

LAKE CUMBERLAND DISTRICT HEALTH DEPARTMENT

BOARD OF HEALTH DIRECTORS

March 6, 2018

The Lake Cumberland District Board of Health met on Tuesday, March 6, 2018 at the Russell County Health Department in Russell County, KY.

The meeting was called to order by Judge John Phelps

Those present were:

Pam Bills
Adlie F. Brown, DMD
Joseph Brown, MD
Lora Elam, RN
Hossein Fallahzadeh, MD
Patty Guinn
Linda Hamilton
Stephen McKinley
Richard Miles, MD
Matt Jackson RpH
John Phelps
Gayle Phillips, ARNP
Gary Robertson
Eddie Rogers
Susanne Watkins, OD
James Wesley
Rosalie Wright

Judge Richard Armstrong, Clinton County Judge Executive authorized Judge John Phelps to be his proxy.

Judge Randy Dial, Casey County Judge Executive authorized Judge Eddie Rogers to be his proxy.

Judge Doug Stephens, McCreary County Judge Executive authorized Rosalie Wright to be his proxy

Judge John Frank, Green County Judge Executive authorized Judge Eddie Rogers to be his proxy.

Mike Anderson, Wayne County Judge Executive authorized Judge John Phelps to be his proxy.

Shawn Crabtree confirmed we did have a quorum.

The members absent from the meeting were:

Catherine Feese, MD
L. Bruce Jasper, DVM
Steve Kelly
Betty Lee
Marlene Richardson, DMD
Tommy Shelton, MD
Jake Staton
Michael Stephens

Staff members present:

Tracy Aaron, Director of Health Education
Melinda Copenhaver, Administrative Support Coordinator
Shawn Crabtree, Executive Director
Amanda England, Senior Regional Epidemiologist
Sylvia Ferrell, HANDS Administrator
Pam Godby, Human Resource Manager
Jefferson Hickman, Environmental Health Program Manager
Carol Huckelby, PH Specialist
Leah Jasper, Director Administrative Services
Jamie Lee, Diabetes Program Manager
Stuart Spillman, Environmental Director
Amy Tomlinson, Preparedness Manager
Janae Tucker, QI Director
Christine Weyman, Medical Director
Laura Woodrum, Nurse Administrator

WELCOME

Judge Phelps welcomed all board members, staff, and guests.

As confirmed earlier, a quorum was present.

LEGAL AUTHORITY

Approval of Minutes

Copies from the previous meeting were sent to each board member for their review prior to tonight's meeting. Judge Rogers made a motion to accept the minutes and Dr. Fallahzadeh seconded the motion. Motion carried.

Old/New Business

Judge Phelps asked Board if there was any old or new business to discuss. No old or new business was discussed.

RESOURCE STEWARDSHIP

Financial Update and Director's Comments

Comments

Mr. Crabtree discussed three bills that are moving through the Kentucky Legislature that if passed as they currently stand could negatively impact health departments across the state; including ours. As the budgeting process will begin soon, Shawn asked the board for guidance on how to proceed. Three options that were discussed were (1) spend down the agency's reserve, (2) change amount counties put in from 2.8 to 4.8, (3) or develop a restructure (layoff) plan.

Dr. Miles inquired about the political implications of local health departments closing. Judge Robertson was concerned that health department pension relief was not being taken seriously. Dr. Miles voiced his concern with the opioid epidemic and the need for local health departments to have the capacity to deal with increased disease outbreaks related to it. Several stated it was the State representatives that want to pass negativity to the local level by forcing them to increase taxes. Dr. Miles requested that Mr. Crabtree and Leah put together the budget as normal and when it is presented to the board give options. James Wesley requested that Mr. Crabtree send a list of mandated services to the Board. Mr. Crabtree informed the Board that five health department Directors are meeting with the Public Health Commissioner to develop a plan for what health department services are going to be preserved.

Financial Report

Shawn gave the Board a packet with financial information for period ending January 31, 2018. The LCDHD balance sheet shows \$6, 856,632.39 in assets, which is just over 5 months of the average monthly expenses, with \$117,327.43 of that owed in current liabilities. LCDHD has \$8,519,397.58 in YTD revenues and 8,747,830.19 in YTD expenses resulting in a \$228,432.61 YTD deficit.

Grant Report

The Board received a copy of the Grant Proposal Report. Shawn explained that the report shows that the agency has applied for 1 grant this calendar year. This was a private foundation grant.

The award decision is pending. We received a small \$2,500 grant from Community Leadership Institute of Kentucky to conduct provider education in McCreary, Clinton, and Cumberland Counties, which had highest opioid dispensing rates in our district according to the 4th Quarter KASPER report. We are still waiting to hear about at least one grant that was applied for late 2017. We filed a non-competing continuation paperwork for the final year of the Sexual Risk Avoidance Education grant and submitted the required strategic and assessment plans paperwork for the Rural Health Opioid Grant.

Shawn asked if anyone had questions. No questions.

Budget Review Committee

Executive board members will serve on this committee. It will continue as normal.

Board Orientation

Mr. Crabtree reminded the Board of the training resources on the Kentucky Association of Local Board of Health website.

Judge Phelps left after budget review and turned the meeting over to Dr. Fallahzadeh.

CONTINUOUS IMPROVEMENT (QI PROJECTS, ETC)

Make a Suggestion on Back of Agenda

Mr. Crabtree reminded board members that they can submit suggestions or questions using the form on the back of the agenda.

Employee Satisfaction Report

Mr. Crabtree directed the Board to their packet to review the Employee Satisfaction Survey results and to read the Feedback Responses related to some of the concerns or questions brought up during the survey.

Hotspotting

Dr. Weyman gave a short presentation about hotspotting infectious diseases. She commented that it is hard to do since the State's data is about ten years old. Dr. Miles commented that up to date data is important especially since our immunization rates have decreased. The ability to use up to date data to track vaccine preventable disease is vital in identifying outbreaks early.

Electronic AP/Purchasing Process

Leah Jasper discussed her Q.I. project to re-evaluate purchasing through payment procedures in order to streamline the process.

Salmonella/Campylobacter Reduction

Stuart Spillman reported that the project was a success. The rates of Salmonella and Campy decreased in the target counties of Clinton and Cumberland.

PARTNER ENGAGEMENT

Syringe Exchange Program

The syringe exchange program has 284 unduplicated participants in four counties. There is a presentation scheduled in Clinton County for the Fiscal Court next week. There is close to a 100% return rate on syringes.

OVERSIGHT

Human Resources Report

Pam Godby informed the board that 8 full-time and 5 contract staff has gone off duty and 1 full-time was hired since the last meeting.

POLICY DEVELOPMENT

Policies and Procedures

The revised policies "Computer Network Infrastructure Security, Staff Notification, Staff Emergency Form, Tobacco Free Employees, Media Policy, Epidemiology Rapid Response Team Policy, Employee Award," along with the Internal Control Procedure Manual and School Nurse Program Guidelines were presented by Janae Tucker.

Lora Elam made a motion to accept the policies and procedures and James Wesley seconded the motion. Motion carried.

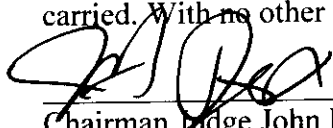
DISCUSSION

No further discussion

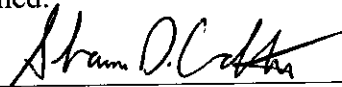
NEXT MEETING

Next meeting is June 26 at 7 p.m. EST at Jamestown Health Department

Dr. Fallahzadeh asked if anything else needed to be discussed before adjourning the meeting. James Wesley made a motion to adjourn the meeting. Patty Guinn seconded the motion. Motion carried. With no other business, the meeting was adjourned.



Chairman Judge John Phelps



Shawn Crabtree, Secretary

/cah

**District Board of Directors Meeting
Tuesday, March 6th, 2018; 7:00 EST/6:00 CST
Russell County Health Department; Jamestown, Kentucky**

AGENDA

**Welcome All and New Members: Dr. Stephen McKinley, Optometrist, McCreary &
Dr. Joseph Brown, Physician, Wayne.**

Invocation/Dinner.....Chair Phelps

- I. Legal Authority**
 - a. Quorum/Approval of Minutes.....Chair Phelps**
 - b. Old Business.....Chair Phelps**
 - i. Was there anything the administration failed to adequately follow-up on from the last meeting?.....Chair Phelps**

 - II. Resource Stewardship**
 - a. Financial Updates/Director’s Comments.....Shawn D. Crabtree**
 - b. Potential Retirement Contribution Cost Increase Impact.....Shawn D. Crabtree**
 - i. Budget Planning Assumptions?**
 - 1. Increase Contribution Rate from 2.8 to 4.8, or**
 - 2. Restructure & When?**
 - c. Grants Report.....Shawn D. Crabtree**
 - d. Budget Review Committee.....Shawn D. Crabtree**
 - e. Board Orientation via Website.....Shawn D. Crabtree**

 - III. Continuous Improvement (QI Projects Etc. - Story Boards available at:
(<https://www.lcdhd.org/info-tools/quality-improvement/>)**
 - a. Make Suggestions on Back of Agenda.....Shawn D. Crabtree**
 - b. Board of Health Survey Feedback Follow-up.....Shawn D. Crabtree**
 - i. Hot Spotting.....Dr. Weyman**
 - c. Electronic AP/Purchasing Process.....Leah Jasper**
 - d. Salmonella/Campylobacter Reduction.....Stuart Spillman**

 - IV. Partner Engagement**
 - a. Syringe Exchange Progress/Update.....Aaron/Weyman/Woodrum**

 - V. Oversight**
 - a. Human Resources Report.....Pam Godby**

 - VI. Policy Development**
 - a. New Policies.....Janae Tucker**
- Next Meeting/Closing Comments.....Chair Phelps**












NALBOH'S Six Functions of Public Health Governance

Definitions: Governing entity - The board, commission, council, individual, or other body legally accountable for ensuring the Six Functions of Public Health Governance in a jurisdiction. **Governance Functions (The Six Functions of Public Health Governance)** - The identified functions for which a public health governing entity is responsible (All public health governing entities are responsible for some aspects of each function. No one function is more important than another).

The Six Functions Include: 1. Policy Development, 2. Resource Stewardship, 3. Legal Authority, 4. Partner Engagement, 5. Continuous Improvement, 6. Oversight

Suggestions for Health Department of Community Improvement Projects

Recommendations: Please use the space below to make any suggestions as to improvement projects you would like to see the health department undertake. These can include suggestions for internal agency improvement, staff enhancement, or community health improvement projects. Submit your response to the Executive Director.

Name	Title	County	Signature
Feese	Catherine MD	Adair	
Stephens	Michael Honorable	Adair	
Jackson	Matt RPH	Adair	
Brown, Jr.	Adlie F.	Casey	
Hamilton	Linda	Casey	
Dial	Randy Honorable	Casey	
Armstrong	Richard Honorable	Clinton	
Staton	Jake	Clinton	
Phelps, Jr.	John Honorable	Cumberland	
Lee	Betty	Cumberland	
Bills	Pam	Green	
Frank	John Honorable	Green	
Singleton	Sue	McCreary	
Stephens	Doug Honorable	McCreary	
Wright	Rosalie	McCreary	

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Kelly	Steve	Honorable	Pulaski	
Fallahzadeh	Hossein	MD	Pulaski	<i>[Signature]</i>
Jasper	L. Bruce	DVM	Pulaski	<i>[Signature]</i>
Guinn	Patti		Pulaski	<i>[Signature]</i>
Shelton	Tommy	MD	Pulaski	<i>[Signature]</i>
Wesley	James		Pulaski	<i>[Signature]</i>
Miles	Richard	MD	Russell	
Robertson	Gary	Honorable	Russell	<i>[Signature]</i>
Watkins	Susanne	OD	Russell	<i>[Signature]</i>
Richardson	Marlene	DMD	Taylor	
Rogers	Eddie	Honorable	Taylor	<i>[Signature]</i>
Phillips	Gayle	APRN	Taylor	<i>[Signature]</i>
Elam	Lora		Wayne	<i>[Signature]</i>
Anderson	Mike	Honorable	Wayne	<i>[Signature]</i>
Southard	Stephanie	MD	Wayne	<i>[Signature]</i>

Josyln Brown MD



Casey County Judge/Executive
RANDY DIAL
CASEY COUNTY COURTHOUSE

P.O. Box 306
Liberty, KY 42539
Phone: 606-787-8311
Fax: 606-787-6154

<i>Magistrates</i>	<i>District</i>
Kenny Morgan	1
Bart Woodrum	2
Robby Murphy	3
Jamey Maupin	4

March 6, 2018

Lake Cumberland Board of Health

RE: Representative for Board Meeting

I, Randy Dial, Judge Executive in Casey County will be unable to attend the meeting. Therefore, I would like to appoint Eddie Rodgers as my proxy.

Sincerely,

Randy Dial
Judge/Executive

1

Clinton County Fiscal Court

Joanna Armstrong
Finance Officer/Deputy Judge

Tuesday Davis
Treasurer

Richard C. Armstrong
Judge/Executive
Email: judgearmstrong@windstream.net

Clinton County Courthouse
100 South Cross Street, Suite 115
Albany, Kentucky 42602
606-387-5234 / 606-387-7651 Fax

Virginia Conner
Occupational Tax Officer

Penny Jo Stearns
Administrative Assistant

March 5, 2018

I, Richard Armstrong, Clinton County Judge Executive, officially appoint Cumberland County Judge Executive John Phelps as my proxy. I give my proxy the authority to vote on matters of the Lake Cumberland District Health Department meeting to be held on March 6, 2018.

Thank you,



Richard Armstrong
County Judge Executive

~ Magistrates ~

District 1
Johnny Russell

District 2
Patty Guinn

District 3
Terry Buster

District 4
Ricky Craig

District 5
Hershell Key

District 6
Mickey Riddle



John H. Frank

Green County Judge-Executive

203 West Court Street

Greensburg, KY 42743

Phone: (270) 932-4024 • Fax: (270) 932-3635

johnfrank.cje@hotmail.com



March 5, 2018

Lake Cumberland District Board of Health
500 Bourne Avenue
Somerset, KY 42501

Re: Proxy, District Board of Health Meeting - March 6, 2018

To Whom It May Concern,

I am unable to attend the Lake Cumberland District Board of Health meeting on Tuesday, March 6, 2018. I would like to name Judge/Exec Eddie Rogers as my proxy.

Sincerely,

A handwritten signature in black ink, appearing to read "John H. Frank".

John H. Frank
Green County Judge/Executive

JHF/dsb

OFFICE OF THE JUDGE/EXECUTIVE
McCREARY COUNTY
1 NORTH MAIN STREET • P.O. BOX 579
WHEELY CITY, KENTUCKY 42653
(606) 376-2413



DOUGLAS E. STEPHENS
County Judge/Executive

Fax: (606) 376-9499
TDD: 1-800-247-2510

March 5, 2018

Honorable John Phelps, Chairman
Lake Cumberland District Board of Health
P.O. Box 800
Somerset, Kentucky 42502

Dear Judge Phelps:

I am unable to attend the District Board of Health Directors meeting on Tuesday March 6, 2018.

Therefore, I do hereby authorize Rosalie Wright to represent me at the meeting and vote in my stead on any and all matters that shall be brought before said council.

Sincerely,

A handwritten signature in cursive script that reads "Douglas E. Stephens".

Douglas E. Stephens
McCreary County Judge/Executive

DES/pl1

OFFICE OF THE JUDGE/EXECUTIVE
McCREARY COUNTY
1 NORTH MAIN STREET • P.O. BOX 579
WHITLEY CITY, KENTUCKY 42653
(606) 376-2413



DOUGLAS E. STEPHENS
County Judge/Executive

Fax: (606) 376-9499
TDD: 1-800-247-2510

FACSIMILE COVER SHEET

3-5, 2018

Please deliver the accompanying documents to:

Name: Vickie or Shawn

Address: _____

Fax Number: 606-676-9671

From: Peggy

We are sending 2 pages, including this cover sheet.

If you do not receive all pages, please call back as soon as possible.

To send a fax message to this office, please dial (606) 376-9499.

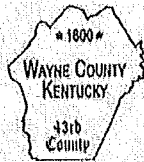
To speak to us, please call (606) 376-2413 or 376-2050

Remarks/Additional Message:

Sorry Vickie
The first one had the wrong
date.

RONNIE K. TURNER
Magistrate District 1

JEFFERY D. DISHMAN
Magistrate District 2



MIKE ANDERSON
Wayne County Judge/Executive

HANK BASSETT
Deputy Judge/Executive

DALE C. VAUGHN
Magistrate District 3

TROY G. NEAL
Magistrate District 4

March 5, 2018

Judge Phelps,

I will be unable to attend the Lake Cumberland District Health Board meeting this week and I would like to give you my proxy concerning any votes that may need to be taken.

Sincerely,

Mike Anderson
Wayne County Judge-Executive

Exec BOT
Staff Mtg

Carol Huckaby
Amanda England
Amy Tomlinson
Sam Godby
Christine Weyman
Janee Tucker
Rebecca Baker
Sylvia Deuell
Jeff 9/2 to
Stuart Spillman
Dana Woodrum

02/19/2018

Period: January 2018

Financial Position

The LCDHD balance sheet for the period shows \$6,856,632.39 in assets with \$117,327.43 of that owed in current liabilities. The total of LCDHD's assets is equal to over 5 months of this year's average expenses. LCDHD had 8,519,397.58 in Year-To-Date revenues, and 8,747,830.19 in Year-To-Date expenditures resulting in a \$472,113.66 deficit for the period and a YTD deficit of \$228,432.61.

Our federal annual revenue is more than budgeted primarily because we have received lump sum closeout payments for FY 2017 and because we have received an additional \$150,000 allocation in WIC. Our service fee revenue is less than budgeted because we had 8 schools terminate their Medicaid billing contract with us, but part of them didn't let us know until after we'd included them in our budget.

Our annual expenses are overall less than budgeted through the end of the period. The one area where expenses are higher than budgeted is in independent contracts expense. That's primarily because DPH had gotten behind on Medicaid payments during FY 16-17 and caught them up the end of the fiscal year. In July of FY 17-18, we passed the funds on through to the schools from the previous quarter in a larger than budgeted amount and included the pass through money to the two school systems from the previous year that were not included in the current year budget as they terminated their contract. Recall, we closed FY 17 with a \$975,835 surplus, and \$575K of that was FY 17 Medicaid revenue that was due to the schools and which we passed through to the schools on July 10th, after the 16-17 fiscal year was closed.

In most every other category, our expenses are less than budgeted. The biggest difference is in our fringe and salary expense. We have several positions vacant, plus a few positions where employees left, and we have chosen not to replace them. Additionally part of the difference in fringe between actual and budgeted is attributable to our budgeted 7% increase in insurance premiums, when in fact the increase was approximately 1%. This savings will result in as much as \$87K less insurance expense than budgeted for this fiscal year, with that number varying somewhat depending on the type of policy selected by each employee. We also didn't get the January retirement bill in time to include it with January expenses, so that was not included in January's expenses and therefore understates January's expenses by roughly \$236,000.

Finally, this note, DPH is still behind on billing us for the following Medicaid Match payments:

- FY18-1st Quarter Match Payment (should have been billed last quarter, during the 2nd quarter of FY 17-18 which ended December 31, 2017)
- FY18-2nd Quarter Match Payment (should be due NOW, during the 3rd quarter of FY 17-18 which ends March 31, 2018)

The Medicaid Match amount due back to DPH each quarter is dependent on the amount of Medicaid money we receive for the previous quarter, but as DPH has delayed billing us for the last two quarters, I estimate approximately \$175,000 is now due back to the state out of the Medicaid Revenue we've collected for services provided for the 1st & 2nd quarter of 2018. As DPH was behind on the Medicaid match billings during FY17, we were only billed and paid three of the four match payments budgeted for FY17. As a result, it's likely we'll have to pay the four budgeted match payments for FY18, plus the last remaining payment from last fiscal year for a total of 5 match payments this fiscal year.

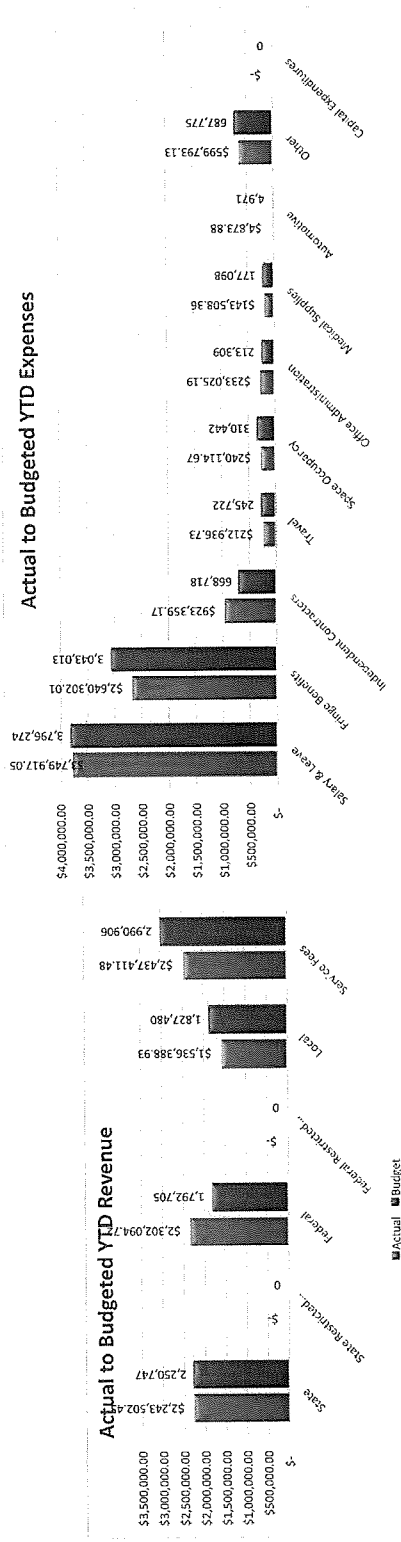
Revenues and expenditures from the first seven months of this fiscal year show LCDHD trending to end the fiscal year with a deficit of \$286,503, which is better than the \$619,615 deficit we initially budgeted.

Lake Cumberland District Health Department
 Summary Statement of Revenue and Expense
 As of Period Ending January 31, 2018

	Current Month			Year to Date		
	Actual	%	Variance	Actual	%	Variance
Revenue:						
State	\$ 82,695.67	9.48%	(238,839)	\$ 2,243,502.45	26.33%	(7,244)
State Restricted Reserves/Carryover	-	0.00%	0	0	0.00%	0
Federal	\$ 460,463.29	52.81%	204,362	\$ 2,302,094.72	27.02%	509,389
Federal Restricted Reserves/Carryover	-	0.00%	0	0	0.00%	0
Local	\$ 0.05	0.00%	(261,069)	\$ 1,536,388.93	18.03%	(291,091)
Local Restricted Reserves/Carryover	-	0.00%	(98,567)	\$ 2,437,411.48	28.61%	(553,495)
Service Fees	\$ 328,705.35	37.70%	0	0	0.00%	0
Program/Fee Restricted Reserves/Carryover	-	0.00%	(85,264)	0	0.00%	0
Unrestricted Reserves/Carryover	-	0.00%	(85,264)	0	0.00%	0
Total Revenue	\$ 871,864.36	100.00%	(479,377)	\$ 8,519,397.58	100.00%	(939,285)
Expense:						
Salary & Leave	\$ 491,505.48	56.37%	(56,846)	\$ 3,749,917.05	44.02%	(46,357)
Fringe Benefits	\$ 421,618.41	48.36%	(17,928)	\$ 2,640,302.01	30.99%	(402,711)
Independent Contractors	\$ 277,626.36	31.84%	182,095	\$ 923,359.17	10.84%	254,641
Travel	\$ 16,387.25	1.88%	(18,716)	\$ 212,936.73	2.50%	(32,785)
Space Occupancy	\$ 37,723.71	4.33%	44,349	\$ 240,114.67	2.82%	(70,327)
Office Administration	\$ 20,818.31	2.39%	(9,625)	\$ 233,025.19	2.74%	19,716
Medical Supplies	\$ 29,460.16	3.38%	4,160	\$ 143,508.36	1.68%	(33,589)
Automotive	\$ 433.97	0.05%	(276)	\$ 177,098	2.07%	(97)
Other	\$ 48,404.37	5.55%	(49,850)	\$ 599,793.13	7.04%	(87,982)
Capital Expenditures	-	0.00%	0	0	0.00%	0
Total Expense	\$ 1,343,978.02	154.15%	1,317,617	\$ 8,747,830.19	102.68%	(389,483)
Excess/(Deficit) of Revenue over Expense:	\$ (472,113.66)	-54.15%	(505,738)	\$ (228,432.61)	-2.68%	(539,792)

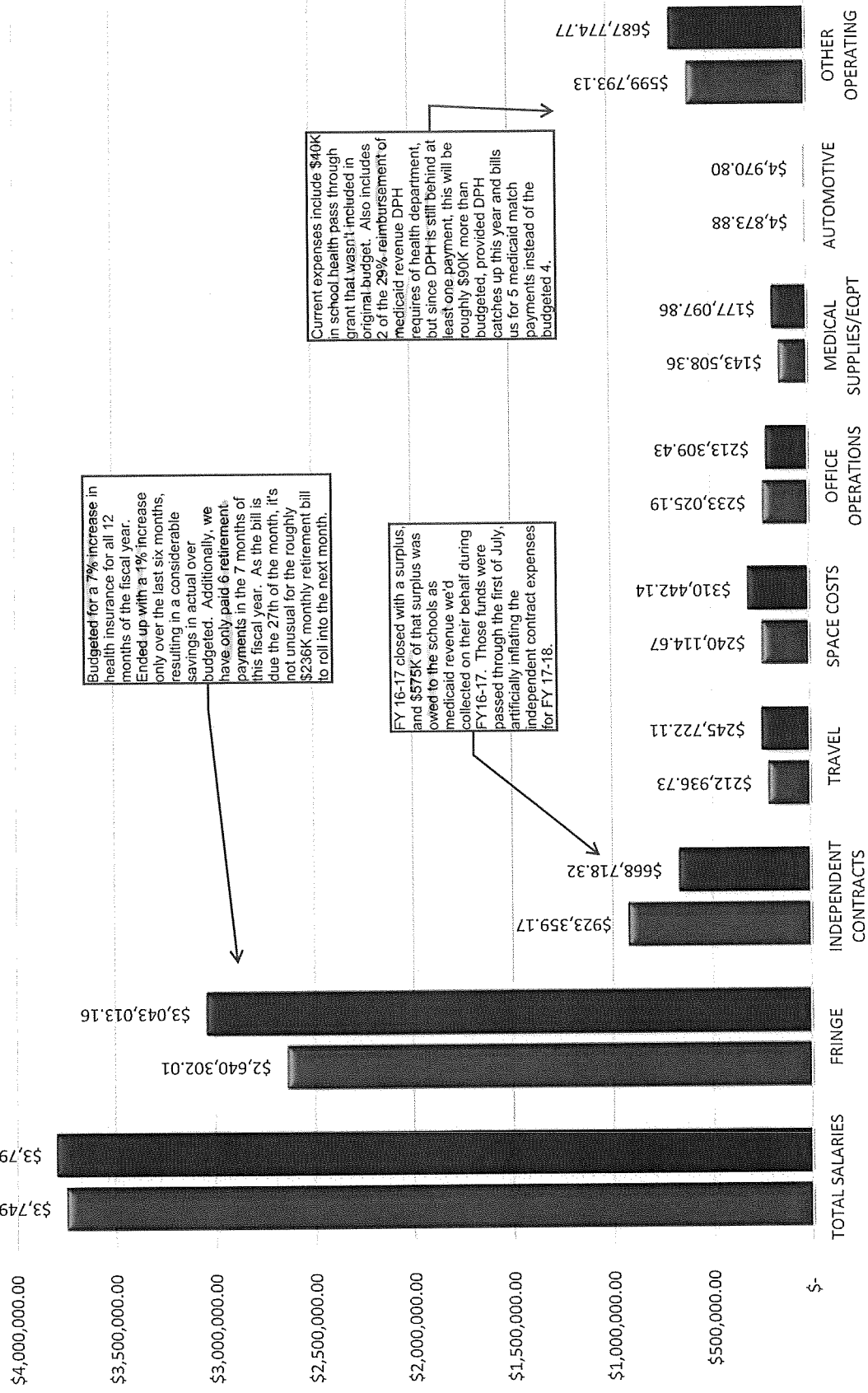
Less: Reserve used for Program Deficits
 Actual Cash Surplus/(Deficit)

\$ -
 \$ (228,432.61)



Some positions have not been filled due to difficulty attracting qualified applicants. Some positions have not been filled due to attrition.

Expenditures Period Ending 01/30/2018



Budgeted for a 7% increase in health insurance for all 12 months of the fiscal year. Ended up with a 1% increase only over the last six months, resulting in a considerable savings in actual over budgeted. Additionally, we have only paid 6 retirement payments in the 7 months of this fiscal year. As the bill is due the 27th of the month, it's not unusual for the roughly \$236K monthly retirement bill to roll into the next month.

FY 16-17 closed with a surplus, and \$575K of that surplus was allowed to the schools as medicaid revenue we'd collected on their behalf during FY 16-17. Those funds were passed through the first of July, artificially inflating the independent contract expenses for FY 17-18.

Current expenses include \$40K in school health pass through grant that wasn't included in original budget. Also includes 2 of the 29% reimbursement of medicaid revenue DPH requires of health department, but since DPH is still behind at least one payment, this will be roughly \$90K more than budgeted, provided DPH catches up this year and bills us for 5 medicaid match payments instead of the budgeted 4.

■ Year To Date Actual ■ Year To Date Budget

Lake Cumberland District Health Department

Balance Sheet

January 31, 2018

Account	Account Name	Amount	
Assets			
104000	LOCAL BANK ACCOUNT	\$ 4,810,380.12	
104001	(FEBCO) BANK ACCOUNT	\$ 24,115.74	
106000	PETTY CASH	\$ 2,100.00	
111000	TIME/CERTIFICATE OF DEP	\$ 1,975,947.74	
120001	ADAIR TAXING DISTRICT	\$ 3,265.58	
120023	CASEY TAXING DISTRICT	\$ 6,981.37	
120027	CLINTON TAXING DISTRICT	\$ 3,622.50	
120029	CUMBERLAND TAXING DISTR	\$ 2,132.00	
120044	GREEN TAXING DISTRICT	\$ 2,314.00	
120074	MCCREARY TAXING DISTRIC	\$ 5,264.27	
120100	PULASKI TAXING DISTRICT	\$ 6,533.27	
120104	RUSSELL TAXING DISTRICT	\$ 2,940.31	
120109	TAYLOR TAXING DISTRICT	\$ 9,565.49	
120116	WAYNE TAXING DISTRICT	\$ 1,470.00	
	Total Assets		\$ 6,856,632.39
Liabilities & Fund Balance			
Liabilities			
140002	Passport DPH Admin	\$ 7,512.84	
140501	ANTHEM ADMIN	\$ 6,036.21	
140601	AETNA ADMIN FEES	\$ 13,766.94	
140701	KY SPIRIT DPH ADMIN	\$ 15,390.75	
140801	WELL CARE DPH ADMIN	\$ 28,181.68	
140901	Humana DPH Admin	\$ 6,481.88	
141000	ACCOUNTS PAYABLE	\$ 607.63	
147050	KY GROUP LIFE INS		
147057	KY EMP HEALTH INS PLAN	\$ (14.59)	
147080	DELTA DENTAL	\$ 8.27	
147081	DELTA DENTAL B	\$ (7.14)	
147096	FEBCO FLEX MEDICAL SPEN	\$ 7,802.25	
148009	GREENSBURG CITY TAX	\$ 246.75	
148016	RUSSELL COUNTY TAX	\$ 385.07	
148030	MCCREARY LOCAL TAX	\$ 564.51	
148056	WAYNE COUNTY TAX	\$ 414.98	
148062	PULASKI CNTY TAX WITHEL	\$ 1,530.36	
148063	JAMESTOWN CITY TAX WITH	\$ 513.38	
148065	BURKESVILLE CITY TAX	\$ 409.11	
148074	CUMBERLAND COUNTY SCHOO	\$ 75.16	
148084	COLUMBIA CITY TAX	\$ 285.70	
148086	SOMERSET CITY TAX	\$ 1,147.78	
148096	CLINTON COUNTY TAX	\$ 347.68	
148097	TAYLOR COUNTY TAX	\$ 385.98	
148098	CUMBERLAND COUNTY TAX	\$ 255.67	
149080	COBRA DELTA DENTAL	\$ 289.64	
150000	KENTUCKY RETIREMENT SYS	\$ 24,456.85	
150500	RETIREMENT PURCHASE (TA	\$ 311.04	
169000	MISCELLANEOUS	\$ (58.95)	
	Total Liabilities	\$ 117,327.43	
Fund Balance			
171000	UNRESTRICTED FUND BALAN	\$ 5,201,911.78	
171540	UNRESTRICTED GEN SANITA	\$ 145,935.00	
171826	URESTR LOCAL COMM HLTH	\$ 150.30	
172738	STATE RSTR KCCSP OUTRCH	\$ 5.69	
172762	STATE RSTR SMLNG SCHLS	\$ 72,393.90	
172770	STATE RSTR KCCSP	\$ 1,697.69	
172842	STATE RSTR HIV CNSLNG/	\$ 13,349.28	
173725	FED RSTR KWCSPP PINK OU	\$ 28,681.15	
173726	FED RSTR PHER	\$ 957.47	
173760	FED RSTR HANDS Multi	\$ 7,600.31	
173767	FED RSTR HANDS Multi	\$ 35,902.10	
173828	FED RSTR DIABETES STIT	\$ 20,840.43	
174463	FEE RSTR AETNA	\$ 21,934.34	
174712	FEE RSTR DENTAL	\$ 24,906.53	
174747	FEE RSTR RSTR Khref	\$ 14,711.65	
174758	FEE RSTR HV/GO365	\$ 303,215.44	
174827	FEE RSTR ADAIR SMK FRE	\$ 895.82	
174829	FEE RSTR GERIATRIC	\$ 33,322.58	
174839	FEE RSTR MARSHALL DIAB	\$ 37,638.92	
174858	FEE RSTR SCHL HLTH	\$ 1,001,687.19	
	Total Fund Balance	\$ 6,967,737.57	
	Total Liabilities and Fund Balance	\$ 7,085,065.00	
	Deficit	(\$228,432.61)	
	Cash/CDs/Investments (Assets Less Liabilities)		\$6,739,304.96
	Cash/CDs/Investments at 2014-15 Close (Assets Less Liabilities)		\$6,967,737.57
	Deficit	(\$228,432.61)	
	Fiscal Year To Date Revenues		\$8,519,397.58
	Fiscal Year To Date Expenditures		\$8,747,830.19
	Deficit	(\$228,432.61)	

Lake Cumberland District Health Department
Revenue & Expense Summary Comparison to Prior Year
As of Period Ending January 31, 2018

	Current YTD Actual	Prior YTD Actual	Change	% Change
Revenue:				
State	\$ 2,243,502.45	1,968,735	274,767	14%
Federal	\$ 2,302,094.72	2,183,761	118,334	5%
Local	\$ 1,536,388.93	1,505,605	30,784	2%
Service Fees	\$ 2,437,411.48	2,911,332	(473,921)	-16%
Carryover	\$ -	0	0	N/A
Total Revenue	\$ 8,519,397.58	8,569,433	(50,036)	-1%
Expense:				
Salary & Leave	\$ 3,749,917.05	3,796,736	(46,819)	-1%
Fringe Benefits	\$ 2,640,302.01	2,853,003	(212,701)	-7%
Independent Contractors	\$ 923,359.17	967,869	(44,509)	-5%
Travel	\$ 212,936.73	206,884	6,053	3%
Space Occupancy	\$ 240,114.67	242,872	(2,757)	-1%
Office Administration	\$ 233,025.19	260,854	(27,829)	-11%
Medical Supplies	\$ 143,508.36	165,006	(21,498)	-13%
Automotive	\$ 4,873.88	4,361	512	12%
Other	\$ 599,793.13	279,220	320,573	115%
Capital Expenditures	\$ -	0	0	N/A
Total Expense	\$ 8,747,830.19	8,776,805	(28,975)	0%
		0		
Excess/(Deficit) of Revenue over Expense:	\$ (228,432.61)	(207,372)	(21,061)	10%

**Lake Cumberland District Health Department
Patient and Services YTD Current vs. Prior Comparison
As of Period Ending January 31, 2018**

	<u>Current Year</u>	<u>Prior Year</u>	<u>Change</u>	<u>% Change</u>
Unduplicated Patients	21,338	25,501	(4,163)	-16.32%
Services:				
Clinic	101,400	98,968	2,432	2.46%
Laboratory	12,220	11,272	948	8.41%
Supplemental	445	2,496	(2,051)	-82.17%
Total Services	<u>114,065</u>	<u>112,736</u>	<u>1,329</u>	<u>1.18%</u>
Encounters for Clinic	96,582	112,637	(16,055)	-14.25%
RBRV's				
Clinic	37,305	46,123	(8,817)	-19.12%
Laboratory	37,849	42,321	(4,472)	-10.57%
Total RBRV's	<u>75,155</u>	<u>88,444</u>	<u>(13,290)</u>	<u>-15.03%</u>
Services per Patient	5.35	4.42	0.92	20.92%
RBRV per Encounter	0.78	0.79	(0.01)	0.79

Clinic Services	353 Report	353 Report	Change	% Change
	<u>Current Year</u>	<u>Prior Year</u>		
712	243	283	(40)	-14%
800	17,861	18,187	(326)	-2%
802	10,794	11,830	(1,036)	-9%
803	9	2,620	(2,611)	-100%
804	47,154	44,493	2,661	6%
805	215	209	6	3%
806	4,127	4,384	(257)	-6%
807	234	1,924	(1,690)	-88%
809	0	1	(1)	-100%
810	4,158	4,107	51	1%
813	1,747	2,380	(633)	-27%
858	27,078	39,975	(12,897)	-32%
Total Clinic Services	<u>113,620</u>	<u>93,758</u>	<u>19,862</u>	<u>21%</u>

Patients	135 Report	135 Report	Change	% Change
	<u>Current Year</u>	<u>Prior Year</u>		
712	207	232	(25)	-11%
800	2,105	2,105	0	0%
802	1,853	1,805	48	3%
803	5	166	(161)	-97%
804	8,637	8,829	(192)	-2%
805	75	75	0	0%
806	1,003	1,052	(49)	-5%
807	123	366	(243)	-66%
809	0	0	0	-
810	1,098	1,261	(163)	-13%
813	738	777	(39)	-5%
858	7,745	11,414	(3,669)	-32%

Lake Cumberland District Health Department
Financial Analysis
Fiscal Year-to-Date as of January 31, 2018

Cost Center	CC#	Actual			Over/(Under) Budget			% Over/(Under) Budget					
		Revenue	Expense	Excess	Revenue	Expense	Excess	Revenue	Expense	Excess			
Food Service	500	\$ 3,990.00	\$ 181,665.35	(177,665)	184,689	184,669	316,610	(180,699)	(3,034)	(177,665)	-97.84%	-11.36%	-96.20%
Public Facilities	520	\$ 6,117.66	\$ 45,689.43	(39,572)	51,546	51,546	88,365	(45,429)	(5,857)	(39,572)	-88.13%	-76.77%	-76.77%
General Sanitation	540	\$ -	\$ 101,468.59	(101,469)	110,256	110,256	189,010	(110,256)	(8,797)	(101,459)	-100.00%	-7.98%	-92.02%
Onsite Sewage	560	\$ 136,805.00	\$ 271,474.30	(134,669)	277,379	277,379	475,506	(140,574)	(5,904)	(134,669)	-50.68%	-2.13%	-48.55%
Tanning Beds	580	\$ -	\$ -	0	0	0	0	0	0	0	0.00%	0.00%	0.00%
Other Environmental	590	\$ -	\$ -	0	0	0	0	0	0	0	0.00%	0.00%	0.00%
Radon	591	\$ -	\$ -	0	0	0	0	0	0	0	0.00%	0.00%	0.00%
Retail Food Standards Grant	592	\$ -	\$ 1,729.58	(1,730)	1,458	0	0	(1,458)	1,730	(3,188)	-100.00%	118.60%	-218.60%
West Nile Virus	595	\$ -	\$ -	0	0	0	0	0	0	0	0.00%	0.00%	0.00%
Winter Storm Response	598	\$ -	\$ -	0	0	0	0	0	0	0	0.00%	0.00%	0.00%
Winter Storm Resp-Local	599	\$ -	\$ -	0	0	0	0	0	0	0	0.00%	0.00%	0.00%
Dental Services	712	\$ 5,726.38	\$ 2,625.90	3,102	8,679	8,679	14,878	(2,950)	(6,053)	3,102	-34.00%	-69.74%	35.75%
Asthma Education	722	\$ -	\$ -	0	0	0	0	0	0	0	0.00%	0.00%	0.00%
Osteoporosis	723	\$ -	\$ 2,239.75	(2,240)	0	0	0	0	2,240	(2,240)	0.00%	0.00%	0.00%
KWSCP Pink County Outreach	725	\$ -	\$ 40,109.62	(40,110)	4,143	4,143	7,102	(4,143)	35,967	(40,110)	-100.00%	868.17%	-968.17%
Needle Exchange/Harm Reduction	727	\$ -	\$ -	0	0	0	0	0	0	0	0.00%	0.00%	0.00%
PHER	726	\$ -	\$ 0.47	(0)	0	0	0	0	0	0	0.00%	0.00%	0.00%
Diabetes Case Management	728	\$ -	\$ -	0	2,042	0	0	(2,042)	0	(2,042)	0.00%	0.00%	-100.00%
ESVAR-VHP	729	\$ -	\$ -	0	0	0	0	0	0	0	0.00%	0.00%	0.00%
Ebola Coordination	731	\$ -	\$ 7,812.91	(7,813)	0	0	0	7,815	7,813	(198)	0.00%	0.00%	0.00%
DIABETES PREVENTION PROGRAM	732	\$ -	\$ -	0	0	0	0	0	0	0	0.00%	0.00%	0.00%
Oral Health Coalitions	735	\$ 50,553.11	\$ 62,836.82	(12,284)	80,096	50,120	85,920	(29,543)	12,717	(42,259)	-36.88%	15.88%	-52.76%
Community Health Action Team	736	\$ -	\$ -	0	0	0	0	0	0	0	0.00%	0.00%	0.00%
EMERGING INFECTIOUS DISEASE	737	\$ -	\$ -	0	0	0	0	0	0	0	0.00%	0.00%	0.00%
KCCSP Outreach & Education	738	\$ -	\$ -	0	0	0	0	0	0	0	0.00%	0.00%	0.00%
Coordinated School Health	740	\$ 2,903.75	\$ 4,480.03	(1,576)	2,207	2,207	3,784	696	2,273	(1,576)	31.55%	102.96%	-71.41%
Passport Referrals	741	\$ -	\$ -	0	0	0	0	0	0	0	0.00%	0.00%	0.00%
EnviroHealth Link	742	\$ -	\$ -	0	0	0	0	0	0	0	0.00%	0.00%	0.00%
Winter Storm	745	\$ -	\$ 1,445.46	(445)	583	0	0	417	1,445	(1,029)	71.43%	247.79%	-176.36%
Environmental Strike Team	746	\$ 1,000.00	\$ (808.46)	808	0	0	0	0	(808)	808	0.00%	0.00%	0.00%
KHREF	747	\$ -	\$ -	0	0	0	0	0	0	0	0.00%	0.00%	0.00%
IEP School Services	748	\$ -	\$ -	0	0	0	0	0	0	0	0.00%	0.00%	0.00%
HPP Training Coordinator	749	\$ 9,673.23	\$ 10,052.43	(379)	7,135	7,135	12,232	2,538	2,917	(379)	35.57%	40.88%	-5.31%
Accreditation	750	\$ -	\$ 2,513.61	(2,514)	5,765	5,765	9,862	(5,765)	(3,251)	(2,514)	-100.00%	-56.40%	-43.60%
HANDS GF Services	752	\$ 480,875.00	\$ 611,047.55	(150,173)	541,297	541,297	927,937	(80,422)	69,751	(150,173)	-14.86%	12.89%	-27.74%
PHEP Special Project	753	\$ -	\$ -	0	0	0	0	0	0	0	0.00%	0.00%	0.00%
Zika Vector Control Activities	755	\$ -	\$ 75.95	(76)	0	0	0	0	76	(76)	0.00%	0.00%	0.00%
PERSONAL RESPNSBLTY EDCTN	756	\$ 36,703.50	\$ 39,043.45	(2,340)	39,939	39,939	68,467	(3,236)	(696)	(2,340)	-8.10%	-2.24%	-5.86%
Regional EPI	757	\$ -	\$ -	0	0	0	0	0	0	0	0.00%	0.00%	0.00%
GO385 (HUMAN VITALITY)	758	\$ 144,980.00	\$ 137,916.72	7,063	272,708	272,708	467,500	(127,728)	(134,792)	7,063	-46.84%	-49.43%	2.59%
Regional Preparedness Coord	759	\$ -	\$ -	0	0	0	0	0	0	0	0.00%	0.00%	0.00%
HANDS - Federal Home Visiting Serv	760	\$ 86,075.00	\$ 83,727.93	2,347	100,956	100,956	173,068	(14,881)	(17,228)	2,347	-14.74%	-17.07%	2.32%
Smiling Schools Program	762	\$ -	\$ -	0	0	0	0	0	0	0	0.00%	0.00%	0.00%
Tobacco Free Schools	765	\$ -	\$ -	0	14,583	0	0	(14,583)	0	(14,583)	-100.00%	0.00%	-100.00%
MCH Coordinator	766	\$ 73,361.30	\$ 88,770.08	(15,409)	101,760	101,760	174,445	(28,398)	(12,990)	(15,409)	-27.91%	-12.76%	-15.14%
HANDS Expanded Multi-Gravida Fam	767	\$ -	\$ 1,334.49	(1,334)	0	0	0	0	1,334	(1,334)	0.00%	0.00%	0.00%
HANDS Expansion/Outreach	768	\$ -	\$ -	0	0	0	0	0	0	0	0.00%	0.00%	0.00%
Kentucky Colon Cancer Screening Pr	770	\$ -	\$ 65.23	(65)	0	0	0	0	65	(65)	0.00%	0.00%	0.00%
PHEP Special Project	771	\$ -	\$ -	0	0	0	0	0	0	0	0.00%	0.00%	0.00%
HBE Assistance	772	\$ -	\$ -	0	0	0	0	0	0	0	0.00%	0.00%	0.00%
Child Fatality Prevention	774	\$ 4,387.62	\$ 5,129.08	(741)	5,833	5,833	10,000	(1,446)	(704)	(741)	-24.78%	-12.07%	-12.11%
ECD School Projects	775	\$ 113,423.00	\$ 113,572.76	(150)	106,747	42,833	73,423	4,676	70,743	(6,066)	4.30%	65.05%	-60.75%
Pediatric/Adolescent	800	\$ 157,194.45	\$ 543,761.25	(386,567)	0	0	0	157,194	543,761	(386,567)	0.00%	0.00%	0.00%
Immunizations	801	\$ -	\$ -	0	0	0	0	0	0	0	0.00%	0.00%	0.00%
Family Planning	802	\$ 268,187.71	\$ 451,585.56	(183,398)	0	0	0	268,188	451,586	(183,398)	0.00%	0.00%	0.00%
Maternity Services	803	\$ 1,444.04	\$ 326.37	1,118	509,225	509,225	872,957	(507,781)	(508,899)	1,118	-99.72%	-99.94%	0.22%
WIC Services	804	\$ 855,044.90	\$ 1,128,320.89	(273,276)	1,131,110	1,043,610	1,789,046	(276,065)	84,711	(360,776)	-24.41%	7.49%	-31.90%
Medical Nutrition	805	\$ 30,426.35	\$ 27,920.26	2,506	38,357	38,328	65,705	(7,930)	(10,408)	2,477	-20.67%	-27.13%	6.46%

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Lake Cumberland District Health Department
Financial Analysis

Fiscal Year-to-Date as of January 31, 2018

Cost Center	CC#	Actual			Over/(Under) Budget			% Over/(Under) Budget		
		Revenue	Expense	Excess	Revenue	Expense	Excess	Revenue	Expense	Excess
Medical Nutrition	806	\$ 65,594.32	\$ 196,730.87	(131,137)	240,060	(43,329)	(131,137)	-72.68%	-18.05%	-54.63%
STD Services	807	\$ 5,201.76	\$ 19,480.32	(14,279)	60,694	(41,233)	(14,259)	-91.43%	-67.94%	-23.49%
Diabetes	809	\$ 144,219.74	\$ 158,862.68	(14,643)	165,044	(17,325)	(6,362)	-12.62%	-8.76%	-3.85%
Adult Services	810	\$ 23,726.42	\$ 224,698.27	(200,972)	229,324	(4,626)	(200,972)	-89.65%	-2.02%	-87.64%
Breast & Cervical Cancer	813	\$ 37,481.99	\$ 95,892.48	(58,410)	142,074	(46,182)	(58,410)	-73.62%	0.00%	0.00%
MCH Forum	816	\$ -	\$ -	(2,000)	0	2,000	(2,000)	0.00%	0.00%	0.00%
Health Communities - Tobacco	817	\$ -	\$ 2,000.00	(2,000)	0	0	0	0.00%	0.00%	0.00%
Community Based Services	818	\$ -	\$ -	(7,825)	59,242	(16,154)	(7,825)	-40.47%	-27.27%	-13.21%
PREPAREDNESS COORDINATOR & T	821	\$ 35,263.96	\$ 43,088.58	(6,825)	49,423	(5,786)	(6,855)	-25.58%	-11.71%	-13.87%
PREPAREDNESS EPIDEM & SURV	822	\$ 36,782.10	\$ 43,636.70	(6,855)	9,274	(8,359)	(1,475)	-39.37%	-23.47%	-15.90%
PREPAREDNESS MEDICAL RSRV	823	\$ 5,623.10	\$ 6,222.84	(600)	0	0	0	0.00%	0.00%	0.00%
Bioregion - Focus Area F	824	\$ -	\$ -	(7,002)	35,026	(28,024)	(7,002)	-100.00%	0.00%	-19.99%
Bioregion - Focus Area G	825	\$ -	\$ -	(578)	0	578	(578)	0.00%	0.00%	0.00%
Local Community Public Health Proj	826	\$ -	\$ 577.50	(578)	0	0	0	0.00%	0.00%	0.00%
Adair County Smoke Free Sponsorsh	827	\$ -	\$ -	0	0	0	0	0.00%	0.00%	0.00%
Diabetes Outreach and Education	828	\$ -	\$ -	0	0	0	0	0.00%	0.00%	0.00%
Title III Geriatric Program	829	\$ -	\$ -	0	0	0	0	0.00%	0.00%	0.00%
Sexual Risk Avoidance Education Dir	830	\$ 304,156.18	\$ 277,121.10	27,035	250,833	26,288	27,035	21.26%	10.48%	10.78%
Worksite Wellness Project	831	\$ 5,528.22	\$ 35,945.41	(30,417)	17,744	(18,201)	(30,417)	-68.85%	102.57%	-171.42%
Heart Disease & Stroke Prevention	832	\$ -	\$ 8,727.35	(8,727)	20,866	(472)	(20,394)	-100.00%	-2.26%	-97.74%
Breastfeeding	833	\$ 22,559.51	\$ 32,366.53	(9,807)	32,571	(2,633)	(7,378)	-30.74%	-8.09%	-22.65%
Susan G Komen Partnership	834	\$ -	\$ -	0	0	0	0	0.00%	0.00%	0.00%
Cervical Cancer Free KY	835	\$ 10.26	\$ 10.26	(10,707)	3,150	(3,140)	(3,140)	-99.67%	-99.67%	0.00%
Tobacco Prevention Project	836	\$ 55,688.38	\$ 66,395.69	(10,707)	130,708	(17,754)	(57,266)	-75.39%	-13.58%	-43.81%
Absstinence Education	837	\$ -	\$ -	0	0	0	0	0.00%	0.00%	0.00%
HAI Prevention (Infect. Prev. Conf)	838	\$ -	\$ -	0	0	0	0	0.00%	0.00%	0.00%
Marshall Univ. Diabetes Grant	839	\$ -	\$ 1,754.50	(1,755)	0	1,755	(1,755)	0.00%	0.00%	0.00%
Breastfeeding Peer Counselor	840	\$ 28,147.47	\$ 31,771.27	(3,624)	43,750	(11,979)	(3,624)	-35.66%	-27.38%	-8.29%
Federal Diabetes Today	841	\$ 1,843.74	\$ 1,843.74	0	11,958	(9,823)	(292)	-84.58%	-82.14%	-2.44%
HIV Counseling & Testing	842	\$ -	\$ 4,694.37	(4,694)	0	4,694	(4,694)	0.00%	0.00%	0.00%
Ryan White	844	\$ 253,297.21	\$ 298,359.09	(45,062)	233,333	65,026	(45,062)	8.56%	27.87%	-19.31%
Rural Health Opioid Grant	845	\$ 3,033.19	\$ 3,529.07	(496)	204,167	(200,638)	(496)	-98.51%	-96.27%	-0.24%
Health Start Project	846	\$ 27,845.38	\$ 35,877.76	(8,032)	145,912	(35,878)	(153,844)	-80.90%	24.61%	-105.51%
Pandemic Flu Summit	848	\$ 27,852.41	\$ 33,099.26	(5,247)	29,750	3,349	(5,247)	-6.38%	11.26%	-17.64%
HANDS PRIMA GRAVIDA PROGRAM	851	\$ -	\$ -	(46,149)	1,368,609	(414,469)	(46,149)	-33.66%	-30.28%	-3.37%
Arthritis	856	\$ 1,284.18	\$ 1,348.41	(64)	3,500	(2,152)	(64)	-63.31%	-61.47%	-1.84%
Physical Activity	857	\$ -	\$ 1,054,595.26	(243,773)	942,410	112,185	(243,773)	-13.96%	11.90%	-25.87%
Supplemental School Health	858	\$ 810,822.00	\$ -	(810,822)	0	0	0	0.00%	0.00%	0.00%
MRC - ASPR Training	871	\$ -	\$ -	(2,205)	18,958	(2,909)	(2,205)	-26.97%	-15.34%	-11.63%
TLC - Obesity Grant	872	\$ -	\$ 16,049.62	(2,205)	0	0	0	0.00%	0.00%	0.00%
HPP Coordinators	875	\$ 13,844.92	\$ -	(4,097)	7,038	(651)	(4,097)	-67.46%	-9.24%	-58.22%
EPSTD Verbal Notification	883	\$ -	\$ 6,387.33	(198,795)	309,912	(111,117)	(198,795)	-100.00%	-35.85%	-64.15%
Core Assessment & Policy Dev.	890	\$ 2,290.00	\$ -	(198,795)	0	825	(198,795)	0.00%	0.00%	0.00%
Medicaid Match	891	\$ -	\$ 198,795.02	825	0	0	825	0.00%	0.00%	0.00%
Minor Receipts	892	\$ 824.99	\$ -	0	0	0	0	0.00%	0.00%	0.00%
Capital	894	\$ -	\$ -	0	0	0	0	0.00%	0.00%	0.00%
Allocable Direct	895	\$ 3,241,997.40	\$ 916,934.46	2,323,063	920,393	0	2,321,605	252.24%	0.00%	252.24%
Total		\$ 8,519,397.58	\$ 8,747,830.19	(228,433)	8,365,725	778,687	(228,433)	1.84%	9.31%	-7.47%

Lake Cumberland District Health Department
 Actual versus Earned Revenue
 Fiscal Year-to-Date as of January 31, 2018

Cost Center	CC #	Actual Revenue	Earned Revenue	Variance	% Variance	Months Equivalent Uncollected
Food Service	500	\$ 3,990.00	182,945	(178,955)	-98%	6.85
Public Facilities	520	\$ 6,117.66	52,357	(46,239)	-88%	6.18
General Sanitation	540	\$ -	101,459	(101,459)	-100%	7.00
Onsite Sewage	560	\$ 136,805.00	271,474	(134,669)	-50%	3.47
Tanning Beds	580	\$ -	0	0	NA	
Other Environmental	590	\$ -	0	0	NA	
Radon	591	\$ -	0	0	NA	
Retail Food Standards Grant	592					
West Nile Virus	595	\$ -	0	0	NA	
Winter Storm Response	598	\$ -	0	0	NA	
Winter Storm Resp-Local	599	\$ -	0	0	NA	
Dental Services	712	\$ 5,728.38	5,131	597	12%	
Asthma Education	722	\$ -	0	0	NA	
Osteoporosis	723	\$ -	0	0	NA	
KWSCP Pink County Outreach	725	\$ -	0	0	NA	
Needle Exchange/Harm Reduction	727	\$ -	0	0	NA	
PHER	726	\$ -	0	0	NA	
Diabetes Case Management	728	\$ -	0	(0)	-100%	7.00
ESVAR-VHP	729	\$ -	0	0	NA	
Ebola Coordination	731	\$ -	0	0	NA	
DIABETES PREVENTION PROGRAM	732	\$ 7,614.75	7,813	(198)	-3%	0.18
Oral Health Coalitions	735	\$ -	0	0	NA	
Community Health Action Team	736	\$ 50,553.11	62,837	(12,284)	-20%	1.37
EMERGING INFECTIOUS DISEASE	737	\$ -	0	0	NA	
KCCSP Outreach & Education	738	\$ -	0	0	NA	
Coordinated School Health	740	\$ -	0	0	NA	
Passport Referrals	741	\$ 2,903.75	4,480	(1,576)	-35%	2.46
EnviroHealth Link	742	\$ -	0	0	NA	
Winter Storm	745	\$ -	0	0	NA	
Environmental Strike Team	746	\$ 1,000.00	1,445	(445)	-31%	2.16
KHREF	747	\$ -	(808)	808	-100%	
IEP School Services	748	\$ -	0	0	NA	
HPP Training Coordinator	749	\$ 9,673.23	10,052	(379)	-4%	0.26
Accreditation	750	\$ -	2,514	(2,514)	-100%	7.00
HANDS GF Services	752	\$ 460,875.00	593,690	(132,815)	-22%	1.57
PHEP Special Project	753	\$ -	0	0	NA	
PERSONAL RESPNSBLTY EDCTN PRG	756	\$ 36,703.50	39,043	(2,340)	-6%	0.42
Regional EPI	757	\$ -	0	0	NA	
GO365 (HUMANA VITALITY)	758	\$ 144,980.00	164,230	(19,250)	-12%	0.82
Regional Preparedness Coord	759	\$ -	0	0	NA	
HANDS - Federal Home Visiting Services Formul	760	\$ 86,075.00	89,830	(3,755)	-4%	0.29
Smiling Schools Program	762	\$ -	0	0	NA	
Tobacco Free Schools	765	\$ -	0	0	NA	
MCH Coordinator	766	\$ 73,361.30	88,770	(15,409)	-17%	1.22
HANDS Expanded Multi-Gravida Families	767	\$ -	1,334	(1,334)	-100%	7.00
HANDS Expansion/Outreach	768	\$ -	0	0	NA	
Kentucky Colon Cancer Screening Project	770	\$ -	65	(65)	-100%	7.00
PHEP Special Project	771	\$ -	0	0	NA	
HBE Assistance	772	\$ -	0	0	NA	
Child Fatality Prevention	774	\$ 4,387.62	5,129	(741)	-14%	1.01
ECD School Projects	775	\$ 113,423.00	113,573	(150)	0%	0.01
Pediatric/Adolescent	800	\$ 157,194.45	543,761	(386,567)	-71%	4.98
Immunizations	801	\$ -	0	0	NA	
Family Planning	802	\$ 268,187.71	538,174	(269,986)	-50%	3.51
Maternity Services	803	\$ 1,444.04	1,025	419	41%	

Lake Cumberland District Health Department
Actual versus Earned Revenue
Fiscal Year-to-Date as of January 31, 2018

Cost Center	CC #	Actual Revenue	Earned Revenue	Variance	% Variance	Months Equivalent Uncollected
WIC Services	804	\$ 855,044.90	1,128,321	(273,276)	-24%	1.70
Medical Nutrition	805	\$ 30,426.35	31,988	(1,561)	-5%	0.34
Medical Nutrition	806	\$ 65,594.32	203,950	(138,355)	-68%	4.75
STD Services	807	\$ 5,201.76	23,306	(18,104)	-78%	5.44
Diabetes	809	\$ 144,219.74	158,863	(14,643)	-9%	0.65
Adult Services	810	\$ 23,726.42	224,698	(200,972)	-89%	6.26
Breast & Cervical Cancer	813	\$ 37,481.99	113,826	(76,344)	-67%	4.69
MCH Forum	816	\$ -	0	0	NA	
Healthy Communities - Tobacco	817	\$ -	0	0	NA	
Community Based Services	818	\$ -	0	0	NA	
PREPAREDNESS COORDINTN & TRNG	821	\$ 35,263.96	43,089	(7,825)	-18%	1.27
PREPAREDNESS EPIDEM & SURVLLNC	822	\$ 36,782.10	43,637	(6,855)	-16%	1.10
PREPAREDNESS MEDICAL RSRV CORP	823	\$ 5,623.10	6,223	(600)	-10%	0.67
Bioterrorism - Focus Area F	824	\$ -	0	0	NA	
Bioterrorism - Focus Area G	825	\$ -	0	0	NA	
Local Community Public Health Projects	826	\$ -	7,002	(7,002)	-100%	7.00
Adair County Smoke Free Sponsorships	827	\$ -	578	(578)	-100%	7.00
Diabetes Outreach and Education	828	\$ -	0	0	NA	
Title III Geriatric Program	829	\$ -	0	0	NA	
Sexual Risk Avoidance Education Direct Grant	830	\$ 304,156.18	277,121	27,035	10%	
Worksite Wellnes Project	831	\$ 5,528.22	35,945	(30,417)	-85%	5.92
Heart Disease & Stroke Prevention	832	\$ -	8,727	(8,727)	-100%	7.00
Breastfeeding	833	\$ 22,559.51	32,367	(9,807)	-30%	2.12
Susan G Komen Partnership	834	\$ -	0	0	NA	
Cervical Cancer Free KY	835	\$ 10.26	10	0	0%	
Tobacco Prevention Project	836	\$ 55,688.38	66,396	(10,707)	-16%	1.13
Abstinence Education	837	\$ -	0	0	NA	
HAI Prevention (Infec. Prev. Conf)	838	\$ -	0	0	NA	
Marshall Univ. Diabetes Grant	839	\$ -	1,755	(1,755)	-100%	7.00
Breastfeeding Peer Counselor	840	\$ 28,147.47	31,771	(3,624)	-11%	0.80
Federal Diabetes Today	841	\$ 1,843.74	1,844	0	0%	
HIV Counseling & Testing	842	\$ -	4,694	(4,694)	-100%	7.00
Ryan White	844	\$ 253,297.21	298,359	(45,062)	-15%	1.06
Ryan White	845	\$ 3,033.19	3,529	(496)	-14%	0.98
Rural Health Opioid Grant	846	\$ 27,845.38	35,878	(8,032)	-22%	1.57
Healthy Start Project	848	\$ 27,852.41	33,099	(5,247)	-16%	1.11
Pandemic Flu Summit	851	\$ -	0	0	NA	
HANDS PRIMA GRAVIDA PROGRAM	853	\$ 907,990.00	954,139	(46,149)	-5%	0.34
Arthritis	856	\$ 1,284.18	1,348	(64)	-5%	0.33
Physical Activity	857	\$ -	0	0	NA	
Supplemental School Health	858	\$ 810,822.00	907,136	(96,314)	-11%	0.74
MRC - ASPR Training	871	\$ -	0	0	NA	
TLC - Obesity Grant	872	\$ -	0	0	NA	
HPP Coordinators	875	\$ 13,844.92	16,050	(2,205)	-14%	0.96
EPSDT Verbal Notification	883	\$ -	0	0	NA	
Core Assessment & Policy Dev.	890	\$ 2,290.00	6,387	(4,097)	-64%	4.49
Medicaid Match	891	\$ -	198,795	(198,795)	-100%	7.00
Minor Receipts	892	\$ 824.99	0	825	NA	
Capital	894	\$ -	0	0	NA	
Allocable Direct	895	\$ 3,241,997.40	918,934	2,323,063	253%	
Total	0	\$ 8,519,397.58	8,700,090	(180,692)	-2%	0.15

Actual to Budget

Lake Cumberland District Health Department
Earned Revenue/Expense Analysis
Fiscal Year-to-Date as of January 31, 2018

Cost Center	CC #	Earned Revenue	Budget Variance	Expense	Budget Variance	Excess/(Deficit) before General Distribution	General & Local Distribution	% of General & Local Distribution	Excess/(Deficit) after General & Local Distribution	YTD Budget %		Beginning Budget	Budget Modifications
										Total Budget	58.33%		
Food Service	500	\$ 182,945.35	-1%	181,655	-2%	1,290	0	0.00%	1,290	316,610	184,689	316,610	
Public Facilities	520	\$ 52,357.09	2%	45,689	-11%	6,668	0	0.00%	6,668	88,365	51,546	88,365	
General Sanitation	540	\$ 101,458.59	-8%	101,459	-8%	0	0	0.00%	0	189,010	110,256	189,010	
Onsite Sewage	560	\$ 155,892.00	-44%	271,474	-2%	(115,592)	115,592	6.33%	0	475,506	277,379	475,506	
Tanning Beds	580	\$ -	No Budget	0	No Budget	0	0	0.00%	0	0	0	0	
Other Environmental	590	\$ -	No Budget	0	No Budget	0	0	0.00%	0	0	0	0	
Radon	591	\$ -	No Budget	0	No Budget	0	0	0.00%	0	0	0	0	
Retail Food Standards Grant	592	\$ 1,458.33	0%	1,730	19%	(271)	0	0.00%	(271)	2,500	1,458	0	2,500
West Nile Virus	595	\$ -	No Budget	0	No Budget	0	0	0.00%	0	0	0	0	
Winter Storm Response	598	\$ -	No Budget	0	No Budget	0	0	0.00%	0	0	0	0	
Winter Storm Resp-Local	599	\$ -	No Budget	0	No Budget	0	0	0.00%	0	0	0	0	
Dental Services	712	\$ 5,131.08	-41%	2,626	-70%	2,505	0	0.00%	2,505	14,878	8,679	14,878	
Asthma Education	722	\$ -	No Budget	0	No Budget	0	0	0.00%	0	0	0	0	
Osteoporosis	723	\$ -	No Budget	0	No Budget	(2,240)	0	0.00%	(2,240)	0	0	0	
KWSCP Pink County Outreach	725	\$ -	No Budget	2,240	No Budget	0	0	0.00%	0	0	0	0	
Needle Exchange/Harm Reduction	727	\$ -	-100%	40,110	868%	(40,110)	0	0.00%	(40,110)	7,102	4,143	7,102	
PHER	726	\$ -	No Budget	0	No Budget	0	0	0.00%	0	0	0	0	
Diabetes Case Management	728	\$ -	No Budget	0	No Budget	(0)	0	0.00%	0	0	0	0	
ESVAR-VHP	729	\$ -	-100%	0	-100%	0	0	0.00%	0	3,500	2,042	0	3,500
Ebola Coordination	731	\$ -	No Budget	0	No Budget	(7,813)	7,813	0.43%	(7,813)	23,758	13,859	23,758	
DIABETES PREVENTION PROGRAM	732	\$ -	-100%	7,813	-44%	0	0	0.00%	0	0	0	0	
Oral Health Coalitions	735	\$ -	No Budget	0	No Budget	0	0	0.00%	0	0	0	0	
Community Health Action Team	736	\$ 62,836.82	-22%	62,837	-22%	0	0	0.00%	0	137,307	80,086	85,920	51,387
EMERGING INFECTIOUS DISEASE	737	\$ -	No Budget	0	No Budget	0	0	0.00%	0	0	0	0	
KCCSP Outreach & Education	738	\$ -	No Budget	0	No Budget	0	0	0.00%	0	0	0	0	
Coordinated School Health	740	\$ -	No Budget	0	No Budget	0	0	0.00%	0	0	0	0	
Passport Referrals	741	\$ 3,521.84	60%	4,480	103%	(958)	958	0.05%	(958)	3,784	2,207	3,784	
Enviro-Health Link	742	\$ -	No Budget	0	No Budget	0	0	0.00%	0	0	0	0	
Winter Storm	745	\$ -	No Budget	0	No Budget	0	0	0.00%	0	0	0	0	
Environmental Strike Team	746	\$ 1,000.00	71%	1,445	145%	(445)	445	0.02%	(445)	1,000	583	0	1,000
KHREF	747	\$ (808.46)	No Budget	(808)	No Budget	0	0	0.00%	0	0	0	0	
IEP School Services	748	\$ -	-100%	10,052	-41%	(10,052)	10,052	0.55%	(10,052)	12,232	7,135	12,232	
HPP Training Coordinator	749	\$ 2,513.61	-56%	2,514	-56%	0	0	0.00%	0	9,882	5,765	9,882	
Accreditation	750	\$ 593,690.00	10%	611,048	13%	(17,358)	0	0.00%	(17,358)	927,937	541,297	927,937	
HANDS GF Services	752	\$ -	No Budget	0	No Budget	0	0	0.00%	0	0	0	0	
PHEP Special Project	753	\$ -	No Budget	76	No Budget	(76)	0	0.00%	(76)	0	0	0	
Zika Vector Control	755	\$ 39,043.45	-2%	39,043	-2%	0	0	0.00%	0	68,467	39,939	68,467	
PERSONAL RESPNSBILITY EDCTN PRG	756	\$ -	No Budget	0	No Budget	0	0	0.00%	0	0	0	0	
Regional EPI	757	\$ 164,230.00	-40%	137,917	-49%	26,313	0	0.00%	26,313	467,500	272,708	467,500	
GO365 (HUMAN VITALITY)	758	\$ -	No Budget	0	No Budget	0	0	0.00%	0	0	0	0	
Regional Preparedness Coord	759	\$ 89,830.00	-11%	83,728	-17%	6,102	0	0.00%	6,102	173,068	100,956	173,068	
HANDS - Federal Home Visiting Services Formula G	760	\$ -	No Budget	0	No Budget	0	0	0.00%	0	0	0	0	
Smiling Schools Program	762	\$ -	-100%	0	No Budget	0	0	0.00%	0	0	0	0	
Tobacco Free Schools	765	\$ 88,770.08	-13%	88,770	-13%	0	0	0.00%	0	25,000	14,583	0	25,000
MCH Coordinator	766	\$ -	No Budget	1,334	No Budget	(1,334)	1,334	0.07%	(1,334)	174,445	101,760	174,445	
HANDS Expanded Multi-Gravida Families	767	\$ -	No Budget	0	No Budget	0	0	0.00%	0	0	0	0	
HANDS Expansion/Outreach	768	\$ -	No Budget	65	No Budget	(65)	65	0.00%	(65)	0	0	0	
Kentucky Colon Cancer Screening Project	770	\$ -	No Budget	0	No Budget	0	0	0.00%	0	0	0	0	
PHEP Special Project	771	\$ -	No Budget	0	No Budget	0	0	0.00%	0	0	0	0	
HBE Assistance	772	\$ -	No Budget	0	No Budget	0	0	0.00%	0	0	0	0	

Cost Center	CC #	Earned Revenue	Budget Variance	Expense	Budget Variance	Excess/(Deficit) before General Distribution	General & Local Distribution	% of General & Local Distribution	Excess/(Deficit) after General & Local Distribution	YTD Budget %		Beginning Budget	Budget Modifications
										Total Budget	58.33%		
Child Fatality Prevention	774	\$ 5,129.08	-12%	5,129	-12%	0	0	0.00%	0	10,000	5,833	10,000	
EOD School Projects	775	\$ 113,572.76	4%	113,573	4%	0	0	0.00%	0	186,423	108,747	73,423	113,000
Pediatric/Adolescent Immunizations	800	\$ 441,315.43	-13%	543,761	-13%	(102,446)	102,446	5.61%	0	872,957	509,225	872,957	
Family Planning	801	\$ -	No Budget	0	No Budget	0	0	0.00%	0	0	0	0	0
Maternity Services	802	\$ 538,173.91	1%	451,586	1%	86,588	86,588	0.00%	86,588	917,681	535,314	954,371	-36,680
WIC Services	803	\$ 1,025.12	3415%	326	3415%	699	699	0.00%	699	50	29	1,789,046	150,000
Medical Nutrition	804	\$ 1,043,610.17	-8%	1,128,321	-8%	(84,711)	84,711	4.64%	0	1,939,046	1,131,110	1,939,046	49
Medical Nutrition	805	\$ 31,987.76	-17%	27,920	-17%	4,067	4,067	0.00%	4,067	411,532	240,080	411,532	
STD Services	806	\$ 203,949.69	-15%	196,731	-15%	7,219	7,219	0.00%	7,219	282,933	165,044	282,933	-14,196
Diabetes	807	\$ 23,305.89	-62%	19,460	-62%	3,846	3,846	0.00%	3,846	104,046	60,694	104,046	
Diabetes	809	\$ 158,862.68	-4%	158,863	-4%	0	0	0.00%	0	282,933	165,044	282,933	
Breast & Cervical Cancer	810	\$ 176,676.89	-23%	224,698	-23%	(48,021)	48,021	2.63%	0	393,127	229,324	393,127	
IMCH Forum	813	\$ 113,826.09	-20%	95,892	-20%	17,934	17,934	0.00%	17,934	243,556	142,074	243,556	
Healthy Communities - Tobacco	816	\$ -	No Budget	0	No Budget	0	0	0.00%	0	0	0	0	0
Community Based Services	817	\$ -	No Budget	2,000	No Budget	(2,000)	0	0.00%	(2,000)	0	0	0	0
PREPAREDNESS COORDINTN & TRNG	821	\$ 43,088.58	-27%	43,089	-27%	0	0	0.00%	0	101,558	59,242	101,558	
PREPAREDNESS EPIDEM & SURVLLNC	822	\$ 43,636.70	-12%	43,637	-12%	0	0	0.00%	0	84,725	49,423	84,725	
PREPAREDNESS MEDICAL RSRV CORP	823	\$ 6,222.84	-33%	6,223	-33%	0	0	0.00%	0	15,899	9,274	14,399	1,900
Biorealism - Focus Area F	824	\$ -	No Budget	0	No Budget	0	0	0.00%	0	0	0	0	0
Biorealism - Focus Area G	825	\$ 7,002.03	-80%	7,002	-80%	0	0	0.00%	0	60,045	35,026	60,045	
Local Community Public Health Projects	826	\$ 577.50	No Budget	578	No Budget	0	0	0.00%	0	0	0	0	0
Adair County Smoke Free Sponsorships	827	\$ -	No Budget	0	No Budget	0	0	0.00%	0	0	0	0	0
Diabetes Outreach and Education	828	\$ -	No Budget	0	No Budget	0	0	0.00%	0	0	0	0	0
Title III Geriatric Program	829	\$ -	No Budget	0	No Budget	0	0	0.00%	0	0	0	0	0
Sexual Risk Avoidance Education Direct Grant	830	\$ 277,121.10	10%	277,121	10%	0	0	0.00%	0	430,000	250,833	430,000	
Wonsite Wellness Project	831	\$ 30,419.00	71%	35,945	103%	(5,526)	5,526	0.30%	0	30,419	17,744	30,419	20,000
Heart Disease & Stroke Prevention	832	\$ 8,727.35	-58%	8,727	-58%	0	0	0.00%	0	35,771	20,866	15,771	
Breastfeeding	833	\$ 32,366.53	-1%	32,367	-1%	0	0	0.00%	0	55,835	32,571	60,000	-4,165
Susan G Komen Partnership	834	\$ -	No Budget	0	No Budget	0	0	0.00%	0	0	0	0	0
Cervical Cancer Free KY	835	\$ 10.26	-100%	10	-100%	0	0	0.00%	0	5,400	3,150	5,400	
Tobacco Prevention Project	836	\$ 66,395.69	-49%	66,396	-49%	0	0	0.00%	0	224,071	130,708	144,256	79,815
Abstinence Education	837	\$ -	No Budget	0	No Budget	0	0	0.00%	0	0	0	0	0
HAI Prevention (Infec. Prev. Conf)	838	\$ -	No Budget	1,755	No Budget	(1,755)	1,755	0.10%	0	0	0	0	0
Marshall Univ. Diabetes Grant	839	\$ 31,771.27	-27%	31,771	-27%	0	0	0.00%	0	75,000	43,750	75,000	500
Breastfeeding Peer Counselor	840	\$ 1,843.74	-85%	1,844	-85%	(4,894)	4,894	0.26%	0	20,500	11,958	20,000	
Federal Diabetes Today	841	\$ -	No Budget	4,694	No Budget	0	0	0.00%	0	0	0	0	0
HIV Counseling & Testing	842	\$ 298,359.09	28%	298,359	28%	0	0	0.00%	0	400,000	233,333	400,000	
Ryan White	844	\$ 3,529.07	-98%	3,529	-98%	0	0	0.00%	0	350,000	204,167	350,000	
Rural Health Oploid Grant	845	\$ 35,877.76	-75%	35,878	-75%	0	0	0.00%	0	249,963	145,812	249,963	249,963
Healthy Start Project	848	\$ 33,099.26	11%	33,099	11%	0	0	0.00%	0	51,000	29,750	51,000	
Pandemic Flu Summit	851	\$ -	No Budget	0	No Budget	0	0	0.00%	0	0	0	0	0
HANDS PRIMA GRAVIDA PROGRAM	853	\$ 888,642.03	-35%	954,139	-30%	(65,497)	65,497	3.58%	0	2,346,186	1,366,609	2,346,186	
Arthritis	856	\$ 1,348.41	-61%	1,348	-61%	0	0	0.00%	0	6,000	3,500	6,000	
Physical Activity	857	\$ -	No Budget	0	No Budget	0	0	0.00%	0	0	0	0	0
Supplemental School Health	858	\$ 907,136.34	-4%	1,054,595	-12%	(147,459)	147,459	0.00%	(147,459)	1,615,560	942,410	1,615,560	
MRC - ASPR Training	871	\$ -	No Budget	0	No Budget	0	0	0.00%	0	0	0	0	0
TLC - Obesity Grant	872	\$ -	No Budget	0	No Budget	0	0	0.00%	0	0	0	0	0
HPP Coordinators	875	\$ 16,049.62	-15%	16,050	-15%	0	0	0.00%	0	32,500	19,958	32,500	
EPSDT Verbal Notification	883	\$ -	No Budget	0	No Budget	0	0	0.00%	0	0	0	0	0
Core Assessment & Policy Dev.	890	\$ 6,387.33	-9%	6,387	-9%	0	0	0.00%	0	12,065	7,038	12,065	
Medicaid Match	891	\$ 7,037.92	-96%	198,795	-36%	(191,757)	191,757	10.49%	0	531,278	309,912	531,278	



Cost Center	CC #	Earned Revenue	Budget Variance	Expense	Budget Variance	Excess/(Deficit) before General Distribution	General & Local Distribution	% of General & Local Distribution	Excess/(Deficit) after General & Local Distribution	YTD Budget %		Beginning Budget	Budget Modifications
										Total Budget	58.33%		
Minor Receipts	892	\$ -	No Budget	0	No Budget	0	0	0.00%	0	0	0	0	
Capital	894	\$ -	No Budget	0	No Budget	0	0	0.00%	0	0	0	0	
Allocable Direct	895	\$ 918,934.46	0%	918,934	0%	0	0	0.00%	0	1,577,816	1,575,316	2,500	
Total		\$ 8,060,879.03	-18%	\$ 8,747,830.19	-11%	\$ (686,951.16)	1,827,480	35.06%	#####	\$ 16,860,547.54	\$ 16,214,884.00	\$ 645,663.54	

Total	\$ 1,201,789.54
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Date	Amend/Addend	Description	Post Cent	Fund	Grant	Amount
6/30/2017	NOA	Heart Disease & Stroke Prevention (Award Letter)	832	438		\$ 20,000
6/19/2017	NOA	Tobacco Prevention & Cessation Program (Casey Co)	765	438		\$ 25,000
7/12/2017	Amendment #1	MSA Tobacco Prevention & Control	836	422		\$ 40,000
9/6/2017	Amendment #2	Medical Reserve Corp	823	438		\$ 1,500
9/11/2017	Amendment #3	Environmental Strike Team	746	438		\$ 1,000
6/30/2017	Addendum #1	ECD School Projects	775	422		\$ 40,000
9/22/2017	Addendum #2	Title X Family Planning	802	432		\$ (36,690)
9/13/2017	Amendment #4	QUAD DSME Enhanced PPHF	841	438		\$ 500
9/22/2017	Amendment #5	CHAT	736	435		\$ 51,387
9/27/2017	Amendment #6	Regional EPI PPHF - ELC	729	438		\$ 3,500
10/5/2017	Notice of Award	Rural Health Opioid Grant	846	439		\$ 249,963
10/19/2017	Addendum #3	MSA Tobacco Prevention & Control	836	422		\$ 39,815
11/8/2017	Amendment #7	Summer Feeding Program	500	422		\$ 3,200
11/27/2017	Addendum #4	TB Funds Jul-Dec	806	438		\$ 2,320
8/25/2017	Allocation Change 20170825	WIC Operational Adjustment Funds from USDA. This is for Media outreach and awareness campaign to address the reasons identified stakeholders are no longer receiving WIC. LCDHD will work with Quantum Communication to design and implement a marketing campaign, including the purchase of post cards, WIC video, Facebook targeted ads, cinema ads and print-ads in local papers and magazines. (Pass through funds. No salary)	886	438		\$ 19,789
8/25/2017	Allocation Change 20170825	WIC Operational Adjustment Funds from USDA. This is for Media outreach and awareness campaign to address the reasons identified stakeholders are no longer receiving WIC. LCDHD will work with Quantum Communication to design and implement a marketing campaign, including the purchase of post cards, WIC video, Facebook targeted ads, cinema ads and print-ads in local papers and magazines. (Pass through funds. No salary)	886	438		\$ 59,367
1/9/2018	Allocation Change 20180109	Grant realignment	804	438		\$ 150,000
1/9/2018	Allocation Change 20180109	Grant realignment	833	438		\$ (4,165)
12/21/2017	Allocation Change 20171221	Grant realignment	805	431		\$ 49
1/22/2018	Allocation Change 20180122	2nd half of the year allocations for HANDS multigravida services (Already included in budget. No addition to current budget)	752	422		\$ 460,875
1/22/2018	Allocation Change 20180122	2nd half of HANDS multigravida allocations (Already included in budget. No addition to current budget)	760	438		\$ 86,075
12/21/2017	Allocation Change 20171221	Support the KHDA Mentor Program.	695	425		\$ 2,500
	Allocation Change 20180130	LHD allocation reduction due to state budget reduction	809	422		\$ (14,196)

Some of these additional allocation modifications are immediately offset by additional expenses. Some are modifications to cover existing expenses. And, some are partially offset by additional expenses and partially covering existing expenses. Some of the reductions are immediately offset by an addition in an equal amount. These are allocations Frankfort has just shifted around to correct tracking on their end, e.g. correcting a grant source identification number. Additionally each increased budget modification includes instruction on how the funds are to be accessed, and we may or may not be able to fully access all the funds

Summary of Grants Status Report - March 2018

During the 2018 calendar year LCDHD has applied for 1 grant. This is a private foundation grant to provide cardiovascular risk reduction education and activities in Green County. The award decision is pending. (\$141,614 requested)

We are working on an application for funding to provide free hepatitis C screening in the clinic and off-site locations and linkage to care across the district. Northern Kentucky Health Department and Lake Cumberland District Health Department were invited to apply. Norton Health Care Foundation will administer the grant award and may provide an epidemiologist to analyze collected data. We met with a representative from Gilead and are working out the budget details. There is some concern from Gilead regarding the high fringe and in-direct rates. (We anticipate a budget request of \$200,000).

We still have one outstanding grant application, for cardiovascular risk reduction activities in Casey and Cumberland Counties. This is a three year grant. We applied for this grant in November 2017. We expect a decision in April. (\$198,998 per year requested)

We recently received a small grant (\$1,500) from Community Leadership Institute of Kentucky. This grant will be used to conduct provider education in McCreary, Clinton, and Cumberland Counties, which had the highest opioid dispensing rates in our district according to a KASPER quarterly report. We may partner with Adanta and RHOP program to provide the education. This will maximize our grant funding.

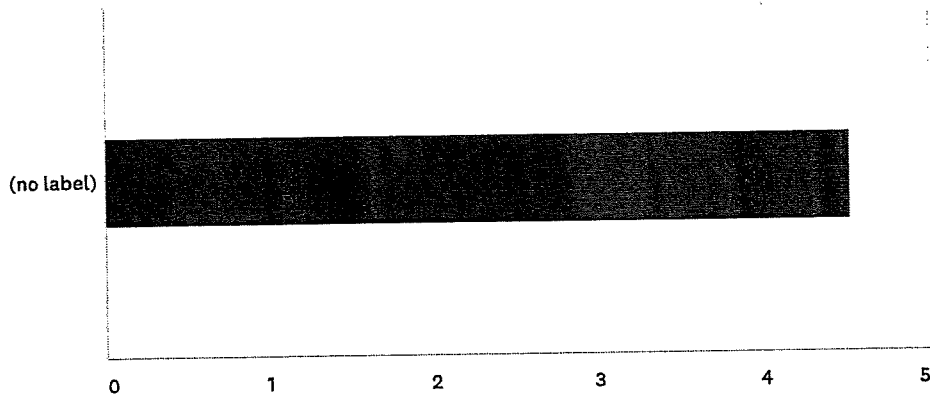
We have filed the required strategic and assessment plans paperwork for the Rural Health Opioid Grant which was due in February.

We filed the non-competing continuation paperwork for the final year of the Sexual Risk Avoidance Education grant. We expect to receive approval for the final year of funding by June. (\$433,996 funding year 3)

LCDHD Board of Health Survey 2018

Q1 Please rate the overall performance of the executive director.

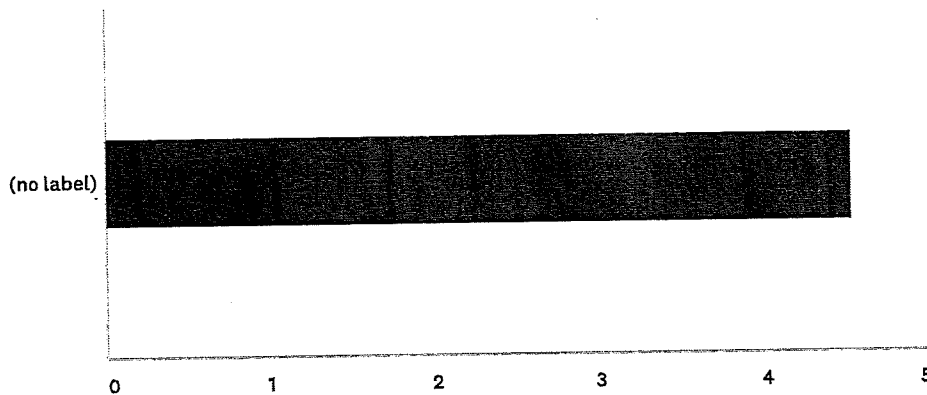
Answered: 17 Skipped: 0



	STRONGLY UNFAVORABLE	UNFAVORABLE	UNDECIDED	FAVORABLE	VERY FAVORABLE	TOTAL	WEIGHTED AVERAGE
(no label)	0.00% 0	0.00% 0	0.00% 0	47.06% 8	52.94% 9	17	4.53

Q2 The executive director keeps you informed of key issues.

Answered: 17 Skipped: 0



	STRONGLY DISAGREE	DISAGREE	UNDECIDED	AGREE	STONGLY AGREE	TOTAL	WEIGHTED AVERAGE
(no label)	0.00% 0	0.00% 0	0.00% 0	47.06% 8	52.94% 9	17	4.53

Q3 Do you have suggestions for ways in which the executive director can improve?

Answered: 4 Skipped: 13

LCDHD Board of Health Survey 2018

#	RESPONSES	DATE
1	No	1/3/2018 11:48 AM
2	No	12/20/2017 11:43 PM
3	No	12/6/2017 12:00 PM
4	N/A	12/6/2017 11:52 AM

Q4 Do you have suggestions for ways in which the agency could improve?

Answered: 4 Skipped: 13

#	RESPONSES	DATE
1	No	1/3/2018 11:48 AM
2	No	12/20/2017 11:43 PM
3	No	12/6/2017 12:00 PM
4	N/A	12/6/2017 11:52 AM

Q5 Do you have suggestions regarding public health issues in your community that you feel the health department should address?

Answered: 8 Skipped: 9

#	RESPONSES	DATE
1	Drugs	1/3/2018 11:48 AM
2	No	12/20/2017 11:43 PM
3	Teen Pregnancy. (Already doing needle exchange)	12/6/2017 12:00 PM
4	Health spotting	12/6/2017 11:59 AM
5	continue pushing for needle exchange	12/6/2017 11:54 AM
6	contact lenses being sold @ convenient stores and gas stations w/o Rx - illegal!	12/6/2017 11:53 AM
7	Obesity epidemic	12/6/2017 11:52 AM
8	Continue to address - smoking cessation program, obesity/re:medical problems - decrease drug use - classes for parenting	12/6/2017 11:51 AM

Board Survey Feedback Responses

Board Responses	Our Response
<p>Drugs</p> <p style="text-align: right;">Laura Woodrum</p>	<p>We have worked with and are working with "Project Darius", a program geared toward school age kids to do education in local school systems.</p> <p>Hosted four naloxone clinics in a partnership with Kentucky Pharmacy Association and KY Dept of Public Health to provide naloxone doses and education to our communities.</p> <p>Are a partner with Somerset Pharmacy and Russell Springs Pharmacy who are providing free naloxone to consumers.</p> <p>We are a community partner with Operation UNITE to distribute free drug testing kits to parents in McCreary, Wayne, and Pulaski counties through the "Give me a Reason" campaign.</p> <p>We provide education and referrals in each of our four syringe exchange programs.</p> <p>We've written a grant through Cardinal Health to provide first responders naloxone.</p> <p>We received a Rural Health Opioid grant for 3 years to provide case management to individuals at risk for opioid use disorder. With this grant we will also provide education to the community and healthcare providers.</p> <p>Dr. Weyman is participating with a group formed to look at Abstinence Syndrome, in newborns. This is a group meeting at Lake Cumberland Regional Hospital in response to the amount of babies born in our area addicted.</p>
<p>Teen Pregnancy</p> <p style="text-align: right;">Tracy Aaron</p>	<p>Teen Pregnancy is a problem in Lake Cumberland, as we reviewed data McCreary and Russell County rates are very high compared to the state.</p> <p>We are currently implementing two abstinence-based curriculums for grades 7 and 9 across the ten counties. Making a Difference! An Evidence-Based, Abstinence Approach to Teen Pregnancy and HIV/STD Prevention that provides youth adolescents with the knowledge confidence and skills necessary to reduce their risk of sexually transmitted disease, HIV and pregnancy by abstaining from sex. This program is in all 13 school districts.</p> <p>Reducing The Risk is an evidence based program to help high school student delay the initiation of sex or increase the use of protection against pregnancy and STD/HIV if they choose to have sex. This program is implemented in high school in all counties except Adair and Green. Why? The teen pregnancy rates were a factor in the schools awarded and those two counties rates were below the state average, so they were not awarded grants.</p> <p>Recommendations from CDC and Office of Adolescent Health suggest the following:</p> <ul style="list-style-type: none"> Community Mobilization (entire community) Evidence based Teen Pregnancy Prevention Programs Comprehensive Sex Education Program Contraceptives and Reproductive Health Services for Teens
<p>Health Spotting</p> <p style="text-align: right;">Christine Weyman</p>	<p>Dr. Weyman will be doing a short presentation on this topic during the district board of health meeting.</p>
<p>Continue Pushing For Needle Exchange</p> <p style="text-align: right;">Tracy Aaron</p>	<p>There are clinics in Russell, Adair, McCreary and Pulaski counties. We are planning presentation to the fiscal court and city council in Clinton and Cumberland counties in the spring of 2018. Wayne County fiscal court were provided the education presentation, but no motion was made regarding implementation of the program. Taylor County is planning on doing a second presentation to the fiscal court in the spring.</p>

Board Survey Feedback Responses

<p>Contact Lenses Being Sold @ Convenient Stores And Gas Stations W/O Rx - Illegal!</p>	<p>Stuart Spillman</p>	<p>The FDA along with the FTC regulate both corrective and decorative contact lenses. Both types require prescriptions. Complaints can be routed to the FDA Regional Office in Cincinnati, OH. (513) 679-2700.</p>
<p>Obesity Epidemic</p>	<p>Tracy Aaron</p>	<p>Obesity rates have decreased slightly in Lake Cumberland. We work with our school systems to implement and intergrade physical activity programs at the elementary school level. We serve on the local school wellness committees across the District. We have assist with Bicycle and Pedestrian Plans, Trail Town Certification, and exercise program. We also are working with worksite to implement worksite wellness programs. Nutrition classes and diabetes education classes are occurring across the counties.</p>
<p>Smoking Cessation Program</p>	<p>Tracy Aaron</p>	<p>We offer Freedom From Smoking cessation program across the ten counties two times per year. In addition, we promote the 1-800 Quit Now across the ten counties.</p>
<p>Classes For Parenting</p>	<p>Sylvia Ferrell</p>	<p>The HANDS Growing Great Kids curriculum is very much like parenting classes as there are lesson plans for each home visit that is done. Here's some examples from the GGK manuals we use:</p> <p>GROWING GREAT FAMILIES: Lesson: Shaping your Child's Future: Influencing your Child's Development; Cause and effect of parenting; What I'd like for my child and how I want my child to remember me Lesson: Protecting your Child from Toxic Stress: Types of stress and their effects, Harmful stress and protecting your children from it</p> <p>PRENATAL: Lesson: Making Connections, What's happening to my body? What to expect and illustrations of fetal development during 1st, second and third trimester Lesson: Healthy Pregnancy.... Healthy Baby: Growing a great baby, Keeping your baby out of harms way and Danger signs: when to contact your healthcare provider</p> <p>Birth to 12 months: Lesson: Cues and Communication; How your baby communicates; Responding to an infant's cues; face to face interaction, Lesson: Physical and Brain Development: Family Values influence early brain development; The Brain ...what happens where.</p> <p>While we're looked upon as parenting classes, our visits are teaching visits.</p> <p>HANDS CORE (first time parent) OUTCOMES: All studies are based on 1+ prenatal HANDS visits versus families that did not enter HANDS. Evaluators – U. K. RESEARCH FOUNDATION; data from July 1, 2011-June 30, 2012; n=4,506.</p> <p>MATERNAL OUTCOMES: * ADEQUATE PRENATAL CARE – 14% more than similar high risk families that did not participate * PREGNANCY-INDUCED HYPERTENSION – 49% less than similar high risk families that did not participate * MATERNAL COMPLICATIONS DURING PREGNANCY – 40% less than similar high risk families that did not participate</p> <p>CHILD OUTCOMES: * PREMATUREITY – 26% less than similar high risk families that did not participate * LOW BIRTH WEIGHT INFANTS - 46% less than similar high risk families that did not participate * CHILD ABUSE AND NEGLECT – 47% less than similar high risk families that did not participate</p>

HUMAN RESOURCES REPORT 3-06-18

OFF DUTY -- 8 FT and 5 Contractual

Loretta Burke, Family Support Worker 3 - McCreary HANDS 12-18-17

Kay Branscum, LHN 2 - VH McCreary HANDS 12-18-17

Fay Delcamp, LHN 2 - VH Pulaski HANDS 12-19-17

Lois Matthews, SSSA 2 – McCreary Clerk 12-29-17 Retired

Sandra Jones, Support Service Supervisor 1 – Wayne County 12-29-17 Retired

Linna Smolko, Family Support Worker 1 – Pulaski HANDS 1-18-18

Rebecca Watson, LHN 2 – Clinton/Cumberland HANDS 1-19-18

Mary Martin, Peer Counselor – Contract Adair 2-12-18

Nakita Patel, Interpreter – Contract Wayne 2-15-18

Yolanda Hernandez-Perez, Interpreter- Contract Wayne 2-15-18

Peggy Dancy, Nurse Supervisor 2 – Pulaski Clinic 2-28-18 Retired

Gwendolyn Keith, Lab Tech – McCreary Clinic 2-28-18 Retired

Wilma Munsey, Human Resources Assistant – District 2-28-18 Retired

ON DUTY = 1 FT

Kristy Parmley, Family Support Worker 1 – Pulaski HANDS 1-29-18

Internal Control Procedure Manual



Fiscal Year 2017-18

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Internal Control Procedure Manual

I. Internal Security Program – General overview

- A. The Lake Cumberland District Health Department adheres to the policies and procedures outlined in the current version of the “Administrative Reference for LHDs in Kentucky,” including collective updates and changes. LCDHD will adhere to revisions of this reference and new and revised KAR/KRSs. The Administrative Reference (AR) creates uniformity in operations of Kentucky’s LHDs by presenting a standard chart of accounts, a cash accounting system, and budgeting processes that are mandated by state regulations.
- B. LCDHD has adopted the following mission and vision statements to serve as a platform for policies, operational plans, and resource allocations that further the interest of its organization’s members:
 1. Mission Statement:
The Lake Cumberland District Health Department will prevent illness and injury, promote good health practices and assure a safe environment.
 2. Vision Statement:
The Lake Cumberland District Health Department will be a leader in preventive health care, health education, and environmental monitoring in collaboration with the public and private sectors. We will show compassion and respect as we strive to improve the health of our communities.
- C. LCDHD meets all applicable federal regulations governing programs it operates.
- D. The Internal Control Procedures is meant to:
 1. Safeguard the assets of the Health Department;
 2. Promote operation efficiency by serving as a guidebook;
 3. Check accuracy and reliability of systems data; and
 4. Ensure adherence to prescribed managerial policies.
- E. LCDHD’s Internal Control Procedures will allow for proper receipt of revenues and proper payment of all necessary, approved expenditures. It will also help prevent and detect errors, fraud, or unnecessary losses.
- F. The LCDHD’s Internal Control Procedures are a guide to instruct employees in proper internal procedures. The LCDHD Internal Control Procedures are a subset of the general policies and procedures. The annual review/revisions will be presented to the Lake Cumberland District Board of Health for approval.
- G. All LCDHD recordings in the books of account and all financial reporting are performed in accordance with the AR Manual developed by the Department for Public Health (DPH), cash accounting procedures, the Office of Management and Budget (OMB) Circular A-87 and Generally Accepted Accounting Principles (GAAP).

Internal Control Procedure Manual

- H. When Generally Accepted Accounting Principles conflict with the policies contained within the DPH AR Manual, the policies in the DPH manual are followed.
- I. LCDHD staff referred to in this document as "designated" staff shall be specifically identified in a Financial Department Control Procedure Manual. The Financial Department Control Policy shall be reviewed annually by the Director of Administrative Services or his/her designee to assure it remains current and accurate.

II. Boards of Health

- A. Responsibilities - As referenced in the AR, governing boards of health's primary function is to establish policies that govern the operations of the local health departments. Recognizing that it is not the responsibility or the expectation of board members to manage the daily operations of the organization, this understanding of roles and responsibilities allows for a successful structure. Their policies and procedures must be in compliance with KRS 212.230.
- B. The Administrative Regulation 902 KAR 8:150 provides requirements for the local health department board of health.
- C. The above referenced 902 KAR 8:150 includes guidance for:
 - Establishing local boards of health (governing boards), policies and procedures;
 - Functions of the boards;
 - Composition of the board;
 - Meetings of the board;
 - Minutes of board meetings;
 - Conflicts of interests for members of the Board;
 - Training requirements for board members;
 - Establishment of board regulations; and
 - Employing legal counsel.

Internal Control Procedure Manual

- D. Board Orientation - LCDHD will provide access to current orientation materials for new and returning board members to ensure an understanding of the board's structure, operations, and their legal and fiduciary responsibilities. LCDHD will send annual reminders of the availability of the orientation materials to all local and district board members.
http://www.lcdhd.org/boardresources/board_orientation_materials
- E. Sources of Information - To ensure the board has access to multiple sources of information, all the LCDHD Executive Staff are available to address questions and concerns. LCDHD will maintain a current listing of all LCDHD Executive Staff on the LCDHD website.
http://www.lcdhd.org/about/contact_information/
- F. Code of Ethics - The board will adopt a code of ethics that includes a financial disclosure policy, standards of conduct for its board members, officers, and employees related to business conduct, integrity, and ethics. The policy should include the requirement to sign a form stating that the individuals have received and understand the code of ethics. The code should include statement regarding moral and ethical standards, confidentiality, conflicts of interest, nepotism, gifts, honoraria, and assistance with applicable audits and investigations. Violations of the code of ethics should be reported to the board or designated committee of the board.
- G. Closed Sessions - Any sessions closed to the public should be entered into in accordance with KRS 61.810. Any conclusions or decisions reached during a session closed to the public must be documented in the board meeting minutes as stated in KRS 61.815, clarified in OAG 81-387.
- H. Whistle Blower - In order to assure an independent process to receive, analyze, investigate, and resolve concerns related to the organization including anonymous concerns, LCDHD will publish and keep current contact information for the district board chair on the LCDHD Website. In addition, LCDHD will make employees aware of KRS 61.102 notifying employees, as defined in KRS 61.101, of their rights to protection against retaliation for reporting violations to certain authorities. The District Board will approve and LCDHD will follow the Whistle Blower policy published on the LCDHD wiki. The policy will include reporting procedures and management's responsibility to address issues reported.

III. Organization Chart – Chain of Command

- A. An Organizational Chart of all LCDHD staff shall be maintained by the Human Resources Department and updated as appropriate. Copies will be saved on the LCDHD WIKI.

IV. Policies and Procedures

- A. All LCDHD policies and procedures will be reviewed by and approved by the District Board of Health. Once approved, policies will be loaded on a website for reference by employees and a link distributed to all staff. (https://secure.lcdhd.org/wiki/index.php/Main_Page)

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V. Building Security - Closing Office, End of Day

- A. At close of business, the last employee to leave the building is responsible for ensuring all exit doors are locked. The maintenance/janitorial staff are responsible for checking each exit door to ensure locks are engaged. Maintenance/janitorial staff are responsible for setting the security system alarms in the locations where these systems are installed.
- B. Should maintenance/janitorial staff not be scheduled to work past normal business hours on any given business day, the office manager in each location shall be responsible for assuring the doors are locked and the alarm is set.
- C. In the District Office, if the maintenance/janitorial staff are not scheduled to work, the last employee to leave the building is responsible for checking/locking all exit doors and setting the alarm.

VI. Chart of Accounts

- A. When recorded in the LCDHD books of account all LCDHD Assets, Liabilities, Fund Balances, Revenues and Expenditures will be assigned appropriate account codes listed below as defined in the DPH AR for Local Health Departments Financial Management Section.
(<http://chfs.ky.gov/dph/Administrative+Reference.htm>)

- COST CENTER CODES
- EXPENDITURE CODES
- RECEIPTS CODES
- BALANCE SHEET/GENERAL LEDGER CODES
- FUNCTION CODES

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VII. Board Approval of Operating Budget – Board Oversight

- A. Annually, LCDHD financial staff will prepare a formal taxing district budget and a formal district operating budget. The taxing district budget will be presented to each local taxing district board for review and approval. The district operating budget will be presented by LCDHD Executive Staff to the LCDHD Executive Board Committee for evaluation and review and the Executive Board will make recommendations to District Board for approval.
- B. If LCDHD anticipates that more unrestricted funds will be used at closeout than originally budgeted, the Board of Health must approve the use of additional funds. (Per 902 KAR 8:170 Section 2 (6) Actual use of a local health department's undesignated fund balance in excess of the amount included in the approved budget shall be approved by the governing board of health and shall be used solely for the operation and maintenance of local health departments.)

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Internal Control Procedure Manual

VIII. Financial Reporting

- A. The financial condition of the LCDHD will be reviewed at every District Board meeting. Additionally, an independent auditor shall conduct and present an annual audit report to the District Board. The board meeting minutes will document the exact nature of the financial reviews conducted by the board. Any issues that result from these reviews and action taken to resolve the issues will also be documented.
http://www.lcdhd.org/boardresources/archived_minutes
- B. A committee of the Board shall be granted authority by the District Board to conduct an internal audit as deemed necessary to investigate and examine any area designated by the District Board and is responsible for reporting findings directly to the board.
- C. The operating account check register which includes the payee, dollar amount, and the date of each expenditure, shall be made available electronically via the LCDHD website for the board to review and assist in identifying inappropriate, unusual, or excessive expenditures.
- D. The policies and procedures listed below for Financial Reporting outlined in the AR Manual will be followed by LCDHD.
- Employee Time Reporting
 - Time Reporting
 - General Ledger
 - Indirect Cost Procedures
 - Accounting System Organization
 - Payroll Related Expenditures
 - Salaries
 - Leave Pay
 - Fringe Benefits
 - Non-Payroll Related Expenditures
 - Indirect Cost Rates and Allocation Procedures
- E. Additionally, Custom Data Processing, Inc. provides data processing services for general ledger, fixed assets, payroll and accounts payable. All Custom Data reports shall be downloaded monthly from Custom Data's E-report website to the LCDHD fileserver by a designated Account Clerk/Accounting Staff.
- F. The Director of Administrative Services reviews the above reports on an ongoing basis and briefs the Executive Director on the financial condition of the health department at periodic intervals or as requested.
- G. Financial records are maintained electronically. All AP and Purchasing staff electronically scan and/or save all financial documents as pdf documents and file them on the LCDHD file share server. Regular backups are performed to guarantee availability, redundancy, and reliability and reduce the risk of lost or stolen financial information.

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IX. Insurance and Fidelity Bonds

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A. To protect assets, LCDHD maintains the following insurance coverage

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- General Liability Insurance
- Errors & Omissions
- Employment Practices Liability
- Auto Liability
- Auto Physical Damage
- Property
- Crime
- Legal Defense Coverage
- Employee Dishonesty – Fidelity Bond - All LCDHD personnel and Board Members who are not acting as a Treasurer or Tax Collector are covered by a blanket bond in the amount of \$3,000,000.

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X. Cash Management, Bank Accounts, Deposits, and Security of Funds

A. Cash Management

1. All funds received by the LCDHD are deposited into an interest-bearing checking account held at the Monticello Banking Company, Somerset, Kentucky. When the balance in the operating account exceeds cash flow needs, the Director of Administrative Services, will determine an investment methodology to provide the greatest return on the money at the lowest risk in accordance with Kentucky Administrative Regulation protocol as referenced in the DPH AR Manual.
2. Monticello Banking Company has pledged securities to secure funds held in excess of \$250,000. At the close of each month, a designated Accounting ~~Supervisor~~Staff will reconcile the pledged securities against the total account balances of all fund types within the Monticello Banking Company to ensure the security of deposits.
3. A designated ~~Account Clerk~~Accounting Staff will monitor the balance in the operating account and inform the Director of Administrative Services, if the balance in the account is not adequate to meet cash flow needs. This will be done prior to issuance of checks to insure payroll and accounts payable do not exceed operating account balances.

B. Operating Account

~~1. The operating account will contain all the funds of the health department except temporary fee accounts (local clinic and environmental fees), FEBCO Cafeteria Plan payroll deduction account, (local clinic and environmental fees) and/or investment funds accounts. All payments for the operation of the LCDHD will be made from the operating account.~~

1.

2. All checks must be signed by two authorized persons, who have signed signature cards for the LCDHD operating account.
3. No check is to be signed in advance of completion or without appropriate supporting documentation justifying the validity of the expense.
4. A designated Accounting ~~Supervisor~~Staff reconciles the operating account monthly. In the event there are discrepancies between the operating account and the books of the company, notification will immediately be given to the Director of Administrative Services for resolution.

C. Accounts Payable and Cash Disbursements

1. All disbursements are made using numbered checks. Most checks are computer generated. A designated Accounting ~~Supervisor~~Staff or ~~Account Clerk~~ may prepare manual checks when time frame for payment does not allow submission for electronic processing. All checks issued are listed on computer generated check registers maintained by the office of the Director of Administrative Services. All checks must contain two signatures (one may be a signature stamp, if person uses their own stamp). Blank checks are never signed.

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2. An unused check stock is maintained in a locked closet. Only designated ~~Account Clerks and the Accounting Supervisor Staffs~~ have access to closet.
3. All payments must have approved documentation which includes a copy of the purchase order (when required), an invoice, and a receiving report. All payments are coded into the general ledger system, properly accumulated, classified, and summarized. AP/Invoice Formats are prepared for all payments by a designated ~~Account Clerk, the Accounting Supervisor Staff,~~ or the Director of Administrative Services, and approved by the ~~a designated Accounting Supervisor Staff~~ or Director of Administrative Services. The person preparing AP/Invoice Format may not approve payment. AP vouchers are then batched and processed in computerized system.
4. AP registers are verified and filed electronically. Check date, number and amount are recorded on AP/Invoice Format after check is issued. AP/Invoice Format, invoice, and purchase order are then filed in the appropriate electronic vendor file by a designated ~~Account Clerk or Accounting Supervisor Staff.~~

D. Security of Deposits

1. Monticello Banking Company has pledged securities to secure funds held in excess of \$250,000. At the close of each month, the Accounting ~~Supervisor Staff~~ will reconcile the pledged securities against the total account balances of all fund types within the Monticello Banking Company to ensure the securities pledged are sufficient to protect the deposits.

E. Federal and State Receipts

1. These receipts shall be received and electronically deposited and those receipts will be reviewed for accuracy by a designated ~~Account Clerk~~ Accounting Staff. These are recorded in the bank book and distributed to the proper accounts. A machine tape or spreadsheet and manual count is also compared to the bank book and used as the control numbers for the electronic deposit. Checks are scanned and stamped on the back as an electronic deposit. An e-mail is received from the bank acknowledging the deposit. The money amount is compared to the bank book and machine tape/spreadsheet. The checks, e-mail and tape/spreadsheet are bundled together and held in the safe for a period of up to 180 days. They are then shredded.
2. Any receipts received as direct deposits are verified through the EFT reports provided electronically by the State. Deposit totals are compared to the bank statement at the end of each month.
3. The Director of Administrative Services is responsible for comparing receipts received to the monthly "Master Grants Listings" R6 report mailed from the Division of Resource Management for the purpose of determining that all payments authorized were received and coded to proper accounts.

F. Other Receipts

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1. All funds received by Lake Cumberland District Health Department will be listed on a log by a designated ~~Account Clerk~~Accounting Staff. ~~Checks are~~Checks are given to a designated ~~Account Clerk~~Accounting Staff for deposit. Said ~~Account clerk~~Accounting Staff will make a copy of the check and give to the appropriate ~~Account Clerk~~Accounting Staff to be coded. The original check will be locked in a secure place until deposited.
2. Monthly, a designated ~~Account Clerk~~Accounting Staff will reconcile ~~checks listed~~checks listed on the log against bank deposits. Any discrepancies will be noted and given to the Director of Administrative Services, for resolution.

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XI. Audit

1. Audits shall be in accordance with Section 2 of 902 KAR 8:165. An Audit of the Lake Cumberland District Health Department (LCDHD) will be conducted by an independent certified public accountant approved by the District Board within 120 days after the close of the state fiscal year.
2. LCDHD will solicit proposals for an external accounting firm to conduct the annual audit and the OMB Circular A-133 portion of the audit, if required. A separate contract will be executed for each year regardless if the price and scope of service is unchanged. The auditor selection process shall follow the guidance provided in the Request for Proposal (RFP) template located at L:\LHDBudgets\CONTRACTSXX\RFP Audit Process 5 11 09.
3. The audit will be conducted in accordance with the procedures outlined in the DPH AR Manual and will include a management letter, a statement on internal accounting control, financial statements, and reports as described in the DPH AR Manual and any reports required by OMB Circular A-133.
4. LCDHD will review the Internal Control Procedure Manual annually to ensure controls are functioning as designed or needed, making changes as necessary and submit to the District Board for review and approval. The review of internal controls will be included in the engagement of an auditing firm. Any concerns noted by the board should be disclosed to the auditor and included in the audit scope for review.
5. All LCDHD Public Health Taxing Districts, pursuant to KRS 65.065 and 65.070 as special districts defined by KRS 65.060 will...

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- a) ...prepare an annual financial statement and contract for an annual audit by an independent CPA approved by the local board if they receive or expend seven hundred fifty thousand dollars (\$750,000) or more in a fiscal year
- b) ...prepare an annual financial statement if they receive or expend less than seven hundred fifty thousand dollars (\$750,000) in a fiscal year, except every fourth year when they will contract for an audit by an independent CPA approved by the local board

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XII. Petty Cash

1. Each office location will have a designated petty cash fund to be utilized for miscellaneous expenditures. This fund is not intended to bypass the standard purchase requisition and purchase order process but to allow a more expedient method for purchasing minor miscellaneous items needed immediately for the local office.
2. The local office manager will be responsible for maintaining the petty cash fund at each county, and an Account Clerk will be designated responsible at the District Office. These staff are responsible for authorizing each expenditure. A lock box is provided for the petty cash and should remain secure at all times. These staff are be responsible for balancing the petty cash fund at the end of each month and sending the supportive documentation of receipts attached to a Petty Cash Reimbursement Form to the Director of Administrative Services for reimbursement and replenishment of the petty cash fund. This is required monthly but may be done as often as weekly if needed. At any point the total cash on hand plus the supportive receipts do not equal the total petty cash fund, the Director of Administrative Services should be contacted immediately.
3. The petty cash fund will be audited twice per year by a designated ~~Account Clerk~~ Accounting Staff. An audit report will be submitted to the Director of Administrative Services for compliance documentation.

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XIII. Payroll and Timesheets

A. Payroll

1. Bi-weekly payroll records (time sheets) are completed by all employees. Employees code their time to the appropriate cost center and function, using the approved chart of accounts. Employees submit their timesheets electronically to their immediate supervisor for approval. Completed time sheets are submitted to a designated ~~Account Clerk~~Accounting Staff in the central office. He/She reviews time sheet for any electronic alerts of incorrect information. He/She then enters the timesheets into an employee spreadsheet file for batching purposes and to adjust employee leave accruals.
2. Upon Merit System approval, The Personnel Director prepares changes in employee status and pay rates for submission to a designated Personnel Assistant, for data entry after approval by the Executive Director. A designated Personnel Assistant will process change request for employees and a designated ~~Accounting Supervisor~~Staff prepares changes in employee deductions and enters into system for electronic processing.
3. A designated ~~Account Clerk~~ forwards printed time sheets to a separate designated ~~Account Clerk~~Accounting Staff for ~~auditing~~ audits each timesheet for coding accuracy and entry into computerized system for electronic processing and generation of checks and direct deposits.
4. A designated ~~Account Clerk~~Accounting Staff prints checks and submits to authorized staff for signing. Checks are forwarded to a designated ~~Account Clerk~~Accounting Staff to prepare for distribution. A designated ~~Accounting Supervisor~~Staff audits the payroll register for accuracy including the change in gross payroll dollars versus last pay period. If the change denotes more than a 5% increase in gross payroll, the reason will be investigated and documented on the payroll register. Once the audit is complete, a designated ~~Accounting Supervisor~~Staff will give authorization to a designated ~~Account Clerk~~Accounting Staff for the distribution. Payroll registers are maintained in E-reports and electronic storage of E-reports on the Network Server.

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XIV. Travel and Other Related Expenses

A. Travel

1. All travel reimbursements are made in accordance with policies and procedures contained in the DPH AR Manual.
2. Travel is only paid for necessary, business related expenses. All travel must be by the most direct route and most economical means. Prior approval from the Executive Director must be obtained for all out of state travel.
3. Out of State travel for the Executive Director must be presented to and approved by the Board or the board may authorize the District Board chair to approve the expenditures.
4. Out-of-Lake Cumberland District travel must have prior approval by employee's supervisor. Staff requesting attendance at a conference must sign a Conference Agreement Form and agree to reimburse LCDHD for any membership/registration fees if the staff fails to attend.
5. An electronic travel reimbursement voucher must be completed and signed by employee and supervisor. These vouchers are submitted to a designated ~~Account Clerk~~ Accounting Staff along with the electronic time sheets on a bi-weekly basis and must contain supervisor's approval. ~~The designated Account Clerk prints out a copy of the electronic travel voucher for auditing purposes.~~
- 6.5. A designated ~~Account Clerk~~ Accounting Staff audits all travel and makes any corrections necessary for processing. He/She notifies the responsible supervisor of any corrections for future approval. He/She then prepares the electronic travel vouchers for batching, data entry and direct deposit generation.
- 7.6. A designated ~~Account Clerk~~ Accounting Staff prints travel checks if any are not direct deposit and sends to authorized personnel for signing. The signed checks are then given to a designated ~~Account Clerk~~ Accounting Staff for distribution.
- 8.7. Check registers and accounts payable distribution reports are then filed electronically. Employees are notified of direct deposit of travel on every other Friday.

B. Membership/Registration Fees

1. All membership/registration fees requisitioned by staff must include reason for fee and must provide reasonable business benefit.

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XV. Environmental Fee Revenue Procedures

A. Cash Receipts from Environmental

1. Cash receipts must be balanced daily with permits, site evaluations, or other documents reflecting collected receipts by environmentalist.
2. A bank account will be maintained in each county for environmental fee collections. Deposits shall be made by the environmentalist when cash (not checks) collected exceeds \$500 or once per week, whichever comes first. At the end of the Fiscal Year, any fees collected should be deposited on June 30. Night deposits may be necessary. Until deposited, all fees collected will be kept in a secure location.
3. Each time a bank deposit is made, a copy of the bank deposit ticket along with copies of cash receipts documentation for the time period in which fees were collected are submitted to the Environmental Secretary
4. The Environmental Secretary will record all receipts on a log and reconcile fees deposited with receipt documentation. He/She will also reconcile permit numbers to make sure they are consecutive and confirm that every number in the sequence is accounted for. Any missing permit numbers or documentation will be followed up with the environmentalist for submission/explanation. Any discrepancies are reported to the Environmental Director, who will investigate and report to the Executive Director.
5. Pulaski County cash receipts will be given daily to the Environmental Secretary for logging in and stamping "For Deposit Only". After logging in, the Environmental Secretary will reconcile fees with receipt documentation by batching and entering the required information into the Environmental Management Information System (EMIS). The bank deposit is prepared and made by the Environmental Secretary.
6. All county cash receipt sites will be audited semi-annually by a designated, ~~Account Clerk~~ Accounting Staff or the Environmental Director. Report of audit will be submitted to the Director of Administrative Services.
7. The Environmental Secretary will perform the following:
 - a) Balance deposit tickets with receipt documentation
 - b) Enter required data for deposits into Environmental Management Information System (EMIS)
 - c) Reconcile receipt documentation with daily computer cash report
 - d) Complete the following activities at the end of each month:
 - (1) Reconcile Report 49, Monthly Cash Report, with ledger and deposit totals.
 - (2) Reconcile Report 47, Aging Report. Any write-offs to this report must be approved by The Environmental Director.

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- (3) Reconcile Report 50, with monthly receipts and bank statements. One copy of Report 50 is sent to Frankfort (DPH Environmental) along with a check from the District Environmental Account for amount shown. A check is also prepared to LCDHD from this same account for any interest earned and collection fee authorization from Report 50. This brings the end of the month's balance to zero; thus a deposit for the next month must be made when balancing the current month to prevent a negative balance.
- (4) Have checks signed by two authorized staff
- (5) Prepare local account checks for amount deposited in each local account for the month. This check must be signed by two authorized staff. All must have signed signature cards for the local bank accounts.
- (6) No check is to be signed prior to completion or without supporting documentation justifying the validity of the disbursement.

XVI. Clinic Revenue Procedures – Controls over clinic receipts

A. Cash Receipts from Clinic

1. Clinic service fees will be collected at each clinic site. A receipt will be computer generated for each fee collected. The receipt will then be given to the patient.
2. For incidental cash receipts unrelated to clinic services which can't be electronically generated, a manual receipt will be generated in triplicate with one given to the client, one sent to the accounting department and one maintained in the receipt book.
3. Cash receipts (service fees) and cash receipts reports (including incidentals from the manual receipt book) shall be balanced daily by the supervising clerk or her designee.
4. A bank account will be maintained in each county for the purpose of depositing service fees and donations. A deposit shall be made by the support services coordinator or her designee when the fees collected exceed \$250 and on the last working day of each month. Night deposits may be necessary.
5. Each time a bank deposit is made, a cash transmittal form shall be completed and submitted to a designated ~~Account Clerk~~ Accounting Staff with a copy of the bank deposit ticket and a copy of the cash receipts reports for the time period in which fees were collected. Cash receipts reports must be reconciled with fees deposited and explanation made of any discrepancies.
6. A designated ~~Account Clerk~~ Accounting Staff will perform the following functions:
 - a) Balance cash receipts reports with deposit tickets and bank statements followed by completing a Monthly Summary of Service Fees Collected. The total of this form must balance with totals on cash transmittal forms and cash receipts reports.

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- b) Prepare a check for the amount deposited in each local account during the month. Checks must be signed by two authorized persons who have signed signature cards for the local bank accounts. No check is to be signed prior to completion or without supporting documentation justifying the validity of the disbursement.
 - c) Post amount of fees to Local Bank Transaction book for each cost center by county (total cash & total checks). Must balance with total on Monthly Summary of Service Fees Collected.
 - d) The checks along with the applicable general ledger coding detail will be forwarded to a designated ~~Account Clerk~~ Accounting Staff, for deposit into the LCDHD operating account.
7. All service sites will be audited semi-annually by a designated ~~Account Clerk~~ Accounting Staff. He/She will prepare a report of audit and submit to the Director of Administrative Services.

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B. Patient's Accounts Receivable

1. The LCDHD maintains its accounting records on the cash basis of accounting. A designated ~~Account Clerk~~ Accounting Staff is responsible for preparing third party billings for private insurance, non-traditional Medicare claims and Medicaid claims when it is the secondary payor. If ~~self pay/self-pay~~ occurs as the secondary payer after insurance or non-traditional Medicare, He/She is responsible for determining the amount of responsibility and setting up the these accounts on the patient accounts receivable file and making any adjustments associated with these accounts. When a third party denies payment on a patient's accounts receivable balance, if the date of service is equal to or less than six months from date of service, the balance will be billed to the patient as a private pay. A balance more than six months from the date of service will not be billed to the patient, but will adjusted off. As with other patient balances, charges will be on a sliding fee, nominal charge, or fixed full charge per program protocol.
2. ~~A designated Account Clerk Accounting Staff is responsible for review and action on any third party denied claims for traditional Medicare, Rail Road Medicare, and United Mine Workers Medicare for Flu Shots only. He/She also reviews the monthly Applied/Pending report for Medicaid status and enters into PEF system accordingly using the NERI command. Review and action on denied Medicaid claims is also the responsibility of this staff.~~
2. _____
3. A designated ~~Account Clerk~~ Accounting Staff prepares Contract/PC8 accounts receivable claims for mailing and manually post payments/adjustments when received.
4. A designated ~~Accounting Supervisor~~ Staff reviews and performs actions needed on all other Medicare accounts, including co-insurance billing to supplemental insurance, Medicaid or ~~self pay/self-pay~~ billing. He/She also makes adjustments to the patient ~~self pay/self-pay~~ accounts receivable file when personnel in the county health centers provide information regarding an error in PEF entry.

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5. Fees charged but not collected will be removed monthly from ~~self pay~~ self-pay accounts receivable in the following manner as stated in the Kentucky AR: If the date of service is over six months and the account balance over six months old is \$10.00 or less, then the patient account will automatically be written off as a bad debt (via computerized program). If the date of service is over six months and the account balance over six months old is over \$10.00, then the bill is to be written off by a designated ~~Account Clerk~~ Accounting Staff within 30 days after it is deemed uncollectible, unless the client is making payments.
6. Fees charged but not collected will be removed monthly from Medicaid accounts receivable if the date of service is over 18 months old regardless of balance. The patient account will automatically be written off as bad debt (via computerized program).
7. A designated Accounting ~~Supervisor~~ Staff reconciles the total of all write-offs, electronic posting for Medicare & Medicaid, manual posting and adjustments of all payers with the monthly computer generated reports.

XVII. Timed Deposits

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- A. When funds available are more than necessary for monthly cash flow, are not restricted by debt retirement requirements, or restricted by their source such as endowments or restricted use grants, the Director of Administrative Services will explore and determine the most effective CDs, savings and investment instruments, invest funds appropriately and document the accrued interest.

XVIII. WIC Voucher Distribution – Controls over WIC vouchers

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- A. WIC Food Instrument and eWIC cards will be received, stored and distributed in a manner designed to assure security and accountability, consistent with policies and procedures defined in the DPH WIC and Nutrition Manual, Food Delivery Section.
(<http://chfs.ky.gov/dph/WIC+and+Nutrition+Manual.htm>)

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XIX. Purchasing

- A. Purchase Orders - A pre-numbered purchase order is used to authorize the purchase of supplies and equipment. All purchase orders must be approved by the Director of Administrative Services, or the Executive Director. Purchase Orders will be generated by a designated Account Clerk/Accounting Staff upon receipt of an approved requisition. A copy of the purchase order may be used as a receiving report for items received by marking on the copy of the purchase order actual quantities of items received and noting all items ordered but not received. The packing slip may be used to verify receipt of items. Person verifying receipt will initial and date packing slip. Verification of receipt of items shall be performed by someone other than the Purchasing Specialist. The copy of the purchase order, packing slip, and the seller's invoice will be the basis for the preparation of an AP/Invoice Format by a designated Account Clerk/Accounting Staff for check issuance. A designated Account Clerk/Accounting Staff is responsible for the processing of all purchase orders. A designated Account Clerk/Accounting Staff will assist in the electronic receipt processing of all orders.
- B. Receipt of Purchases - A designated Account Clerk/Accounting Staff will verify and check in supplies. A designated Account Clerk/Accounting Staff will have all direct purchases made from local retailers checked by a separate designated Account Clerk/Accounting Staff when returning to the office. A separate designated Account Clerk/Accounting Staff will serve as backup. The employee responsible will check items purchased against purchase order and sign and date receipt section of purchase order.

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XX. Inventory of Equipment

- A. Purchases of property and equipment will be made in accordance with Kentucky Administrative Regulations as defined in the DPH AR Manual. All purchases of property and equipment with a useful life of more than one year and a value of at least \$25 shall be input into the Fixed Assets Inventory system via the Purchase Order Receipts process or manual entry at the point of receipts verification and posting by a designated ~~Account Clerk~~ Accounting Staff.
- B. Any transfer or disposal of property or equipment shall be requested on an Equipment Transfer/Disposal Form (Adm-3) and approved by the Director of Administrative Services. The activity, upon approval, shall be recorded in the Fixed Assets Inventory system by the designated ~~Account Clerk~~ Accounting Staff.
- C. A physical count shall be done at least one time a year and compared to the Fixed Assets Inventory report by the designated ~~Account Clerk~~ Accounting Staff and verified by the Director of Administrative Services. Any variance of property or equipment shall be noted and reported to the Director of Administrative Services who will decide what form of adjustment or action should be taken.
- D. In order to assure continuity of operations for the LCDHD, consideration will be given to including replacement cost expense for fixed assets which have exceeded their useful life and are considered a necessary part of the organization's operation or assure the existing reserve is adequate to assure the emergency replacement of the necessary equipment.
- E. Technology equipment will be managed on a 5 year replacement policy in order to assure the ongoing efficiency of operations.

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XXI. Gifts

- A. Expenses classified as gifts or entertainment (e.g. employee achievement recognition, etc.) shall be documented to include the name and title of the person(s) involved and a description of why the expense was needed and how it relates to business operations.
https://secure.lcdhd.org/wiki/index.php/Employee_Award

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XXII. Employee Reimbursements

- A. Any expenses that are due to be reimbursed by an LCDHD employee will be billed and tracked by a designated ~~Account Clerk~~ Accounting Staff. A file shall be maintained with billed invoices, and shall be reviewed on a monthly basis.
- B. Employee reimbursement accounts shall not remain open past the end of the fiscal year. Two months before the end of every fiscal year, any outstanding employee reimbursements will be submitted to the Executive Director for approval to withhold payment from the employee's paycheck.
- C. Business expense reimbursements requested by the Executive Director shall be reviewed by the board or a designated board representative to ensure supporting documentation is provided.
- D. Documentation for all employee reimbursements shall be retained to ensure that duplicate payments are not made to the employee.

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XXIII. Credit Cards

- E.A. Purchases with Credit Cards shall be limited to situations when other purchase and payment methods alternatives are not feasible. ~~LCDHD shall only maintain credit cards in LCDHD's possession will be maintained - credit cards in by the Purchasing Department, by County Office Managers, and/or one may be issued to the Executive Director.~~ Any credit cards in LCDHD's possession will be maintained - credit cards in by the Purchasing Department, by County Office Managers, and/or one may be issued to the Executive Director.
- F.B. ~~The Any LCDHD credit card issued solely for use by to the Executive Director shall have a no more than a \$500 limit.~~ The Any LCDHD credit card issued solely for use by to the Executive Director shall have a no more than a \$500 limit.
- G.C. All purchases made by using any credit card, including those made by the Executive Director, must have appropriate supporting documentation, which shall include an itemized invoice or receipt that specifies items purchased, and with clearly defined reasons for purchase that support the business goals of the agency. Purchases with credit cards shall follow the same review process as ~~Purchase Order non-credit card purchases.~~ Purchase Order non-credit card purchases.
- D. Credit card purchases should primarily be the responsibility of the Purchasing Department, the County Office Mangers, or the Executive Director. However, in situations where the Purchasing Department, the County Office Managers, or the Executive Director cannot feasibly be responsible for the credit card purchase, staff may request permission to obtain and use the credit card.
- E. A staff requesting to obtain and use the credit card must provide a written requisition of items to be purchased which must be approved by the specific department manager and/or the immediate supervisor of the employee requesting to use the card, prior to requesting to borrow the credit card. Any staff temporarily borrowing an LCDHD credit card must sign the card out and back in no later than the next business day. When the temporarily borrowed credit card is returned, it must be returned with an itemized invoice or receipt of the items purchased and a copy of the approved requisition and invoice/receipt must be supplied to the LCDHD Purchasing Department.
- F. ~~Purchases not approved will be the responsibility of the employee, and payment will be expected within 30 days.~~ Purchases not approved will be the responsibility of the employee, and payment will be expected within 30 days. Credit Cards will be kept in a secure location, and promptly reported to the Director of Administrative Services if lost or stolen.
- H.G. Purchases not approved will be the responsibility of the employee, and payment will be expected within 30 days.

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XXIV. Supply Inventories

- A. All supplies shall be maintained in a secure location with limited access. Regular inventories shall be conducted to assure stock is rotated and used appropriately and that shrinkage does not occur. Any unexplained shrinkage shall be immediately documented and provided to the Director of Administrative Services.

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XXV. Human Resources

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- A. The local health department personnel program is governed by administrative regulations referenced in the Administrative Reference Personnel Section. Employees are provided access to these regulations and to an Employee Handbook upon employment. All LCDHD HR policies and procedures comply and follow with those regulations.
- B. Executive Staff who serve at the discretion of the board will also follow policies and procedures defined for Merit Employees with the understanding the Chairman of the District Board assumes any and all supervisory responsibility of Executive Management.

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XXVI. Contracts and Contractual Services

- A. In Accordance with (KRS 212.245), LCDHD will contract for services not otherwise available. All funds of the local health department must be used for the operation of the health department. Further guidance is provided in 902 KAR 8:170. (<http://www.lrc.state.ky.us/kar/902/008/170.htm>) Contracts with outside providers will be prepared in accordance with the AR.

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- B. LCDHD may contract with outside agencies or individuals for:

- Personal Services/Employment Services Contracts (Form CH-51)
- Personal Services/Independent Contracts (Form CH-53M)
- Wildcard Associates Cafeteria Flexible Benefit Plans (Form CH-50)
- Contract Amendment (Form CH-51(a), CH-52(a), or CH-53M(a))
- LHD Contract to Provide Services – (Form CH-52)
- LHD Audit Contract (Form CH-54)
- Public Health Taxing District to Purchase Audit Services (Form CH-58)
- School Site Services
- Local Health Department Lease Agreement

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- C. Requests for contracts will be relayed to the Director of Administrative Services. Upon approval by the Director of Administrative Services, Contracts with outside providers will be prepared in accordance with the AR. A designated Account Clerk/Accounting Staff will prepare copies of contracts, collect signatures of the Executive Director and the Contract Provider, will provide copies to the Department of Public Health as specified in the AR, and will maintain both an electronic copy on the LCDHD server and a manual copy in a three ring binders.

- D. Contract totals will be monitored throughout the fiscal year and if expenditures near contract totals, the designated Account Clerk/Accounting Staff will notify the Director of Administrative Services and prepare Amendment if appropriate.

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XXVII. Business Promotions

- A. Should the board approve any business promotions, specific marketing goals shall be developed to monitor the success of the promotions.
- B. Marketing expenditures incurred will be coded to that goal so that board members will know the expenses involved in a specific marketing promotion.
- C. Documentation will be maintained detailing the recipients of promotional prizes including tickets, trips, or merchandise.

XXVIII. Business Equipment

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A. Cellular Phones

- 1. Cellular Phones are provided on a limited number of employees, to ensure safety of the employees while traveling on company business, to provide time efficiency in conducting company duties, to be readily available for public health rapid response and for an alternate source of communication during utility outages.
- 2. The policy and procedure and/or any revisions will be approved by the LCDHD District Board and stored on the LCDHD WIKI for reference.
https://secure.lcdhd.org/wiki/index.php/Cell_Phone

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B. All Other Business Equipment

- 1. All other business equipment (e.g., copiers, faxes, computers, printers) are to be reserved for business related purposes. Personal use of business related equipment may be approved provided the employee is not using the equipment on company time, the use of these machines does not negatively impact the provision of services, is in compliance of State and Federal laws, and is not used in such a way as to be deemed discriminatory as defined by Title VII of the Civil Rights Act.
- 2. Employees wishing to use business equipment for personal use must submit a request, in writing to their supervisor. Supervisors receiving such a request should evaluate the request to be sure the use is within the above criteria.
- 3. Equipment being used inappropriately or that is missing should be reported to a supervisor. The supervisor shall relay the information to the Executive Director who shall report to the board.

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XXIX. Fleet Automobiles

- A. Prior to any purchase of a fleet automobile, a cost benefit analysis shall be conducted to ascertain the cost savings, if any, of purchasing a vehicle rather than reimbursing an employee for travel expense. The purchase of a vehicle shall be subject to approval by the Executive director.
- B. Any vehicle purchase must first be included in a board approved budget or budget amendment. When possible, all vehicle purchases will be included in the annual budget. However, in an emergency situation (e.g., a vehicle which is necessary, but malfunctions and is no longer usable, and the cost to repair exceeds the value), the Director shall review a cost benefit analysis, and recommend the purchase or lease of a vehicle, and the board may approve a budget amendment that allows the purchase or lease of a vehicle.
- C. Vehicles purchased by LCDHD will only be used by staff who are conducting LCDHD business and not for personal use.
- D. The maintenance supervisor shall be responsible for regularly servicing and inspecting any LCDHD vehicles(s).
- E. Any fleet vehicle will be covered by, at a minimum comprehensive and collision coverage if the vehicle is financed, and by at least collision coverage if no lender has a lien against the vehicle.
- F. If the maintenance supervisor deems the vehicle to be at the end of its useful life, He/She shall make that recommendation to the Financial Administration Office. A cost benefit analysis shall be conducted by the Financial Administration staff to determine the most financially advantageous method of disposal, whether to trade in the vehicle or sell the vehicle. The Director of Administrative Services shall recommend the most financially advantageous method of disposal to the Executive Director, and the Executive Director shall make the final disposal decision. Documentation of the process shall be maintained in the files of the Financial Administration Office.

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XXX. The Health Insurance Portability and Accountability Act (HIPAA)

- A. Any receipt and/or source documentation that may contain protected health information shall be maintained in a secure manner, in accordance with HIPAA regulations. In accordance with the AR, Health Insurance Portability and Accountability Act (HIPAA) Business Associate Agreements (BAA) are included with contracts for providers of services outside the agency.

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XXXI. Limited English Proficiency (LEP)

A. In compliance with "Title VI of the Civil Rights Act of 1964", "Title IX of the Education Amendments of 1972," "Section 504 of the Rehabilitation act of 1973," and the "Age Discrimination Act of 1975," all services of local health departments shall be conducted in a manner that no person will be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination on the grounds of race, color, disability, national origin, sex, age or religion. The U.S. Department of Health and Human Services, Office for Civil Rights can be found at: <http://www.hhs.gov/ocr/office/index.html>

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- B. As stated in the AR, Local Health Operations Section, "The Department for Public Health (DPH) and its contracted local health departments must make interpretive services available to all eligible persons benefiting from programs provided through these Agencies and funded by Federal monies. Failure to provide quality interpretive services may prevent eligible persons from receiving benefits to which they are entitled. Quality interpretive services may be assured when standards for performance are established and those performing these services are held accountable to meet these standards."
- C. Therefore, LCDHD shall follow policies and procedures to provide interpretative services to clients with Limited English Proficiency as defined in the AR and compliant with the title VI of the Civil Rights Act.

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Computer Network Infrastructure Security Policy

From LCDHD Wiki

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 - 2.1 Network Security
 - 2.2 Physical Access to Information Systems
 - 2.3 Applicable Security Standards and Laws
 - 2.4 Routine Security Audits and Documentation
 - 2.5 Cyber Threat and Computer Intrusion Incident Reporting

Policy

To maintain security of LCDHD's Computer Network Infrastructure against unauthorized intrusion, LCDHD IT staff will follow security procedures as described below.

Procedures

Network Security

1. Private Network Access

- a. All Intranet traffic from site to site will be secured behind an encrypted VPN.
- b. Outside access to the private LCDHD Network/VPN shall be restricted as follows:
 - i. LCDHD IT staff who must connect offsite to provide IT support will only connect via a secure encrypted connection.
 - ii. LCDHD staff who must connect to the LCDHD network via their LCDHD laptop/notebook from offsite will be allowed to connect with a properly configured secure encrypted VPN connection on their machine.
 1. LCDHD staff who must connect to the network from offsite must request and be approved by the Appointing Authority before access is granted.
 2. Upon approval from the Appointing Authority, IT staff will configure the server to allow access and install and configure VPN client software on their portable machine and give instructions on usage.

2. Resources Accessible outside LCDHD Offices

- a. Certain information resources, such as the Wiki, Employee Directory, Cloud-based File Storage, and Email system, shall be accessible to employees from the Internet, without requiring VPN Access.
- b. Access to Internet Accessible Resources shall be protected by strong encryption and restricted by two-factor authentication, including the user's login password and access to an authorized mobile phone.

Physical Access to Information Systems

1. Restricted Access to Servers

- a. All LCDHD servers will be secured behind a locked door in a properly ventilated and climate controlled room.
- b. Only Office Managers and IT staff will have access to server room.
- c. Office Managers and IT staff are responsible for restricting access to the server rooms

2. Restricted Access to Network and Workstations

- a. All workstations and computer systems shall be secured in such a way that no member of the public may compromise the integrity of patient information, employee information, or other protected information, either directly or indirectly, through the manipulation of such computer systems, as detailed in the Computer Usage Policy.
- b. Wireless networks shall be password protected, and engineered so that, even if the password / network key were to be compromised, access to protected information would not be directly compromised.

Applicable Security Standards and Laws

1. LCDHD shall adhere to all applicable federal, state, and local privacy protection regulations for handling data, including personal information, patient information, financial or payment information, and any other protection data under applicable law.
2. Laws and standards relevant to the operation and security of information within LCDHD include, but may not be limited to, the following:
 - The Health Insurance Portability and Accountability Act of 1996 (HIPAA) (<http://www.hhs.gov/ocr/privacy/hipaa/understanding/index.html>)
 - Payment Card Industries Security Standards Council Data Security Standards (PCI DSS) (https://www.pcisecuritystandards.org/security_standards/) (*Where applicable*)
 - Kentucky Statutes on Notification of personal information security breach:
 - KRS 61.931 (<http://www.lrc.ky.gov/statutes/statute.aspx?id=43575>)
 - KRS 61.932 (<http://www.lrc.ky.gov/statutes/statute.aspx?id=43576>)
 - KRS 61.933 (<http://www.lrc.ky.gov/statutes/statute.aspx?id=43577>)
 - KRS 61.934 (<http://www.lrc.ky.gov/statutes/statute.aspx?id=43578>)

Routine Security Audits and Documentation

1. All computer systems that access or handle personal information or financial information shall be continuously monitored for threats or intrusion incidents, and response made pursuant to the requirements of KRS 61.933, HIPAA, and other applicable laws and standards.
2. All threats or incidents, and information that could lead to the discovery of such incidents, shall be logged using automated systems for a period not less than 90 days.
3. Access and incident logs shall be reviewed, and audits conducted, by a member of the IT staff on a regular basis.
4. A record of incidents, reviews, and audits shall be kept in the LCDHD IT Department Ticket System, filed as a "Cyber Security Audit Record." Such record shall include the date and type of review, the name of the person conducting the review, and any noted anomalies. If anomalies are noted, a separate cyber security incident report shall be created.

Cyber Threat and Computer Intrusion Incident Reporting

1. Any incidents or anomalies discovered during routine reviews, audits, or scans shall be documented on an LCDHD Cyber Security Incident Report, which will be submitted and managed in the ticket reporting system managed by the IT department.

2. If any anomaly is noted or a report received by IT staff that indicates a security breach may have occurred, an LCDHD Cyber Security Incident Report shall be submitted.
3. Every incident report shall be reviewed by a second member of the IT staff within one business day, and investigation made into the likelihood and possible impact of the incident.
4. If such review or investigation determines that a security breach has actually occurred, or had a reasonable likelihood of occurring, then notification shall be made to all relevant parties as described in KRS 61.933 (<http://www.lrc.ky.gov/statutes/statute.aspx?id=43577>)

Date Adopted: 6/26/12

Date ratified by board: 9/4/2012

Date Revised: 2/27/2013

Date Revisions adopted/ratified by board: 3/5/2013

Date Revised: 2/18/2014

Date Revisions adopted/ratified by board: 3/25/2014

Date Revised: 12/1/2014

Date revisions ratified by board: 12/2/2014

Date revised/ratified by board:

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Category: Information Technology Policies

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- This page has been accessed 236 times.



School Nurse Program Guidelines

June-2017- February 2018

Absences & Leave of Absence

Whenever you need to be absent during a scheduled workday, you must notify your school site no later than 1 1/2 hours prior to your report time at your school site.

Guidelines for School Nurses Attending ARC Meetings and 504 Plans

The School Nurses will only attend ARC meetings for specific students. These students will be ones which the nurse provides direct care. The nurse will not provide the school with care plans or documentation for these students. The School Nurses will provide care based on the physician's plan of care. The 504 plans are not the responsibility of the school nurse. If a school representative has questions about a student's health needs, the nurse may give information but should not be developing the 504 plan.

Guidelines for School Incidents Reports

The School Nurses may complete incident reports for the school district. These reports should be initiated at the site of the incident with the nurse completing the medical section. The nurse should only be completing reports she witnesses. The reports will be completed for districts at the district request. If the school nurse becomes injured on the job contact the HR department for the school system.

Guidelines for School Personnel Training

The School Nurses may delegate and train unlicensed school personnel (UAP) on the administration of medications and health services as appropriate. School Nurse must complete the Medication Administration Training (Train the Trainer) prior to delegating and training UAP's. Each school nurse will only train and delegate up to 15 UAP's. The school nurse is responsible for ensuring UAP's are competent in administration of medications and health services as appropriate.

Guidelines for Communication among School Staff/Parents

Any e-mails developed for teachers, forms and/or letters, and media correspondence related to school nursing program must be pre-approved by School Nurse Program Manager prior to dispersal. All media presentations require approval by appropriate district personnel. Contact School Nurse Program Manager regarding approval.

Drug Screening

The LCDHD School Program does not participate in drug screening within the school districts. This includes any activities for the process of drug screening such as specimen collection, etc.

Daily Paperwork

The school nurses are expected to complete all required paperwork daily. Any school nurse one day behind on paperwork should notify the School Nurse Program Manager immediately. Additional help will be provided as indicated with assessment of ways to improve paperwork efficiency. The School Nurse Program Manager reserves the right to note continual problems/performance on Quality Assessment Evaluations and when appropriate notify appropriate school personnel.

School Health Nursing Services

The Kentucky Board of Nursing states the purpose of school nursing is to enhance the educational process by the modification or removal of health-related barriers to learning and by promotion of an optimal level of wellness. The contract with the school system and the LCDHD are outlined for child health services only. To assure safe and accurate nursing practice, the LCDHD school nurses may not perform the following school personnel tasks. The following list includes but is not limited to:

- Discipline of Students - a school nurse should not be called out of her office to assist school personnel in the discipline process.
- Restraining - it is the school responsibility to be properly trained through courses such as Crisis Management to restrain a child.
- Student hygiene - a school nurse is not required to assist school personnel in cleaning a student after bladder/stool incontinence or vomiting incident/accident.

—Infinite Campus — a school nurse is only required to enter data performed in the school nursing office. The school will appoint a school employee to enter in all outside data.

- KOE Requirements — a school official will enforce the compliance of all school requirements such as school entry/6th grade physicals and immunizations. The school nurse's role in this matter is to provide the appropriate nursing services to the non-compliant student after being notified by the school personnel. The nurse is not required to check summative files for school compliance.

Professional Responsibilities

School Work Day

You are expected to be punctual and dependable. Because of the varying school schedules, school nurse employees will report to work as instructed by their School Board and the school time policy form. Extended facility hours such as early morning, late afternoon, and academy may be required as the situation dictates.

Lunch Periods

Your lunch period of thirty (30) minutes will be assigned by your supervisor in keeping with the labor laws. Daily lunch periods may vary due to workloads or schedule changes. We encourage school merit employees to review and discuss with the school principal the school policy regarding leaving your site during lunches. If school policy permits, whenever leaving your site for lunch or any other reason, you must arrange with the school personnel for someone to perform any special duties that may arise during your absence.

Courtesy and Manners

Courtesy and manners are an area of vital importance. Regardless of the situation, the employee must always be courteous to the public, (personally and by the phone), and to one's co-workers (which includes school personnel as well as health department staff). As the school district graciously contracts with the health department, you are indebted to them.

Manners and approach say more than words. School nurses should treat students and parents in a respectful manner. An individual should always leave the school clinic feeling welcomed and needed. Any difference of opinion or discussion of problems among employees should be discussed in private — not in public areas.

Your public relations speak loudly. Your conduct in the office with school administration as well as parents and students reflects the health department.

Know the public health programs so that you can enthusiastically discuss them with anyone. Strive for work quantity, work quality, and work organization and put patient or student needs as your priority. This will make the job enjoyable and measurable for you, as well as appreciated by those you serve.

Habits

Not only personal appearance, but our work area is to be kept as neat as possible while working. Clinic areas should be tidied and re-stocked immediately after use. A place for everything and everything in its place should be adopted as the motto for each facility. Coats, purses, and other personal items should always be placed in the appropriate area.

The work site is not the place for your family or friends to visit or to spend the day. Employees with children need to arrange for daily child care for their pre-school children and after-school care for older children.

Each employee has personal responsibility to the facility that he/she works. Equipment and supplies should be stored and used properly. It is the responsibility of each person to see that the lights are turned off and that your office and medications are secured properly before leaving your site. Do your part to conserve energy and to keep the building clean and tidy.

Transporting Records

No employee shall let a medical chart be transported by a patient, family member, student, or school staff.

No chart can be transferred out of the county. If you receive a request, please make copies of the contents of the chart and send the copies (only after release has been signed by guardian and School Nurse Program Manager has been notified). Send the original chart to the District Office for storage. Chart transfer form must be used when transferring chart to the District Office for storage.

Before transporting any chart outside of your school site, you must notify the School Nurse Program Manager unless end-of-year at which point utilize the chart transfer form.

Charts sent to another school should be sent to the local health department or District Office and not sent via intra-office mail within school district when transferring within the county. Charts should be placed in receiving school nurses mailbox at the health department or given to School Nurse Program Manager to transfer. If there are any questions contact School Nurse Program Manager.

Solicitation

Soliciting the sale of any goods or service is prohibited unless approved by school principal or School Nurse Program Manager.

Date revised: 3/15/2014

Date revisions ratified by board: 3/25/2014

Date revised: 03/03/2015

Date revisions ratified by board: 03/03/2015

Date revised: 8/8/2016

Date revisions ratified by board:

Staff Notification Policy

Policy:

It is the policy of Lake Cumberland District Health Department to immediately notify its full-time staff upon the confirmation of a significant emergency or dangerous situation involving an immediate threat to the health or safety of staff or the community. This includes office closings due to unsafe travel/weather conditions.

In order to fulfill this policy, LCDHD will:

- Confirm the existence of a credible emergency event or dangerous situation
- Determine message content and appropriate notification methods to employ
- Initiate notification systems
- Maintain notification systems

Emergency Notification Systems:

- ReadyOp
 - Mass email
 - Telephone call out
 - Text message
- LCDHD Phone Tree
 - Telephone call out
- Internal Email
- Internal Phone System
- Webpage
- Social Media – Facebook, Twitter, etc

Alert System Component Use and Maintenance:

Several alert system components are used for normal business activities, such as internal email and phone systems, webpages and social media sites. Other alert system components are used for emergency message dissemination only, such as ReadyOp and the LCDHD phone tree.

Training and exercises are essential to demonstrating and improving the ability of LCDHD to execute its alerting protocols. Periodic exercises also help ensure that equipment and procedures are maintained in a constant state of readiness. Testing LCDHD alert system components may help identify issues and determine functionality before an emergency occurs.

Following testing of the alert systems, after action reports are generated and information is shared with the executive director regarding how successful the alerts were in reaching LCDHD staff.

Training and Education:

LCDHD staff rosters of all full time LCDHD employees are maintained in the alert notification systems by administration. Rosters are updated as staff turnover occurs.

Staff with responsibilities for activating LCDHD alert system components will receive initial and periodic training in order to operate those components.

All LCDHD staff will receive initial and periodic training in order to know how to confirm receipt of alerts that are sent through the various alert systems. As the vast majority of alerts will likely occur after hours, it is imperative that LCDHD staff provide after hours contact information to the alert

systems to ensure that notifications can be made in a timely manner in the event of a public health emergency or disaster.

SYSTEM	TESTING SCHEDULE
ReadyOp <ul style="list-style-type: none"> • Mass email • Telephone call out • Text messaging 	2x per year – unannounced quarterly testing (alternating with phone tree)
LCDHD Phone Tree <ul style="list-style-type: none"> • Telephone call • Text message 	2x per year – unannounced quarterly testing (alternating with ReadyOp)
Internal Email	Normal daily business ensures system functionality
Internal Phone System	Normal daily business ensures system functionality
Webpage	Normal daily business ensures system functionality
Social Media	Normal daily business ensures system functionality

ReadyOp Procedures:

Notification Guidelines: Activation of the ReadyOp notification system will be initiated, as appropriate, by a staff member with agency administrator status within the system (Executive Director or Preparedness Manager). However, a LCDHD employee may be one of the first to know about an emergency/disaster. In this instance, the employee should immediately notify their supervisor, who will in turn notify one of the agency administrators listed above to initiate the alert.

Confirmation: All LCDHD staff are expected to confirm receipt of the ReadyOp alerts they receive in a timely manner. Alerts may be received via email, phone call or text message. Only one confirmation for each alert is required, even if the alert is received in multiple manners. For instance, if an alert is received by both email and phone, LCDHD staff need only confirm one of the alerts (email or phone) to be considered “received/confirmed.”

ReadyOp Updates: ReadyOp profile update requests will be sent by the preparedness manager to all staff quarterly via email link. All LCDHD staff are expected to follow the profile update link contained in the email to review and/or update their profiles within the ReadyOp roster. Profiles should be updated within one week of receiving the request to update.

Phone Tree Procedures:

Notification Guidelines: Activation of the Phone Tree should only be initiated by a member of the Executive staff. However, a LCDHD employee may be one of the first to know about an emergency/disaster. In this instance, the employee should immediately notify their supervisor, who

will in turn notify the Executive Director, Medical Director, or a member of the Executive Staff, as appropriate. Executive Staff will then initiate call-down procedures, if required.

Call Down: Each person is responsible for "contacting" the next person below them as listed on the phone tree. If that person cannot be reached, the caller should continue down the list until an individual is actually reached, leaving messages for those who do not answer. Names of staff who are not spoken to should be verbally passed along so the last person in line can report this to their Phone Tree Manager. Each person on the phone tree should be contacted every time the phone tree is used. (i.e. do not skip someone because an individual is believed to be off work or doesn't need the notification)

Confirmation: The last person in the call down list is responsible for calling back to the top of the Phone Tree Manager to confirm who was or was not contacted. The County Manager is then to call their respective District Supervisor. The District Supervisor is then to finish the call back until it reaches the Executive Director.

Phone Tree Assignments: All full-time employees will be assigned to the phone tree in the respective base county.

Phone Tree Updates: LCDHD phone tree listings for all full time LCDHD employees are maintained by administration. Phone trees are updated as staff turnover occurs.

Date Adopted:

Staff Emergency Information Form

Policy:

The Lake Cumberland District Health Department will maintain a Staff Emergency Information Form for all full-time employees at the Lake Cumberland District Health Department. The Staff Emergency Information Form is to be used during an emergency or disaster, as well as on a daily basis. This form has important contact information for next of kin, primary care physicians, evacuation location, and out-of-district/state contacts. The intent is for the LCDHD Management to be able to rapidly "track," notify, and care for health department staff.

Procedure:

1) Yearly Update

- a) Update ~~annually~~ yearly — January of each year
- b) The ~~Preparedness Manager~~ Executive Director will send an email with instructions for completing the form and submission, ~~along with the electronic file.~~
- c) Staff will have 1 month to submit ~~return~~ completed forms
- d) ~~Forms will be returned to the Preparedness Office Secretary by email~~
- e) ~~The Preparedness Office Secretary will verify that each form is complete~~
- f) Complete forms will be saved in a common file on the District Health Department Server
- i) File Name – "Staff Emergency Information Forms"
- g) The Preparedness ~~staff~~ Office Secretary will print a paper copy of each Staff Emergency Information Form and will forward to Personnel for filing in the Staff Emergency Information Form folder.
- h) The Staff Emergency Information Form folder will be maintained in the Personnel Office due to the nature of the sensitive material included in the form.

2) New Staff

- a) All new full-time staff must complete a paper copy of the Staff Emergency Form upon hire.
- b) ~~Personnel will include a paper copy of the form in the health department orientation packet.~~
- e) ~~The form should be completed by the new staff and returned to personnel for filing in the Emergency Information Form folder.~~
- i) ~~A paper copy for new staff will be sufficient until the yearly update is completed.~~

3) Form Updates — Name Changes, Address, Changes, County Location Changes

- a) ~~All changes, such as name changes, address, changes, and county location changes will be made in the Personnel Office~~
- b) ~~A hard copy of the Staff Emergency Information Form will be included in the "change" packet that the Personnel Office distributes to employees when their personal information~~

~~must be updated.~~

~~e) The Personnel Office shall attach the updated form to the front of the Staff Emergency Information Form.~~

~~i) This will suffice as the form update until the yearly update occurs.~~

Date Adopted: 2/2/2009

Date Reviewed: 3/3/09

Date Reviewed: 3/2/10

Date Revised: 2/8/11

Date Revisions adopted by Board: 3/1/11

Date Revised: 1/31/12

Date Revisions ratified by board: 3/5/2013

Date Reviewed: 3/25/2014

Date revised: 2/2/2017

Date revisions ratified by BOH:3/7/2017

Tobacco Free Employees

Policy:

LCDHD will support employees on becoming tobacco free.

Procedures:

1. Staff may code one (1) hour per week to attend the Freedom From Smoking (FFS) Cessation Program. The program is a 8 week program.
2. The district will pay for the required Nicotine Replacement Therapy (NRT) utilized in conjunction with the cessation classes. The Freedom From Smoking (FFS) Cessation Program recommends Nicoderm Patches, Gum and Lozenges.
3. Staff is required to sign a contract acknowledging attendance will be maintained for all 8 cessation classes. Attendance will be tracked weekly by the Freedom From Smoking (FFS) Cessation facilitator.
4. Staff who does not complete the program will be required to pay back the cost accumulated for the NRT during the time period.
5. If an employee begins smoking within one (1) year they are required to pay the cost of the NRT.
6. Employees are allowed to participate in one (1) Cooper Clayton Smoking Cessation Program per fiscal year.

Date Adopted: 8/27/03

Date Reviewed: 3/3/09

Date Reviewed: 3/2/10

Date Reviewed: 3/2/11

Date Reviewed: 3/8/12

Date Reviewed: 3/5/13

Date Reviewed: 3/25/2014

Date revised: 2/28/2017

Date revisions ratified by BOH: 3/7/2017

Date revised: 1/2/2018

Field Trip Policy

Policy:

The ~~public~~ school nurse stationed in the satellite school clinics may attend school related field trips ~~when more than 90% of the student body is participating in the offsite event~~ at the request of school principal or school board.

Procedures:

~~1. When a field trip includes at least 90% of the student body~~ school nurse attends a field trip:

~~a. The nurse shall attend the event to provide nursing services as necessary. The nurse must notify the nursing supervisor of the scheduled field trip and be in pay status.~~ Preparation for the field trip should begin well in advance of the trip.

1. Services provided by the nurse on a field trip include but are not limited to:

a. Medication administration, diabetic care including insulin administration, and emergency medications such as a rescue inhaler, Diastat, Glucagon or Epinephrine.

b. Basic first aid.

c. Adhere to LCDHD emergency protocols.

2. When administering medication to a student attending a field trip. The nurse shall:

a. Transport all prescribed medication in the original labeled container.

b. OTC medication must be transported in the original container which includes the dosage and directions for administration.

c. Have all physician orders, parent consent or authorizations on hand.

- d. Transport appropriate supplies needed for the field trip. (i.e. Band-Aids, gauze, gloves).
- e. Document all services provided, including PEF's on each visit.

2. Out of state field trips.

a. When a school attends an out of state field trip. The nurse should contact the Board of Nursing of the state to be visited. Compact states provide regulations in some cases but each state's laws are unique and may not be the same as Kentucky.

3. The nurse typically should ~~shall~~ not attend field trips that are scheduled for only a partial student body such as per grade, class, group, or club.

1. When a field trip is scheduled for only partial student body, then the nurse must either:

~~a. Contact the school board hired nurse to provide medication/insulin administration.~~

b. Notify the school backup personnel for medication/insulin administration.

c. Contact the parent for medication/insulin administration.

Date Adopted by Board: 06/22/10

Date Reviewed: 3/2/11

Date Reviewed: 3/8/12

Date reviewed: 3/5/2013

Date Reviewed: 3/25/2014

Media Policy

Policy:

Effective communications with the media are critical to LCDHD's ability to carry out its mission and promote continued public health in our communities. Effective media relations best serve the health department by:

- Informing the public of what we can do for them
- Promoting the health department's achievements, activities and events of significance
- Expanding the general visibility of the health department
- Ensuring that accurate information is conveyed to the public regarding public health incidents and issues

Authorized Spokespeople:

The Executive Director of LCDHD serves as the official public health spokesperson for the agency. Other public information officers are in place and have been trained in media relations, as well. Those individuals include, staff in the Health and Policy Promotion department (health educators) and the staff in the Preparedness department. The person authorized to speak to the media on an ongoing basis regarding medical issues is the Medical Director. The person authorized to speak to the media on an ongoing basis regarding environmental issues is the Environmental Director. If these staff are not available, the Executive Director may refer the matter to another member of the Executive Committee or District or Local Board of Health member.

From time to time, as need dictates, specific employees may be authorized to speak to the media on behalf of the Organization. Such authorization may be granted on a case-by-case basis, with reference to a specific issue, event or incident.

<u>Authorized LCDHD Spokespeople</u>
Executive Director
Medical Director
Environmental Director
Health Policy and Promotion Director
Preparedness Manager
Health Educators
Preparedness Staff

Media Inquiries:

Only those who have received specific authorization from the Executive Director are to respond to media inquiries for information. If a reporter contacts local health department staff who do not have authority to speak for the agency, do not give out information, no matter how insignificant it may seem. Instead, ask the reporter what information he or she wants, which newspaper, magazine, radio or television station they represent, what their deadline is and how to contact them. Then

immediately advise the Executive Director of the request. He/She or his/her representative will decide how the response will be handled.

Any effort to contact the media on behalf of the organization to generate media coverage must be reviewed and approved by the Executive Director's Office. The intent is to assure that messages are appropriate, consistent with agency policies and practices, professionally prepared and accurately reflect the organization's mission.

Training and Education:

Authorized LCDHD media spokespeople will receive initial and periodic training in media relations.

Communication Log:

All LCDHD communications with the media, whether initiated by the media or by LCDHD, should be recorded on the LCDHD Communications Log. The communication (article, video news story, press release, etc) should be saved and linked to the Communications Log entry, as appropriate.

Date Adopted:

Epidemiology Rapid Response Team Policy

Policy:

The Lake Cumberland District Health Department maintains a pool of multidisciplinary staff to conduct outbreak and other public health investigations and to assist local, regional, state and national epidemiology staff in emergency public health investigations as members of the Epidemiology Rapid Response Team (ERRT). The LCDHD ERRT will consist of trained nurses, environmentalists, the medical director, the epidemiologist and preparedness staff.

Epi Rapid Response Team Program Goals:

- To help participants gain, increase, and improve their knowledge and skills in concepts and practices associated with responding to a case/cluster/outbreak investigation.
- To increase the number of public health professionals capable of participating on a strike team in an outbreak investigation, terrorism event or other public health threat.
- To improve the capability of our health departments to respond to investigation of urgent public health events i.e. outbreaks, terrorist events, etc.

Membership Requirements:

Each member of a local health department Epi Rapid Response Team is required to:

1. Have supervisor and LHD Director approval and submit official Sign-Off Sheet;
2. Attend an ERRT Beginner's Training Session (usually 2 days)
3. Attend the Application Exercise Day if in the first year as an ERRT member;
4. Attend, as a refresher, an Application Exercise Day once every four years;
5. Complete at least four hours of approved continuing education annually;
6. Attend at least two ERRT Annual Conferences out of every four years;
7. Complete respirator fit testing upon initial appointment to ERRT and every two years thereafter. If fit testing was completed more than one year prior and ERRT staff is being deployed in a public health response where respiratory protection is deemed necessary by LCDHD medical staff, fit testing will be conducted again prior to the deployment;
8. Complete Personal Protective Equipment (PPE) donning/doffing training, including skills check-off, upon initial appointment to ERRT and every two years thereafter. If PPE training was completed more than one year prior and ERRT staff is being deployed in a public health response where PPE is deemed necessary by LCDHD medical staff, refresher training will be conducted prior to the deployment.

Each member is also encouraged to:

- Assist in public health investigations (local, district, or state), on an as needed basis;
- Engage in additional continuing education when possible to better themselves in their ability to respond to public health emergencies;
- Participate in exercises or trainings as offered throughout the state and deemed appropriate by LCDHD ERRT Coordinator.

Training and Education:

Beginner's Training: Two days of on-site training for new members will be offered each year. This training is focused on applied and practical epidemiologic and public health-related skills, including the ten steps of an outbreak investigation, surveillance, basic epidemiologic methods, use of computers in epi investigation, overview of common infectious diseases in Kentucky, surveying, and sampling.

Application Exercise Day: A third day of training will be offered at the time of the Beginner's Training which will include 1-2 exercises that require participants to apply the knowledge, and practice the skills learned in the basic training. This session will also be open to previously-trained ERRT members as refresher course for ERRT members who want to brush up their skills. All ERRT members will be required to attend at least one of these Application Exercise Days every four years.

Continuing Education: A minimum of 4 hours of continuing education relevant to ERRT will be completed annually after the initial on-site training.

Documentation:

All documentation related to the ERRT staff training records will be maintained by the Regional Epidemiologist.

Date Adopted: 2/2/2009

Date Reviewed: 3/3/09

Date Reviewed: 3/2/10

Date Reviewed: 3/8/12

Date Reviewed: 3/5/2013

Date Revised: 3/7/2014

Date Revisions adopted by board: 3/25/2014

Date revised:2/2/2017

Date Revisions adopted by board:3/7/2017

Employee Award

Policy:

LCDHD provides an employee recognition program to reward those employees who have gone "above and beyond the normal call of duty".

Procedures:

1. At the beginning of each month the Executive Director sends an e-mail to all staff asking them to submit nominations for Employee of the Month.

a. Nomination criteria:

i. Executive Staff are not eligible
ii. The person being nominated has to have been employed by the health department for a minimum of 6 months.

iii. The nomination should be for an employee who has, during some point over the last few months, demonstrated a specific instance where he/she has gone "above the normal call of duty" in performing their job while not neglecting their regular duties.

a. Going above the call of duty can be things as "large" as saving a life, working unexpected hours to assist a patient, or volunteering during an emergency event; or, as "small" as showing a kindness to a coworker during a time of need, testimony from your peers regarding your overall positive attitude, or receiving affirmative feedback from a patient, customer or community partner.

i. While priority will be given to nominees who have demonstrated "larger" actions, "smaller" actions will also be considered.

iv. A nominee's immediate supervisor should concur with employee receiving this award.

b. Other notes:

i. A nominee who fails to meet any of the above three criteria will be disqualified from consideration.

ii. The full Executive Team will select the recipient.

iii. The recipient of this recognition will receive a plaque, an article in their home newspaper and a gift certificate for \$25.00.

2. At the end of a year, via a simple majority, a survey of all staff will be utilized to determine the Employee of the Year, selected from the 12 Employees of the Month (with the Executive Director, if needed, serving as the tie breaker vote).

a. All health department employees will have the opportunity to vote on the employee of the year award.

b. The recipient of this recognition will receive a plaque, an article in their home newspaper and a one-time meritorious increment of \$500.00.

3. The following Employee Recognition Ballot is utilized for nominations.

Date Adopted: 10/16/00
Date Reviewed: 3/3/09
Date Reviewed: 3/2/10
Date Reviewed: 3/2/11
Date Reviewed: 3/8/12
Date Reviewed: 3/5/2013
Date Reviewed: 3/25/2014
Date revised/revisions ratified by BOH: 12/1/2015

Date revised/revisions ratified by BOH: