

MACON COUNTY BOARD OF COMMISSIONERS
September 10, 2019
AGENDA

1. Call to order and welcome by Chairman Tate
2. Announcements
 - A. Update on Space Needs Analysis Project- *Derek Roland, Macon County Manager*
3. Moment of Silence
4. Pledge of Allegiance
5. Public Hearing(s) – **6:00 pm. Section 5311 (ADTAP), 5310, 5339, 5307 and applicable State funding, or combination thereof.**

NOTE: Immediately following the close of the public hearing, the board may consider taking action.

6. Public Comment Period
7. Additions to agenda
8. Adjustments to and approval of the agenda
9. Reports/Presentations
 - A. Town of Highlands fiber project update. – *Town of Highlands*
 - B. Broadband for Scaly Mountain Area presentation. – *Little T Broadband Services*
10. Old Business
 - A. Decision regarding telecommunication tower application for 175 ft. monopole tower at 575 CR Cabe Road. – *Macon County Board of Commissioners.*
 - B. Consideration of Macon County Involuntary Commitment Transportation Agreement.- *Chester Jones, County Attorney*
11. New Business
 - A. Detention Center Medical Services Contract- *Chester Jones, County Attorney*
 - B. Consideration of VAYA resolution in support of funding to meet the mental health, intellectual/developmental disabilities, and

substance use disorder service needs of the citizens of Macon County.- *Shelly Foreman, Community Relations Regional Director, VAYA Health*

C. Rejection of bid No. 4310-08 due to change in specifications.-
Derek Roland, County Manager

D. Community Care Clinic funding request. *Cathy Stiles, Executive Director*

12.Consent Agenda – Attachment

All items below are considered routine and will be enacted by one motion. No separate discussion will be held except on request of a member of the Board of Commissioners.

A. August 13, 2019 Board meeting minutes

B. Budget Amendments #60-61

C. Tax Releases for August in the amount of \$6,807.7

D. Tax Office Monthly Report

E. Relief of the taxing unit for collection of real estate taxes that are ten years past due.

F. Macon County Public Health billing guide and fee changes FY 19-20'

13.Appointments

A. Southwestern Community College Board of Trustees (1 seat)

B. Recreation Commission (2 seats)

14.Closed session (if necessary)

15. Adjourn/Recess

MACON COUNTY BOARD OF COMMISSIONERS

AGENDA ITEM

MEETING DATE: September 10, 2019

DEPARTMENT/AGENCY: Transit

SUBJECT MATTER: Public Hearing

COMMENTS/RECOMMENDATION:

Macon County Transit, as part of their annual grant application process, is applying for federal transit funding which is passed through NCDOT to assist with capital, operating and administrative needs during fiscal year 2021.

Attachments X Yes No

Agenda Item 5

PUBLIC TRANSPORTATION PROGRAM RESOLUTION

FY 2021 RESOLUTION

Section 5311 (including ADTAP), 5310, 5339, 5307 and applicable State funding, or combination thereof.

Applicant seeking permission to apply for Public Transportation Program funding, enter into agreement with the North Carolina Department of Transportation, provide the necessary assurances and the required local match.

A motion was made by (*Board Member's Name*) _____ and seconded by (*Board Member's Name or N/A, if not required*) _____ for the adoption of the following resolution, and upon being put to a vote was duly adopted.

WHEREAS, Article 2B of Chapter 136 of the North Carolina General Statutes and the Governor of North Carolina have designated the North Carolina Department of Transportation (NCDOT) as the agency responsible for administering federal and state public transportation funds; and

WHEREAS, the North Carolina Department of Transportation will apply for a grant from the US Department of Transportation, Federal Transit Administration and receives funds from the North Carolina General Assembly to provide assistance for rural public transportation projects; and

WHEREAS, the purpose of these transportation funds is to provide grant monies to local agencies for the provision of rural, small urban, and urban public transportation services consistent with the policy requirements of each funding source for planning, community and agency involvement, service design, service alternatives, training and conference participation, reporting and other requirements (drug and alcohol testing policy and program, disadvantaged business enterprise program, and fully allocated costs analysis); and

WHEREAS, the funds applied for may be Administrative, Operating, Planning, or Capital funds and will have different percentages of federal, state, and local funds.

WHEREAS, non-Community Transportation applicants may apply for funding for "purchase-of-service" projects under the Capital budget Section 5310 program.

WHEREAS, Macon County hereby assures and certifies that it will provide the required local matching funds; that its staff has the technical capacity to implement and manage the project(s), prepare required reports, obtain required training, attend meetings and conferences; and agrees to comply with the federal and state statutes, regulations, executive orders, Section 5333 (b) Warranty, and all administrative requirements related to the applications made to and grants received from the Federal Transit Administration, as well as the provisions of Section 1001 of Title 18, U. S. C.

WHEREAS, the applicant has or will provide all annual certifications and assurances to the State of North Carolina required for the project;

NOW, THEREFORE, be it resolved that the County Manager of Macon County is hereby authorized to submit grant application (s) for federal and state funding in response to NCDOT's calls for projects, make the necessary assurances and certifications and be empowered to enter into an agreement with the NCDOT to provide rural, small urban, and urban public transportation services.

I Michael A. Decker, HR Director/Deputy Clerk to the Board do hereby certify that the above is a true and correct copy of an excerpt from the minutes of a meeting of the *(Name of Applicant's Governing Board)* Macon County Board of Commissioners duly held on the 10th day of September, 2019.

Signature of Certifying Official

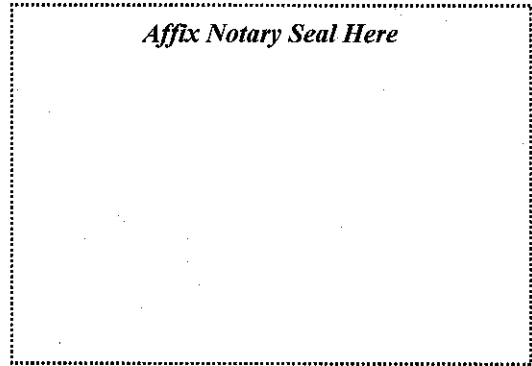
**Note that the authorized official, certifying official, and notary public should be three separate individuals.*

Seal Subscribed and sworn to me
(date) _____

*Notary Public **

Printed Name and Address

My commission expires
(date) _____



LOCAL SHARE CERTIFICATION FOR FUNDING

MACON COUNTY
(Legal Name of Applicant)

Requested Funding Amounts

<u>Project</u>	<u>Total Amount</u>	<u>Local Share</u>
Administrative	\$ <u>199,522</u>	\$ <u>29,928</u> (15%)
5311 Operating (No State Match)	\$ _____	\$ _____ (50%)
5310 Operating (No State Match)	\$ <u>165,000</u>	\$ <u>82,500</u> (50%)
5307 Operating	\$ _____	\$ _____ (50%)
5307 Planning	\$ _____	\$ _____ (20%)
Combined Capital	\$ <u>98,395</u>	\$ <u>9,840</u> (10%)
Mobility Management	\$ _____	\$ _____ (50%)
5310 Capital Purchase of Service	\$ _____	\$ _____ (10%)
_____	\$ _____	\$ _____ (____%)
_____	\$ _____	\$ _____ (____%)
_____	\$ _____	\$ _____ (____%)

Funding programs covered are 5311, 5310, 5339 Bus and Bus Facilities, 5307 (Small fixed route, regional, and consolidated urban-rural systems)

TOTAL	\$ <u>462,917</u>	\$ <u>122,268</u>
	Total Funding Requests	Total Local Share

The Local Share is available from the following sources:

<u>Source of Funds</u>	<u>Grant Applied To</u>	<u>Amount</u>
<u>County General Funds</u>	<u>Administrative (5311)</u>	\$ <u>29,928</u>
<u>County General Funds</u>	<u>Capital</u>	\$ <u>9,840</u>
<u>County General Funds</u>	<u>5310</u>	\$ <u>19,500</u>
<u>EDTAP (state)</u>	<u>5310</u>	\$ <u>63,000</u>
_____	_____	\$ _____
TOTAL		\$ <u>122,268</u>

**** Fare box revenue is not an applicable source for local share funding**

I, the undersigned representing MACON COUNTY do hereby certify to the North Carolina Department of Transportation, that the required local funds for the FY2021 Community Transportation Program and 5307 Governors Apportionment will be available as of July 1, 2020, which has a period of performance of July 1, 2020 – June 30, 2021.

Signature of Authorized Official

Derek C. Roland, County Manager

Type Name and Title of Authorized Official

Date

MACON COUNTY BOARD OF COMMISSIONERS

AGENDA ITEM

MEETING DATE: September 10, 2019

DEPARTMENT/AGENCY: N/A

SUBJECT MATTER: Reports and Presentations

COMMENTS/RECOMMENDATION:

- **9A.** Representatives from the Town of Highlands will provide an update to the Board of Commissioners on their fiber project, which upon its completion will provide broadband internet service to residents and businesses within the town limits.
- **9B.** Representatives from Little T Broadband Services will provide an update to the Board of Commissioners on their efforts to provide broadband internet service to Macon County Residents

Attachments _____ Yes No

Agenda Item 9A-9B

MACON COUNTY BOARD OF COMMISSIONERS

AGENDA ITEM

MEETING DATE: September 10, 2019

DEPARTMENT/AGENCY: Board of Commissioners

SUBJECT MATTER: Decision regarding telecommunication tower application for 175 ft. monopole tower at 575 C.R. Cabe Road, Franklin NC, 28734.

COMMENTS/RECOMMENDATION:

Following a public hearing on July 9, 2019 and a continuation on August 13, 2019, the Board of Commissioners will render a decision on the application for a 175 ft. monopole tower at 575 C.R. Cabe Road, Franklin NC, 28734. The applicant for this telecommunication tower is Verizon Wireless.

Attachments _____ Yes No

Agenda Item 10A

MACON COUNTY BOARD OF COMMISSIONERS

AGENDA ITEM

MEETING DATE: September 10, 2019

DEPARTMENT/AGENCY: Legal

SUBJECT MATTER: Consideration of Involuntary Commitment Transportation Agreement

COMMENTS/RECOMMENDATION:

County Attorney Chester Jones will present to the board for consideration the Macon County Involuntary Commitment Transportation Agreement. As you will recall, the requirement for this agreement comes following changes to involuntary commitment laws brought about by SB 630.

Attachments Yes No

Agenda Item 10B

STATE OF NORTH CAROLINA

MACON COUNTY

MEMORANDUM OF TRANSPORTATION AGREEMENT

THIS MEMORANDUM OF TRANSPORTATION AGREEMENT (“Transportation Agreement”) is made and entered as of the 3rd day of August, 2019 (“Effective Date”), among the law enforcement agencies listed below and the Macon County Sheriff’s Office (“Sheriff’s Office”) (collectively, “the Parties”, individually “Party”).

WHEREAS, N.C.G.S. §122C-251, Custody and Transportation for Involuntary Commitments, was amended and is effective October 1, 2019; and

WHEREAS, N.C.G.S. §122C-251(g) requires the governing body of a city or county adopt a plan known as an “involuntary commitment transportation agreement” or “transportation agreement” for the custody and transportation of respondents in involuntary commitment proceedings; and

WHEREAS, once adopted, the Transportation Agreement must be submitted to: the Magistrates in Macon County; the Macon County Clerk of Court; the Division of Mental Health Development Disabilities, and Substance Abuses Services; and the Local Management Entity-Managed Care Organization (“LME/MCO”) that serves Macon County.

NOW THEREFORE, for and in consideration of mutual promises to each other as hereinafter set forth, the Parties mutually agree as follows;

1. After a Macon County Magistrate issues an involuntary commitment order (“IVC Order”) and the Magistrate contacts the local law enforcement agency in the jurisdiction where the respondent resides or is physically located, an officer or deputy with the jurisdiction shall retrieve the IVC Order from the Magistrate.
 - a. If the respondent is a resident of the municipality or is physically taken into custody in the municipal limits, the municipality is responsible for transportation of the respondent in accordance with North Carolina General Statutes Chapter 122C.
 - b. If the respondent is a resident of the county outside any municipal limit or is physically taken into custody outside municipal limits, the county is responsible for transportation of the respondent in accordance with North Carolina General Statutes Chapter 122C.
2. The officer or deputy shall attempt to locate the respondent at the address provided on the IVC Order or where the magistrate believes the subject is physically located.

3. Upon location, the officer or deputy shall take respondent into custody and transport respondent to Angel Medical Center in Franklin, NC, or other approved facility. After the facility has completed its examination of respondent, and if further care is required, the facility will locate a facility for respondent's future care.
4. The Sheriff's Office shall respond to the facility for respondent's transport to any facility in North Carolina, identified by the initial facility (who conducted the initial evaluation), for respondent's future care.
5. Upon completion of the initial evaluation, if the facility determines respondent is not in need of further treatment, an officer or deputy with the agency that took respondent into custody shall return respondent to the address in the IVC Order or allow for other transportation arrangements of respondent be made.
6. Each party to this Transportation Agreement agrees it is responsible for its own acts and/or omissions and those of its officials, employees, representative and agents in carrying out the terms of this Transportation Agreement and the results thereof to the extent authorization by law and shall not be responsible for the acts and/or omissions of any other Party and the results thereof.
7. It is understood and agreed that each Party's liability may be limited by the provisions or other immunity law applicable to each law enforcement agency. Parties understand and agree that each Party has not waived its rights, immunities and protections provided by law. Nothing contained in this Transportation Agreement shall waive or amend, nor shall be construed to waive or amend any defense or immunity that either Party, their respective officials and employees, has or may have.
8. This Transportation Agreement is not intended to and will not constitute, create, give rise to, or otherwise recognize a joint venture, partnership, corporation or other formal business association or organization of any kind among the Parties. Moreover, the rights and the obligations of the Parties under this Transportation Agreement will be only those expressly set forth in this Transportation Agreement.
9. This Agreement may be amended by written agreement of the Parties.
10. Each term, condition, or covenant herein is subject to and shall be construed in accordance with the North Carolina law and any applicable federal law.
11. This Agreement may be executed in two (2) or more counterparts each of which will be deemed to be an original.

IN WITNESS WHEREOF, the law enforcement agencies and the Sheriff's Office, acting under authority of their respective governing bodies as evidenced by the authorized signatures of such governing bodies set forth below, have caused this Memorandum of Transportation Agreement to be duly executed as set forth below.

COUNTY OF MACON

By: _____
James Tate, Chair of the Macon County Board of Commissioners

(SEAL)

ATTEST: _____
Derek Roland, Macon County Clerk

Date: _____

COUNTY OF MACON

By: _____
Robert Holland, Sheriff of Macon County

(SEAL)

ATTEST: _____
Derek Roland, Macon County Clerk

Date: _____

TOWN OF FRANKLIN

By: _____
Bob Scott, Mayor of Franklin

(SEAL)

ATTEST: _____
Travis Tallent, Franklin, Town Clerk

Date: _____

TOWN OF FRANKLIN

By: _____
David Adams, Chief of Franklin Police

(SEAL)

ATTEST: _____
Travis Tallent, Franklin Town Clerk

Date: _____

TOWN OF HIGHLANDS

By: _____
Patrick Taylor, Mayor of Highlands

(SEAL)

ATTEST: _____
Gibby Shaheen, Highlands, Town Clerk

Date: _____

TOWN OF HIGHLANDS

By: _____
Bill Harrell, Chief of Highlands Police

(SEAL)

ATTEST: _____
Gibby Shaheen, Highlands Town Clerk

Date: _____

MACON COUNTY BOARD OF COMMISSIONERS

AGENDA ITEM

MEETING DATE: September 10, 2019

DEPARTMENT/AGENCY: Legal

SUBJECT MATTER: Detention Center Medical Services Contract

COMMENTS/RECOMMENDATION:

County Attorney Chester Jones will present to the Board, a Contract for Medical Services at the Macon County Detention Center.

*** Contract to be presented for consideration at meeting***

Attachments _____ Yes X No

Agenda Item 11A

MACON COUNTY BOARD OF COMMISSIONERS

AGENDA ITEM

MEETING DATE: September 10, 2019

DEPARTMENT/AGENCY: VAYA Health

SUBJECT MATTER: Resolution in support of funding to meet the mental health, intellectual/developmental disabilities and substance use disorder service needs of the citizens of Macon County.

COMMENTS/RECOMMENDATION:

Shelly Foreman, Community Relations Director with VAYA Health will be requesting for the Board of Commissioners to consider a resolution in support of funding to meet the mental health, intellectual/developmental disabilities and substance use disorder service needs of the citizens of Macon County.

Attachments Yes No

Agenda Item 11B



MACON COUNTY BOARD OF COUNTY COMMISSIONERS

**RESOLUTION IN SUPPORT OF FUNDING TO MEET THE MENTAL HEALTH,
INTELLECTUAL/ DEVELOPMENTAL DISABILITIES, AND SUBSTANCE USE DISORDER
SERVICE NEEDS OF THE CITIZENS OF MACON COUNTY**

- WHEREAS,** MACON County recognizes that, with appropriate services and supports, individuals with mental health and substance use disorders can achieve recovery; and
- WHEREAS,** MACON County further recognizes that individuals with intellectual/ developmental disabilities (“IDD”) can live productive lives in the homes and communities of their choice; and
- WHEREAS,** the amount of resources needed for mental health, substance use disorder and IDD services and supports is increasing due to North Carolina’s increasing population; and
- WHEREAS,** MACON County is a member of Vaya Health, a public Local Management Entity/ Managed Care Organization (“LME/MCO”) responsible for management and oversight of publicly-funded mental health, substance use disorder and IDD services for over 270,000 Medicaid-covered and uninsured individuals across twenty-two (22) western North Carolina counties (the “Catchment Area”); and
- WHEREAS,** consistent with the goals of the 1915(b)/(c) Medicaid Waiver expansion, the Vaya Health Board of Directors developed a comprehensive reinvestment plan beginning in SFY 2015-16 as part of a focused effort to reduce unnecessary emergency department admissions, divert people from incarceration and institutionalization, combat the opioid epidemic, and support county Departments of Social Services; and
- WHEREAS,** Vaya has already reinvested \$18.5 million of its Medicaid savings in a broad array of initiatives designed to directly address the needs of the citizens of MACON County, including but not limited to expanding Facility Based Crisis and Behavioral Health Urgent Care services, implementing an innovative evidenced-based service to support children aging out of the foster care system, distributing opioid overdose reversal kits, increasing provider rates and expanding Medication Assisted Treatment; and
- WHEREAS,** State funding for North Carolina's behavioral healthcare system has been inconsistent and inadequate for more than 17 years since mental health reform legislation was passed by the North Carolina General Assembly in 2001; and
- WHEREAS,** the North Carolina General Assembly has reduced State funding for behavioral health services (known as single-stream funding) by more than \$458 million statewide over the past four years, including more than \$48 million in cuts to single-stream funding to Vaya

alone, while requiring Vaya and other LME/MCOs to continue offering the same level of State-funded services as before such reductions; and

WHEREAS, if the proposed \$9 million single-stream reduction in the pending State budget is passed into law, the General Assembly will have cut \$57 million in single-stream funding from Vaya; and

WHEREAS, despite these significant single-stream funding reductions, Vaya has continued serving the uninsured and underinsured using remaining State funds and Medicaid savings that were intended to be used for implementing its reinvestment plan; and

WHEREAS, such continued reductions have forced Vaya to eliminate, or halt work on, items from its reinvestment plan; and

WHEREAS, MACON County has continued to fund Vaya with County dollars to supplement services to our residents, but we are concerned that additional reductions in behavioral health funding by the State may increase the need for the local allocation and place additional strain on local hospitals, Emergency Medical Services, jails, housing, and other social service resources.

NOW, THEREFORE, BE IT RESOLVED, that we, the MACON COUNTY Board of Commissioners, do hereby request that the North Carolina General Assembly:

- Stop cutting Vaya Health's State single-stream funding so that such funds can be utilized to strengthen access to healthcare services for the mental health, intellectual/ developmental disabilities, and substance use disorder needs of uninsured and underinsured MACON County citizens; and
- Allow Vaya Health to build up its Medicaid savings so that Vaya can reinvest in services and supports for our communities rather than mandating that such funds be used to replace reduced State funding.

This the 10th day of September 2019.

By: _____
James Tate, Chair of the Macon County Board of Commissioners

(SEAL)

ATTEST: _____
Derek Roland, Macon County Clerk

Date: _____

MACON COUNTY BOARD OF COMMISSIONERS

AGENDA ITEM

MEETING DATE: September 10, 2019

DEPARTMENT/AGENCY: Administration

SUBJECT MATTER: Rejection of bid No. 4310-08

COMMENTS/RECOMMENDATION:

Administration will be requesting that the Board of Commissioners reject bid No. 4310-08. Specifications on this bid, for 4 patrol vehicles were changed following release of the bid, which in turn, invalidated all responding bids. Changes to the vehicle specifications were made by the Sheriff's department following a change in the department's vehicle needs.

Attachments X Yes No

Agenda Item 11C

Macon County Sheriff's Office
Bid No. 4310-08 - Four (4) Patrol Vehicles
 opened Friday, August 9, 2019 @ 3:00 p.m.

	Make	Model	Price Per Vehicle	Options Per Vehicle	Total Bid
Ilderton Dodge Chrysler Jeep Ram	Dodge	Durango	\$ 30,755.00	\$ 2,305.00	\$ 132,240.00
Jacky Jones Ford	Ford	Explorer	\$ 36,349.70	\$ -	\$ 145,398.80
Ken Wilson Ford	Ford	Explorer	\$ 37,644.00	\$ -	\$ 150,576.00
Smoky Mountain Chrysler Dodge Jeep RAM	Dodge	Durango	\$ 33,000.00	\$ 550.00	\$ 134,200.00

MACON COUNTY BOARD OF COMMISSIONERS

AGENDA ITEM

MEETING DATE: September 10, 2019

DEPARTMENT/AGENCY: Community Care Clinic

SUBJECT MATTER: Funding Request

COMMENTS/RECOMMENDATION:

The Community Care Clinic has received \$145,000 annually in grant funding, for the past three years from the Office of Rural Health. This grant however, expired on July 1, 2019. The Office of Rural Health recently notified the Community Care Clinic that their request for a continuation of this grant was not accepted due to limited funds available. As a result, the Community Care Clinic will be requesting funding to cover basic operating expenses over the next six months, in which they will continue to look for an ongoing and sustainable funding source. Additional information will be provided at the meeting.

Attachments _____ Yes No

Agenda Item 11D

MACON COUNTY BOARD OF COMMISSIONERS

AGENDA ITEM

MEETING DATE: September 10, 2019

DEPARTMENT/AGENCY: N/A

SUBJECT MATTER: Consent Agenda

COMMENTS/RECOMMENDATION:

- 12A. Minutes of the August 13, 2019 Regular meeting
- 12B. Budget Amendment #60-61
- 12C. Tax Releases in the Amount of \$6,807.70 for the month of August
- 12D. Tax Office Monthly Report
- 12E. Release of the taxing unit for collection of real estate taxes that are ten years past due
- 12F. Macon County Public Health billing guide and fee changes FY 19-20'

Attachments Yes No

Agenda Item 12A-12F

Releases 8/19

Tax Collections		Detail Transactions by Group										RTC020303	
09/03/19												Page 1	
Group Number REL*19*08		Abatement										Effective Date 08/05/19	
Seq Nbr	Date	Account Number	Taxbill Number	Tax Code	Transaction Amount	Levy Amount	Penalty Amount	Addl Chgs	Interest Amount	Discont Amount	Trn Cde	Check Number	Trans Rev Descriptn
10	08/14/19	7125	19A6598376558	G01	97.42-	97.42-	0.00		0.00				
				F08	29.69-	29.69-	0.00		0.00				
				L01	95.00-		0.00	95.00-	0.00				
***		ALLEN, GRADY T			222.11-	127.11-	0.00	95.00-	0.00	0.00	R	CLERICA	
4	08/08/19	56419	19A6573966129	G01	229.24-	229.24-	0.00		0.00				
				F01	33.34-	33.34-	0.00		0.00				
***		BLEVINS, WILLARD H JR			262.58-	262.58-	0.00	0.00	0.00	0.00	R	CLERICA	
20	08/28/19	64069	19A7459172502	G01	104.47-	104.47-	0.00		0.00				
				F10	8.36-	8.36-	0.00		0.00				
***		BRAMBLETT, ELEANOR ARCHER			112.83-	112.83-	0.00	0.00	0.00	0.00	R	CLERICA	
15	08/20/19	113147	19A7429961421	G01	732.24-	732.24-	0.00		0.00				
				F10	58.63-	58.63-	0.00		0.00				
***		BREGAR LLC			790.87-	790.87-	0.00	0.00	0.00	0.00	R	CLERICA	
17	08/21/19	108752	19A108752.07	G01	14.33-	14.33-	0.00		0.00				
				F03	2.62-	2.62-	0.00		0.00				
				L01	95.00-		0.00	95.00-	0.00				
***		C'EST LA VIE LLC			111.95-	16.95-	0.00	95.00-	0.00	0.00	R	CLERICA	
18	08/21/19	17782	19A17782.07	G01	52.43-	56.75-	5.68-		0.00				
				F03	11.40-	10.36-	1.04-		0.00				
***		CEST LA VIE, LLC			73.83-	67.11-	6.72-	0.00	0.00	0.00	R	CLERICA	
1	08/05/19	139317	19A139317.12	G01	108.48-	108.48-	0.00		0.00				
				F01	15.78-	15.78-	0.00		0.00				
***		CIT BANK N.A.			124.26-	124.26-	0.00	0.00	0.00	0.00	R	CLERICA	
7	08/13/19	143878	19A143878.01	G01	194.84-	194.84-	0.00		0.00				
				F01	28.34-	28.34-	0.00		0.00				
***		FLANAGAN, MICHAEL F			223.18-	223.18-	0.00	0.00	0.00	0.00	R	CLERICA	
6	08/13/19	140461	19A6531158848	G01	248.43-	248.43-	0.00		0.00				
				F05	48.00-	48.00-	0.00		0.00				
***		HARRISON, ROBERT BLAIR			296.43-	296.43-	0.00	0.00	0.00	0.00	R	CLERICA	
21	08/29/19	139384	19A6584991593	G01	296.13-	296.13-	0.00		0.00				
				F01	43.07-	43.07-	0.00		0.00				

Tax Collections
09/03/19

Detail Transactions by Group

RTC020303
Page 2

Group Number REL*19*08

Abatement

Effective Date 08/05/19

Seq Nbr	Date	Account Number	Taxbill Number	Tax Code	Transaction Amount	Levy Amount	Penalty Amount	Addl Chgs	Interest Amount	Discont Amount	Trn Cde	Check Number	Trans Rev Descriptn
***		HENSON, JO ELIZABETH			339.20-	339.20-	0.00	0.00	0.00	0.00	R	CLERICA	
13	08/20/19	137432	19A137432.14	G01	58.94-	58.94-	0.00		0.00				
				F10	4.72-	4.72-	0.00		0.00				
				H01	24.62-	24.62-	0.00		0.00				
***		LARD, LAWSON A III			88.28-	88.28-	0.00	0.00	0.00	0.00	R	CLERICA	
3	08/06/19	139666	19A7540518713	G01	187.35-	187.35-	0.00		0.00				
				F10	15.00-	15.00-	0.00		0.00				
				H01	78.25-	78.25-	0.00		0.00				
***		MCTYEIRE, ROBERT A.			280.60-	280.60-	0.00	0.00	0.00	0.00	R	CLERICA	
9	08/14/19	113411	19A7550158392	G01	402.10-	402.10-	0.00		0.00				
				F10	34.76-	34.76-	0.00		0.00				
***		MOSBY, JOHN D III CO-TRUSTEE			436.86-	436.86-	0.00	0.00	0.00	0.00	R	CLERICA	
2	08/06/19	11684	19A7459257948	G01	485.80-	485.80-	0.00		0.00				
				F10	38.87-	38.87-	0.00		0.00				
***		PADGETT, GLORIA B			524.37-	524.37-	0.00	0.00	0.00	0.00	R	CLERICA	
5	08/09/19	53311	19A53311.08	G01	3.75-	3.75-	0.00		0.00				
				F05	0.72-	0.72-	0.00		0.00				
				L01	95.00-		0.00	95.00-	0.00				
***		PASSMORE, GENE SILER			99.47-	4.47-	0.00	95.00-	0.00	0.00	R	CLERICA	
23	08/30/19	38372	19A38372.11	G01	8.62-	8.62-	0.00		0.00				
				F08	2.63-	2.63-	0.00		0.00				
***		PEAVY, MERRELL O			11.25-	11.25-	0.00	0.00	0.00	0.00	R	CLERICA	
16	08/21/19	132325	19A7540894100	G01	530.16-	530.16-	0.00		0.00				
				F10	42.45-	42.45-	0.00		0.00				
***		SMITH, JAMES EUGENE CO-TRUST			572.61-	572.61-	0.00	0.00	0.00	0.00	R	CLERICA	
12	08/19/19	19885	19A19885.14	G01	1195.23-	948.52-	246.71-		0.00				
				F10	95.69-	75.94-	19.75-		0.00				
				H01	499.21-	396.17-	103.04-		0.00				
***		SNEAD-SMITH DUO INC			1790.13-	1420.63-	369.50-	0.00	0.00	0.00	R	CLERICA	
22	08/30/19	56418	19A56418.12	G01	9.75-	9.75-	0.00		0.00				
				F01	1.42-	1.42-	0.00		0.00				

Tax Collections
09/03/19

Detail Transactions by Group

RTC020303
Page 3

Group Number REL*19*08

Abatement

Effective Date 08/05/19

Seq Nbr	Date	Account Number	Taxbill Number	Tax Code	Transaction Amount	Levy Amount	Penalty Amount	Addl Chgs	Interest Amount	Discnt Amount	Trn Cde	Check Number	Trans Rev Descriptn
***			STATE FARM MUTUAL AUTO INS CO.		11.17-	11.17-	0.00	0.00	0.00	0.00	R	CLERICA	
11	08/15/19	137689	19A6578269176	G01 F08	64.44- 19.64-	64.44- 19.64-	0.00 0.00		0.00 0.00				
***			THOMAS, WILLIAM F.		84.08-	84.08-	0.00	0.00	0.00	0.00	R	CLERICA	
8	08/13/19	49760	19A49760.01	G01 F01	24.02- 3.49-	24.02- 3.49-	0.00 0.00		0.00 0.00				
***			US BANCORP NATIONAL ASSOCIATIO		27.51-	27.51-	0.00	0.00	0.00	0.00	R	CLERICA	
19	08/22/19	93406	19A7530950152	G01 F10 H01	125.93- 10.08- 52.60-	125.93- 10.08- 52.60-	0.00 0.00 0.00		0.00 0.00 0.00				
***			WARSHAUER, HOWARD R		188.61-	188.61-	0.00	0.00	0.00	0.00	R	CLERICA	
14	08/20/19	57536	19A57536.01	G01 F07 L01	31.61- 8.91- 95.00-	31.61- 8.91-	0.00 0.00 0.00	95.00-	0.00 0.00 0.00				
***			WIGGS, INGRID LUCILLE		135.52-	40.52-	0.00	95.00-	0.00	0.00	R	CLERICA	

Tax Code Totals		Transaction Amount	Levy Amount	Penalty Amount	Addl Chgs	Interest Amount	Discnt Amount
F01*19- FR FIRE		125.44-	125.44-	0.00	0.00	0.00	0.00
F03*19- OTTO FR		14.02-	12.98-	1.04-	0.00	0.00	0.00
F05*19- WM FIRE		48.72-	48.72-	0.00	0.00	0.00	0.00
F07*19- BT FIRE		8.91-	8.91-	0.00	0.00	0.00	0.00
F08*19- COWEE FR		51.96-	51.96-	0.00	0.00	0.00	0.00
F10*19- HLDS FR		308.56-	288.81-	19.75-	0.00	0.00	0.00
G01*19- GEN TAX		5215.41-	4963.02-	252.39-	0.00	0.00	0.00
H01*19- HLD CITY		654.68-	551.64-	103.04-	0.00	0.00	0.00
L01*19- RES FEE		380.00-	0.00	0.00	380.00-	0.00	0.00

Total for Group REL*19*08 6807.70- 6051.48- 376.22-380.00- 0.00 0.00

*****	Totals By Tax Cycle	*****
Cycle	Current	Delinquent
A	6807.70-	0.00

MACON COUNTY MONTHLY
AD VALOREM TAX COLLECTIONS REPORT

Aug-19

Month to Date	Beginning Balance	Levy Added	Less Releases	Less Write-Offs	Equals Adj Levy	Gross Payments	Less Refunds	Misc Dr/Cr	Net Payments	Outstanding Balance
General Tax	24783507.51	3495.34	-5799.16	-16.7	24781186.99	-6201439.29	3652.77	8773.83	-6189012.69	18592174.3
Fire Districts	3407626.45	656.99	-1016.63	-2.76	3407264.05	-778641.31	0	809.65	-777831.66	2629432.39
Landfill User Fee	2260945.86	0	-570	-1.14	2260374.72	-457338.44	0	633.33	-456705.11	1803669.61
Totals	30452079.82	4152.33	-7385.79	-20.6	30448825.76	-7437419.04	3652.77	10216.81	-7423549.46	23025276.3

Year to Date	Beginning Balance	Levy Added	Less Releases	Less Write-Offs	Equals Adj Levy	Gross Payments	Less Refunds	Misc Dr/Cr	Net Payments	Outstanding Balance	Collection Percentage
General Tax	0	28347776.57	-5799.16	-1133.76	28340843.65	-9772094.19	8947.44	14477.4	-9748669.35	18592174.3	34.4
Fire Districts	0	3877396.95	-1016.63	-167.39	3876212.93	-1248025.15	0	1244.61	-1246780.54	2629432.39	32.16
Landfill User Fee	0	2554360	-570	-7.44	2553782.56	-751031.28	0	918.33	-750112.95	1803669.61	29.37
Totals	0	34779533.52	-7385.79	-1308.59	34770839.14	-11771150.62	8947.44	16640.34	-11745562.84	23025276.3	33.78

34.4% COLLECTED ON 2019 COUNTY GENERAL TAXES, LATE LISTING
PENALTIES, DISCOVERIES AND DEFERED TAXES AS OF 8/31/2019 AS
COMPARED TO 33.95% COLLECTED ON 2018 TAXES AS OF 8/31/2018

TO: Macon County Commissioners

FROM: Macon County Tax Collector's Office
Teresa McDowell, Tax Collections Supervisor

RE: Relief of the Taxing Unit for Collection of Real Estate Taxes that are Ten Years Past Due

Dear Commissioners:

It is the practice in North Carolina that the tax collections staff be relieved of collecting any tax accounts that are a minimum of ten (10) years old. Under North Carolina General Statute §105-378, "no county or municipality may maintain an action or procedure to enforce any remedy provided by law for the collection of taxes or the enforcement of any tax liens unless the action or procedure is instituted within ten (10) years from the date the taxes became due". There is some confusion in connection to utilizing this statute, in that it affects only utilizing enforced collection remedies, and does not automatically relieve the tax collector of the obligation to collect taxes that are more than ten (10) years past due. The only formal method for relieving a tax collector of the collection responsibility is through the insolvents process, which states that after a tax has been declared insolvent, the governing board is permitted to relieve the tax collector of responsibility for collecting the tax. This decision does not release the taxpayer from responsibility for the tax, however the tax collector responsible for the taxes need no longer include them on subsequent annual settlements.

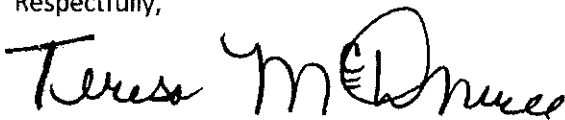
Chris McLaughlin, Associate Professor of Public Law and Government for the UNC School of Government states in his book "*Fundamentals of Property Tax Collection Law in North Carolina*" that the practice in "many if not most jurisdictions (in North Carolina) is for the taxing unit to write off taxes that are more than ten (10) years old and relieve the collector from collecting these taxes by "re-charging" the tax collector with only the ten (10) most recent years of taxes each year when the new property taxes are levied." Using this process, any taxes more than ten (10) years old may be collected if offered, cannot be collected using enforced remedies, and will no longer affect the tax collector's collection percentage from prior tax years. This office is requesting that this practice be utilized in Macon County, and that the Tax Collector only be charged with the last ten (10) years taxes to collect.

I have attached the outstanding tax bills for the 2008 year as of June 30th, 2019, and ask that this office be relieved from collecting these taxes.

2008: \$27,349.48

Thank you and please contact my office if you should have any questions.

Respectfully,



Teresa McDowell

TAX COLLECTIONS
 ALL BILLS -- 2008

MACON CO. TAX COLLECTOR
 OUTSTANDING TAX BILLS BY YEAR AS OF 07/01/19

RTC0804
 PAGE 1

CODE/DESCRIPTION	ORIGINAL TAX INFORMATION			TAX DUE INFORMATION		
	LEVY	PENALTY	TOTAL	LEVY	PENALTY	TOTAL DUE
A0 ADV COST	516.00	0.00	516.00	508.42	0.00	508.42
F01 FR FIRE	712.65	16.29	728.94	622.03	16.29	638.32
F02 CL CH FR	245.79	0.00	245.79	243.22	0.00	243.22
F03 OTTO FR	308.41	0.00	308.41	308.41	0.00	308.41
F04 CULL FR	210.13	0.00	210.13	210.13	0.00	210.13
F05 WM FIRE	217.21	0.00	217.21	135.45	0.00	135.45
F06 SCALY FR	4.69	0.00	4.69	4.69	0.00	4.69
F07 BT FIRE	158.23	6.00	164.23	148.20	6.00	154.20
F08 COWEE FR	756.65	2.61	759.26	756.65	2.61	759.26
F09 NANT FR	190.45	0.00	190.45	190.45	0.00	190.45
F10 HLDS FR	165.96	1.07	167.03	86.87	1.07	87.94
F11 MVAL FR	159.16	0.00	159.16	159.16	0.00	159.16
G01 GEN TAX	22,581.74	232.65	22,814.39	18,758.31	232.65	18,990.96
H01 HLD CITY	1,689.12	6.41	1,695.53	380.21	6.41	386.62
L01 LANDFILL	4,800.00	0.00	4,800.00	4,572.25	0.00	4,572.25
210 BILLS	32,716.19	265.03	32,981.22	27,084.45	265.03	27,349.48

Requested changes to the Billing and Collection Policy

Page Number	Section	Change
4	Payment by Consumer	<ol style="list-style-type: none"> 1. Addition of phrase "nor subject to variation" as recommended by state consultant. 2. Changed wording to indicate we will provide itemized receipt upon request – per state consultant. 3. Added statement that charges incurred during a visit but not paid for on date of visit will be billed.
5	Payment By Third Party	Addition of Specialty exams under the Adult Health Program. These services will not be billed to an insurance and include CDL Physicals, College Entrance Physicals, etc.
6	Compliance With Title VI and VII	Addition of a statement that says we also comply with the current Consolidated and Agreement and all program Agreement Addenda's that are issued by the state.
7	Employee Health	Removal of the requirement of participation in the Health Risk Assessment – Insurance no longer requires this process.
8	Family Planning	<ol style="list-style-type: none"> 1. Addition to clarify that we accept all consumers to the program not just women. 2. Removed "this can be a confidential service" per state consultant 3. Added verbiage for confidential service consumers' protection from collection process
9	Miscellaneous/General Services/Adult Health	Removed Miscellaneous/General Services and clarified Adult as previously stated that no insurance will be billed for these services. Removed "womens health colposcopy"
		Added "Other Services" section
10	Adult Dental Program	Changed Sliding Fee Scale to 250% of Federal Poverty and the maximum discount to 75% which will match the Child Dental Program.
11	Nutrition Services	Spelled out DSME
12		Spelled out MNT
12	Environmental Health	Removed at the will of and replaced with by the Boards
12	Animal Services	Removed at the will of and replaced with by the Boards
12	Guidelines for Determining Elements of the Sliding Fee Scale	Removed HIS and replaced with dental record.

Fee Changes

New clinical charges for the Integrated Care services

99492	Initial psychiatric collaborative care management first 70 minutes	131.00
99493	Subsequent psychiatric collaborative care management 60 minutes	105.00
99494	Collaborative care management, each additional 30 mins in a month	55.00

New Lab fee based on outside physician order

82679	ESTRONE SERUM	44.00
-------	---------------	-------

New Lab fee based on negotiated rate

86003	ALLERGEN SPECIFIC IgE QUANTITATIVE OR SEMIQUANTITATIVE (24 units)	126.00
-------	---	--------

This is a decrease in price due to a negotiated rate for the 24 unit panel for allergy testing for LabCorp charge. The price is for all 24 units. The previous charge was a per unit charge which added up to \$800.

We will be bringing this document to you throughout the year as price changes are passed on to us. This will include increases and decreases in price, especially immunization rates. We also plan to evaluate the dental fees soon based on the fact that we are now getting a higher reimbursement from Medicaid.

MACON COUNTY PUBLIC HEALTH BILLING AND COLLECTION POLICIES

RATIONALE

North Carolina law¹ allows a local board of health to impose a fee for services to be rendered by a local health department, except where the imposition of a fee is prohibited by statute or where an employee of the local health department is performing the services as an agent of the State.

- Fees may be based on a plan recommended by the Health Director;
- The plan must be approved by the Board of Health and the Board of County Commissioners;
- And, fees collected under the authority of this subsection are to be deposited to the account of the local health department so that they may be expended for public health purposes in accordance with the provisions of the Local Government Budget and Fiscal Control Act.

The State requires local health departments to provide certain services, and no one may be denied these services. It is in the best interest of our community for the Health Center to:

- Assure that all residents can get all legally required public health services.
- Provide as many other recommended and needed health services as possible, within the resources we still have available to use.

The Health Director has the right to waive fees for individuals who for a good cause are unable to pay.²

The purpose of charging fees is to increase resources and use them to meet residents' needs in a fair and balanced way. Fees are necessary to help identify and cover the full cost of providing public health services. As much as possible, fees are based on the true cost of providing a particular service (calculated as direct costs plus indirect costs). Throughout the year, ongoing cost analyses are performed and fee schedules shall be adjusted by the Health Director, with approval from the Board of Health and the Board of Commissioners in the amount of the increased cost for provision of said services. A list of Health Center fees is available upon request.

The information in the document below is the fee plan for FY 19-20, effective on July 1, 2019. This Billing Guide for FY19-20 replaces all earlier plans.

COST OF SERVICE DETERMINATION

Costs for services received through the Health Center are based on the actual cost of the service. Cost analysis takes into account all of the resources associated with providing a particular service and calculates the actual cost to provide that service. Cost analysis includes the calculation of direct and indirect costs for services and then adding these figures together to determine the actual cost of the service.

Calculating direct cost: Direct costs are expenses that can be easily related to the provision of a specific service, i.e., physician and support staff salaries and benefits, medical supplies, lab tests, and other resources consumed at the time of the service.

Calculating indirect costs: Indirect costs involve resources that are not directly consumed during the provision of a service, but without them the provision of that service would not be possible, i.e., administrative staff salaries and benefits, training costs, facility costs, insurance premiums, office equipment and supplies, and recruiting and marketing expenses.

¹ North Carolina General Statute 130A-39(g)

² IAW Title X 8.4.3 (42 CFR 59.2)

PAYMENT BY CONSUMER OR RESPONSIBLE THIRD PARTY (SELF PAY)

Fees are charged for services and collected at the Health Center. See attachment for fee schedule. All fees are the responsibility of the consumer, consumer or responsible third party and may be subject to the sliding fee scale. No consumer will be refused services solely on their inability to pay for said services. All fees may be paid by cash, check, or major credit card. Full payment is expected at the time of service. Consumers will be informed of their account status at each visit. An itemized receipt showing total charges, as well as any discounts will be provided to individuals at time of payment. Third parties authorized or legally responsible to pay for consumers at or below 100% of the Federal Poverty Level are properly billed. Fees for adult dental services will be collected before the service is rendered. Prepayment of co-pays for all services in which co-payments apply will be required and collected when services are rendered.

Fees will be charged to individuals in families with annual gross incomes exceeding specified levels of a scale based on current Federal Poverty Income Guidelines. Verification of income and family size must be provided to determine a consumer's eligibility status. Falsification of this information will permanently disqualify consumers from using sliding fee scale. Eligibility will be reevaluated as consumer's income and household status changes or at least annually. If income cannot be verified at the time of screening, the charge for all services will be at 100% pay and a Payment Agreement will be presented to the consumer for signature until verification is provided. If verification of income is received within thirty days of a service, the charge will be retroactively adjusted to reflect percent pay based on verification received. Verification received after thirty days will be applied only to future services. Eligibility of Medicaid will be determined where applicable. Individuals will be requested to provide all social security numbers and names used for employment purposes. If an individual refuses to provide information to verify income, they will not be eligible for the sliding fee scale and will be at 100% pay.

Customary visit services for mandatory childhood immunizations, community outreach, Tuberculosis (TB), TB related X-rays, Sexually Transmitted Disease control (STD), and other epidemiological investigations are provided at no cost to the consumer but may be billed to Medicaid or other third party agent. Separate fees may be charged for drugs, supplies, laboratory services, X-rays and other technological services, if appropriate. The costs of services performed by providers not affiliated with Macon County Public Health are the responsibility of the consumer. Fees may be charged or waived for educational services provided to individuals or groups, such as orientation, preceptorship, field training or classes.

Charges not eligible for sliding scale discount include:

- a. Environmental Health services
- b. Non-mandated immunization services
- c. Miscellaneous/general services (see Miscellaneous/General section below)
- d. Out-of-county residents (see Out-of-County Service Restrictions section below)
- e. Specific insurance situations (see Insurance section below for details)

Bills will be mailed monthly to individuals who have not paid charges in full for services rendered (exception Family Planning for those that request no mail be sent to their home). All bills will show total charges, as well as any discount that may have been provided. Arrangements may be made for payment plans when required for good cause.

PAYMENT BY THIRD PARTY

Verification of enrollment under Medicare, Medicaid, insurance or other third party payment plan is required by presentation of a valid card at the time of service. The Health Center is required to bill only participating third party payers for services rendered. Services that are billed to third parties are billed at 100% of the total charge with no discount applied unless there is a contracted reimbursement rate that must be billed per the third party agreement. When the claim is returned from the third party payer all discounts are applied at that time. (i.e., any applicable sliding fee scale adjustment) For services rendered to consumers with insurance where the Health Center is not a participating provider, the consumer will be responsible for full payment of service when the service is delivered. The consumer

is responsible for charges not covered by third party payers. Co-pay amounts must be paid at the time of services and are not subject to the sliding fee eligibility scale.

Sliding fee scale discount does not apply in the following situations:

- a. Consumers with insurance in which MCPH is not participating provider.
- b. Consumers with any insurance who choose not to use their coverage (exception those requesting confidential services i.e. Family Planning services and Communicable Disease Services).
- c. Insurance co-payments (when MCPH is a participating provider)
- d. Services that are offered as specialty exams under the Adult Health Program.

ACCOUNT COLLECTIONS AND BAD DEBT

The Health Center will issue all consumers a monthly statement of fees that have been incurred and are due. Consumers are expected to make payment at the time services are rendered. If a balance is carried forward consumers who have not made a payment on their account for any service(s) received from Macon County Public Health for 120 days shall be required to pay their past due balance before another service shall be rendered (see Service Denial for further information).

The Health Center may use the following resources to pursue collection of consumer accounts: billing statements, past due notices, collection agencies or credit bureaus, and the NC Local Government Debt Setoff Clearinghouse (ref: NCGS 105A-1 et seq.) as administered by the NC Department of Revenue

Accounts will be reviewed annually for bad debt status, and at that time with the approval of the BOH and the BOCC's the amounts may be written off for accounting purposes if no further collection is anticipated. Any payments received for write-off debts will be accepted and credited to appropriate accounts. At no time will a consumer be notified that the account has been written off as a bad debt. Bad debt may be reinstated at time of service unless it is determined uncollectible (i.e. bankruptcy, death), at which time it will be written off permanently.

CONSUMER DONATION POLICY

A consumer may choose to make a donation to the agency. The consumer will never be asked to make a donation, but if offered the donation is accepted. Donations are not required, and are not a prerequisite for the provision of any service. Billing requirements set out above in the Payment by Consumer section are not waived because of consumer donations. (ref: Donation Policy 101.9)

RETURNED CHECK POLICY

A \$25.00 fee will be charged for a returned check written to Macon County Public Health (MCPH). The consumer will be notified via telephone or letter. All returned checks will be made good via cash, money order, and/or certified check. If a consumer has two returned checks within a one-year period, he/she will be required to pay for services in advance via cash, money order, or certified check for the period of one year. After the one-year period expires, if another returned check occurs, all future bills must be paid with cash, money order, or certified check prior to the provision of services. (Exception: Family Planning, Child Health and Maternal Health services for families with income at or below 250% of Federal Poverty should not pay more in co-payments or additional fees than what they otherwise pay when a Schedule of Discounts is applied. 42 U.S.C. 300 et seq./42 CFR 59.5 (a) (9)).

REFUNDS

In the event that a consumer or other third-party has overpaid their responsible charges, the credit balance is either: applied to future charges or refunded to the payer within thirty (30) days of discovery or request. Refunds for Environmental Health services are determined by attached policy and procedure.

SERVICE DENIAL

No individual may be denied Health Center mandated services e.g. communicable disease services (STD/TB) and immunizations. These services are provided at no charge to the consumer. Individuals who do not meet program guideline criteria may be denied specific services. Consumers covered by Medicaid who fail to make required co- payments will not be denied services but may be subject to collections and/or bad debt set-off. Individuals who have not paid proper charges for previous services (unless state and federal program rules prohibit services restriction or denial) may be required to pay fees beforehand, be denied access to services (see Account Collections and Bad Debts), or be denied subsequent services pending demonstration of a good faith effort to make payment within the past ninety (90) days.

OUT OF COUNTY SERVICE RESTRICTIONS

Macon County supports its low-income citizens by subsidizing the cost for certain health care services. To assure that Macon County citizens have maximum access to Health Center services only those services mandated by Federal Law, North Carolina General Statutes or approved in this plan will be provided to non-Macon County residents. If an individual moves out of Macon County, they are encouraged to obtain services from another provider. Consumers are required to report any change of address at time of service.

COMPLIANCE WITH TITLE VI AND VII, OF 42 US CODE CHAPTER 21

The MCPH complies with Title VI and Title VII of the Civil Rights Act of 1964 and all requirements imposed by or pursuant to the regulations. Staff will not discriminate against any consumers because of age, sex, race, creed, national origin, or disability. Staff will ensure consumers with LEP are provided adequate language assistance so they have meaningful access to the agency's services.

Services will be provided, reported and billed in compliance with the most current Consolidated Agreement and all program Agreement Addendas.

Formatted: Indent: Left: 0", First line: 0"

PROGRAM SPECIFIC INFORMATION

COMMUNICABLE DISEASE CONTROL

Deals with the investigation and follow-up of all reportable communicable diseases. Testing, diagnosis, treatment, and referring as appropriate, of a variety of STD's. Provides follow-up and treatment of TB cases and their contacts. No fees are charged directly to consumers for these services as stated in Program Rules (exception Medicaid or other third party agent can be billed with the consumer's permission).

Eligibility:

- No residency or financial requirements

BREAST AND CERVICAL CANCER CONTROL PROGRAM (BCCCP)

Provides pap smears, breast exams and screening mammograms, assists women with abnormal breast examinations/mammograms, or abnormal cervical screenings to obtain additional diagnostic examinations.

Eligibility:

- Must be a resident of Macon County;
- uninsured or underinsured;
- without Medicare Part B or Medicaid;
- between ages 40 - 64 for breast screening services and 18 - 64 for cervical screening services;
- have a household income at or below 250% of the federal poverty level.
- No charge for those who qualify for the program; family size shall be determined as follows:
Consumer, spouse of consumer and all children under 18 years of age, including step-children who live in the home.
- Proof of income must be provided.

CHILD HEALTH

Well child exams conducted by (appropriate provider); exam includes medical, social, development, nutritional history, lab work, and physical exam. MCPH accepts self-pay; most Private Insurances; Health Choice; Medicaid

Eligibility:

- Residents of Macon County; Birth thru 20 years;
- Discounts are used for incomes between 101 – 250% of Federal Poverty. Consumers whose income exceeds 250% of Federal Poverty are charged using the departments Schedule of Fees. Consumers whose income is at or below 100% of Federal Poverty are not charged for Child Health services.

EMPLOYEE HEALTH

Provides acute episodic medical care and chronic disease management services. This program is not intended to replace an individual's primary care provider.

Eligibility:

- ~~All employees must participate in the county's "Health Risk Assessment"~~
- New employees in the waiting period for their health insurance to start
- Employees and retirees and their dependents on the county health insurance plan
- Select part-time employees as determined by the county manager.

WORKSITE WELLNESS

Employee health services are available for all employers in Macon County. Employee health services are available on a per program basis or under an annual contract arrangement. Individual program fees will vary and are based on salary expense to prepare and deliver the program; current mileage rates if travel is required; as well as any materials, laboratory, or medical supplies costs. An administrative supplement of 10% is added for each individual program. Comprehensive worksite wellness programs are available under contract for organizations and companies with at least 50 employees. This program, also known as the LIFE program, provides employee health screenings followed by customized programs and consultation services to address the health needs of the employees. Fees for the LIFE program range from \$30 to \$50 per employee per year depending upon the cost to provide the services, the number of programs provided, as well as the organization's ability to provide in-kind assistance.

IMMUNIZATIONS

Provide all required and recommended vaccines that are available for infants, school aged children and college bound individuals. Also provide a wide range of vaccines for adults to include foreign travel vaccinations. MCPH accepts most Private Insurances, Health Choice, Medicaid, and Medicare. In some instances charges do not apply (e.g. state supplied vaccine). Sliding fee scale does not apply to immunizations.

Eligibility:

- No residency or financial requirements for immunizations.

CARE COORDINATION FOR CHILDREN (CC4C)

Case management assists families in identification of and access to services for children with special needs that will allow them the maximum opportunity to reach their development potential.

Eligibility:

- Macon County children birth to age three who are at risk for developmental delay or disability, long term illness and/or social, emotional disorders and children ages birth to five who have been diagnosed with developmental delay or disability, long term illness and/or social, emotional disorder may be eligible for the program.

FAMILY PLANNING

Services Clinic designed to assist consumers women in planning their childbearing schedule; detailed history, lab work, physical exam, counseling and education given by (appropriate provider). MCPH accepts self-pay; most Private Insurances; Medicaid or potentially Medicaid eligible.

Eligibility:

- This can be a "confidential service"
- Schedule of Discounts is used for incomes between 101 – 250% of Federal Poverty. Consumers whose income exceeds 250% of Federal Poverty are charged using the departments Schedule of Fees. Consumers whose income is at or below 100% of Federal Poverty are not charged for Family Planning services.
- Services are provided without regard to residence requirements and without a referral by a physician (42 U.S.C. 300 et seq./42 CFR 59.5 (b) (5)).
- Proof of income must be provided. (Exception: for those requesting "Confidential Services" that do not have proof of income or by producing proof of income may put their confidentiality at risk, they may write a statement of declaration of income.) Where legally obligated or authorized to receive third party reimbursement including public or private sources all reasonable efforts must be made to obtain said payment without application of any discounts. Family Income should be accessed before determining whether co-payments or additional fees are charged. Families with income at or below 250% of Federal Poverty should not pay more in co-payments or additional fees than what they otherwise pay when a Schedule of Discounts is applied. (42 U.S.C. 300 et seq./42 CFR 59.5 (a) (9)).
- A Family Planning consumer will never be refused a Family Planning service, or asked to meet with the Health Director due to a delinquent account; however they may be referred to Debt set-off.
- Income information reported on the Family Planning financial eligibility screening can be used through

- other programs rather than re-verification of income or relying on the consumer declaration.
- Pregnancy tests will be charged based on the qualifying Schedule of Discounts.

MISCELLANEOUS/GENERAL SERVICES/ADULT HEALTH

Include: daycare, DOT, foster care, employment or other specialty physical exams, ~~laboratory services~~, women's health (Colposcopies). For these services no insurances will be billed.

Formatted: Indent: Left: 0.44", Right: 0.53",
Line spacing: Exactly 12.6 pt

Eligibility:

- 18 years and older (~~exception, laboratory services~~)
- Residents of Macon County (~~exception, colposcopies, pregnancy tests, laboratory services~~)
- These services are not eligible for sliding fee scale payment. Services will be paid for prior to any service being rendered. Any additional fees associated with a visit will be added to the consumers account and paid in full at checkout.

OTHER SERVICES

- **Laboratory Services**
- **Eligibility: None**
- **Exceptions: None**
- **Third party insurance can be billed, these services are not eligible for Sliding Fee Discount.**

MATERNAL HEALTH

Prenatal care is medical care recommended for women during pregnancy. The aim of good prenatal care is to detect any potential problems early, to prevent them if possible (through recommendations on adequate nutrition, exercise, vitamin intake etc), and to direct the woman to appropriate specialists, hospitals, etc. if necessary. Visits are monthly during the first two trimesters (from week one to week 28 of pregnancy), every two weeks from 28 to week 36 of pregnancy and weekly after week 36 (until the day of delivery that could be between week 38 and 40 weeks). MCPH accepts self-pay; most Private Insurances; Medicaid or potentially Medicaid eligible.

Eligibility:

- Residents of Macon - eligibility policy and residency requirements attached
- Maternal Health consumers will be required to have proof of residency
- Proof of income is required.
- Schedule of Discounts is used for incomes between 101 – 250% of Federal Poverty. Consumers whose income exceeds 250% of Federal Poverty are charged using the departments Schedule of Fees. Consumers whose income is at or below 100% of Federal Poverty are not charged for Maternal Health services.

OB CARE COORDINATION MANAGEMENT (OBCM)

Case manager assists pregnant women in receiving needed prenatal care and pregnancy related services.

Eligibility:

- Residents of Macon County

Primary Care

Provides primary care services for Macon County residents between the ages of 21- 64. Consumers are required to complete an application to determine eligibility prior to receiving services. Third party insurance will be billed appropriately. Self-pay consumers may qualify for sliding fee scale discount based on their family size and household income with the maximum discount of 60%. Sliding fee discount is based on 250% of federal poverty.

Formatted: Font: Not Bold

Eligibility:

- Resident of Macon County between the ages of 21- 64

WOMEN, INFANTS, AND CHILDREN NUTRITION PROGRAM (WIC)

Supplemental nutrition and education program to provide specific nutritional foods and education services to improve health status of target groups.

Eligibility: WIC is available to pregnant, breastfeeding, and postpartum women, infants, and children up to age 5 who meet the follow criteria:

- Be a resident of Macon County;
- Be at medical and/or nutritional risk;
- Have a family income less than 185% of the US Federal Poverty Level;
- Medicaid, AFDC, or food stamps automatically meet the income eligibility requirement

CHILDRENS DENTAL PROGRAM

The Macon County Children's Dental Clinic (Molar Roller) provides comprehensive general dental services to children from birth to 20 years of age. Self-pay consumers may qualify for sliding fee scale based on their family size and household income. Sliding fee discount is based on 250% of Federal Poverty with a maximum discount of 75%.

Eligibility:

- Resident of Macon County.

ADULT DENTAL PROGRAM

The Macon County Adult Dental Clinic provides comprehensive general dental services to adults 21 years of age and above. Self-pay consumers may qualify for a sliding fee discount based on family size and household income. Sliding fee discount is based on 250% of Federal Poverty with a maximum discount of 75%.
~~Sliding fee discount is determined on 200% of federal poverty with a maximum discount of 50%.~~

Eligibility:

- Residents of Macon County.
- Charges not eligible for sliding fee scale discount include: Services not covered by Medicaid or

Health Choice and those covered by insurances which MCPH is not a participating provider,
(i.e. Fluoride treatments for adults)

- Fees for adult dental services will be collected before the service is rendered.

COMMUNITY EDUCATION AND TRAINING

Health education/health training programs/services are provided to individuals and/or groups.

Eligibility:

- No Restrictions/Requirements

EXAMPLE

- S
 - **Cardiopulmonary resuscitation (CPR)**
 - **Automated external defibrillators(AED)**
 - **First Aid Training:**

EXPLANATION

Various components of American Red Cross Standard First Aid and/or CPR/AED for lay responders are offered on-site at Macon County Public Health. Classes are offered for a fee –Pre-registration and pre-payment are required. Fees for the specific educational components are based on current American Red Cross pricing.

NUTRITION SERVICES:

Diabetes Self-Management Education (DSME) DSME Services:

Macon County Public Health offers Diabetes Self-Management Education/Training services accredited by the American Diabetes Association. The registered dietitians are credentialed and certified providers with some third party payors. For consumers with third party insurance, a physician referral and medical diagnosis of diabetes is required in order for the insurance to be billed and costs covered accordingly. Self-pay consumers may qualify for a sliding fee discount based on family size and household income. Sliding fee discount is determined on 250% of federal poverty with a maximum discount of 20% in which the consumer is responsible for payment to the health center prior to service being rendered.

Diabetes Prevention Program (DPP)

Macon County Public Health offers Diabetes Prevention Program accredited by The Center for Disease Control and Prevention. Because there is no established billing code for this program accepted by third party payors and to encourage participation, a small program fee will be established for each participant. Consumers may qualify for sliding fee scale discount based on their family size and household income with the sliding fee discount is based on 250% of federal poverty. Medicaid or Medicaid eligible consumers may be eligible for a Center for Disease Control and Prevention (CDC) sponsored scholarship and therefore are not charged a fee for the program, but are eligible for the incentives.

Eligibility

- Declaration of Income

Formatted: Right: 0.9"

Formatted: Indent: Hanging: 0.08", Right: 0.9"

Medical Nutrition Therapy (MNT) Services:

Formatted: Right: 0.9"

Macon County Public Health offers Medical Nutrition Therapy services. The registered dietitians are credentialed and certified providers with some third party payers. For consumers with third party insurance, a physician referral and a covered medical diagnosis is required in order for the insurance to be billed and costs covered accordingly. Self-pay consumers may qualify for a sliding fee discount based on family size and household income. Sliding fee discount is determined on 250% of federal poverty with a maximum discount of 20% in which the consumer is responsible for payment to the health center prior to service being rendered to consumer.

ENVIRONMENTAL HEALTH

Unlike other health department fees, Environmental Health fees are determined by ~~at the will of~~ the Boards of Health and County Commissioners. Environmental Health fees from other counties are taken into consideration. Exception, water testing fees are determined based on actual costs for supplies/test kits. Fees for Environmental Health Services are collected at time of application.

REFUND POLICY: Attached

ANIMAL SERVICES

Unlike other health department fees, Animal Service fees are determined by ~~at the will of~~ the Boards of Health and County Commissioners. Animal Service fees from other counties are taken into consideration. Fees for Animal Services are due at time of Service.

Guidelines for Determining Elements of the Sliding Fee Scale

Eligibility screening is required on all new consumers or when family size and/or income changes occur, or at 12 month intervals. A consumer's percentage of pay is documented on the Financial Eligibility Application in the consumer's medical record and ~~dental record in HIS~~. Consumer income information reported can be used to determine eligibility for other sliding fee based programs (i.e. Adult Health, Child Health, Prenatal, Family Planning and Dental).

Definition for Family Size and Countable Gross Income for the following clinics:

Primary Care, Nutrition Services, Child Health, Maternal Health, Family Planning and Dental

A family is defined as a group of related or non-related individuals who are living together as one economic unit. Individuals are considered members of a single family or economic unit when their production of income and consumption of goods are related.

An economic unit must have its own source of income.

Example: consumer with no income must be considered part of a larger economic unit that provides support to the household. Groups of individuals living in the same house with other individuals may be considered a separate economic unit. For example, if two sisters and their children live in the same house and both work and support their own children, they would be considered a separate household.

EXCEPTIONS TO ECONOMIC UNIT

- A. Un-emancipated minors and others requesting confidential services will be considered a family unit of one, and fees will be assessed based on their own income.
- B. A foster child assigned by DSS shall always be considered a family of one.

Determination of Gross Income:

The dollar amounts represent gross annual income; they refer to total cash receipts before taxes from all sources. Household income sources include: Salaries and wages, earnings from self-employment (deduct business expenses, except depreciation); interest income, all investment and rental income; public assistance, unemployment benefits, worker's compensation, alimony, military allotments; Social Security benefits, VA benefits; retirement and pension pay; insurance or annuity plans; gaming proceeds and any other income not represented here that contributes to the household consumption of goods. This list is not all inclusive.

Documents acceptable for income verifications:

- Current pay stub (noting the pay timeframe i.e.: weekly, bi-weekly etc.)
- Signed statement from employer indicating gross earnings for a specified pay period, statement must include the business name, address and phone number and must be legible.
- W-2 Forms
- Unemployment letter/notice
- Award letter from Social Security Office, VA or Railroad Retirement Board
- 1099's received from IRS
- For Self-employment: Accounting records or income tax return for the most recent calendar year, entire tax return must be provided in order to allow deductions for business expenses.

MACON COUNTY BOARD OF COMMISSIONERS

AGENDA ITEM

MEETING DATE: September 10, 2019

DEPARTMENT/AGENCY: N/A

SUBJECT MATTER: Appointments

COMMENTS/RECOMMENDATION:

- A. Southwestern Community College Board of Trustees. (1 seat)
- B. Recreation Commission (2 Seats)

Attachments Yes No

Agenda Item 13A-B

Application for Appointment to Macon County Authorities, Boards, Commissions and Committees

The Macon County Board of Commissioners believes all citizens should have the opportunity to participate in governmental decisions. The Board wants to appoint qualified, knowledgeable and dedicated people to serve on authorities, boards and committees. If you have an interest in being considered for an appointment to any advertised vacancy, please thoroughly complete the form below before the advertised deadline and choose from the following options.

Mail to: County Manager's Office
5 West Main Street
Franklin, North Carolina 28734

or FAX to: 828-349-2400

Any Questions, please call the County Manager's Office at (828) 349-2025

Name of Authority, Board or Committee applying for: Recreation Commission

Name Timothy Crabtree

Address 91 Hoffman Lane

City Franklin

NC Zip 28734

Telephone: Home 828-371-2665

Work

Occupation Self Employed

Business Address 2119 Lakeside Dr. Suite B, Franklin, NC, 28734

Email Address timmycrab@hotmail.com

Briefly explain any anticipated conflict of interest you may have if appointed:

N/A

Educational Background

BS Recreation Management- Commercial Recreation & Tourism Management - Appalachian State University - 2007
Minor Business Administration Franklin High School Graduate 2003

Business and Civic Experiences/Skills:

Own and Operate Motor Co. Grill, Crabtree General Store & Coffee, Main St. & Lake Emory Storage, Papa Prints,
Crabtree Family Building & Inv. Served 3yr Term Franklin Area Chamber of Commerce Board

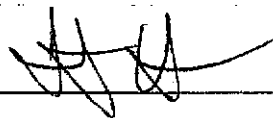
Areas of Expertise and Interest/Skills:

Business. Outdoor Recreation. Organized Sports

List any Authorities, Boards, Commissions or Committees presently serving on:

Tourism Development Authority (Town of Franklin)
Tourism Development Committee (Macon County-Franklin & Nantahala)
Special Olympics of Macon County - Streets of Franklin

SIGNATURE:



DATE:

AUG. 13 2019