
- a. When the Board of Health reviewed and approved the Health Department budget for FY 2013-2014 we neglected to have the board specifically approve the proposed fees.
 - b. The proposed fee schedule was submitted to the Board of County Commissioners for their approval as a part of the budget packet and they have already approved them. However, to follow the letter of the law we are asking that the Board of Health officially approve the fees for FY 2013-2014.
 - c. Dr. Moore distributed the proposed fee schedule and he reviewed the various fees in Environmental Health, Home Health, and the Clinic. He explained how the fees were developed and that there were no changes since the previous year. Dr. Moore reminded the board that if we are "participating providers" with an insurance payor like Medicaid, Medicare, CIGNA or BCBS, we will only receive the smaller of what the contract specifies or what we charge. Therefore we try to charge at least \$1 more than what they reimburse.
 - 1) The Environmental Health fees
 - a) These were developed by surveying the surrounding counties and analyzing the actual costs of services not including personnel costs.
 - b) Carl Carroll said that the Caswell County fees were a little lower than those in Alamance County but they were in the same "ball park". He also said that the fees in Alamance County only pay for about 25% of the budget.
 - c) There was some discussion about what was involved in an inspection of a Public Swimming Pool.
 - 2) Home Health fees
 - a) Medicare and Medicaid require that our Home Health Agency have a formal cost report completed that determines what the actual cost of services is at our agency.
 - b) The fees are based on the cost report data and are adjusted each year after we get the results of the cost report each November. We add \$5 to the cost, just in case the payor increases their reimbursement rate during the year.
 - c) There was some discussion about how much we charged for Home Health Aides
 - d) Charges for supplies are three times the cost.

- e) If the service is only reimbursed by Medicaid (like our CAP program) we charge the Medicaid reimbursement rate.
- 3) Clinic fees
 - a) While our clinic is a participating provider with several private insurances, Medicaid is by far the payor with the biggest volume. Therefore our fees, for the most part are close to the Medicaid reimbursement rate and take into consideration the prices charged in nearby medical offices. We also took into consideration the mission of the Health Department and tried to keep prices as low as possible.
 - b) We add 10% to the cost of supplies to establish our price.
 - c) There was also discussion about which fees were on the sliding scale and which fees did not “slide”.
- d. Dr. Moore said that the business model of the Health Department was to provide services to people who had difficulty paying and our goal was to come as close as we could to breaking even.

A motion was made by Cecil Page and seconded by Carl Carroll, to approve the Health Department Fees for FY 2013-2014 as presented. The motion carried on a vote of 8 to 0.

- 6. Online Orientation Certificates of Completion
 - a. Jennifer Eastwood said that she did not have all the certificates from the Board of Health members for completing the online orientation.
 - b. She requested that if the members had not yet completed the orientation or had not yet submitted the certificate, that they do so as soon as possible.
- 7. Strategic Plan
 - a. Jennifer Eastwood said that the Health Department's Management Team was going to be meeting soon to update the agencies Strategic Plan.
 - b. If any member of the Board of Health would like to participate in the process, you are welcome to get involved.
- C. Outdoor Tobacco Rule
 - 1. Dr. Moore reintroduced Candy West who is our regional representative from the CTG Project and her focus is rural health and tobacco prevention and is a resource for the boards discussion about this rule.
 - 2. Dr. Moore said that at the last meeting there was discussion about what distance was needed to reduce exposure to second hand smoke to an acceptable level.
 - a. While the US Surgeon General has said that there is no known safe exposure to second hand smoke, there is not much objective evidence about what that distance should be in an outdoor setting.
 - b. Dr. Moore was able to find two studies that looked at this but the authors said that there were a lot of variables (wind direction, wind speed, number of smokers, length of exposure, sensitivity of the person exposed to second hand smoke) so it was hard to pin down a solid number. Having said that, according to these studies it appears that at two meters the amount of exposure to particulate matter usually drops below a commonly used air pollution standard. This did not take into consideration exposure to non-particulate exposure. The authors recognized that these were imperfect studies but at this time they are the

- only objective studies that are available. If more and better studies are done in the future, we will have to discuss this issue again.
- c. Dr. Moore said that he was not sure what the science was behind the 50 foot standard used by accreditation. However, 50 feet is a long way when you look at the specific geography of the Health Department and the building that houses Environmental Health. Dr. Moore reviewed some of the geography as it relates to the usual pedestrian and automobile traffic around these buildings.
 - d. Candy West shared with the board how some of the surrounding counties handled this issue.
 - e. Dr. Moore was asked what he thought would be enough distance to keep smoke from coming back into the building. He said that the official standard was 50 foot but he felt that as little as 10 feet would make a significant difference.
 - f. Sharon Kupit commented that she was struggling with figuring out what her obligation was as a Board of Health member in supporting the implementation of an accreditation standard and what her personal feelings were.
 - g. Dr. Moore said that the Board of Health had the option of modifying the rule to whatever they wanted including not making a rule at all.
 - h. Cecil Page said that the board should choose the 50 foot standard or do nothing at all.
 - i. Andrew Foster said that 50 feet did not make a lot of sense in the context of the geography around the buildings being considered. He thought the board may need to consider each specific entrance.
 - j. Nate Hall was asked what he thought the Board of County Commissioners reaction would be to this proposal. He said it was difficult for him to predict how the other commissioners would respond, but he did not think there would be any major problems with the Board of County Commissioners approving what the Board of Health passed. However, he would be in favor of a practical approach to any restriction that took into consideration the layout of the buildings and the pedestrian and automobile traffic. He felt that a compromise between the 50 feet and nothing, such as 10 or 15 feet, might be reasonable in light of the only objective evidence indicating a distance of at least 6 feet. He did not think 50 feet was practical.
 - k. Dr. Moore commented that 10-15 feet was an easier distance to manage than 50 feet given the geography of the buildings.
 - l. Kiesha King asked if the only reason not to use the 50 foot restriction was the inconvenience to the staff and public. Dr. Moore said it was in part an inconvenience issue but also there were enforceability considerations. Nate Hall stated that there was a lot of foot and car traffic in some of the areas that would be effected by a 50 foot restriction and there were practical considerations.
 - m. Rose Satterfield asked if the board was required to include enforcement and penalties in the rule. Candy West said that the law allowed this but it was not required and some counties do while others don't.
 - n. Carl Carroll asked if a public hearing was required. Dr. Moore said that he did not think it was required but he did think it was a good idea to show that we are trying to be transparent and the Board of County Commissioners may look at this more favorably if they know we have

had a hearing. A public hearing also looks good from an accreditation standard perspective.

- o. Rose Satterfield said that she would like this to be done in the form of a request not a prohibition.
- p. Elin Armeau-Claggett said that she would like to reduce the 50 feet to 10 feet and remove the enforcement and penalties section including the involvement in any way of the Sheriff's Department. There was also some discussion about whether to use the term entrances instead of Health Department.

A motion was made by Carl Carroll and seconded by Cecil Page, to approve the proposed restriction to outdoor smoking around the Health Department with the only change being to lower the 50 foot restriction to 10 feet. The motion carried on a vote of 6 to 2.

- q. Dr. Moore said that enforcement of this type of rule is frequently discussed but he was not aware of any need to apply penalties since 2008 when the indoor rule was passed in Caswell County.
- r. Rose Satterfield said that she thought that was an argument in favor of removing the enforcement and penalties section.
- s. Dr. Moore said the board needed to decide if they wanted a public hearing on the matter. He also asked if the board wanted to receive written comments.

A motion was made by Cecil Page and seconded by Sharon Kupit, to hold a public hearing on the outdoor smoking restriction within 10 feet of the Health Department at the November 26, 2013 Board of Health meeting. In addition comments will be limited to only those who are present at the hearing. The motion carried on a vote of 8 to 0.

- t. Nate Hall said that he did not see a problem with written comments especially for those with disabilities or transportation issues.
- u. Dr. Moore said that this would be advertised in the Caswell Messenger, the Health Department's website and on FaceBook.

D. Membership of Board

- 1. Dr. Moore said that Board of Health member Sally Wallace has not attended a meeting since January 2013.
- 2. He has tried calling, leaving messages, and emailing her to see if she is still interested in serving. She left one message on Dr. Moore's voice mail several months ago saying that she was not sure she wanted to continue serving but she did not say she wanted to definitely resign.
- 3. Dr. Moore asked what the boards direction was on her continued membership. It was suggested by the Chair that Dr. Moore send her an email and letter indicating that if there was no reply within 2 weeks it would be considered a resignation.

IV. Informational Items

- A. We are just now beginning to receive Medicaid payments through the NC Tracks system. This is primarily due to the persistence and many hours of work of our Finance Officer, Sharon Hendricks.
- B. Yesterday, the Home Health Accreditation site visit showed up for a three day visit. We do not yet know the results of the site visit and may not know for several weeks.
- C. Dr. Moore presented some additional data on Caswell County's high infant mortality rate that was discussed at the last meeting. Some additional years of data show a lot of fluctuation in the rate and were as low as zero.
 - 1. Dr. Moore commented that statewide there is a higher infant mortality rate among the racial minorities and Caswell County has a higher percentage of minorities in the general population than the rest of North Carolina. He thought

this might be at least a partial explanation for why the Caswell County rates were higher than the rest of North Carolina.

2. However, whatever it is that is causing this high rate, we need to try to deal with it. Nationwide, most efforts to lower the rate of infant mortality have focused on lowering the rate of premature birth. The key ingredient to preventing premature birth is thought to be starting prenatal care early and increasing the number of prenatal visits up to the accepted standard. The Caswell County Health Department tries to address this by having a local Prenatal Program that improves the accessibility of this type of care.
3. Infant mortality is definitely a serious issue that needs to be followed closely.

V. Adjournment

The chairman declared the Board of Health meeting adjourned. There was no objection from the membership.

Approved By: _____

Health Director

Date

Board of Health

Date

Health Director's Report – November 26, 2013

I. Board of Health

- A. Reminder: the Board of Health voted to skip the December meeting so the next scheduled Board of Health meeting will be January 28th.
- B. If board members have not yet completed their online orientation, they are encouraged to do so. This can be found at the following link:
http://www2.sph.unc.edu/nciph.local_boards_of_health_training_19511_12491.html.
- C. If board members have not signed the conflict of interest and the confidentiality statement please be prepared to sign this at the meeting.
- D. I have not yet heard from Sally Wallace about her interest in serving on the Board of Health. In my letter, I gave her until December 13, 2013 to respond. If she does not respond by then, I will ask the Board of County Commissioners to replace her.

II. Public Hearing On The Prohibition Of Smoking Within 10 Feet Of The Health Department (including Environmental Health)

- A. Included in the packet is the rule that was approved at the last Board of Health meeting.
- B. A public hearing at the beginning of the meeting has been advertised in the Caswell Messenger and online. A sign up sheet will be available at the meeting for those who would like to speak on this matter.
- C. After the hearing, if the board does not wish to change its mind, the rule will be sent to the Board of County Commissioners for their consideration. However, the board can change its mind if the public hearing raises issues that the board feels need to be addressed.

III. Finance Report

- A. The report included in the packet shows how actual revenue and expense compares to the budget through the end of October (33.3% of the fiscal year). According to this report the Health Department is at 28% of total budgeted expenses and 23% of budgeted revenue.
- B. **Budget Amendment #2**. The attached Budget Amendment moves funds between lines to cover expenses. There is no net change in the total budget.
- C. Home Health Cost Report
 - 1. Included in the packet is the Annual Home Health Cost Report that we received about a week ago.
 - 2. Home Health service fees will be adjusted based on this report.
 - 3. The report points out some areas that need improvement such as our use of supplies and a high LUPA rate
 - a. Over the last few years we have reduced our supply costs but we are continuing to look for ways to get additional savings without negatively impacting patient care.
 - b. Low-Utilization Payment Adjustment (LUPA) is made for beneficiaries who require four or fewer visits during the 60-day episode. The reimbursement rate for a LUPA is lower than for non-LUPA visits.
 - c. For many years we have had a higher rate of LUPAs than most other agencies and we think this is due to the high number of patients that require B₁₂ shots and those that only need management of Foley catheters.

IV. Items That Need Board Of Health Approval

- A. The following items were distributed at the last Board of Health meeting and need a vote at this meeting.
 - 1. **Health Director Job Description**
 - 2. **Board of Health Operational Policy**

V. Health Department Personnel Changes

- A. Joyce Miller, RN has submitted her letter of retirement effective the end of December.

Joyce has worked in our Home Health agency for over 24 years and has played an important leadership role. Her hard work and smiling face will be missed.

- B. We have hired two new Home Health nurses who will start work the beginning of December and the beginning of January. These new hires will replace a nurse that resigned about 6 months ago and Joyce Miller.
- C. We have a strong lead on a new NP. If hired, this new NP will work three days a week and help us expand our clinical services and prevent days without a provider.

VI. Home Health Accreditation

- A. We have receive a “deferred” status with out Home Health Accreditation. The letter stating this and the reasons are included in the packet. The items listed are fairly minor and we have already submitted the Plan of Correction.
- B. If the POC that we submitted is approved, we will be awarded full accreditation for three years.

VII. Remote Participation in Board of Health Meetings

- A. Over the years there have been several times that Board of Health members have asked if they can call in and participate by phone. I had been told by a Public Health attorney that this was not allowed.
- B. However, I have attached an article from the NC School of Government that says this is allowed if the local government permits it.
- C. Does the Board of Health wish for me to pursue this with the County Manager?

VIII. Miscellaneous Informational Items

- A. Environmental Health Statistics
- B. Personal Health Statistics
- C. Home Health Statistics

CASWELL COUNTY BOARD OF HEALTH RULE
A RULE TO PROHIBIT SMOKING WITHIN TEN (10) FEET OF THE CASWELL COUNTY HEALTH
DEPARTMENT

WHEREAS, according to the Centers for Disease Control and Prevention (CDC), tobacco use and secondhand smoke exposure are leading preventable causes of illness and premature death in North Carolina and the nation; and

WHEREAS, in 2006, a report issued by the United States Surgeon General stated that the scientific evidence indicates that there is no risk-free level of exposure to secondhand smoke and that secondhand smoke has been proven to cause cancer, heart disease, and asthma attacks in both smokers and nonsmokers; and

WHEREAS, research indicates that, during active smoking, outdoor levels of secondhand smoke may be as high as indoor levels and may pose a health risk for people in close proximity (such as those sitting beside someone on a park bench or children accompanying a smoking parent or guardian); and

WHEREAS, on January 2, 2010, "An Act To Prohibit Smoking In Certain Public Places And Certain Places Of Employment," Session Law 2009-27, became effective, authorizing local governments to adopt and enforce ordinances "that are more restrictive than State law and that apply in local government buildings, on local government grounds, in local vehicles, or in public places;" and

WHEREAS, pursuant to G.S. 130A-39(a), local boards of health have the responsibility to protect and promote the public's health and to adopt rules necessary for that purpose; and

WHEREAS, the Caswell County Board of Health is committed to providing a safe and healthy workplace for Health Department employees and a safe and healthy environment for the visiting public; and

WHEREAS, the Caswell County of Board of Health provides support to employees and residents who want to quit the use of tobacco products. Employees and residents are also encouraged to talk to their health care provider about quitting, ask about appropriate pharmacotherapy available through their health insurance plan or employee's insurer, and to use the free quitting support services of the North Carolina Tobacco Use Quitline at 1-800-QUIT-NOW (1-800-784-8669); and

WHEREAS, the Caswell County Board of Health previously adopted a rule in July 2008 prohibiting smoking inside all county government and municipal buildings and vehicles that is not changed by this rule; and

WHEREAS, the Caswell County Board of Health finds and declares that, in order to protect the public health and welfare, it is in the best interests of the citizens of Caswell County to adopt a Rule expanding the prohibition of smoking to include the area and grounds within ten (10) feet of the Caswell County Health Department.

NOW, THEREFORE, THE CASWELL COUNTY BOARD OF HEALTH ADOPTS THE FOLLOWING RULES:

Section 1. Authority

This Rule is enacted pursuant to G.S. 130A-498 and 130A-39(a).

Section 2. Definitions

The following definitions are applicable to this Rule.

1. "Caswell County Health Department" – Any building owned, leased as lessor, or the area leased as lessee and occupied by employees of the Caswell County Health Department.
2. "Grounds" – An unenclosed area owned, leased or occupied by the Caswell County Health Department.
3. "Smoking" – The use or possession of a lighted cigarette, lighted cigar, lighted pipe, or any other lighted tobacco product.

Section 3. Areas in Which Smoking and the Use of Tobacco Products are Prohibited

1. This rule extends the area where smoking is prohibited to the grounds within ten (10) feet of the Caswell County Health Department.

Section 4. Implementation Requirements

The Caswell County Health Department shall:

1. Post signs that meet all the requirements in Section 5 of this Rule.
2. Remove all ashtrays and other smoking receptacles from the area in which smoking is prohibited, except for ashtrays and receptacles for sale and not intended for use on the premises.
3. Direct a person who is smoking in a prohibited area to extinguish the lighted tobacco product and, if the person does not comply, ask the person to leave the premises.
4. Contact the County sheriff department if a person in violation refuses to leave the premises.

Section 5. Signage

The signs required by Section 4 must:

1. State in English that smoking is prohibited and include the universal "No Smoking" symbol.
2. Be of sufficient size to be clearly legible to a person of normal vision, and be conspicuously posted.
3. Be posted at each entrance to the Caswell County Health Department and in other locations reasonably calculated to inform employees and the public of the prohibition.
4. Be posted on County grounds in locations and at intervals reasonably calculated to inform employees and the public of the prohibition.

Section 6. Enforcement and Penalties

1. Violations by persons smoking in prohibited areas. Following oral or written notice by the person in charge of an area described in Section 3 or his or her designee, failure to cease smoking or tobacco use constitutes an infraction punishable by a fine of not more than fifty dollars (\$50.00). A citation may be issued by a sworn law enforcement officer. Conviction of an infraction under this section has no consequence other than payment of a penalty, and no court costs may be assessed.
2. Additional sanctions for employees. In addition to any penalty under subsection (a), employees of the Caswell County Health Department who violate this Rule shall be subject to disciplinary action consistent with their respective employer's human resources policies.

Section 7. Public Education

The Caswell County Health Department shall engage in an ongoing program to explain and clarify the purposes and requirements of this Rule to citizens affected by it, and to guide operators and managers in their compliance with it.

Section 8. Effective Date

These rules shall become effective _____ upon adoption by the Caswell County Board of Health and approval of rules by an ordinance adopted by the Caswell County Board of County Commissioners.

Adopted this _____ day of _____, 20__.

Chairperson, Caswell County Board of Health

ATTEST:

Clerk to the Caswell County Board of Health

Approved as to form:

Caswell County Attorney

CASWELL COUNTY BUDGET AMENDMENT # _____
Health Department Amendment # 2

Be it ordained, the FY 2013-2014 Annual Budget Ordinance is hereby amended as follows:

PUBLIC HEALTH - 5110

<i>Expenditure Line</i>	<i>Account Code</i>	<i>Increase / (Decrease)</i>	<i>Amended Budget</i>
Salary 121	100.5110.121.000	\$5,426.00	\$1,577,402.00
SS / FICA 181	100.5110.181.000	(\$7,000.00)	\$118,580.00
Retirement 182	100.5110.182.000	(\$5,144.00)	\$108,970.00
Health Insurance 183	100.5110.183.000	(\$2,705.00)	\$210,324.00
Contracted Services 199	100.5110.199.000	\$213.00	\$503,544.00
Food & Provisions 220	100.5110.220.000	\$47.00	\$502.00
Program Supplies 230	100.5110.230.000	(\$1,028.00)	\$33,841.00
Pharmaceuticals 238	100.5110.238.000	\$2,476.00	\$38,539.00
Office Supplies 260	100.5110.260.000	(\$658.00)	\$15,843.00
Small Tools & Equip. 295	100.5110.295.000	\$9,708.00	\$46,808.00
Mileage 311	100.5110.311.000	\$550.00	\$107,776.00
Travel Subsistence 312	100.5110.312.000	(\$100.00)	\$4,983.00
Telephone 321	100.5110.321.000	(\$1,207.00)	\$10,753.00
Postage 325	100.5110.325.000	(\$596.00)	\$4,211.00
Printing 340	100.5110.340.000	\$66.00	\$1,736.00
Advertising 370	100.5110.370.000	\$1,063.00	\$2,705.00
Laundry 392	100.5110.392.000	(\$164.00)	\$1,217.00
Training 395	100.5110.395.000	(\$112.00)	\$10,098.00
Dues, Subsc. & Pub. 491	100.5110.491.000	\$567.00	\$18,917.00
Capital Outlay 500	100.5110.500.000	(\$1,402.00)	\$8,598.00
TOTAL EXPENSE BUDGET:		\$0.00	\$3,102,892.00

<i>Revenue Lines</i>	<i>Account Code</i>	<i>Increase / (Decrease)</i>	<i>Amended Budget</i>
TOTAL REVENUE BUDGET:		\$0.00	\$3,102,892.00

Justification:

Move funds between lines to cover expenses.

That all Ordinances or portions of Ordinances in conflict are hereby repealed.

 Approved by Health Director

 Date

 Approved by Board of Health

 Date

 Paula Seamster, Clerk to the Board

 Date

Approved by the Caswell County Board of Commissioners

State of North Carolina Office Of State Personnel Position Description Form (PD-102R-92)		Approved Classification _____ Effective Date: _____ Analyst: _____ <i>(This Space for Personnel Dept Use Only)</i>	
1. Present Classification Title of Position Public Health Physician II	7. Present Position No. PHP2-1	Proposed Position No.	
2. Usual Working Title of Position Health Director/Medical Director	8. Dept., University, Commission, or Agency Caswell County Health Department		
3. Requested Classification of Position Public Health Physician II	9. Institution and Division Caswell County Health Department		
4. Name of Immediate Supervisor Caswell County Board of Health	10. Section and Unit Administration		
5. Supervisor's Position Title & Position No.	11. Street Address, City and County 189 County Park Rd., Yanceyville, Caswell County		
6. Name of Employee Frederick E. Moore, MD	12. Location of Workplace, Building & Room No. Yanceyville, NC		

CERTIFICATION: Signatures indicate agreement with all information provided, including designation of essential functions.

Supervisor's Certification: I certify that:

- a) I am the Immediate Supervisor of this position; and
- b) I have provided a complete and accurate description of responsibilities and duties; and
- c) I have verified (and reconciled as needed) its accuracy and completeness with the employee.

Signature: _____ Title: _____ Date: _____

Employee's Certification: I certify that I have reviewed this position description and that it is a complete and accurate description of my responsibilities and duties.

Signature: _____ Title: _____ Date: _____

Section or Division Manager's Certification: I certify that this position description, completed by the above named immediate supervisor, is complete and accurate.

Signature: _____ Title: _____ Date: _____

Department Head or Authorized Representative Certification: I certify that this is an authorized, official position description of the subject position.

Signature: _____ Title: _____ Date: _____

I. Introduction

A. Primary Purpose Of Organizational Unit:

1. The Caswell County Health Department's purpose is to provide public health services in Caswell County.
2. The primary purpose of the Environmental Health Section is to protect and preserve the health of the public and the environment through a program of services involving education, evaluation, inspection, and management of county resources.
3. The purpose of the Home Health Program is to provide skilled nursing, rehabilitative, aide, and social work services to citizens of Caswell, Rockingham, Orange, Alamance, and Guilford Counties.
4. The purpose of Personal Health Section is to provide public health services for Caswell County residents which allows for the prevention of disease, disability, and the promotion and maintenance of the optimum degree of health and wellness.

B. Primary Purpose Of Position:

1. The primary purpose of this position is to be the administrative head of the Local Health Department
2. This position serves as secretary to the Local Board of Health
3. This position provides independent, professional, medical supervision and consultation to the Local Health Department staff.
4. This position is responsible for all employees of the Caswell County Health Department

C. Work Schedule:

1. Monday – Friday
2. 08:00 – 17:00
3. One hour lunch
4. After 17:00 and weekends as need arises
5. 24/7 availability in the event of a public health emergency

D. Change In Responsibilities Or Organizational Relationships:

1. The previous position description was prepared in 1990 as a Local Public Health Administrator II.
2. The administrative duties remain essentially the same (i.e. responsible for almost every aspect of the Health Department's activities),
3. The additional responsibilities of this position are the duties of Medical Director for the agency. The additional duties include
 - a. The medical supervision of physician extenders and nurses
 - b. Formulation and/or approval of medical policies, procedures, protocols and standing orders,
 - c. Liaison for other physicians in the community and occasional direct patient care.

II. Responsibilities and Duties (in order of importance)

A. Administrative Head of the Caswell County Health Department

1. Relative importance of this responsibility or duty
 - a. Essential Service: Yes
 - b. Estimated Percent of Time: 80%
2. Administer programs as directed by the local Board of Health which includes:

- a. Work closely with the Board of Health in preparing a realistic, workable annual budget
- b. Submit the annual budget to the Board of Health for approval
- c. Keep the Board of Health informed as to the financial and programmatic status of the Health Department's programs
- d. Comply with Federal, State, Local and private funding requirements
- 3. Enforce the rules of the local Board of Health
- 4. Employ, supervise and dismiss the employees of the local health department using appropriate State rules, County policy or other resources.
- 5. Enter contracts on behalf of the local health department in accordance with the Local Government Finance Act
- 6. Perform the duties of the Local Registrar of Vital Records
- 7. Planning
 - a. Work with the Board of Health in planning the overall direction of the agency, the agencies priorities, goals and objectives, and determine the space, staffing, equipment and supply needs of the Caswell County Health Department.
 - b. While other staff and the Board of Health are involved with these activities, this position initiates, is integral to the activity or has the final say on the matter.
 - c. As Medical Director this position works with the Board of Health in planning what medical services are provided and works with other "front line" staff in the planning how medical services are provided.
- 8. Organizing and Directing Work
 - a. As administrator, this position is responsible for organizing and directing the overall, day-to-day activity of the agency. Much of this is accomplished through
 - 1) A team of the managers
 - 2) One-to-one encounters with various personnel.
 - b. Due to the agency's small size, this position also participates in a significant amount of hands on work in order to complete various projects.
 - c. As Medical Director, this position directly supervises the physician extenders and nurses in the provision of medical care.
 - d. The Medical Director is involved in the formulating and approving of treatment protocols, standing orders and the directing of specific treatment of difficult cases.
- 9. Financial Management
 - a. Formulating the annual budget
 - b. Presenting budget it to the Board of Health and Board of Commissioners
 - c. Working with the County Manager and County Finance officer in developing and implementing the budget.
 - d. Responsible for managing the budget during the year.
 - e. Continuously gather accurate financial information
 - f. Making decisions about the financial priorities of the Health Department
 - g. Monitor revenue and expenses during the year
 - h. Resolve fiscal problems as they arise
 - i. Submitting budgetary revisions to accommodate unexpected circumstances.

- j. This position directs and works closely with the agency's Finance Officer.
 - 10. Review
 - a. This position is responsible for assuring overall compliance of the agency with Federal, State and Local requirements
 - b. Responsible for keeping the organization in compliance with Board of Health's instructions
 - c. Ensure achievement of objectives
 - d. This position will receive notification from federal and state regulators when the agency is not in compliance
 - e. Activities of this position are reviewed and monitored by Local government officials and the Board of Health to ensure conformance with the objectives of the organization.
 - f. Members of the public review the activity of the Caswell County Health Department as it relates to their personal life and notify the Health Director when there is a problem.
 - 11. Personnel
 - a. This position is often involved with the on-going training of employees;
 - b. Review and sign performance evaluations of all CCHD employees
 - c. Serve in an advisory capacity to Supervisors for disciplinary and counseling activities
 - d. This position will become directly involved in the disciplinary/counseling process in more serious cases
 - e. Gives final decisions, internally for CCHD, in resolving grievances if a problem has not been resolved by supervisors more directly involved with the situation and employee
 - f. Has statutory authority to hire and fire all Caswell County Health Department employees
 - 1) Participate directly in the employee selection process
 - 2) After consulting with other staff, has the final say in which candidate is hired;
 - g. Makes salary recommendations to the county authorities based on the approved salary plan
 - h. Consults on, reviews, edits and signs off on all job descriptions
 - 1) The direct supervisor and employee are responsible for writing the job description
 - 2) Job descriptions are updated annually or as personnel changes occur
 - i. Ensure agency compliance with Equal Employment Opportunity rules and regulations.
 - j. Encourage access to the county's Employee Assistance Program
- B. Perform Other Public Health Duties as prescribed by and under the supervision of the Local Board of Health and the state
 - 1. Relative importance of this responsibility or duty
 - a. Essential Service: Yes
 - b. Estimated Percent of Time: 5%
 - 2. Investigate causes of infectious, communicable and other diseases
 - 3. Examine and investigate cases of tuberculosis
 - 4. Examine, investigate and control rabies

5. Abate public health nuisances and imminent hazards
6. Exercise statutory quarantine and isolation authority
7. Disseminate public health information
8. Promote the benefits of good health
9. Advise local officials concerning public health matters
10. Enforce the statutory immunization requirements

C. Medical Director

1. Relative importance of this responsibility or duty
 - a. Essential Service: Yes
 - b. Estimated Percent of Time: 5%
2. Consult with the Board of Health as needed to determine what type of medical services the Caswell County Health Department will provide
3. Formulate and approve procedures, guidelines and standing orders related to the delivery of Medical Services by Caswell County Health Department providers
4. Supervise midlevel providers and complies with all rules and regulations relevant to that supervision
5. Supervise physicians who may be employed by or contract with the Caswell County Health Department
6. Participate in Quality Improvement for medical activities
7. Provide back up coverage for the mid-level providers
8. Be available for consultation by the nurses and mid-level providers as needed
9. When necessary provide occasional direct patient care
10. Function as a liaison to help resolve problems with non-Caswell County Health Department physicians
11. Participate in staff education and in-services as appropriate

D. Secretary to the Board of Health

1. Relative importance of this responsibility or duty
 - a. Essential Service: Yes
 - b. Estimated Percent of Time: 10%
2. Recording the minutes of the Board of Health meetings
3. Other duties as assigned by the Board of Health

E. Supervision:

1. Title And Number of Staff Supervised
 - a. This position is ultimately responsible for all employees at the health department
 - b. This position directly supervises the following management staff:
 - 1) One (1) Clinical Director/Physician Extender II
 - 2) One (1) WIC Nutritionist II
 - 3) One (1) Public Health Nursing Director I (Home Health)
 - 4) One (1) Environmental Health Supervisor I
 - 5) One (1) Accounting Tech V
 - 6) One (1) Public Health Educator II/Public Health Preparedness Coordinator
 - 7) One (1) Social Worker II.
2. Describe The Extent Of Involvement In Personnel Functions:
 - a. Orientation and on-going training
 - 1) Evaluate new employee orientation agenda for management staff
 - 2) Ensure that management staff are competent to perform their job

- duties
- 3) Ensure that management staff obtain required continuing education
- 4) Consult with management staff regarding professional growth
- 5) Approve time/mileage forms, compensatory time, travel request, and leave request
- b. Work planning and performance review
 - 1) Delegate responsibilities to appropriate management staff when appropriate
 - 2) Set work priorities and deadlines, and assure evaluation of work performance
 - 3) Advise management staff in the development a staffing pattern which ensures safe, therapeutic and optimal care of clients
 - 4) Ensure compliance with job description for positions directly supervised by Health Director
 - 5) Ensure that consistent and concise lines of authority and responsibility are interpreted and maintained among staff members
 - 6) Perform evaluations of staff listed in Section II-B
- c. Counseling and disciplining employees
 - 1) Work with management staff to maintain a favorable working relationship with staff by resolving disciplinary issues
 - 2) Administer written warnings, as necessary, after consulting unit supervisor
 - 3) If necessary, and in compliance with proper procedure, terminate employees
 - 4) Ensure that personnel policies are followed
- d. Resolving grievances
 - 1) Hold conferences with staff, as necessary, to resolve problems
 - 2) Each employee has the right to present problems, grievances, or adverse action appeals in accordance with the established policy. This is done in a manner that is free from interference, coercion, restraints, discrimination, or reprisal.
 - 3) After considering all points of view, take appropriate action promptly and fairly on a grievance or adverse action
- e. Selection of employees
 - 1) Interview candidates for employment in conjunction with an Interview Committee
 - 2) Ensure the employee selection is in accordance with the Equal Opportunity Policy, job requirements, education qualifications, and experiences of the position.
 - 3) Secure new contracts
 - 4) Review, make needed changes, and approve new contracts and renew contracts
- f. Salary recommendations
 - 1) Make salary recommendations in accordance with state and county guidelines
 - 2) Provide the Board of Health, County Manager, and/or County

Commissioners with needed information to support salary recommendations

- g. Designing positions and preparing job descriptions
 - 1) New job descriptions are written by the supervisor and employee
 - 2) This position edits job descriptions and approves them
 - 3) Submits new job descriptions to the Office of State Personnel for approval
 - h. Equal Employment Opportunity Programs
 - 1) It is the policy of Caswell County to foster, maintain, and promote equal employment opportunity
 - 2) Employees shall be selected on the basis of applicant's qualifications, without regard to creed, religion, political affiliation, or national origin, except where specific age, sex, or physical requirements constitute a bona fide occupation qualification that is necessary for job performance
 - 3) Applicants with physical handicaps shall be given equal consideration with other applicants for positions in which their physical condition is not a barrier to satisfactory performance of essential job requirements
 - 4) Notices with regard to equal employment matters are posted in conspicuous places where notices are customarily posted
 - i. Other Employee Programs
 - 1) May be called upon to participate in Disaster Health Planning and Drills
 - 2) Participate in Emergency Management Programs and Exercises
 - 3) Participate in community relations activities such as presentations to civic groups as needed
 - 4) Serve on Health Department EPI Team and other Public Health Preparedness Planning Committees
3. Program planning and goal setting
- a. Coordinate the development, evaluation, and maintenance of a strategic plan
 - b. Serve on the Community Health Assessment Team to help assess health needs for the county and set priorities for action
 - c. Develop and implement written policies and procedures that reflect the agency's philosophy and objectives
 - d. Evaluating the Health Department Programs for adequate delivery of services and the need for expanded services
 - e. Assist supervisors as they plan work operations and determine staffing needs
 - f. Stay abreast of broad social, economic, technical and programmatic developments and prepare agency for needed change
4. Involvement in directing day-to-day operations
- a. See Section II-A
 - b. Serve as agency's Public Information Officer
 - 1) Approve any information publicly distributed (ex. Newspaper articles, HH program brochures)
 - 2) Providing interviews to media as needed

5. Financial/Budget Management
 - a. See Section II-A
- F. Other Position Characteristics
1. Nature And Degree Of Accuracy Required In Work:
 - a. This position requires a high degree of accuracy due to the consequences of an error.
 - b. This includes work in public health policy and implementation, fiscal planning and management, human resources and public relations activities.
 2. Consequence Of Error Or Greatest Potential Effect On The Organization:
 - a. Significant errors can adversely effect the lives and health of the citizens of Caswell County
 - b. Significant errors can also adversely effect Caswell County Health Department's reputation, effectiveness, employees, finances and programs.
 - c. This includes the potential for legal problems, major fines, loss of employees and reduction in service.
 3. Type Of Instructions Provided To Employee
 - a. This position receives both written and verbal rules, guidelines, and policy from:
 - 1) The Board of Health
 - 2) Federal, State and Local governments,
 - b. These are usually general in specificity and the initiative to implement these directives is up to the Health Director
 - c. In the event of a public health emergency, the employee will receive "Just-in-time" training once he/she arrives on the site
 4. Guidelines, Regulations, Policies And References Used By Employee
 - a. Caswell County Government Personnel Manual
 - b. Caswell County Health Department Policies and Procedures
 - c. North Carolina Pandemic Flu Plan
 - d. National Response Plan
 - e. OSHA Regulations
 - f. Caswell County Emergency Response Plan
 - g. NC General Statutes and Administrative Code provide direction and authority
 - h. Contracts with federal, state, non-profit and private organizations and agencies provide minimal expectations in many areas
 - i. State and Local consultants are readily available for verbal consultation and guidance
 - j. The Board of Health provides written policy and verbal instructions when needed and these are maintained in a central location
 - k. Manuals are produced by state and local governments and are available on most topics for which this position is responsible
 5. Supervision And Observation Of Work Received By Employee:
 - a. This position is supervised by the Board of Health at its regular meetings and more frequently if it or a member wishes. The Health Director should:
 - 1) Report to the Board of Health what has occurred or if a problem is foreseen at the Caswell County Health Department

- 2) Receive advice and direction in how to resolve the various issues.
 - 3) Discuss issues of concern for Board of Health members outside of the regular Board of Health meeting time
 - 4) Receive an annual performance evaluation by the Board of Health to:
 - a) Evaluate past performance
 - b) Establish goals for future performance.
 - b. Work for this position is reviewed by county administration including County Manager, County Finance Officer, County Human Resources Officer, and County Commissioners
 - c. Work for the agency is reviewed by a variety of consultants and auditor
6. Variety And Purpose Of Personal Contacts With Examples Of Issues Or Problem Resolution:
- a. An essential function of this position is personal contact with the public, officials and supervision of Caswell County Health Department employees.
 - b. Examples of the types of contact include
 - 1) Presentations to civic organizations
 - 2) Interviews with the local media about public health issues
 - 3) Receiving complaints about public health problems and actions by employees
 - 4) Enforcement of public health matters when an individual, community, company or organization does not want to comply (such as issuing an isolation order for a communicable disease, resolving a public nuisance issue or condemning a home, building or facility for health reasons)
 - 5) Contact with Federal, State and Local public officials to assure that the Caswell County Health Department is in compliance with the applicable standards, counseling and disciplining employees.
7. Physical Effort:
- a. The essential functions of this job require the ability to:
 - 1) Use a computer and telephone on a daily basis
 - 2) Attend frequent meetings locally and occasionally statewide, drive a car to these meetings, and occasional spend the night out of town.
 - b. This position includes long periods of sitting
 - c. This position requires occasional lifting and moving of supplies and equipment
 - d. This position frequently types resulting in repetitive motion to the wrists
 - e. This position may require the employee to enter public or private facilities that may not be wheelchair accessible.
 - f. Employee should be able to easily move around the health department
 - g. Frequent use of computer could result in eye strain and well as shoulder and neck tension
8. Work Environment And Condition:
- a. Most of the work this position performs is within the Caswell County Health Department or other public or private buildings.
 - 1) The Caswell County Health Department is a two-story building

- that is not completely handicap accessible with stairs (no elevator) to reach the other floor.
- 2) This building is climate controlled.
 - 3) During a public health emergency, being exposed to the elements or various hazards may be necessary.
- b. This positions functions in a clinical setting.
 - 1) Exposure to contagious or communicable diseases,
 - 2) Belligerent and non-cooperative clients;
 - 3) Exposure to blood and body fluids is likely in this setting.
 - c. In addition, this position requires frequent contact with the public which may lead to exposure to tobacco smoke, perfumes, or other irritants.
9. Machines, Tools, Instruments, Equipment And Materials Used:
- a. A computer with a Windows OS and basic software (ex. e-mail, the internet, and word processor and spread sheet programs such as Word and Excel)
 - b. Office Equipment (ex. Copy machine, fax machine, scanner, shredder)
 - c. Telephone with voice mail
 - d. Use a motor vehicle
 - e. Standard medical equipment of a physician (ex. oto-ophthalmoscope, sphygmomanometer, and stethoscope.)
10. Visual Attention, Mental Concentration And Manipulative Skills:
- a. This position requires the use of visual skills, mental concentration and manipulative skills on a daily basis.
 - b. The visual skills are used to
 - 1) Drive a car
 - 2) Read and write documents and data tables
 - 3) Use non-computerized medical records
 - 4) Evaluate the appearance of patients.
 - 5) Mental concentration is required to understand, compose and explain documents which may contain detailed public health, fiscal and personnel management information.
 - 6) Manipulative skills are required to function as a medical director when
 - a) Reviewing and signing off on medical records
 - b) Writing prescriptions
 - c) Evaluating a patient.
 - 7) A computer is used almost daily when functioning as either the Health Director or the Medical Director and while the use of hands is not absolutely required, they are required if he/she is to take full advantage of a computer.
11. Safety For Others:
- a. The Health Director can have an indirect harmful effect on others through inappropriate public health policy and improper application of standard preventive measures.
 - b. As medical director this position can have a direct, harmful impact on the health and safety of others through inaccurate diagnosis and improper treatment recommendations

- c. This position must make every effort to follow appropriate rules and regulations and take care to accurately diagnose and treat illness and disease.
 - d. Employee should use universal precautions when necessary
 - e. Employee should participate in annual respiratory training program and be fit tested for masks.
 - f. Employee will ensure the confidentiality of patient information.
 - g. Employee should follow OSHA and CLIA guidelines
 - h. Ensure hazardous materials used in clinic have current MSDS information
 - i. Safe use of a motor vehicle is required
12. Dynamics Of Work Or Changes That Impact Work – i.e. Technology, Policies, Seasonal Changes, etc:
- a. Change is an almost daily occurrence at the Caswell County Health Department
 - b. The Health/Medical Director is responsible for initiating and/or approving many of the changes in technology, procedures, and policies that occur
 - c. There are frequent changes in the policy and regulatory requirements of funding organizations that must be implemented.
 - d. This position must assign the work to others and is responsible for making sure that the changes take place
 - e. In some situations the Health Director is responsible for implementing the changes
 - f. Staffing changes the capabilities of employees must be taken into consideration in assigning and reassigning duties and responsibilities.
 - g. In the event of a public health emergency the employees role may change
13. First Responder Duties
Public Health is considered a first responder agency for natural disasters (e.g. hurricanes, tornadoes, floods, winter storms), naturally occurring infectious disease outbreaks (e.g. influenza, SARS), technological hazards (hazardous materials releases, critical infrastructure disruptions), and terrorist incidents. This position, like all other positions within the Caswell County Health Department may be required to participate in emergency response activities as deemed necessary by the Caswell County Health Director or his/her designee. Availability during emergencies and exercises is required.

III. Knowledge, Skills, & Abilities And Training & Experience Requirements

A. Knowledge, Skills And Abilities:

- 1. A general knowledge of management principles, techniques, and practices.
- 2. A thorough knowledge of the principles and practices of public health.
- 3. A working knowledge of applicable federal, state and local laws, rules, and regulations.
- 4. Thorough knowledge of the theory, principles, and practices of general and preventive medicine.
- 5. Ability to exercise sound judgment in analyzing situations and making decisions.
- 6. Ability to develop and maintain effective working relationships with the general public, other physicians, nurses, professional and lay groups, and with federal, state, and local officials.
- 7. Ability to plan, direct and coordinate the work of others.

8. Ability to develop a public health program within departmental policy limitations.
9. Ability to prepare and present educational materials to professional and lay groups.
10. Ability to respond to change and prioritize work accordingly.

B. Training and Experience Requirements

1. Required Minimum Training:
 - a. Medical Director
 - 1) Graduation from an accredited school of medicine, and
 - 2) Completion of residency in an approved hospital, and
 - 3) At least three years of experience in the practice of medicine
 - b. Local Health Director
 - 1) A Medical Degree
 - a) Graduation from an accredited school of medicine
 - 2) Or, a Master's Degree
 - a) In public health administration, and
 - b) At least one year of employment experience in health programs or health services
 - 3) Or, a Master's Degree
 - a) In a public health discipline other than public health administration, and
 - b) At least three years of employment experience in health programs or health services
 - 4) Or, a Master's Degree
 - a) In public administration, and
 - b) At least two years experience in health programs or health services
 - 5) Or, a Master's Degree
 - a) In, a field related to public health
 - b) At least three years of experience in health programs or health services
 - 6) Or, a bachelor's degree
 - a) In public health administration or public administration, and
 - b) At least three years experience in health programs or health services

C. License Or Certification Required By Statute Or Regulation:

1. Licensed to practice medicine in North Carolina
 - a. Without restriction
 - b. In good standing with the North Carolina State Board of Medicine
2. Valid Driver's License

SUPPLEMENTAL INFORMATION FOR AMERICAN'S WITH DISABILITIES ACT COMPLIANCE
Checklist For Determining The General Physical Requirements, Physical Activities,
Visual Acuity, And Working Conditions Of Staff Positions

Position Title: Public Health Physician II Position #: PHP2-1

Check the letters that correspond with the physical aspects of the essential functions of the position. Essential functions are the fundamental job duties, meaning the position exists to perform the function; there are a limited number of employees among whom the performance of the function can be distributed; and/or the incumbent is hired for expertise or ability to perform the function due to its high specialization. The Americans With Disabilities Act of 1990 (ADA) and associated Federal regulations protect qualified individuals with disabilities from discrimination in all areas of employment. To be considered qualified, an individual must be able to perform the essential functions of a position, with or without reasonable accommodation. It is important that the physical tasks associated with the essential functions be identified appropriately so that persons with disabilities can determine if any accommodation is necessary.

I. GENERAL PHYSICAL REQUIREMENTS - Please check the ONE description of general physical requirements that best describes the work requirements of the position:

- A. Sedentary work: Exerting up to 10 pounds of force occasionally and/or a negligible amount of force frequently or constantly to lift, carry, push, pull or otherwise move objects, including the human body. Sedentary work involves sitting most of the time. Jobs are sedentary if walking and standing are required only occasionally and all other sedentary criteria are met.
- B. Light work: Exerting up to 20 pounds of force occasionally and/or a negligible amount of force constantly to move objects. If the use of arm and/or leg controls requires exertion of force greater than that for sedentary work and the worker sits most of the time, the job is rated for light work.
- C. Medium work: Exerting up to 50 pounds of force occasionally and/or up to 20 pounds of force frequently, and/or up to 10 pounds of force constantly to move objects.
- D. Heavy work: Exerting up to 100 pounds of force occasionally and/or up to 50 pounds of force frequently, and/or up to 20 pounds of force constantly to move objects.
- E. Very heavy work: Exerting in excess of 100 pounds of force occasionally, and/or in excess of 50 pounds of force constantly to move objects.

II. PHYSICAL ACTIVITIES - Please check ALL physical activities that apply to the essential functions of the position. Only check an activity if it is a required part of the job:

- A. Climbing: Ascending or descending ladders, stairs, scaffolding, ramps, poles and the like, using feet and legs and/or hands and arms. Body agility is emphasized. Only check this activity if the amount and kind of climbing required exceeds that required for ordinary locomotion.
- B. Balancing: Maintaining body equilibrium to prevent falling when walking, standing or crouching on narrow, slippery or erratically moving surfaces. Only check this activity if the amount and kind of balancing required exceeds that required for ordinary locomotion and maintenance of body equilibrium.
- C. Stooping: Bending body downward and forward by bending spine at the waist. This factor is important if it occurs to a considerable degree and requires full use of the lower extremities and back muscles.
- D. Kneeling: Bending legs at knee to come to a rest on knee or knees.

- E. Crouching: Bending the body downward and forward by bending leg and spine.
- F. Crawling: Moving about on hands and knees or hands and feet.
- G. Reaching: Extending hand(s) and arm(s) in any direction.
- H. Standing: Particularly for sustained periods of time.
- I. Walking: Moving about on foot to accomplish tasks; only check this activity if walking is required for long distances or moving from one work site to another.
- J. Pushing: Using upper extremities to press against something with steady force in order to thrust forward, downward or outward.
- K. Pulling: Using upper extremities to exert force in order to draw, drag, haul or tug objects in a sustained motion.
- L. Lifting: Raising objects from a lower to a higher position or moving objects horizontally from position-to-position. Only check this activity if it occurs frequently and requires the substantial use of the upper extremities and back muscles.
- M. Fingering: Picking, pinching, typing or otherwise working, primarily with fingers rather than with the whole hand or arm as in handling.
- N. Grasping: Applying pressure to an object with the fingers and palm.
- O. Feeling: Perceiving attributes of objects, such as size, shape, temperature or texture by touching with skin, particularly that of fingertips.
- P. Talking: Expressing or exchanging ideas by means of the spoken word. Those activities in which they must convey detailed or important spoken instructions to other workers accurately, loudly, or quickly.
- Q. Hearing: Perceiving the nature of sounds at normal speaking levels or without correction. Ability to receive detailed information through oral communication, and make fine discriminations in sound.
- R. Repetitive Motions: Substantial repetitive movements (motions) of the wrists, hands, and/or fingers.

III. VISUAL ACUITY - Please check the ONE description of visual acuity requirements (including color, depth perception, and field of vision), that best describes the requirements of the position:

- A. The worker is required to have close visual acuity to perform an activity such as:
 1. preparing and analyzing data and figures;
 2. transcribing;
 3. viewing a computer terminal;
 4. expansive reading;
 5. visual inspection involving small defects, small parts and/or operation of machines (including inspection);
 6. using measurement devices; and/or
 7. assembly or fabrication of parts at distances close to the eyes.
- B. The worker is required to have visual acuity to perform an activity such as:
 1. operating machines such as lathes, drill presses, power saws and mills where the seeing job is at or within arm's reach;
 2. performing mechanical or skilled trades tasks of a non-repetitive nature such as carpenters, technicians, service people, plumbers, painters, mechanics, etc.
- C. The worker is required to have visual acuity to operate motor vehicles or heavy equipment.
- D. The worker is required to have visual acuity to
 1. determine the accuracy, neatness, thoroughness of work assigned (i.e., custodial,

- 2. food services, general labor, etc.) or make general observations of facilities or structures (i.e., security guard, inspection, etc.)

IV. WORKING CONDITIONS - Please check ALL conditions the worker is subject to in performing the essential functions of the position:

- A. The worker is subject to inside environmental conditions with protection from weather conditions but not necessarily from temperature changes.
- B. The worker is frequently subject to outside environmental conditions with no effective protection from weather.
- C. The worker is frequently subject to temperatures below 32 degrees or above 100 degrees for periods of more than one hour. Consideration should be given to the effect of other environmental conditions such as wind and humidity.
- D. The worker is frequently subject to enough noise to cause worker to shout in order to be heard above the ambient noise level.
- E. The worker is subject to significant vibration of extremities or whole body.
- F. The worker is routinely subject to hazards that include a variety of physical conditions, such as
 - 1. proximity to moving mechanical parts,
 - 2. moving vehicles,
 - 3. electrical current,
 - 4. working on scaffolding and high places,
 - 5. exposure to high heat, or
 - 6. exposure to chemicals.
- G. The worker is routinely subject to one or more of the following conditions that affect the respiratory system or the skin:
 - 1. fumes, odors,
 - 2. dusts, mists, gases
 - 3. oils and other cutting fluids, or
 - 4. poor ventilation.
- H. The worker is frequently required to wear a respirator.
- I. The worker is frequently required to function in close quarters, narrow aisles or passageways, crawl spaces, shafts, manholes, small-enclosed rooms, small sewage and water line pipes, and other areas that could cause claustrophobia.
- J. The worker is routinely exposed to clients with active infectious diseases.
- K. The worker is required to function around prisoners or patients in an inpatient mental facility.
- L. The worker is not substantially exposed to adverse environmental conditions (such as in typical office or administrative work).

Signature of Supervisor if other than Dept/Office Head Date

Employee's Signature Date

Signature of Dept/Office Head Date



Caswell County Board of Health Operating Procedures

I. Name and Office

- A. The name of this organization is the Caswell County Board of Health (hereinafter "Board").
- B. The principal office of the Board is located at the Caswell County Health Department, 189 County Park Road, Yanceyville, NC 27379.

II. Officers and Committees

A. Officers

1. The Board of Health will elect its own Chairperson and Vice Chairperson annually.
2. These officers will perform the duties as prescribed by the bylaws, the Laws of N.C., and the parliamentary authority adopted by the Board of Health.
3. No member shall hold more than one office at a time and no member shall be eligible to serve more than three consecutive terms as Chairperson or Vice Chairperson.

B. Chairperson

1. The Chairperson will preside at all meetings and is authorized to sign documentation, and provide oral and written communication on behalf of the Board of Health.
2. The Chairperson will appoint appropriate temporary committees deemed necessary to carry on the work of the Board of Health.
3. The Chairperson is an ex officio (non-voting) member of all committees but has no obligation to participate at committee meetings and is not counted in determining if a quorum is present at a committee meeting.
4. The Chairperson will determine the composition, duration, and dissolution of all committees

C. Vice-Chairperson

1. The Vice-Chairperson will preside in the absence of the Chairperson and will perform such duties as are assigned by the Chairperson.
2. Should the office of Chairperson be vacated for any reason, the Vice-Chairperson will fill the unexpired term of office and a new Vice-Chairperson will be elected by the Board.

D. Secretary

1. The Health Director will serve as Secretary to the Board but will not be a member of the Board.
2. The Secretary will
 - a. Notify Board Members of upcoming Board of Health meetings
 - b. Record the minutes of the meetings, and distribute them to the Board members.
3. The Health Director may delegate the duties of Secretary to a health department staff member.

E. Election of Officers

1. The Chairperson and Vice Chairperson are elected annually at the first regular meeting of the new county fiscal year unless the board votes to hold the election

at a later meeting. The local Health Director, as Secretary to the Board, will temporarily preside at the annual election.

2. Any Board member may make a motion to place a name on the ballot for consideration. Once the nominations for Chairperson are closed, the floor will be open for discussion. At the end of the discussion, the temporary Chairperson may call for a vote.
3. The newly elected Chairperson will then take office and preside over the Board. The new Chairperson will then preside over the election of a Vice-Chairperson
4. The elected officers will serve a one year term or until their successors are elected. Officers may be re-elected to their office but may serve no more than three consecutive terms.

F. Committees

1. The Board may establish and appoint members for temporary committees as needed to carry out the Board's work.
2. All temporary committees are subject to the North Carolina open meetings laws and shall comply with the provisions of those laws.

III. Meetings

A. Regular Meetings.

1. The Board of Health, at a minimum, must meet at least quarterly (§ 130A-35 (i)).
2. The regular meetings of the Caswell County Board of Health are held on the fourth Tuesday of each month at the Caswell County Health Department.
3. A change in the time or place of the Board of Health meeting shall be treated as a special meeting for purposes of the open meeting law.
4. In general, all meetings of the Board of Health and its committees shall be open to the public and are subject to the provisions of North Carolina's open meeting law.
5. Notice of these meetings are filed with the Clerk to the Caswell County Board of Commissioners.
6. Regular meetings of the Board of Health may be canceled by a majority vote at a regular monthly meeting.

B. Agenda.

1. The Secretary to the Board shall prepare an agenda for each meeting.
 - a. Any board member who wishes to place an item of business on the agenda shall submit a request to the Secretary at least four working days before the meeting.
 - b. For regular meetings, the Board may add items to the agenda or subtract items from the agenda by a majority vote.
 - c. 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.
2. Any person may request that an item be placed on the Board's agenda by submitting a written request to the Secretary at least ten working days before the meeting.
3. For each regularly scheduled meeting of the Board of Health, the agenda and a packet of information related to the meeting will be sent to each board member so that it will arrive at least 24 hours prior to meeting.
 - a. Information contained in the packet includes:
 - 1) Minutes from recent Board of Health meetings
 - 2) Any reports related to Health Department program audits by the state or other organizations

- 3) Quality improvement reports
 - 4) Financial reports
 - 5) Information about current or pertinent public health matters
 - 6) Other information requested by the board or board Chair, or determined to be of significance by the Secretary.
4. Special Meetings
- C. Presiding Officer
1. If present, the Chairperson of the Board of Health will preside at meetings of the Board of Health.
 - a. In the absence of the Chairperson, the Vice-Chairperson will preside.
 - b. In the absence of the Chairperson and the Vice-Chairperson another Board of Health member shall be designated to preside by a majority vote of the members who are present.
 - c. The Secretary shall open such a meeting and as the first order of business, open the floor for nominations of a temporary chairperson for that meeting.
 2. The presiding officer has the following powers:
 - a. To rule motions in or out of order
 - b. To determine whether a speaker has gone beyond reasonable standards of time
 - c. To vote on each motion; and to call a recess at any time.
- D. Quorum
1. A simple majority of current members, including the Board of Health Chairperson, constitutes a quorum for Board of Health meetings.
 2. 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.
 3. A majority of committee members, not including the Board of Health Chairperson, constitutes a quorum for Board of Health committees.
- E. Voting
1. A motion may be placed before the board by any member of the board but will only be discussed if the motion is seconded by another member of the board. However, motions coming to the board from a board committee do not require a second.
 2. Each member shall have an equal vote on items that come before the board. A member must be physically present at the meeting to vote.
 3. A quorum must be present to vote on an issue and a majority is needed to approve any motion except for amendments to the by-laws which require at least eight affirmative votes.
 4. Each Board member shall be permitted to abstain from voting, by so indicating when the vote is taken.
 - a. A member must abstain from voting in cases involving conflicts of interest as defined by North Carolina law.
 - b. 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
1. The Secretary shall prepare full and accurate minutes of the board proceedings, including closed sessions.
 - a. The exact wording of each motion and the results of each vote shall be

recorded in the minutes, and on the request of any member of the board, the entire board shall be polled by name on any vote.

b. Members' and other persons' comments may be included in the minutes if the board approves.

2. Copies of the minutes shall be made available to each Board member before the next regular Board meeting.

3. 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.

4. The public may obtain copies of the Board meeting minutes at the Caswell County Health Department.

IV. Amendments to Operating Procedures

A. These by-laws, except for those matters required by the NC General Statutes, may be amended or repealed by the vote of eight members at a properly noticed regular meeting of the Board of Health or at any properly called special meeting that includes amendment of the by-laws as one of the stated purposes of the meeting.

B. A vote to amend the by-laws shall be preceded by a discussion and distribution to all members, in writing, of a copy of the proposed change at the preceding regular meeting.

V. Other Procedural Matters

A. The Board shall refer to the current edition of Robert's Rules of Order Newly Revised (RONR) to answer procedural questions not addressed in this document, so long as the procedures prescribed in RONR do not conflict with North Carolina law.

VI. Compliance with North Carolina Law

A. 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 powers and duties of local boards of health.

B. 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.

VII. Approved and adopted by the Caswell County Board of Health on November 26, 2013

Chair, Caswell County Board of Health

Secretary, Caswell County Board of Health

Remote Participation in Local Government Board Meetings

Frayda S. Bluestein

An important vote is on the agenda for a city council meeting tonight. One council member is stuck in Chicago. May she call in and participate in the meeting and the vote by cell phone? Can a board member be considered to be “present” if she is not physically at the meeting? Governing boards of public entities increasingly face these questions as technology provides an ever-increasing array of options for electronic communication. Some North Carolina local governments currently allow members to “call in” to meetings, but no state statute specifically authorizes this.

A local government board action is valid only if taken in a legal meeting.¹ A meeting is legal if the applicable notice requirements have been met and a quorum is present.² This bulletin analyzes whether a board member can be considered to be present for purposes of a quorum if he or she participates remotely by phone, video, or other method. It also considers whether a local government has statutory authority to allow remote participation under a local policy. It concludes that until the North Carolina legislature or courts explicitly address these questions, city and county governing boards may be vulnerable to a legal challenge if a member who participates electronically casts a deciding vote or is necessary to establish a quorum.

Legal risk can be avoided if remote participation is allowed only when the member’s presence is not necessary to constitute a quorum, where the matter involves discussion only, or where the remote participant’s vote is not the deciding vote. Assuming remote participation is legal in some or all situations, the question of whether members of a particular board may participate remotely is a matter for the board to decide—an individual board member does not have an automatic right to participate if he or she is not physically present. This bulletin concludes with some practical suggestions for issues that might be addressed in a locally adopted remote participation policy.

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1. *Kistler v. Bd. of Educ. Randolph Cnty.*, 233 N.C. 400, 64 S.E. 2d 403 (1951); *O’Neal v. Wake Cnty.*, 196 N.C. 184, 145 S.E. 28 (1928).

2. *Iredell Cnty. Bd. of Educ. v. Dickson*, 235 N.C. 359, 70 S.E.2d 14 (1952).

Statutory Provisions Governing Presence at Meetings

When analyzing the scope of local government authority, one typically looks for an affirmative grant of authority. The absence of a prohibition is not enough to indicate that a particular action will be legal.³ There are no statutes that specifically authorize remote participation in meetings.⁴ State statutes do, however, grant broad authority for city and county governing boards to adopt their own rules of procedure for meetings.⁵ Cities may adopt local rules “not inconsistent with the city charter, general law, or generally accepted principles of parliamentary procedure,”⁶ and county procedures must be “in keeping with the size and nature of the board and in the spirit of generally accepted principles of parliamentary procedure.”⁷ These provisions provide broad authority for boards to manage the conduct of their meetings. A local rule adopted under this authority could allow remote participation and delineate the circumstances and procedures governing such participation. Indeed, several North Carolina local governments and numerous state boards currently allow members to participate by phone.⁸

It may be argued, however, that the matter of whether a person must be physically present in order to be counted toward a quorum, to vote, and to be considered present for all other legal purposes is not a proper subject for a rule of procedure that is within the board’s discretion to adopt. This specific question has not been addressed in the North Carolina statutes or case law.

The quorum statutes that apply to city and county governing boards set out the number of members that must be present for a legally valid meeting to take place.⁹ Nothing in these statutes specifically says that members must be *physically* present to count toward a quorum. The voting statute for cities,¹⁰ however, does specifically mention physical presence. It provides that a person who fails to vote, has not been excused from voting, and yet remains “physically present” is counted as voting “yes.” This could be read to reflect a legislative intent that physical presence

3. *Lanvale Props., LLC v. Cnty. of Cabarrus*, 336 N.C. 142, 150, 731 S.E.2d 800, 807 (2012); *Jefferson Standard Life Ins. Co. v. Guilford Cnty.*, 225 N.C. 293, 34 S.E. 2d 430 (1945).

4. In 2008, the General Assembly enacted local legislation authorizing the Hyde County Board of Commissioners to conduct business using “simultaneous communication” (defined as a conference telephone call or other electronic means). S.L. 2008-111. It might be argued that the enactment of this law implies that such authority does not otherwise exist for counties or other local governments. Language in the act itself suggests that the legislature anticipated the possibility of this argument and took steps to prevent it. Section 3.2 of the act says, “Nothing in this act shall be construed to affect the validity of actions related to electronic meetings of any other public body.” This language appears to convey the legislature’s intent that the act does not imply a lack of authority for other units of government, but simply sets out the procedures for and limitations on the use of simultaneous communication for Hyde County.

5. Sections 160A-71(c), 153A-41 of the North Carolina General Statutes (hereinafter G.S.).

6. G.S. 160A-71(c).

7. G.S. 153A-41.

8. Although it might be assumed that state agencies have more flexibility in structuring their meeting procedures than do local governments, the law is otherwise. State agencies are dependent upon enabling statutes and are limited to those powers expressly granted by the constitution or legislature and those implied by those powers expressly granted. *See High Rock Lake Partners, LLC v. N.C. Dep’t of Transp. (DOT)*, 366 N.C. 315, 319, 735 S.E.2d 300, 303 (2012) (citations, internal quotation marks omitted) (“The DOT possesses only those powers expressly granted to it by our legislature or those which exist by necessary implication in a statutory grant of authority. . . . [T]he responsibility for determining the limits of statutory grants of authority to an administrative agency is a judicial function for the courts to perform. . . . In making this determination we apply the enabling legislation practically so that the agency’s powers include all those the General Assembly intended the agency to exercise.”).

9. G.S. 160A-74, 153A-43.

10. G.S. 160A-75.

is required. The provision is capable of being applied, however, to a member who participates from a remote location, since the crux of the provision is that a person must be excused from the meeting or excused from voting in order to avoid being counted as voting. A remote participant, if considered to be present for purposes of a quorum, could be excused from voting or from the meeting (by terminating the electronic connection) in order to avoid being counted as voting “yes” under the statute. Since there is no other provision in the city or county statutes that specifically requires physical presence, it is an open question as to whether a remote participant may be counted for quorum purposes.

If a person participating electronically is not necessary to establish a quorum—that is, if the number of members physically present is sufficient to establish a quorum—such participation creates no risk to the validity of the meeting. If the remote participant is necessary to establish a quorum, however, or if he or she casts a deciding vote, the action taken in the meeting may be subject to challenge. In that case, it will be up to a court to resolve the issue of whether such participation is valid in North Carolina.

Cases Addressing Electronic Participation

Cases in other states have held that a local governing board member can be considered “present” when participating electronically from a remote location. A Maryland case, for example, found that a requirement for physical presence was satisfied by a board member’s participation by telephone, holding, “we believe the term ‘present’ and ‘convene’ can encompass participation through the use of technology.”¹¹ The Maryland court relied on *Freedom Oil Co. v. Illinois Pollution Control Board*,¹² in which an Illinois appellate court found that a state agency had authority to conduct a meeting at which two out of six members participated by phone. Relying on an Illinois Attorney General’s opinion, as well as on other cases, the court found that the board’s conduct of a special meeting by telephone conference “[fell] within the Board’s specific authority to conduct meetings” and that it did not violate the state’s open meetings law.¹³

Would a North Carolina court recognize the possibility of including remote participants when determining a quorum? At least one North Carolina appellate decision supports the notion that local government authority should be interpreted in light of changes in technology. In *BellSouth Telecommunications, Inc. v. City of Laurinburg*,¹⁴ the North Carolina Court of Appeals held that the statutory authority for cities to operate cable systems included authority to operate a fiber optic network. The court reasoned that the legislature intended local

11. *Tuzeer v. Yim, LLC*, 29 A.3d 1019, 1034 (Md. Ct. Spec. App. 2011) (citing *Freedom Oil Co. v. Ill. Pollution Control Bd.*, 655 N.E.2d 1184, 1191 (Ill. App. Ct. 1995)), *cert. denied*, 35 A.3d 489 (Md. 2012) (phone participation by zoning board member did not violate open meetings law).

12. 655 N.E.2d 1184 (Ill. App. Ct. 1995).

13. *Id.* at 1189. Although this case involved a state agency, the court noted that such agencies do not have inherent authority, so the question addressed by the holding is analogous to the question of whether electronic participation is within the scope of a local government’s authority to conduct meetings (see *supra* note 8). While the *Freedom Oil* case acknowledges other cases holding that physical presence is required, those cases involved alleged violations of open meetings laws when electronic meetings were held without public notice or access. These cases are not relevant to the issue of whether such participation is lawful when conducted as part of a properly noticed meeting, with public access, under the North Carolina open meetings law, which explicitly recognizes electronic meetings.

14. 168 N.C. App. 75, 606 S.E.2d 721, *discretionary review denied*, 359 N.C. 629 (2005).

government activity to “grow in reasonable stride with technological advancements.”¹⁵ Advances in technology have improved the quality and convenience of remote participation. Indeed, many citizens regularly watch board meetings in the comfort of their own homes via live streaming to televisions and computers. As noted below, the open meetings law has for decades included procedures for conducting and providing access to electronic meetings, and the city and county quorum statutes do not create an explicit requirement for physical presence.

Until the matter is resolved by legislation or court ruling, however, boards must make their own judgments, in consultation with their attorneys, as to whether the risk of a challenge is worth the inclusion of members who cannot attend a meeting. Because there is broad authority for establishing local procedures, the risk of challenge can be minimized if electronic participation is allowed only when the number of physically present members is sufficient to establish a quorum.

Rules for Appointed Boards

This discussion has, so far, focused on city and county governing boards, since there are specific statutes that govern their quorum and voting requirements. But local governing boards, in turn, create many appointed boards, whose purposes and procedures are established in local ordinances and resolutions. These boards are rarely subject to specific statutory requirements.¹⁶ Local governments are free to establish the procedures for these boards, and these procedures could include provisions for remote participation. As noted below, special consideration should be given to the use of electronic participation in boards that function as quasi-judicial decision-makers.

North Carolina Open Meetings Law and Electronic Participation

Compliance with the state open meetings law¹⁷ is an essential component of a lawful meeting. This law requires public bodies to provide notice of and access to “official meetings.”¹⁸ Under the statute, an “official meeting” occurs when a majority of a public body meets, assembles, or gathers together at any time or place to conduct the business of the public body. “Official meeting” also specifically includes “the simultaneous communication by conference telephone or other electronic means.”¹⁹

The statute’s mention of a conference call or other electronic means of gathering is sometimes interpreted as a source of authority for electronic participation in local government and other public board meetings. After all, if a board is considered to be in an official meeting when its members gather together electronically, perhaps a partially electronic meeting is also considered an official meeting, which is authorized under the open meetings law. This interpretation is not universally accepted. Indeed, the language is open to several interpretations.

15. *Id.* at 86–87, 606 S.E.2d at 728.

16. An important exception is local boards of adjustment, which carry out specific quasi-judicial functions and are governed by statutory provisions affecting voting and conflicts of interest. *See* G.S. 160A-388; 153A-345.

17. G.S. Chapter 143, Article 33C.

18. *See* G.S. 143-318.10(a) (“each official meeting of a public body shall be open to the public, and any person is entitled to attend such a meeting”).

19. G.S. 143-318.10(d).

The open meetings law is designed to make sure that the public has access whenever a majority of the members of a public body—enough to make a binding decision—gather together on public business. It would be easy to circumvent the statute if members could simply call, email, or video conference and do their work outside of the public eye. So the statutes include such electronic gatherings within the definition of “official meeting.” But does the inclusion of electronic meetings *authorize* these types of meetings for all public agencies, or does it simply make clear that (1) if these types of meetings occur and notice is not given, they are illegal, and (2) if these types of meetings are otherwise authorized, public notice and access must be provided?

The statute clearly implies that at least some types of public bodies may lawfully conduct electronic meetings. If all the statute did was to include electronic meetings in the definition of an official meeting, it could be viewed as prohibitive—designed to make clear that members of public bodies can’t avoid the requirements of the statute by meeting electronically. But the law also includes procedures for conducting electronic meetings, requiring notice and a location at which the public may listen to a meeting conducted electronically.²⁰ There would be no reason to include these provisions if no public bodies have or could ever have authority to conduct a valid electronic meeting.

School of Government faculty members who are familiar with the act’s history have long advised that the language regarding electronic and telephone conferencing was included because some public bodies, primarily some state boards, were already conducting meetings by telephone. The provisions were apparently designed to make sure that there was a guarantee of public access to such meetings. While the law does recognize the possibility of electronic meetings, the open meetings law itself neither creates nor restricts the authority of particular types of public bodies to conduct electronic meetings. It simply describes the types of meetings to which the public has access and prescribes procedures for providing access whenever electronic means are used.

It is important to note that the open meetings law provisions relate to meetings of a majority of a given board. Nothing in this law—or in any other statutory provision relating to public bodies—directly addresses the validity of electronic participation by individual members of a public body in a properly noticed meeting. Nonetheless, the recognition of and rules for electronic meetings in the open meetings law suggest that electronic participation by members of a board will not violate the open meetings law, so long as procedures for providing access are met.²¹

Board Discretion to Allow Electronic Participation

Assuming that remote participation in a board meeting is legal or does not pose a risk of legal challenge, does a local government board member have a right to participate remotely? The answer is “no.” There is no legal basis for asserting such a right. As noted above, a governing board has authority to establish the rules for its meetings. It is up to the board to decide, by majority vote, whether or not to allow such participation and, if so, under what circumstances and subject to what rules.

20. G.S. 143-318.13(a).

21. See *Tuzeer v. Yim, LLC*, 29 A.3d 1019 (Md. Ct. Spec. App. 2011), *cert. denied*, 35 A.3d 489 (Md. 2012) (phone participation by zoning board member did not violate open meetings law).

Local Policies for Remote Participation

There are both practical and legal considerations that a local government should address if it decides to allow remote participation. For example, local policies should specify when remote participation will be allowed and how the process will be managed when it occurs.

When developing local policies, a governing board should consider the purposes of meetings and the laws that govern them. Most of the legal requirements are designed to provide public access to every aspect of the deliberative and decision-making process, except when it takes place in closed session. Meetings are also for the benefit of the members of the public body themselves. The decision-making process involves interaction among the members, as well as member interaction with the public. A state remote participation policy that was reviewed for this bulletin stated that its purpose was to promote full participation of board members while ensuring access and transparency for the public.²² A balance of these considerations is a useful goal when developing procedures for remote participation.²³

Technological Considerations

Technology provides many choices for audio and video access so that remote participants can be seen and heard at the meeting's physical location. But not every jurisdiction will have that technology in place, along with the staff resources to manage and maintain it. It may require added expense and more than the usual advance planning to make sure everything works at the meeting. This may be even more challenging for emergency meetings in which electronic participation may be important due to the short notice involved. Even with a decent phone connection, a remote participant may not be able to observe the other board members or the public. This may be a technical and legal issue for quasi-judicial hearings, as discussed in more detail below. Two-way video is a possible solution, as it can improve the experience for both the board members and the public, but it is heavily dependent on high-quality video systems and adequate Internet connectivity transmission speeds (i.e., broadband) in order to minimize delays and content loss.

Guidelines promulgated by the Massachusetts Attorney General's Office specify which remote participation methods may be used during a public body's meetings:

Acceptable means of remote participation include telephone, internet, or satellite enabled audio or video conferencing, or any other technology that enables the remote participant and all persons present at the meeting location to be clearly audible to one another. Accommodations must be made for any public body member who requires TTY service, video relay service, or other form of adaptive telecommunications. Text messaging, instant messaging, email and web chat without audio are *not* acceptable methods of remote participation.²⁴

Technical glitches can become distracting, can disrupt the flow of a meeting, and may create legal issues about whether and at what specific times a person is considered to be present. Local

22. MASS. ATTORNEY GEN.'S REGULATIONS, 940 CMR 29.10, *Remote Participation*, www.mass.gov/ago/government-resources/open-meeting-law/940-cmr-2900.html#Remote.

23. Attorney General of Massachusetts, *Attorney General's Open Meeting Law Guide*, "May a Member of the Public Body Participate Remotely?" www.mass.gov/ago/government-resources/open-meeting-law/attorney-generals-open-meeting-law-guide.html#Remote. These guidelines provide a good example of matters that may be addressed in a remote participation policy.

24. See *id.*, "What Are the Acceptable Means of Remote Participation?"

governments that allow remote participation should create and test internal procedures so that the necessary arrangements are reliably in place for remote participation when it occurs.

When to Allow Remote Participation

Reasons for Remote Participation

A review of remote participation policies and rules currently in use (mostly from other states) reveals that the decision about when remote participation should be allowed involves core policy and board relation issues. A board member who regularly misses board meetings may be viewed as simply not placing sufficient priority on board service.²⁵ To promote regular attendance, policies typically allow remote participation only in specific circumstances when a member is unable to attend. Examples include illness or disability of the member or a close relative, military service, unexpected lack of child care, family emergency, and work or public service obligations that require the member to be away. Policies may also include a statement that remote participation will not be allowed solely for the convenience of the board member or merely to avoid attending one or more particular meetings.

Permissible Only When a Quorum Is Present

Some policies allow remote participation only when enough members are physically present to constitute a quorum. This eliminates the legal issue, discussed above, regarding whether a remote participant can be considered to be present for purposes of establishing a quorum. It also, in effect, places a limit on how many people can participate remotely at a single meeting. This promotes ease of interaction among board members and potentially reduces technological challenges that might arise if more than a few members are connected electronically from separate locations. Some policies explicitly limit the number of members who can participate remotely in a particular meeting.

Permissible Only for Certain Kinds of Meetings

A policy might designate specific kinds of meetings at which remote participation is or is not permitted. Two types of meetings involve unique challenges for remote participation: quasi-judicial hearings and closed sessions.

Quasi-Judicial hearings. Local elected and appointed boards sometimes have responsibility for making decisions and conducting procedures in a quasi-judicial capacity. This occurs, for example, in a personnel grievance or termination hearing and in several types of land use proceedings, such as consideration of conditional or special use permits or variances. Quasi-judicial proceedings place the board in the role of a judge, hearing evidence and applying a legal standard found in an ordinance or statute. North Carolina courts have held that the basic elements of due process must be met in a quasi-judicial hearing, such as sworn testimony, an opportunity for the parties to be heard, and a neutral decision-maker.²⁶ Board members must at such hearings observe and evaluate the evidence and testimony, and the parties must have an opportunity to be heard. The board must decide the matter on the evidence presented and cannot rely on *ex*

25. Although there is no authority under North Carolina law for a city or county governing board to sanction or remove a board member for too many absences, rules for optional appointed boards could include sanctions, including removal, for failure to attend. See Frayda Bluestein, "Unexcused Absences," *Coates' Canons: NC Local Government Law Blog* (UNC School of Government, Jan. 24, 2013), <http://canons.sog.unc.edu/?p=6975>.

26. *Humble Oil & Ref. Co. v. Bd. of Aldermen*, 284 N.C. 458, 470, 202 S.E.2d 129, 137 (1974).

parte communications. Both the board and the applicant or petitioner have important roles in meeting these requirements, which include being able to observe evidence and demeanor and engage in cross-examination. Remote participation by one or more members of a quasi-judicial body raises special concerns in light of these requirements. Even though members who are physically present may receive or send information during the meeting using mobile electronic devices, remote participation may make it more difficult to monitor their communications for compliance with the standards that apply to quasi-judicial proceedings.

Given the additional legal and technical requirements that may apply to quasi-judicial hearings, a governing body might want to implement a policy prohibiting remote participation in these types of meetings. If a board's policy does allow remote participation, however, it should include minimum requirements for ensuring that both remote participants and the other parties involved can participate in and observe the proceedings as necessary to meet the applicable level of due process.

Closed sessions. The open meetings law provides several reasons for public bodies to meet in closed session.²⁷ For some—but not all—of these situations, remote participation can present challenges. If the purpose of the meeting is to preserve confidentiality (such as for attorney-client communications²⁸ or personnel matters²⁹), for instance, remote participation may raise concerns about whether information is being improperly shared.

Of course, even individuals who are physically present might be difficult to monitor given how easy it is to communicate with others electronically using mobile devices. Furthermore, although many board members may assume that it is illegal to share information from closed session meetings, the open meetings law does not explicitly prohibit it. Indeed, a person who is physically present at a meeting who communicates electronically (for example, by text message) with someone outside the meeting is not necessarily violating the law. A legal issue arises only with respect to communications involving specific types of information or records that are confidential under a specific legal provision.³⁰

A local policy might prohibit remote participation in all closed sessions, or it might bar it only in those dealing with confidential information. In cases where remote participation is allowed, procedures might be developed to ensure, to the extent possible, that the non-present member is alone and can be seen and heard by all the members participating.

Procedures for Remote Participation

Approval Process

As noted above, local policies may allow remote participation only for specified reasons. Policies may also require that a person must request approval to participate remotely in advance, for example, by filing a request with the clerk at least twenty-four or forty-eight hours in advance of the meeting, with exceptions, perhaps, for emergency meetings. The policy should delineate whether the board or some designee of the board must approve the request.

It is important to consider the potential for abuse and manipulation should the board not have objective bases and procedures in place for approving or disallowing remote participation.

27. See G.S. 143-318.11.

28. G.S. 143-318.11(a)(3).

29. G.S. 143-318.11(a)(6).

30. See Frayda Bluestein, "What Happens in Closed Session, Stays in Closed Session . . . Or Does It?" *Coates' Canons: NC Local Government Blog* (UNC School of Government, Dec. 9, 2009), <http://canons.sog.unc.edu/?p=1463>.

Even without the added dimension of remote participation, board majorities can schedule meetings or agenda items, knowing when particular members will or will not be able to attend. The potential for manipulation increases if the same majorities have complete discretion in deciding whether individual members are allowed to participate remotely. This is of special concern if remote participants are allowed to vote, a matter discussed below.

Discouraging Excessive Absences

A local policy might limit the number of times an individual board member may participate remotely. Even if there is no authority to sanction members for excessive absences (as is the case for governing board members),³¹ the board has discretion to disallow remote participation in cases where board members are abusing the privilege. Board majorities must exercise this authority carefully to avoid manipulation of the process for political advantage.

Voting and Written Ballots

A local policy should address the question of whether remote participants may vote and, if so, what procedures will be used to record and verify their votes. If a remote participant is considered to be present, the presumption is that he or she would be entitled to vote. Indeed, under the voting statute for city governing boards, a person is presumed to vote "yes" if he or she is present by remote means and has not been excused from voting. For these reasons, it would be important to have specific means for determining whether a person is still participating when a vote comes up. Policies can provide for a person to explicitly notify the board when the remote participant is leaving the meeting or rejoining the meeting by terminating or restarting the electronic connection. A policy could also state that a person is not considered present if the connection is lost unintentionally, due to technical problems.

A voice vote by telephone, which can be heard and recorded, could satisfy the basic voting requirements, unless votes are being taken by written ballot. It is possible that a fax, email, or text could be considered a written ballot, if the notion of an electronic signature (generally now accepted as binding in other circumstances) is accepted in this context. The obvious concern would be whether the remote participant in fact did the voting, but a person participating by electronic means could verify the action or, if there is video, could be observed doing it.

Minutes to Reflect Remote Participation

Minutes of meetings at which remote participation occurs should reflect which members are physically present and which are not. They should also reflect when members are excused from voting or are excused to leave or rejoin the meeting, just as they would for members who are physically present.

Majority of Board in a Remote Location

In most cases, the need for remote participation arises when a majority of the board meets in its regular location and one or two members are unable to physically attend. It is possible to imagine, however, a situation where a majority of a board is away, perhaps together attending training or a meeting, and a need for a meeting arises. Consider a five-member board, with three members who are out of town. An issue arises, and the mayor calls a special meeting to take place in city hall, with the three absent members participating by conference telephone call. For cities, there is no legal requirement regarding where meetings take place, but the notice of the meeting

31. See *supra* note 25.

must identify its location. If the city follows the procedures for providing visual and audio transmission at city hall under G.S. 143-318.13(a), it would appear that a notice stating that the meeting will take place at city hall would be valid, even if a majority of the board is participating from another location. It might be prudent to also provide notice of the location at which the three members are located, if they are all in the same place.

Under state law, a county board of commissioners must hold its meetings within the county, except in certain specified cases.³² In the absence of any specific authority to the contrary, it is best to assume that a majority of the board must be physically present in the county to comply with this requirement. Although it is technically possible for citizens to attend a meeting in the county at which a majority of the board is participating and can be seen and heard by electronic transmission, this approach might not be viewed as being compliant with the in-county meeting requirement.

Conclusion

Is remote participation more trouble than it is worth? That is up to local boards to decide. Despite some uncertainty about the legality, for quorum and voting purposes, of remote participation, it is clear that there are and will continue to be times when both the board's and the public's interests are best served by accommodating one or more board members' need to participate from another location. Indeed, a remote participant seems not so different from those who are present, when you consider the extent to which technology permeates meetings. Citizens participate remotely through video streaming, and members and attendees increasingly access electronic devices during meetings. Local policies addressing the legal and practical aspects of remote participation for elected and appointed boards can balance the needs of the boards and the needs of citizens, while incorporating available technology to accommodate these interests.

This bulletin has emphasized the two biggest legal risks in allowing remote participation: the possibility of a challenge to (1) the presence of a quorum and (2) the validity of a vote cast remotely, especially if the remote participant casts the deciding vote. The first risk can be avoided by adopting a local policy that requires a quorum to be physically present. The second risk may not be one that can be avoided by local policy. As noted above, a person who participates in a meeting remotely and is considered to be present has a right to participate fully, including in voting. It may not be possible to know in advance whether the remote participant will be the deciding vote, and it would open the process to unacceptable manipulation if remote participation rights were determined based on the expected outcome of a particular vote. So this risk is one that board members may have to consider and balance against the value of full participation in deciding whether to allow remote participation.

32. G.S. 153A-40.

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CASWELL COUNTY HEALTH DEPARTMENT (FY 2013-2014)

	Budget	Actual YTD	Balance	YTD = 33.33%
SALARY & BENEFITS SUBTOTAL	2,081,576.00	629,345.24	1,452,230.76	30.23%
Board Expenses 120	0.00	0.00	0.00	0.00%
Salary 121	1,577,402.00	483,614.59	1,093,787.41	30.66%
Call 122	44,005.00	11,874.00	32,131.00	26.98%
Longevity 127	22,295.00	0.00	22,295.00	0.00%
SS / FICA 181	118,580.00	36,522.98	82,057.02	30.80%
Retirement 182	108,970.00	34,096.09	74,873.91	31.29%
Health Insurance 183	210,324.00	63,237.58	147,086.42	30.07%
OPERATIONAL EXPENSE SUBTOTAL	1,021,316.00	245,029.01	776,286.99	23.99%
Contracted Services 199	503,544.00	78,667.96	424,876.04	15.62%
Food & Provisions 220	502.00	262.43	239.57	52.28%
Program Supplies 230	33,841.00	6,160.61	27,680.39	18.20%
Pharmaceuticals 238	38,539.00	11,619.35	26,919.65	30.15%
HH/CAP Med Supplies 239	188,000.00	55,895.55	132,104.45	29.73%
Office Supplies 260	15,843.00	4,247.42	11,595.58	26.81%
Small Tools & Equip. 295	46,808.00	29,553.41	17,254.59	63.14%
Mileage 311	107,776.00	25,643.72	82,132.28	23.79%
Travel Subsistence 312	4,983.00	1,941.56	3,041.44	38.96%
Telephone 321	10,753.00	3,065.48	7,687.52	28.51%
Postage 325	4,211.00	734.73	3,476.27	17.45%
Printing 340	1,736.00	579.75	1,156.25	33.40%
Maint & Repair 352	8,000.00	2,170.80	5,829.20	27.14%
Advertising 370	2,705.00	2,362.64	342.36	87.34%
Laundry 392	1,217.00	288.87	928.13	23.74%
Training 395	10,098.00	960.50	9,137.50	9.51%
Rental of Copier 431	9,500.00	1,682.02	7,817.98	17.71%
Rental of Post Meter 432	850.00	204.00	646.00	24.00%
Ins & Bonding 450	4,895.00	4,283.55	611.45	87.51%
Dues, Subsc. & Pub. 491	18,917.00	14,704.66	4,212.34	77.73%
Capital Outlay 500	8,598.00	0.00	8,598.00	0.00%
TOTAL EXPENSES	3,102,892.00	874,374.25	2,228,517.75	28.18%
TOTAL REVENUE	3,102,892.00	711,256.56	2,391,635.44	22.92%
STATE SUBTOTAL	626,602.00	67,695.38	558,906.62	10.80%
(101) COUNTY APPROP	371,576.00	127,736.27	243,839.73	34.38%
(103) UR FUND BAL	96,042.00	28,882.53	67,159.47	30.07%
(102) WCH FUND BAL	134,923.00	75,353.12	59,569.88	55.85%
(102) PPC FUND BAL	55,081.00	19,299.37	35,781.63	35.04%
OTHER SUBTOTAL	657,622.00	251,271.29	406,350.71	38.21%
(102) MCD – REGULAR	973,583.00	167,625.88	805,957.12	17.22%
(102) MCD – SETTLEMENT	0.00	0.00	0.00	0.00%
(103) MCR – REGULAR	704,401.00	176,521.87	527,879.13	25.06%
(103) MCR – HMO	57,437.00	21,192.45	36,244.55	36.90%
(103) PRIVATE INS	15,047.00	6,261.37	8,785.63	41.61%
(103) DIRECT FEES	68,200.00	20,688.32	47,511.68	30.33%
EARNED SUBTOTAL	1,818,668.00	392,289.89	1,426,378.11	21.57%
BALANCE	0.00	-163,117.69		

Twelve Month Cost Report

for

Caswell County Home Health Agency

June 30, 2013



CliftonLarsonAllen LLP
101 N. Tryon St., Suite 1000
Charlotte, NC 28246
Main 704-998-5200. Fax 704-998-5250

Caswell County Home Health Agency

Twelve Month Cost Report

3

Review Narrative

As of the period ending 6/30/2013 the agency has a -9.58% profit margin/change in fund balance for the Home Health Program (\$124,329.33)

Comparisons Current and Prior Period:

	<u>Prior Period</u>	<u>06/30/13</u>	<u>Variance</u>	<u>% Variance</u>
<u>Billed Units/Patients:</u>				
<u>Home Health Program:</u>				
Total Visits	8,064	7,961	(103)	-1.28%
Total Patients	423	400	(23)	-5.44%
Visits per Patient	19.06	19.90	0.84	4.40%
Medicare Visits	4,433	4,759	326	7.35%
Medicare Patients	179	182	3	1.68%
Medicaid Visits	2,330	2,372	42	1.80%
Medicaid Patients	229	231	2	0.87%
Other Visits	1,301	830	(471)	-36.20%
Other Patients	103	76	(27)	-26.21%
<u>Home Health Revenue:</u>				
Medicare - Patient Revenue	\$625,931	\$664,252	\$38,321	6.12%
Medicaid - Patient Revenue	\$426,265	\$408,124	(\$18,142)	-4.26%
Other - Patient Revenue	\$117,194	\$75,446	(\$41,748)	-35.62%
Other Revenue (County Approp/Fund Bal)	\$56,262	\$150,478	\$94,217	167.46%
Total Home Health	\$1,225,652	\$1,298,300	\$72,648	5.93%
Medicare - Patient Revenue	51.069%	51.163%		
Medicaid - Patient Revenue	34.779%	31.435%		
Other - Patient Revenue	9.562%	5.811%		
Other Misc Revenue	4.590%	11.590%		
	100.00%	100.00%		
Expenses	\$1,374,766	\$1,422,630	\$47,864	3.48%
Projected Change in Fund Bal-Cost Analysis	-\$149,114	-\$124,329	\$24,785	-16.62%
Projected Change in Fund Bal-Agency Budget	\$60,730	\$116,144	\$55,414	91.25%
Total Agency Expenses - Direct versus Indirect				
Direct Expenses	59.14%	56.07%	(0.03)	-5.18%
Indirect Expenses	40.86%	43.93%	0.03	7.50%
	100.00%	100.00%		

The financial information above was provided by Caswell County Home Health Agency

Cost per Visit Comparison - Summary

06/30/13

TOTAL COST PER VISIT:

Home Health Program:

- Skilled Nursing
- Physical Therapy
- Occupational Therapy
- Speech Therapy
- Medical Social Worker
- Home Health Aide

Reimbursement		Medicaid		Actual Cost			
Medicare LUPA - Rural	01/01/13	07/01/12	06/30/11	06/30/12	06/30/13	Change	% Change
\$100.92	\$101.79	\$103.33	\$127.94	\$141.21	\$153.22	\$12.01	9%
\$110.36	\$111.29	\$109.60	\$142.17	\$144.88	\$145.13	\$0.25	0%
\$111.10	\$112.05	\$109.60	\$0.00	\$0.00	\$0.00	\$0.00	0%
\$119.91	\$120.93	\$109.60	\$0.00	\$0.00	\$0.00	\$0.00	0%
\$161.79	\$163.17	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0%
\$45.71	\$46.10	\$47.28	\$78.38	\$80.11	\$65.41	(\$14.70)	-18%

DIRECT COST PER VISIT:

Home Health Program:

- Skilled Nursing
- Physical Therapy
- Occupational Therapy
- Speech Therapy
- Medical Social Worker
- Home Health Aide

06/30/11	06/30/12	06/30/13	Change	% Change
\$80.23	\$83.34	\$85.81	\$2.47	3%
\$90.87	\$86.97	\$82.47	(\$4.50)	-5%
\$0.00	\$0.00	\$0.00	\$0.00	0%
\$0.00	\$0.00	\$0.00	\$0.00	0%
\$0.00	\$0.00	\$0.00	\$0.00	0%
\$50.10	\$48.09	\$37.17	(\$10.92)	-23%

The financial information above was provided by Caswell County Home Health Agency

Caswell County Home Health Agency

Twelve Month Cost Report

Home Health Visit Comparison

	06/30/11	06/30/12	06/30/13	Change Since 06/30/12	% Change
Total Visits					
Skilled Nursing	5,426	5,481	5,414	(67)	-1%
Physical Therapy	1,558	1,516	1,581	65	4%
Occupational Therapy	0	0	0	0	0%
Speech Therapy	0	0	0	0	0%
Medical Social Services	0	0	0	0	0%
Home Health Aide	1,337	1,067	966	(101)	-9%
Total	8,321	8,064	7,961	(103)	-1%
Unduplicated Patients	415	423	400	(23)	-5%
Visits Per Patient	20.05	19.06	19.90	0.84	4%
Medicare Visits					
Skilled Nursing	2,879	2,835	2,861	26	1%
Physical Therapy	1,086	1,026	1,292	266	26%
Occupational Therapy	0	0	0	0	0%
Speech Therapy	0	0	0	0	0%
Medical Social Services	0	0	0	0	0%
Home Health Aide	928	572	606	34	6%
Total	4,893	4,433	4,759	326	7%
Percentage of Total Visits	59%	55%	60%		
Unduplicated Patients	177	179	182	3	2%
Visits Per Patient	27.64	24.77	26.15	1.38	6%
Medicaid Visits					
Skilled Nursing	2,097	1,988	2,032	44	2%
Physical Therapy	144	55	25	(30)	-55%
Occupational Therapy	0	0	0	0	0%
Speech Therapy	0	0	0	0	0%
Medical Social Services	0	0	0	0	0%
Home Health Aide	209	287	315	28	10%
Total	2,450	2,330	2,372	42	2%
Percentage of Total Visits	29%	29%	30%		
Unduplicated Patients	199	229	231	2	1%
Visits Per Patient	12.31	10.17	10.27	0.09	1%

The financial information above was provided by Caswell County Home Health Agency

Caswell County Home Health Agency

Twelve Month Cost Report

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Home Health Visit Comparison: continued

	06/30/11	06/30/12	06/30/13	Change Since 06/30/12	% Change
Other Visits					
Skilled Nursing	450	658	521	(137)	-21%
Physical Therapy	328	435	264	(171)	-39%
Occupational Therapy	0	0	0	0	0%
Speech Therapy	0	0	0	0	0%
Medical Social Services	0	0	0	0	0%
Home Health Aide	200	208	45	(163)	-78%
Total	978	1,301	830	(471)	-36%
Percentage of Total Visits	12%	16%	10%		
Unduplicated Patients	78	103	76	(27)	-26%
Visits Per Patient	12.54	12.63	10.92	(1.71)	-14%

The financial information above was provided by Caswell County Home Health Agency



FOR PROVIDERS.
BY PROVIDERS.

November 4, 2013

Caswell County Home Health Agency
Jennifer Eastwood
189 County Park Road
Yanceyville, NC 27379

Dear Management Representative:

On behalf of the Accreditation Commission for Health Care, Inc. (ACHC), I want to thank you for seeking accreditation for your Home Health Program. The fact that you committed the time and effort necessary to apply for accreditation indicates that you recognize the importance of quality in the provision of home care services.

The ACHC staff conducted an extensive review of your survey documentation in accordance with the Accreditation Review Committee guidelines. The findings, with respect to each standard, are stated in the enclosed "Summary of Findings". Based on these findings, the recommendation regarding your accreditation has been deferred pending submission of a Plan of Correction to address all deficiencies noted in the Summary of Findings.

The Plan of Correction is due in ACHC's office 10 calendar days from the date of this notification. Documented supporting evidence of compliance with your Plan of Correction is due in ACHC's office 60 days from the date of this notification. The recommendations listed on the enclosed "Summary of Findings" should be used in developing your Plan of Correction. It is important that you reference each standard with the action to be implemented and provide any supporting documentation.

Accreditation status will be determined upon review of the submitted Plan of Correction. An on-site focus survey may be required for a final accreditation determination; your organization will be responsible for additional survey fees. All fees must be paid in full before you receive final notification of your organization's accreditation status.

We look forward to receiving your Plan of Correction. If you have any questions about your organization's findings or the Plan of Correction, please feel free to contact your organization's Accreditation Advisor, Catherine Gregory.

Sincerely,

Matthew D. Hughes
Director Business Development &
Customer Service

ACCREDITATION COMMISSION *for* HEALTH CARE

139 Weston Oaks Ct., Cary, NC 27513 | achc.org | T (855) 937-2242 F (919) 785-3011

ISO 9001:2008 CERTIFIED QMS APPROVED

Survey Report for Survey on 10/21/2013

Services: HHA, MSS, OT, PT, SN, ST



Caswell County Home Health Agency

189 County Park Road
Yanceyville, NC 27379

Deficiency Category - Personnel Files		Defi-
Standard / CFR	Comments	cient

HH1-4A.01 Written policies and procedures are established and implemented by the HHA in regard to conflict of interest and the procedure for disclosure. (was standard HH1-4A.01 and HH1-4A.02)	<p>Upon review of personnel records, 1 of 7 (AA) did not have signed conflict of interest statement.</p> <p>Action Required: There is evidence of personnel demonstrating the understanding of conflict of interest policies and procedures by signing a conflict of interest disclosure statement. Initiate process to ensure that all employees have this document signed at orientation. Audit personnel records to ensure compliance.</p>	X
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HH4-2A.01 All personnel qualifications are reviewed through previous employer reference checks.	<p>Upon review of personnel records, 1 of 7 (RP) had no evidence of at least two reference checks.</p> <p>Action Required: All personnel qualifications are reviewed through at least two previous employer reference checks. Initiate process to ensure that all new employees have at least two reference checks. Audit records to ensure compliance.</p>	X
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HH4-5A.01 Written policies and procedures are established and implemented that describe the orientation process. Documentation reflects that all personnel have received an orientation.	<p>Upon review of personnel records, 1 of 7 (AA) did not have evidence of having received orientation to patient rights, advance directives, ethical issues or PI plan.</p> <p>Action Required: There is evidence that reflects that all personnel have received orientation on the following: Patient's rights, Advance Directives, Ethical issues, Performance Improvement plan. Initiate a process to ensure that employees receive orientation on patient rights, advance directives, ethical issues, and PI plan. Audit records, orientation checklist to ensure compliance.</p>	X
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HH4-7C.01 Written policies and procedures are established and implemented in regard to the observation and evaluation of direct care personnel performing their job duties by qualified personnel at least annually and/or in accordance with state or federal regulations.	<p>Upon review of personnel records, 1 of 7 (RP) did not have evidence of being observed during annual supervisory visit by a qualified individual.</p> <p>Action Required: There is evidence that a qualified individual observed and evaluated each direct care personnel performing their job duties at least annually and/or in accordance with state or federal regulations. Educate staff about this requirement, must occur with a qualified individual. Audit personnel records to monitor compliance.</p>	X
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Deficiency Category - Interviews/Observations	Defi-
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Standard / CFR	Comments	Deficient
HH1-4A.01 Written policies and procedures are established and implemented by the HHA in regard to conflict of interest and the procedure for disclosure. (was standard HH1-4A.01 and HH1-4A.02)	<p>Upon observation, there is no evidence of a signed conflict of interest disclosure statement for PAC members.</p> <p>Action Required: There is evidence of a signed conflict of interest disclosure statement for the Board of Directors/Governing board members and PAC members. At next meeting of PAC, obtain signed conflict of interest statement from each member. When new members are added, obtain the signed document during orientation.</p>	<p>X</p>

Deficiency Category - COP: Standard Level Standard / CFR	Comments	Deficient
-------------------------------------------------------------	----------	-----------

HH1-3A 484.16 G152 The governing body/owner(s) arranges for a Professional Advisory Committee with representation from the HHA's professionals having expertise in the program service areas and the lay community. Policies and procedures describe the function of the Professional Advisory Committee. (484.16) (G151) (G152) (G153)	<p>Upon observation, there is no representation from other professional disciplines on the PAC.</p> <p>Action Required: PAC meeting minutes document committee members which include at least one physician and one Registered Nurse (preferably a public health nurse), appropriate representation from other professional disciplines and at least one member of the group who is neither an owner nor an employee of the HHA. Recruit representation from other professional disciplines for this committee. Verify that minutes reflect the attendance of this person/persons.</p>	<p>X</p>
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HH5-2F 484.55(c) G337 The comprehensive assessment includes a review of all medications the patient is currently using, both prescription and non-prescription. The drug regimen review occurs as an ongoing part of the care to the patient. (484.55(c)) (G337)	<p>Upon chart review, 1 of 12 (LS) was noted to be taking 2 medications (discovered during home visit) that were not included on medication profile.</p> <p>Action Required: A medication profile includes, but is not limited to: Date prescribed or taken , Name of medication, Dose, Frequency, Drug classification, Date discontinued, Drug and/or food allergies . Inservice staff about maintaining current drug profile at each visit, audit records to monitor compliance.</p>	<p>X</p>
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HH5-11F 484.36(c)(2) G225 The HHA defines the duties of the Home Health Aide and ensures they are implemented in patient care. (484.36(c)) (G223) (484.36(c)(1) (G224) 484.36(c)(2) (G225) (G226) (G227)	<p>Upon chart review, 3 of 7 (LS, JW, VC) did not have Aide care plan fully completed. There were no instructions regarding functional status, ambulatory status, use of assistive devices, diet, special instructions(one patient had been admitted with seizures).</p> <p>Action Required: There is evidence in the patient record that the Home Health Aide provides services that are ordered by the physician in the plan of care and that the aide is permitted to perform under State law. Inservice employees must be fully completed so that Aide will not have to make decisions that may be out of her scope of practice. Audit records to ensure compliance.</p>	<p>X</p>
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**ENVIRONMENTAL HEALTH MONTHLY STATISTICAL REPORT
OCT 2013**

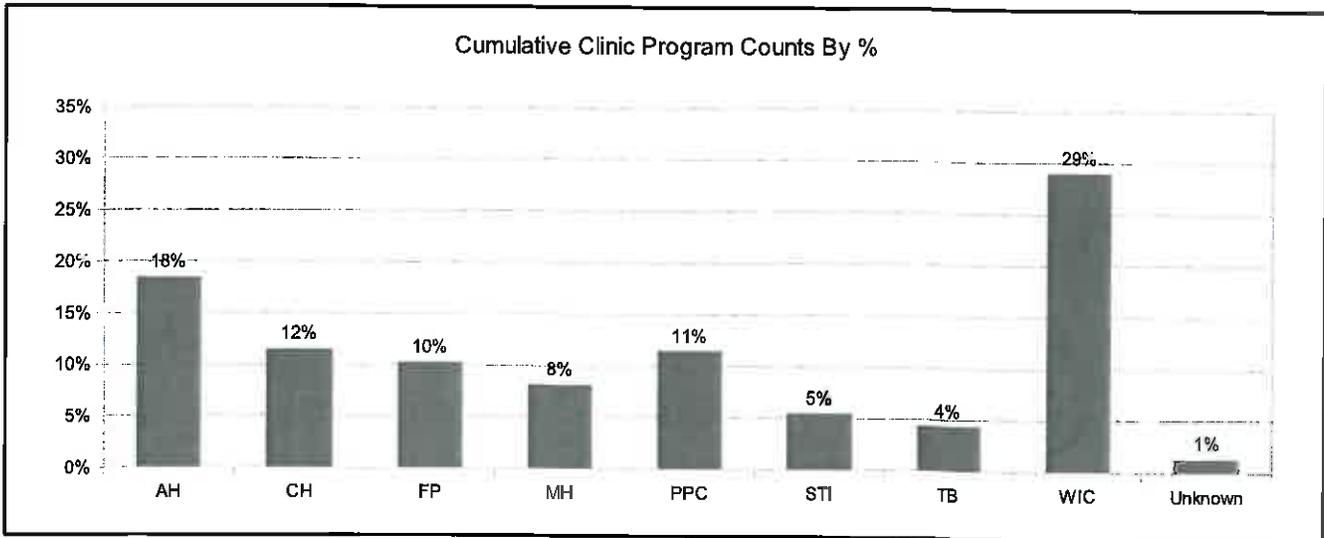
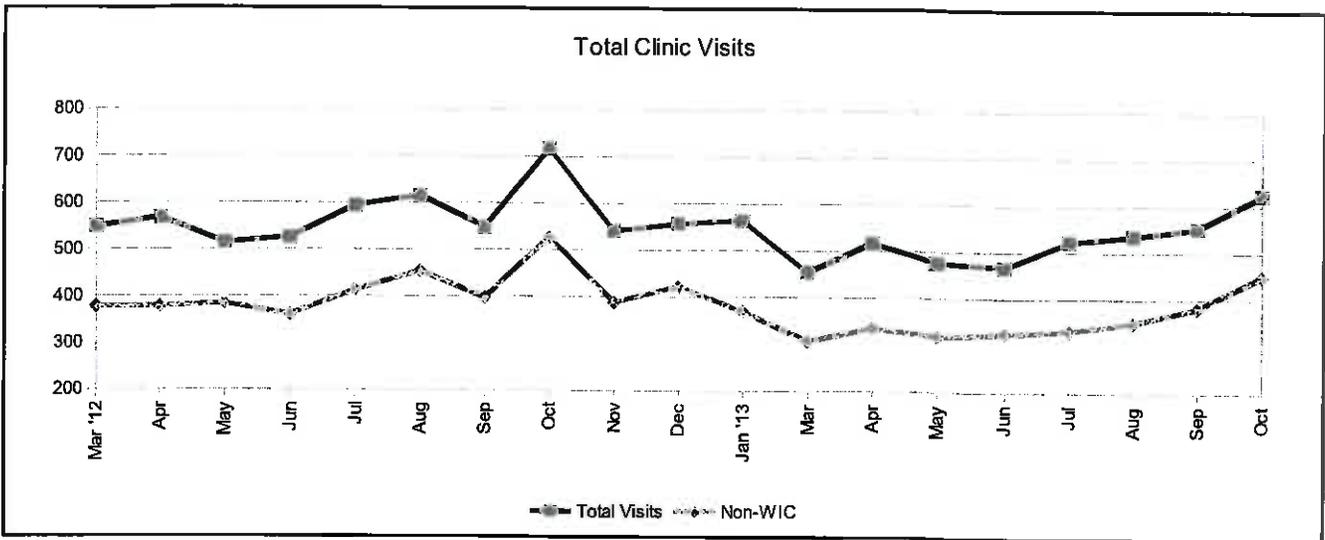
ACTIVITY DESCRIPTION	NUMBER	COMMENTS
FOOD, LODGING, AND INSTITUTIONAL		
Field Visits	17	
Inspections	17	
Permits Issued-New or Revised Business		
Permits Suspended/Revoked-Business Closed		
Food Service Plan Review		
Consultation Contacts	45	
Complaints	1	
ON SITE WASTE WATER PROGRAM		
Field Visits	70	
Soil/Site Evaluations	11	
Improvement Permits	7	
Construction Authorizations	8	
Operation Permits	7	
Denials		
Failing System Evaluations	3	
IP, CA, & OP Permits-Repairs	3	
Existing System Inspections/Authorizations	12	
OSWW Violations Notices	1	
Consultation Contacts	87	
Migrant Housing Inspections		
Pending Applications-Not Addressed	0	
Complaints	2	
WATER SAMPLES		
Field Visits	24	
Bacteria Samples	7	
Chemical Samples	10	
Petroleum Samples	3	
Pesticide Samples	2	
Nitrate/Nitrite Samples	5	
Consultation Contacts	53	
Migrant Housing Inspections		
WELL PERMITS		
Well Site Field Visits	29	
Number of Permits (New)	9	
Number of Permits(Repair)	2	
Grout Inspections	8	
Well Head Inspections	4	
Well Abandonment Inspections		
Bore Hole Camera Inspections	2	
Consultation Contacts	45	
Complaints		
SWIMMING POOLS		
Permits/Inspections		
OTHER		On-Site Program Eval-1 Day Donnie Powell CE 2 days
Clerical Time (hours)	35.5	
Phone Contacts (Documented)	219	
Office Consults (Documented)	37	
Intern Preparation (Matt Maness)	18 hrs	Matt Maness CIT-2 Weeks

Caswell County Environmental Health Statistics - FY 2013-2014

Service	JUL		AUG		SEP		OCT		YTD TOTAL	
	#	\$	#	\$	#	\$	#	\$	#	\$
Improvement Permit / Site Evaluation (< 600 gpd & less than 4 bedrooms)	4	600	1	150	7	1,050	6	900	18	2,700
Improvement Permit / Site Evaluation for each additional bedroom over 3	1	75			1	75			2	150
Improvement Permit / Site Evaluation (> 600 & < 3000 gpd)									0	0
Improvement Permit / Site Evaluation (> 3000 gpd)									0	0
New Construction Authorization & Operating Permit (Type I & II)	2	300	3	450	3	450	9	1,350	17	2,550
New Construction Authorization & Operating Permit (Type III)									0	0
New Construction Authorization & Operating Permit (Type IV)									0	0
New Construction Authorization & Operating Permit (Type V)									0	0
Expansion or Repair of OSWW Treatment System (< 600 gpd)	1	50	4	200	2	100			7	350
Expansion or Repair of OSWW Treatment System (> 600 & < 3000 gpd)									0	0
Expansion or Repair of OSWW Treatment System (> 3000 gpd)									0	0
Inspection of Existing OSWW Treatment System (Type I & II Addition)	3	150	1	50	3	150	4	200	11	550
Inspection of Existing OSWW Treatment System (Type I & II Change Out)	1	100	2	200	6	600	1	100	10	1,000
Inspection of Existing OSWW Treatment System (5 yr Type IIIb Inspection)									0	0
Inspection of Existing OSWW Treatment System (3 yr Type IV Inspection)									0	0
Inspection of Existing OSWW Treatment System (Annual Type V Inspection)	5	1,500	6	1,800	6	1,800	7	2,100	24	7,200
Well Permit									1	200
Well Camera Evaluation									1	200
Well Repair Permit	2	400	2	400	5	1,000			9	1,800
Bacteria Water Sample					3	150			3	150
Chemical Water Sample	1	50			1	50			2	100
Petroleum Water Sample			1	50					1	50
Pesticides Water Sample									0	0
Nitrate/Nitrite Sample									0	0
Water Sample Revisit									0	0
Swimming Pool Annual Permit									0	0
Swimming Pool Plan Review									0	0
Restaurant Plan Review	1	200					1	200	2	400
Tattoo Artist Permit Annual Fee									0	0
Five Sample Package	1	170	1	170					2	340
Water Sample Revisit-additional test									0	0
Bad Check									0	0
Temporary Food Stand	1	75			1	75			2	150
Returned Check									0	0
	23	3,670	21	3,470	38	5,500	29	5,050	111	17,690

Caswell County Health Dept Clinic Counts By Program And Month

Area	Mar '12	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan '13	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Total	%
AH	99	102	93	98	90	119	123	179	116	116	83	62	81	85	90	85	85	90	133	1929	18%
CH	56	57	52	50	76	96	71	69	63	71	70	36	35	38	50	56	85	89	85	1205	12%
FP	57	76	77	68	70	59	52	67	48	67	29	38	45	52	64	56	44	47	57	1073	10%
MH	33	31	36	34	45	53	47	41	38	26	42	41	55	51	47	61	50	50	69	850	8%
PPC	63	55	51	53	61	54	56	96	69	100	102	72	57	54	41	40	46	62	63	1195	11%
STI	37	31	41	31	31	33	21	30	29	28	23	27	25	26	31	30	28	40	30	572	5%
TB	33	26	35	27	41	40	27	45	25	14	21	31	38	13	3	5	12	4	13	453	4%
WIC	171	190	130	165	180	161	151	159	152	135	181	137	179	153	137	183	168	137	159	3028	29%
Unknown								31	1		13	10	2	4	4	7	18	34	15	139	1%
Total Visits	549	568	515	526	594	615	548	717	541	557	564	454	517	476	467	523	536	553	624	10,444	
Non-WIC	378	378	385	361	414	454	397	527	388	422	370	307	336	319	326	333	350	382	450	7277	

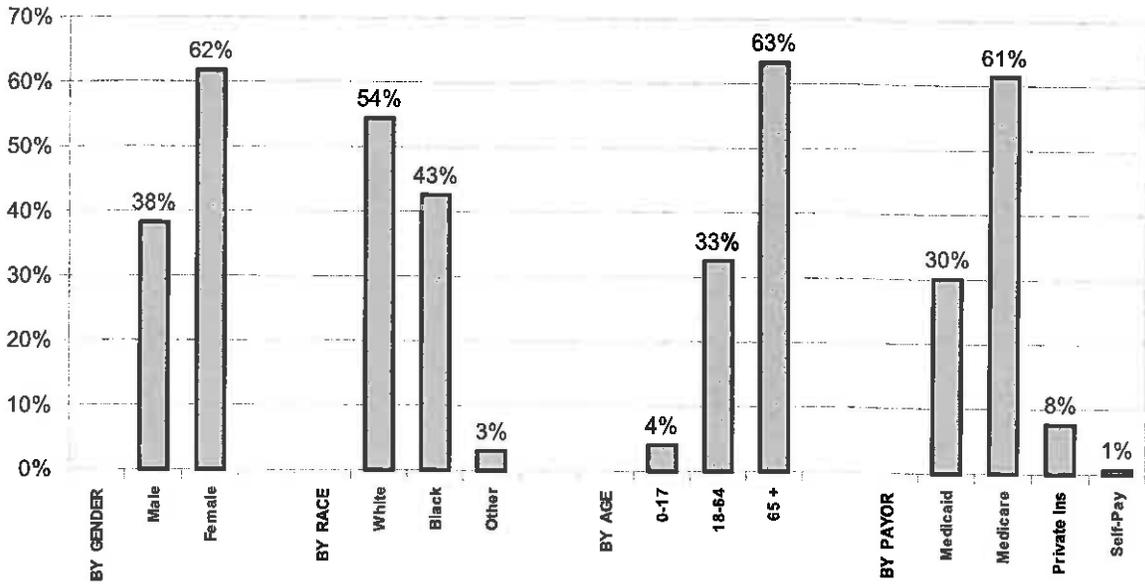


Caswell County Health Department Clinic Counts By Zip Code And Month

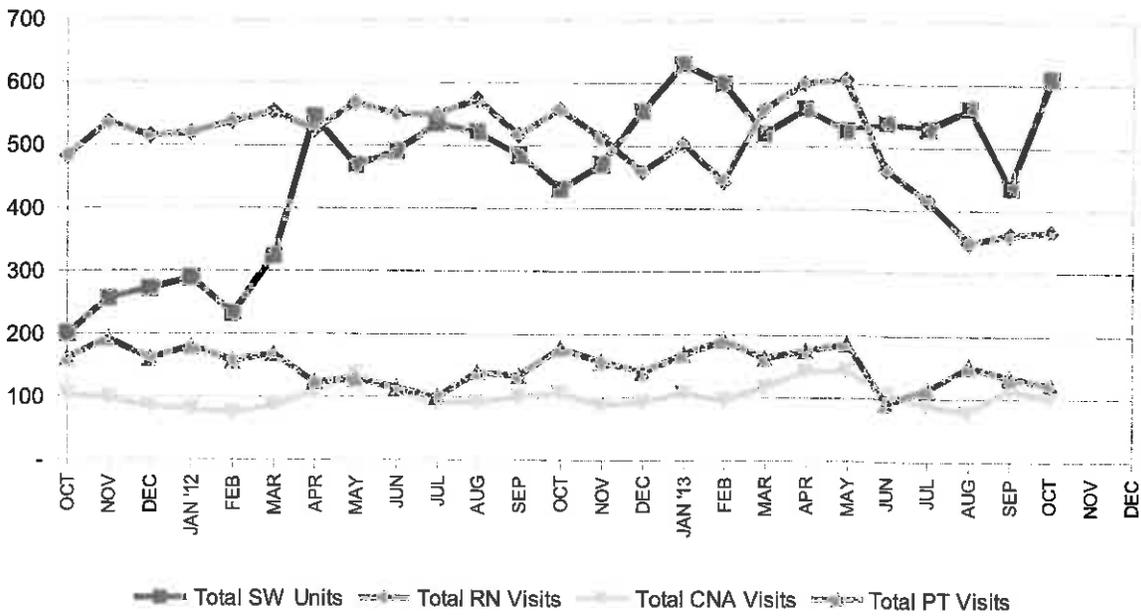
Area	Zip	Apr '12	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan '13	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Total	%
Alamance	27201										1									0	0.00%
Ashboro	27203								2					1						3	0.03%
Ashboro	27204					1														1	0.01%
Ashboro	27205													1						1	0.01%
Blanch	27212	31	32	28	24	20	25	31	28	25	23	20	24	14	27	22	23	30	37	493	4.70%
Bonlee	27213																	1		1	0.01%
Brown Summit	27214				1		1	1												3	0.03%
Burlington	27215	1	2	2	3	1	4	3	3		2	1	2	4	2	1	1	2		35	0.33%
Burlington	27216														1					3	0.03%
Anderson	27217	14	16	16	24	29	9	38	14	16	22	14	35	25	20	29	22	22	30	405	3.86%
Bynum	27228																1			1	0.01%
Cedar Falls	27230		1																	1	0.01%
Cedar Grove	27231		2																	2	0.02%
Denton	27239											1								1	0.01%
Eagle Springs	27242							3												3	0.03%
Elon	27244	26	16	8	20	7	18	20	15	6	24	19	21	20	11	20	18	11	14	305	2.91%
Ether	27247																1			1	0.01%
Gibsonville	27249	18	14	22	19	19	17	21	10	17	14	9	13	13	8	13	5	13	15	271	2.58%
Graham	27253			1	2	2		2				2				1		1		11	0.10%
Haw River	27258							1												1	0.01%
Hillsborough	27278		1																	1	0.01%
Eden	27288		1																1	2	0.02%
Leasburg	27291	16	27	9	27	18	16	22	23	15	22	19	27	18	14	21	23	27	32	388	3.70%
Linwood, NC	27299		1								1									2	0.02%
McLeansville	27301																2			2	0.02%
Mebane	27302	14	8	11	9	7	10	18	8	9	6	13	8	13	17	10	10	17	12	206	1.96%
Milton	27305	32	28	55	46	39	50	65	31	56	37	42	40	32	30	29	35	57	44	794	7.57%
Mt. Gilead	27306																		1	1	0.01%
Oak Ridge	27310						1													1	0.01%
Pelham	27311	88	87	66	94	91	84	113	82	93	79	57	69	85	59	75	71	64	76	1517	14.47%
Pittsboro	27312		1					2									1			4	0.04%
Prospect Hill	27314	16	7	3	9	6	6	10	2	5	14	3	10	5	2	11	6	7	3	134	1.28%
Providence	27315	37	34	41	45	54	29	53	41	43	53	29	29	33	38	46	40	31	55	770	7.34%
Randleman	27317			1	1				1											3	0.03%
Reidsville	27320	33	28	41	37	39	35	36	35	34	47	21	24	21	27	28	40	26	33	616	5.88%
Robbins	27325						1													1	0.01%
Ruffin	27326	17	28	17	22	26	21	30	32	26	26	24	25	14	20	26	22	23	24	457	4.36%
Sedalia	27342				1															1	0.01%
Semora	27343	11	5	10	5	5	4	13	10	6	12	7	7	7	5	9	13	12	12	164	1.56%
Snow Camp	27349			2		1				1										4	0.04%
Summerfield	27358																			1	0.01%
Welcome	27374									1					1					2	0.02%
Wentworth	27375																1			1	0.01%
Whitsett	27377					1														1	0.01%
Yarceyville	27379	200	164	186	194	234	207	222	192	191	198	161	171	156	171	165	189	196	214	3613	34.46%
Greensboro	27401						1													1	0.01%
Greensboro	27403								2		1				2	1	1	1		8	0.08%
Greensboro	27405									1				1						2	0.02%
Greensboro	27406		1					1									1			3	0.03%
Greensboro	27407		1	1			1	2			1				1				3	10	0.10%
Greensboro	27455							1	1			1		1					1	5	0.05%
Chapel Hill	27514																		1	1	0.01%
Rougemont	27572										1									1	0.01%
Roxboro	27573	1	1	1	2	2	1			1						2		2	1	17	0.16%
Roxboro	27574			1					3		1				2		1		2	10	0.10%
Raleigh	27620													1		2				3	0.03%
Durham	27711														1					1	0.01%
Durham	27712					2			1											3	0.03%
Camden	27921													1						1	0.01%
Shelby, NC	28152	1																		1	0.01%
Out Of State	*****	12	12	4	13	8	7	7	10	14	5	9	9	4	6	11	9	5	11	162	1.55%
Unknown			4		2					1	2	1	2	6	1	1		4	3	27	0.26%
Total		568	522	526	600	612	548	715	546	561	592	453	516	476	466	523	536	553	625	10,485	100.00%

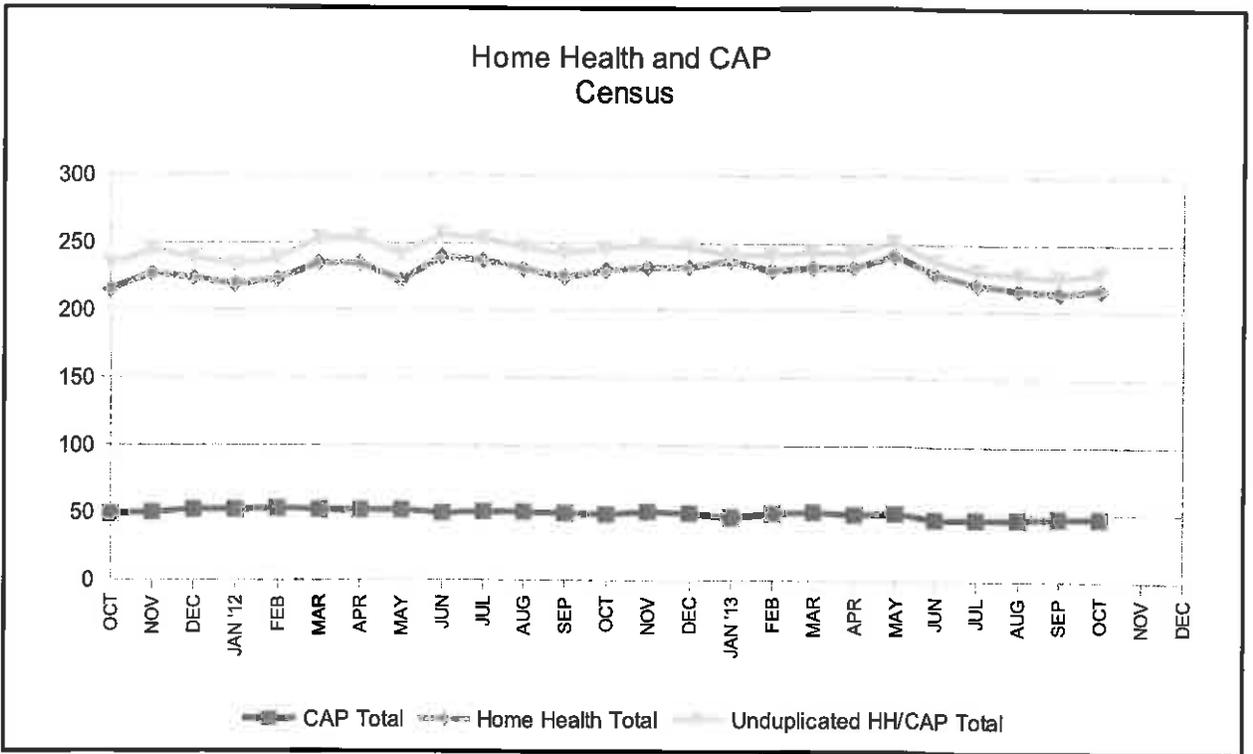
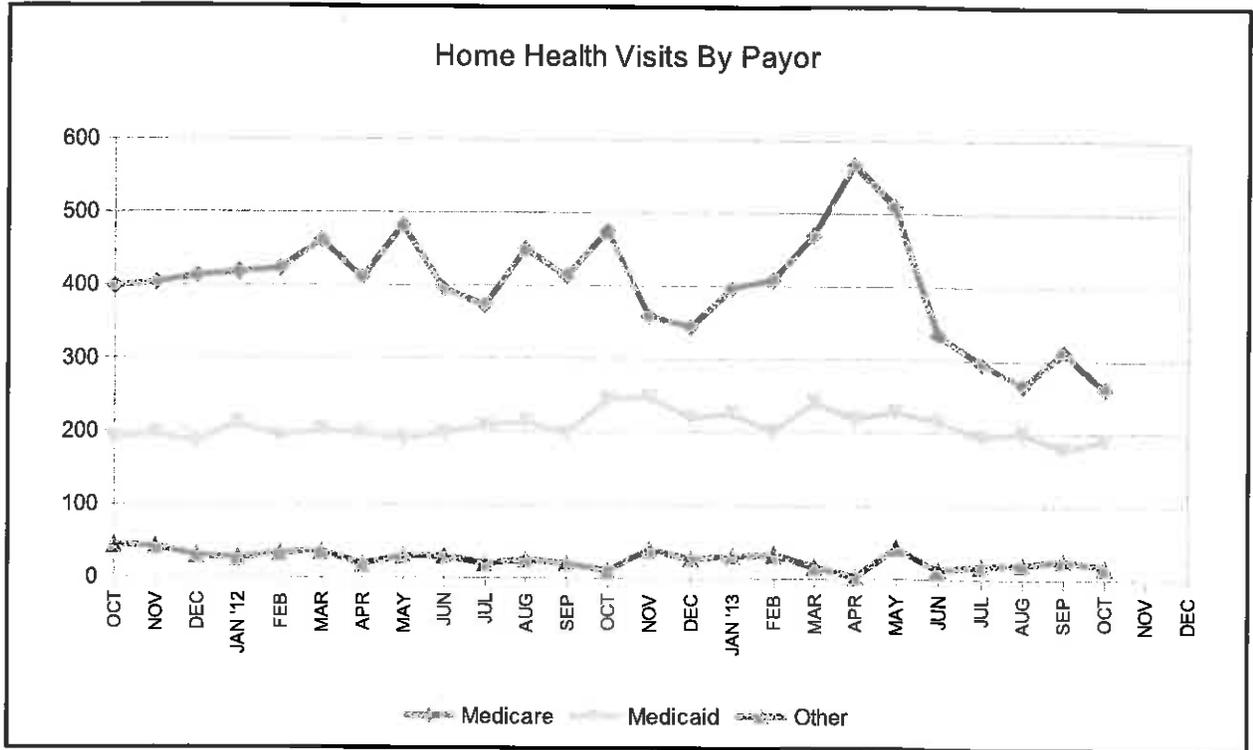
79% Of Visits Come From The 7 Caswell County Zip Codes That Are Highlighted Above

Admission Demographics

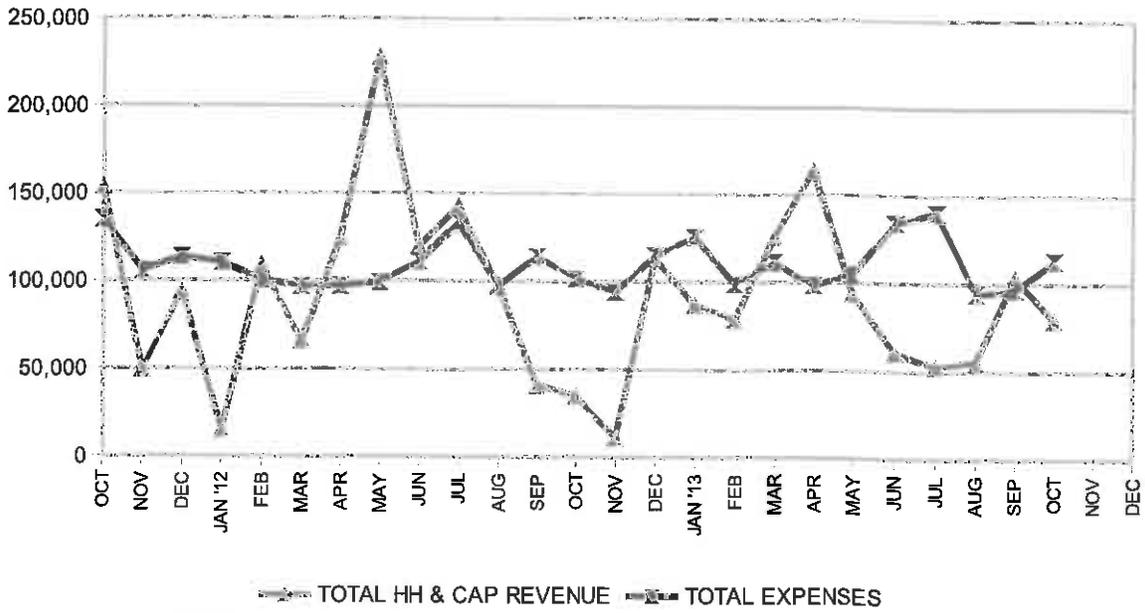


Home Health Visits by Discipline

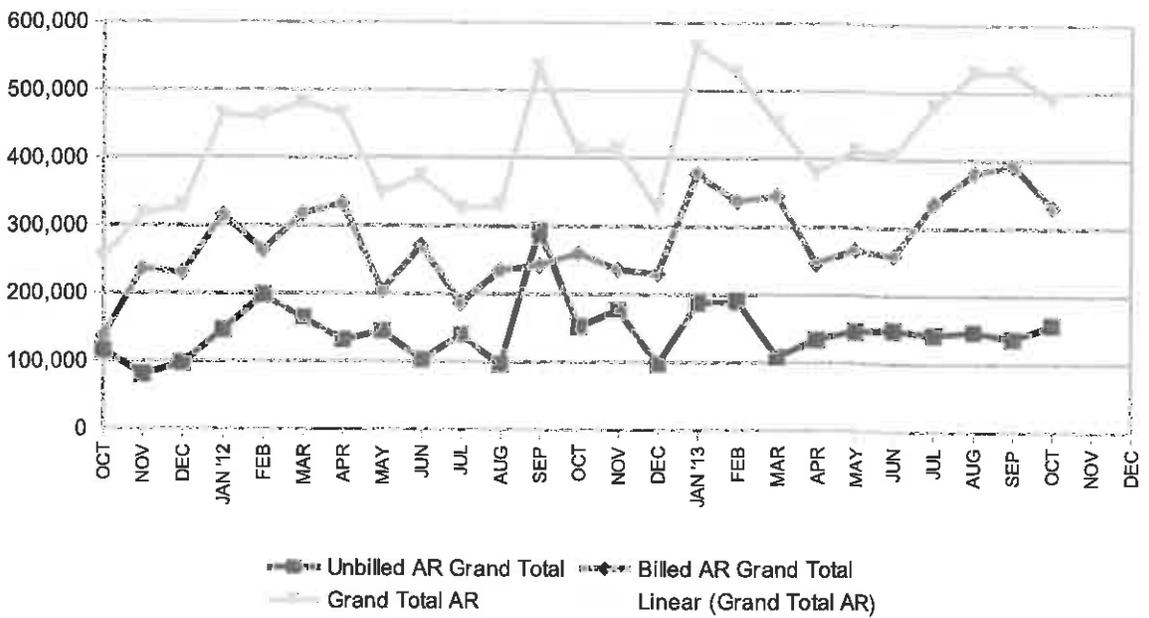




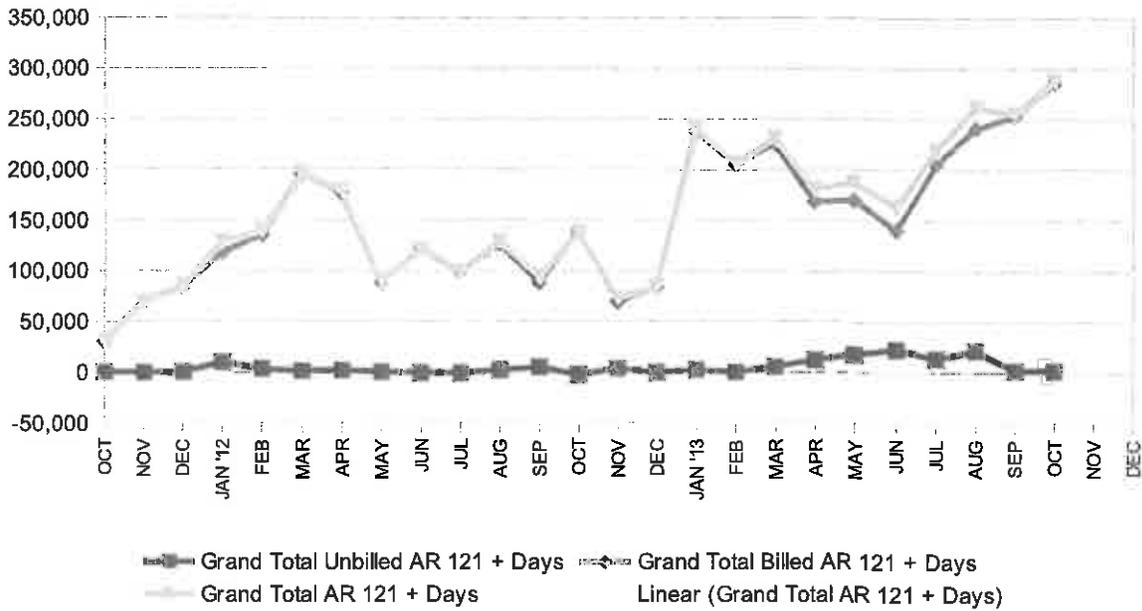
Home Health & CAP Actual Revenue & Expense



Home Health & CAP Total AR



Home Health & CAP AR Greater Than 120 Days



Home Health & CAP AR % Greater Than 120 Days

