

**LAKE CUMBERLAND DISTRICT HEALTH DEPARTMENT
BOARD OF HEALTH DIRECTORS
March 1, 2022**

The Lake Cumberland District Board of Health met on Tuesday, March 1, 2022 via Zoom and it was recorded and saved on LCDHD YouTube channel available here:
https://youtu.be/T9qHrwK_jY

Members Present	Members Absent
Judge Gale Cowan Judge Ricky Craig (Proxy Judge Phelps) Robert Drake, MD Gina Goode Judge Jimmie Greene Judge Steve Kelley Tank Lawson, ARNP Susanne Lee, OD Stephen McKinley, OD Richard Miles, MD Alvin Perkins, MD Judge John Phelps, Jr. Gayle Phillips, DNP, APRN Marlene Richardson, DMD Judge Gary Robertson (Proxy Judge Phelps) Judge Barry Smith (Proxy Judge Phelps)	Judge Mike Anderson Pam Bills, APRN Kristen Branham Joseph Brown, MD Judge Randy Dial Judge John Frank Patty Guinn, RPh Matt Jackson RPh Bruce Jasper, DVM Kay King Shantila Rexroat, DVM Joe Silvers, RPh Jake Staton James Wesley

Judge Kelley called the meeting to order.
An invocation was given by Judge Kelley.
A quorum was reached after the follow up of old business was discussed.

Topic	Discussion	Follow-up
Legal Authority		
Approval of Minutes	Dr. Robert Drake motioned to approve the prior minutes. Judge Phelps seconded the motion. The board voted unanimously to approve the prior minutes as presented. Motion carried.	None
New Members	Dr. Robert Drake was welcomed to the Board. Amy Tomlinson, Executive Director, administered the oath which was agreed to by Dr. Drake.	None.
Old Business	Judge Kelley asked if there was anything for which the administration had failed to	None.

	adequately follow-up on since the last meeting. Nothing was noted.	
Election of Officers	<p>With the passing of Dr. Fallahzadeh, a Public Health Award was created in his memory. The award would honor those individuals who have demonstrated dedication to improving the health of citizens of Lake Cumberland district. Health Department staff would not be eligible. Criteria for selection of the reward include: exemplary leadership and diligence in promoting public health, remarkable contributions and support in fostering public health programs, and work or actions that have impacted the community's health in a positive way. The award would take place during Public Health Week in April.</p> <p>Judge Kelley entertained a motion to proceed with the creation of this award. Dr. Miles made a motion to create this award in honor of Dr. Fallahzadeh. Dr. Richardson seconded the motion. Dr. Perkins recommended Dr. Fallahzadeh be the first recipient of the award. Dr. Phillips motioned to amend the first motion by adding that Dr. Fallahzadeh would be the first recipient of the award. Judge Phelps seconded the amendment. Motion passed unanimously.</p>	
Resource Stewardship		
Financial Updates/Directors Comments		
Financial Position 1/31/22	<p>Ron Cimala presented the financial report for 1/31/22.</p> <p>The LCDHD balance sheet for the period shows \$12,223,721.42 in assets with \$91,214.92 of that owed in current liabilities. The total of LCDHD's assets is equal to 6 months of this year's average expenses. LCDHD had \$9,400,732.55 in Year-To-Date revenues and \$9,594,096.07 in Year-To-Date expenditures resulting in a \$(193,363.52) Year-To-Date deficit. Our annual revenues and expenses are less than budgeted mainly due to</p>	None

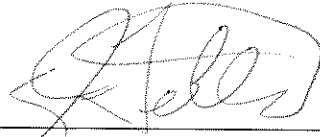
	<p>the state encouraging us to over-budget our Covid-19 revenues and expenses for this fiscal year so we could ensure we were allotted the funds we needed for COVID -19 in case our costs were extremely high. While we have pulled down a huge portion of these COVID funds we are still well off the pace compared to budget. We also will be starting our GO365 program after January 1st which should generate a chunk of revenue. Finally, this note, DPH is six quarters behind on billing us for their Medicaid Match payments. 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 three quarters, we estimate approximately \$300,000 is now due back to the state out of the Medicaid Revenue we've collected for services. We plan on ending the year at a \$1,207,674 surplus.</p>	
Grants Report	The Heart 4 Change grant will end on April 30, 2022.	None
Assign Budget Review Committee	Typically, the Budget Review Committee is comprised of members of the Executive Committee. The Budget Review Committee for this year will include: Judge Kelley, Dr. Richardson (taking Dr. Fallahzadeh's position), Dr. Miles, Dr. Gail Phillips, Judge Cowan (taking Judge Robertson's position), and Judge Phelps. Dr. Richardson was appointed in the last board meeting. Judge Robertson is resigning from his Judge Executive position, Judge Cowan was appointed to take his place on the Budget Review Committee.	
Continuous Improvement		
Suggestions	The board was reminded they can make suggestions via email or to type into the chat box during the live Zoom meeting to be followed-up by the administration. None were presented during the meeting.	The administration will follow on board suggestions.
Director/Agency Board Survey Results	The survey will be sent out via email. We currently have about ½ the board who have participated.	
Annual Epi Report	Amanda England presented the Annual Epi Report to the Board. We had 3,797 reportable	

	diseases. The three diseases with the highest case counts were: Covid-19 with 3,767 cases, Campylobacteriosis with 5 cases, and HIV with 4 cases. There were no outbreaks for this fiscal year.	
Partner Engagement		
Harm Reduction/ Syringe Exchange	Laura Woodrum, Director of Nursing, reported that we are continuing the harm reduction/SEP program in 5 of our 10 counties. UK has staff placed at each of our 5 health departments and their program provides services. Their program has expanded to include additional HIV testing. A couple of events are planned during April. The mobile unit will go out and provide testing and community events.	None
Oversight		
HR Report	4 Staff on-duty: 2 CTT, 1 Environmentalist in Casey County, and 1 New Administrative Specialist in HR. 10 staff off-duty: 5 CTT, 4 HANDS staff, and 1 janitor.	None
Human Resources Report	Since our last meeting, we had 14 staff come on duty and 10 go off duty. We currently have 3 open positions and due to the current job market are having a difficult time recruiting new staff.	None
Policy Development		
Annual Review of Policies	Board was given a packet of policies that were needing to be changed. Judge Kelley requested a motion to adopt the policies as presented. Judge Phelps motioned to approve. Dr. Phillips seconded the motion. Motion carried unanimously.	
New Policies	Janae Tucker said there were no new policies to review.	None

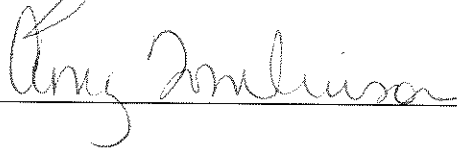
Chair set the next meeting date for June 21st at 7pm EST/6pm CST in person at Russell County Health Department.

A motion was made by Dr. Drake to adjourn the meeting. Judge Phelps seconded the motion. Motion carried and meeting was adjourned.

Judge Steve Kelley, Chair



Ms. Amy Tomlinson, Secretary



6/21/22

Title	Name	County	Attending 3/1? Yes, No, Proxy summed at bottom.	Present
Judge	Anderson, Mike	Wayne	No	
	Bills, Pam	Green	emailed	
	Branham, Kristen	Cumberland	left message - email bounced	
Dr.	Brown, Joseph	Wayne	Yes	
Judge	Cowan, Gale	Adair	Yes	Y
Judge	Craig, Ricky	Clinton	Proxy	Y
Judge	Dial, Randy	Casey	Yes	
Dr.	Robert Drake	Pulaski		Y
Judge	Frank, John	Green	Proxy	
	Goode, Gina	Casey	Yes	y
Judge	Green, Jimmy "Bevo"	McCreary	Yes	Y
	Guinn, Patty	Pulaski	Yes	
	Jackson, Matt	Adair	Yes	
Dr.	Jasper, Bruce	Pulaski	No	
Judge	Kelley, Steven	Pulaski	messed	y
	King, Kay	Casey	No	
	Lawson, Terry "Tank"	McCreary	Yes	Y
Dr.	Lee, Susanne	Russell		Y
Dr.	McKinley, Stephen	McCreary	Yes	Y
Dr.	Miles, Richard	Russell	Yes	Y
Dr.	Perkins, Alvin	Pulaski	Yes	y
Judge	Phelps, John Jr.	Cumberland	Yes	Y
Dr.	Phillips, Dr. Gayle	Taylor	left message	Y
Dr.	Rexroat, Shantila	Adair	No	
Dr.	Richardson, Marlene	Taylor	Yes	Y
Judge	Robertson, Gary D.	Russell	Proxy	Y
	Joe Silvers	Wayne	Yes	
Judge	Smith, Barry	Taylor	Proxy	Y
	Staton, Jake	Clinton		
	Wesley, James	Pulaski	No	

Yes	14
Proxy	4
Sum	<hr/> 18



Gary D. Robertson
Russell County Judge Executive

Phone: (270) 343-2112
Fax: (270) 343-2134
email: grobertson@rkygov.com

P.O. BOX 397
Jamestown, KY 42629

February 28, 2022

Attn: Melody Williams
Lake Cumberland District Health Department

This letter is to provide my proxy, Judge Executive John Phelps, for the March 1, 2022, District Health Board Meeting due to an unexpected conflict.

Thank you,

A handwritten signature in black ink that reads "Gary D. Robertson". The signature is written in a cursive style with a long horizontal line extending from the end of the name.

Gary D. Robertson
Russell County Judge Executive



Clinton County Fiscal Court

Ricky L. Craig

Judge/Executive

Email:rickycraig.clintonky@gmail.com

Clinton County Courthouse

100 South Cross Street

Albany, Kentucky 42602

Phone: (606)387-5234 Fax: (606)387-7651

Cindy Thrasher

Treasurer

Virginia Conner

Occupational Tax/Finance Officer

Kelli Abston

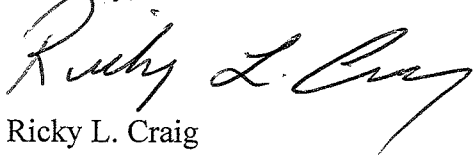
Administrative Assistant

March 1, 2022

To Whom it May Concern:

I, Ricky L. Craig, is requesting Judge John Phelps as proxy to act on my behalf with regard to the Lake Cumberland District Health Board meeting held on March 1, 2022.

Sincerely,



Ricky L. Craig

Clinton County Judge/Executive

~ Magistrates ~

District 1
Johnny Russell

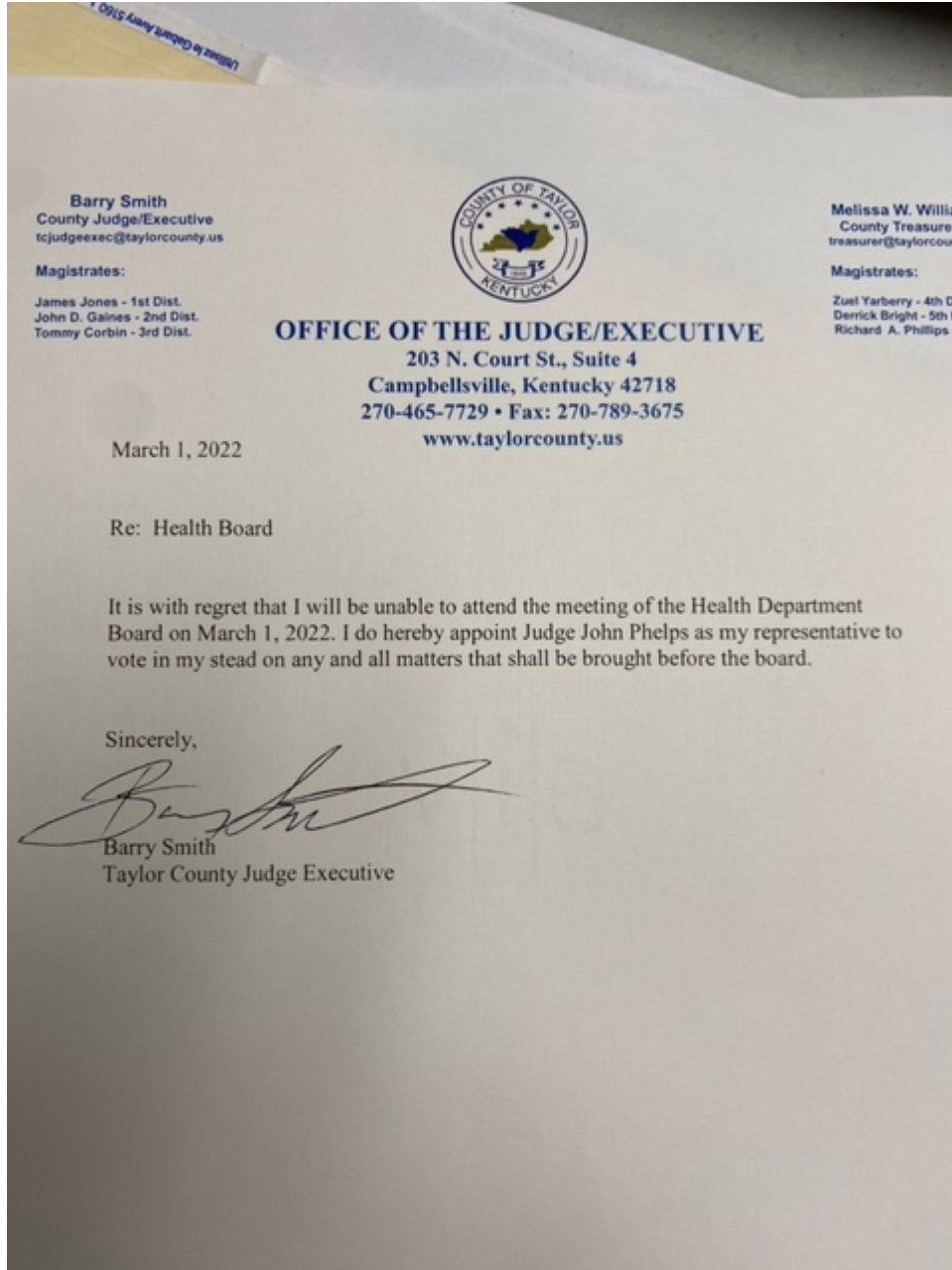
District 2
Ray Marcum

District 3
Terry Buster

District 4
Gary Ferguson

District 5
Jerry Lowhorn

District 6
Mickey Riddle



**LAKE CUMBERLAND DISTRICT HEALTH DEPARTMENT
BOARD OF HEALTH DIRECTORS
December 7, 2021**

The Lake Cumberland District Board of Health met on Tuesday, December 7, 2021 via Zoom and it was recorded and saved on LCDHD YouTube channel available here:
https://youtu.be/T9qHrwK_jY

Members Present	Members Absent
Pam Bills, APRN Kristen Branham Joseph Brown, MD Judge Gale Cowan Judge Ricky Craig Judge Jimmie Greene Gina Goode Matt Jackson RPh Judge Steve Kelley Stephen McKinley, OD Richard Miles, MD Judge John Phelps, Jr. Gayle Phillips, DNP, APRN Shantila Rexroat, DVM Marlene Richardson, DMD Judge Gary Robertson proxy Joe Silvers, RPh Judge Barry Smith proxy Jake Staton James Wesley	Judge Mike Anderson Judge Randy Dial Judge John Frank Patty Guinn, RPh Bruce Jasper, DVM Kay King Tank Lawson, ARNP Susanne Lee, OD Alvin Perkins, MD

Judge Kelley called the meeting to order after confirmation of quorum of Board members. A moment of silence was given in honor of Dr. Fallahzadeh. He was a passionate physician who gave a great portion of his life in service to our community. An invocation was given by Judge Phelps. After confirming a quorum was present, the meeting was called to order by Chair, Judge Steve Kelley.

Topic	Discussion	Follow-up
Legal Authority		
Approval of Minutes	Jim Wesley motioned to approve the prior minutes. Dr. Miles seconded the motion. The board voted unanimously to approve the prior minutes. Motion carried.	None

Old Business	Judge Kelley asked if there was anything for which the administration had failed to adequately follow-up on since the last meeting. Nothing was noted.	None.
Election of Officers	<p>With the passing of Dr. Fallahzadeh, an At Large member would need to be elected to serve on the Executive Committee. Dr. Richardson agreed to be nominated and serve on the executive committee.</p> <p>Jake Staton moved to keep the slate of officers the same as they are currently and for Dr. Richardson to replace Dr. Fallahzadeh as the At Large member. This was seconded by Dr. Miles. Judge Kelley asked for any further discussion and none was made. The board voted unanimously to approve the motion.</p> <p>Current Members: Chair, Judge Steve Kelley, Pulaski; V. Chair, Dr. Gayle Phillips, Taylor; Past-chair, Judge John Phelps, Cumberland; At Large 1, Dr. Hossein Fallahzadeh, Pulaski; At Large 2, Dr. Richard Miles, Russell; and, At Large 3, Judge Gary Robertson, Russell)</p>	
Resource Stewardship		
Audit Report	Brad Hays, auditor with RFH, presented the annual audit report. No adverse findings. No questioned costs. No prior audit findings. No proposed adjustments.	
<p>Financial Updates/Directors Comments</p> <p>Financial Position 10/31/21</p>	<p>Ron Cimala presented the financial report for 10/31/21. The LCDHD balance sheet for the period shows \$11,789,446.57 in assets with \$88,422.42 of that owed in current liabilities. The total of LCDHD's assets is equal to 6 months of this year's average expenses. LCDHD had \$4,852,137.21 in Year-To-Date revenues and \$5,476,983.08 in Year-To-Date expenditures resulting in a \$(624,845.87) Year-To-Date deficit.</p> <p>Our annual revenues are less than budgeted mainly due to not receiving any local tax revenue until middle of the year. We also will</p>	None

	<p>be starting our GO365 program after January 1st which should generate a chunk of revenue.</p> <p>Finally, this note, DPH is five quarters behind on billing us for their Medicaid Match payments. 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 three quarters, we estimate approximately \$500,000 is now due back to the state out of the Medicaid Revenue we've collected for services.</p> <p>At this point in the fiscal year, it is still very difficult to project a reliable fiscal year end 2022 position. As a result, we plan on ending the year as budgeted at a \$1,537,941 surplus.</p>	
<p>Christmas Bonus</p>	<p>The Board wanted to recognize the hard work the staff has put in during the pandemic and to show appreciation by awarding a one-time lump sum payment of \$1,000. Jake Staton moved to approve a one-time lump sum payment of \$1,000 for full time merit and full-time contract staff who receive retirement benefits. Dr. Miles seconded. No further discussion. All approved. Motion carried.</p>	
<p>Grants Report</p>	<p>Carol Huckelby gave the quarterly grant report. We have for applied for and received three new grants this quarter.</p> <ul style="list-style-type: none"> • The Foundation for a Healthy Ky grant - to create a social media campaign to encourage vaccine confidence among unvaccinated population. It will be wrapping up soon. - \$1,500. • Syringe Services Program Expansion grant- we will use it to do some community awareness events and provide Fentanyl testing strips through the syringe exchange program. - \$33,002 x 5 counties = \$165,010 • Office of Health Equity CHW grant – will allow us to hire two CHWs to work in the diabetes program. - \$127,740 	<p>None</p>

Continuous Improvement		
Suggestions	The board was reminded they can make suggestions via email or to type into the chat box during the live Zoom meeting to be followed-up by the administration. None were presented during the meeting.	The administration will follow on board suggestions.
Employee Satisfaction Surveys	We have had the highest response rate of employee participation at 70.3%. In general, scores were high.	
Director/Agency Board Survey	With our current accreditation efforts, we will be required to create a new strategic plan. We will incorporate the SWOT analysis into the Board of Health survey. Forms will be sent out in January. We would appreciate Strengths, Weakness, Opportunities, and Threats evaluation as it pertains to the health department and the community as a whole.	
Annual EPI Report	Report will be given in March.	None
Partner Engagement		
Syringe Exchange	<p>Tracy Aaron presented the update and said that SEP programs were going well. LCDHD participated in a needle cleanup at Rocky Hollow Park in Somerset.</p> <p>Laura Woodrum explained that the new SEP Expansion grant would cover the cost of some of the SEP supplies that were not currently covered. It would also allow us to expand HIV testing. One mobile event would be held each month across the counties. Promotional material would be created to help reduce the stigma. Personal care items would be provided for program participants.</p>	None
Oversight		
Covid-19 Update	<p>Sam Price presented the Covid-19 update. Cases increased dramatically during the summer and started to drop in October. Seems like we are in an increase again. DOC activation is currently at level 3.</p> <p>Incident rate – our counties are all in the red level of incidence. There is a delay between our reporting and the state reporting which is why the reports may look different.</p>	None

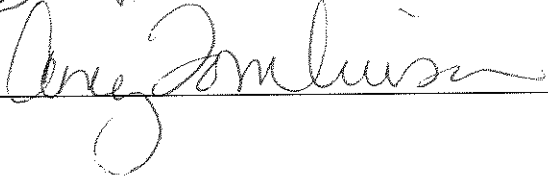
	<p>The District has a 4.17% hospitalization rate vs KY 4.18%. The District has a 1.71% mortality rate vs KY 1.41%. Currently, 78% of ICU beds are filled. This is an improvement over where we were a few weeks ago.</p> <p>Omicron Variant was first detected in Botswana November 11. The CDC is working with State and local public health officials to monitor the spread. Currently no detected cases of Omicron variant in KY.</p> <p>Judge Phelps asked if there had been a recent audit of the numbers of deaths? Amy confirmed that yes, the State audits death certificates and every so often they will push those stats out to us. We may not know all the deaths that occur with COVID as a cause of death. We get them in clusters and get 10 or 15 at a time but these are from the past.</p> <p>Dr. Miles explained that our community has a higher proportion of elderly, people with diabetes, and people who have obesity which would increase the mortality due to Covid.</p> <p>Fewer patients admitted to our hospitals, but the ones that are tend to be sicker than other areas of the state. Early on, we had a large proportion of our LTC patients who died due to Covid.</p>	
Human Resources Report	<p>Since our last meeting, we had 14 staff come on duty and 10 go off duty.</p> <p>We currently have 3 open positions and due to the current job market are having a difficult time recruiting new staff.</p>	None
Policy Development		
New Policies	<p>Janae Tucker presented a draft version of a Covid-19 Vaccination, Testing, and Face Covering Policy. This is in response to OSHA's Emergency Temporary Standard on Vaccination and Testing. Staff would be required to be vaccinated unless they have a medical or religious exemption. Those exempted must test weekly for Covid.</p> <p>Judge Phelps asked if a reward program could be established for Board Members. Amy</p>	None

	agreed to look into it. He also asked if there was one for employees. Amy responded that we do have one currently but are in the process of revamping it.	
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Chair set the next meeting date for March 1st at 7pm EST/6pm CST.

A motion was made by Dr. Miles to adjourn the meeting. Gayle Phillips seconded the motion. Motion carried and meeting was adjourned.

Judge Steve Kelley, Chair 

Ms. Amy Tomlinson, Secretary 

**District Board of Directors Meeting
Tuesday, March 1, 2022; 7:00 EST/6:00 CST**

Zoom:

<https://lcdhd.zoom.us/j/81459320484?pwd=RE1EU1JxQjlha3FmNEx3Z0tzR2Rhdz09>

AGENDA

- Welcome/Invocation.....Chair Kelley
- I. Legal Authority**
- a. Quorum/Approval of Minutes.....Chair Kelley
 - b. Introduction of New Members.....Chair Kelley
 - c. Old Business.....Chair Kelley
 - i. Was there anything the administration failed to adequately follow-up on from the last meeting?.....Chair Kelley
 - ii. Creation of Public Health Award in Memory of Dr. Fallahzadeh.....Amy Tomlinson
- II. Resource Stewardship**
- a. Financial Updates/Director’s Comments.....Ron Cimala/Amy Tomlinson
 - b. Grants Report.....Carol Huckelby
 - c. Assign Budget Review Committee.....Chair Kelley
- 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.....Amy Tomlinson
 - b. Director/Agency Board Survey Results.....Janae Tucker
 - c. Annual Epi Report (rescheduled from last meeting).....Amanda England
- IV. Partner Engagement**
- a. Harm Reduction/Syringe Exchange Updates.....Laura Woodrum/Tracy Aaron
- V. Oversight**
- a. Human Resources Report.....Carol Huckelby
- VI. Policy Development**
- a. Annual Review of Policies.....Amy Tomlinson
 - b. New Policies.....Janae Tucker
- Next Meeting/Closing Comments.....Chair Kelley

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.

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<p>Human Resources Report</p>	<p>Since our last meeting, we had 14 staff come on duty and 10 go off duty.</p> <p>We currently have 3 open positions and due to the current job market are having a difficult time recruiting new staff.</p>	<p>None</p>
<p>Policy Development</p>		
<p>New Policies</p>	<p>Janae Tucker presented a draft version of a Covid-19 Vaccination, Testing, and Face Covering Policy. This is in response to OSHA’s Emergency Temporary Standard on Vaccination and Testing. Staff would be required to be vaccinated unless they have a medical or religious exemption. Those exempted must test weekly for Covid.</p> <p>Judge Phelps asked if a reward program could be established for Board Members. Amy</p>	<p>None</p>

	agreed to look into it. He also asked if there was one for employees. Amy responded that we do have one currently but are in the process of revamping it.	
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Chair set the next meeting date for March 1st at 7pm EST/6pm CST.

A motion was made by Dr. Miles to adjourn the meeting. Gayle Phillips seconded the motion. Motion carried and meeting was adjourned.

Judge Steve Kelley, Chair _____

Ms. Amy Tomlinson, Secretary _____

DRAFT

FW: Nominate someone for the 2022 Dr. Rice C. Leach Public Health Hero Award

From : Cobb, Jessica E (LHD-Lexington-Fayette Co.) <JessicaE.Cobb@lfchd.org>
Subject : FW: Nominate someone for the 2022 Dr. Rice C. Leach Public Health Hero Award
To : Amy Tomlinson <amyc.tomlinson@lcdhd.org>

Fri, Feb 04, 2022 09:20 AM

4 attachments

Hi Amy,

The award named after Dr. Leach was actually an existing award, the Public Health Hero award, that was re-named in his memory after he passed. The criteria for selection, instructions to submit, as well as a list of past winners is included below. We also named our community room at our office the Rice C. Leach Community Room due to his passion for working with the community in Lexington and in Frankfort as former DPH Director. I think the award is a wonderful way to recognize partners who make meaningful contributions to improve the health of the community and doing so in memory of such a person is wonderful as well. Please let me know if you have any additional questions. Stay safe and warm!

Jessica

Jessica Cobb, MPH, MSHI, RS

she | her | hers

Interim Chief Administrative Officer | Lexington-Fayette County Health Department
650 Newtown Pike, Lexington, KY 40508
859-899-4229 | Fax: 859-231-9459 | JessicaE.Cobb@lfchd.org
www.lfchd.org

From: Hall, Kevin (LHD-Lexington-Fayette Co) <Kevin.Hall@lfchd.org>
Sent: Tuesday, February 1, 2022 9:16 AM
To: allStaff <allStaff@lfchd.org>
Subject: Nominate someone for the 2022 Dr. Rice C. Leach Public Health Hero Award

It is time to nominate people for the Lexington-Fayette County Health Department's Dr. Rice C. Leach Public Health Hero Award. The award, now in its 19th year, is for individuals who have demonstrated their dedication to improving the health of Lexington residents. **LFCHD employees are not eligible for this award.**

Criteria for the selection of the award include:

- Exemplary leadership and diligence in promoting public health;
- Remarkable contributions and support in fostering public health programs; and
- Work or actions that have impacted the community's health in a positive way.

The Lexington-Fayette County Board of Health renamed the award in 2016 in honor of the late Dr. Rice C. Leach "so future generations will know what a true public health super hero is." Leach, who served as Lexington's Commissioner of Health for five years, died in April 2016 following a battle with cancer.

Past winners include Pastor Richard Gaines and Consolidated Baptist Church (2021), Jon Parker (2020), Mark Johnson (2019), Dr. Svetla Slavova (2018), Kentucky State Sen. Reginald Thomas (2017), Dr. Leach (2016), Dr. Susan Pollack and Marian F. Guinn (2015), the Rev. Willis Polk and Baby Health Service (2014), Anita Courtney and Teens Against Tobacco Use (2013); Vickie Blevins-Booth and Jay McChord (2012); Jill Chenault-Wilson and Dr. Malkanthie McCormick (2011); Dr. Jay Perman (2010); the Lexington Lions Club (2009); Dr. David Stevens and the late Dr. Doane Fischer (2008); Dr. Ellen Hahn, Mary Alice Pratt and Therese Moseley (2007); Dr. Andrew Moore and Rosa Martin (2006); Jan Brucato and Dragana Zaimovic (2005); and Dr. John Michael Moore, Ellen Parks and Lexington-Fayette Urban County Government (2004). Dr. Robert Lam received a Lifetime Achievement Award in 2007.

If you know of someone to nominate for this award, please provide the following information:

- Name, professional title and organization;
- Phone number and e-mail address of nominee; and
- Examples of why the person is worthy of the award. Descriptions should be no more than 200 words.
- Your name and contact information

Nominations can be submitted here: <https://www.lfchd.org/public-health-hero-award-nomination>.**The deadline for submitting candidates is 3 p.m., Friday, Feb.25.**

The Lexington-Fayette County Board of Health will make the final determination. The winner will receive special recognition from the Lexington-Fayette Urban County Government. The awards are given each April as part of National Public Health Week.

Kevin Hall

he | him | his

Communications Officer | Lexington-Fayette County Health Department
650 Newtown Pike, Lexington, KY 40508
859-288-2384 | Fax: 859-288-2359 | Kevin.Hall@lfchd.org
www.lfchd.org

*Helping Lexington be well.**Nationally accredited by the Public Health Accreditation Board.*



FINANCIAL POSITION

**PERIOD ENDING
JANUARY 31, 2022**

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02/25/22

Period: January 2022

Financial Position

The LCDHD balance sheet for the period shows \$12,223,721.42 in assets with \$91,214.92 of that owed in current liabilities. The total of LCDHD's assets is equal to 6 months of this year's average expenses. LCDHD had \$9,400,732.55 in Year-To-Date revenues and \$9,594,096.07 in Year-To-Date expenditures resulting in a \$(193,363.52) Year-To-Date deficit.

Our annual revenues and expenses are less than budgeted mainly due to the state encouraging us to over-budget our Covid-19 revenues and expenses for this fiscal year so we could ensure we were allotted the funds we needed for COVID -19 in case our costs were extremely high. While we have pulled down a huge portion of these COVID funds we are still well off the pace compared to budget. We also will be starting our GO365 program after January 1st which should generate a chunk of revenue.

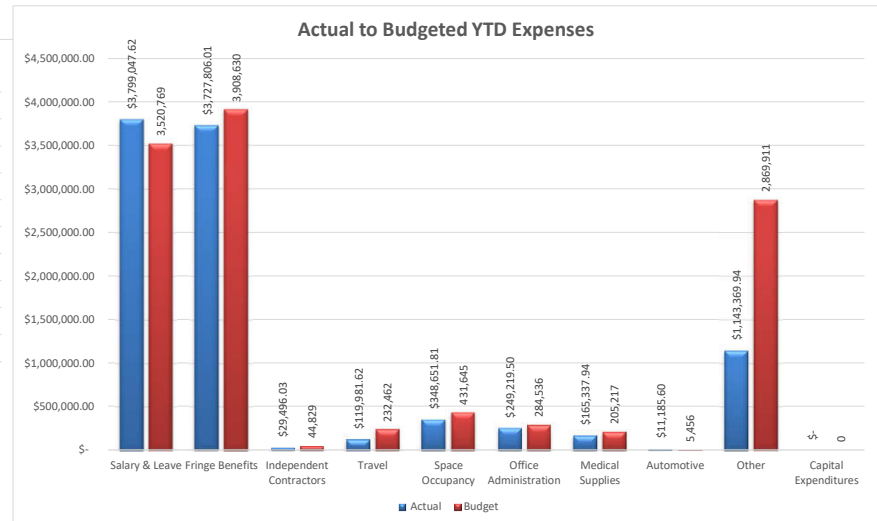
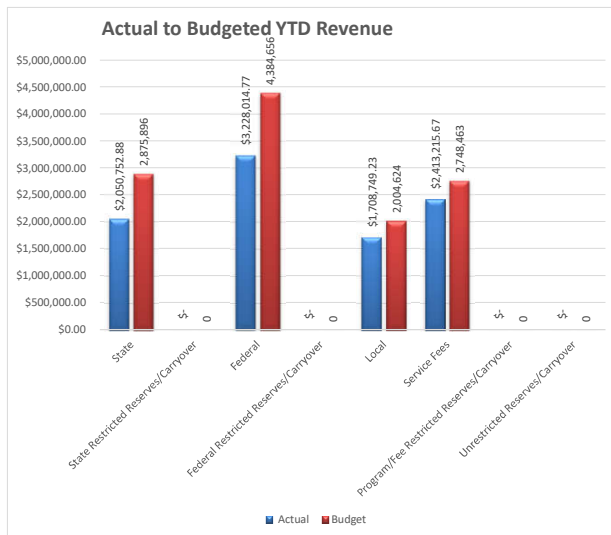
Finally, this note, DPH is six quarters behind on billing us for their Medicaid Match payments.

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 three quarters, we estimate approximately \$300,000 is now due back to the state out of the Medicaid Revenue we've collected for services.

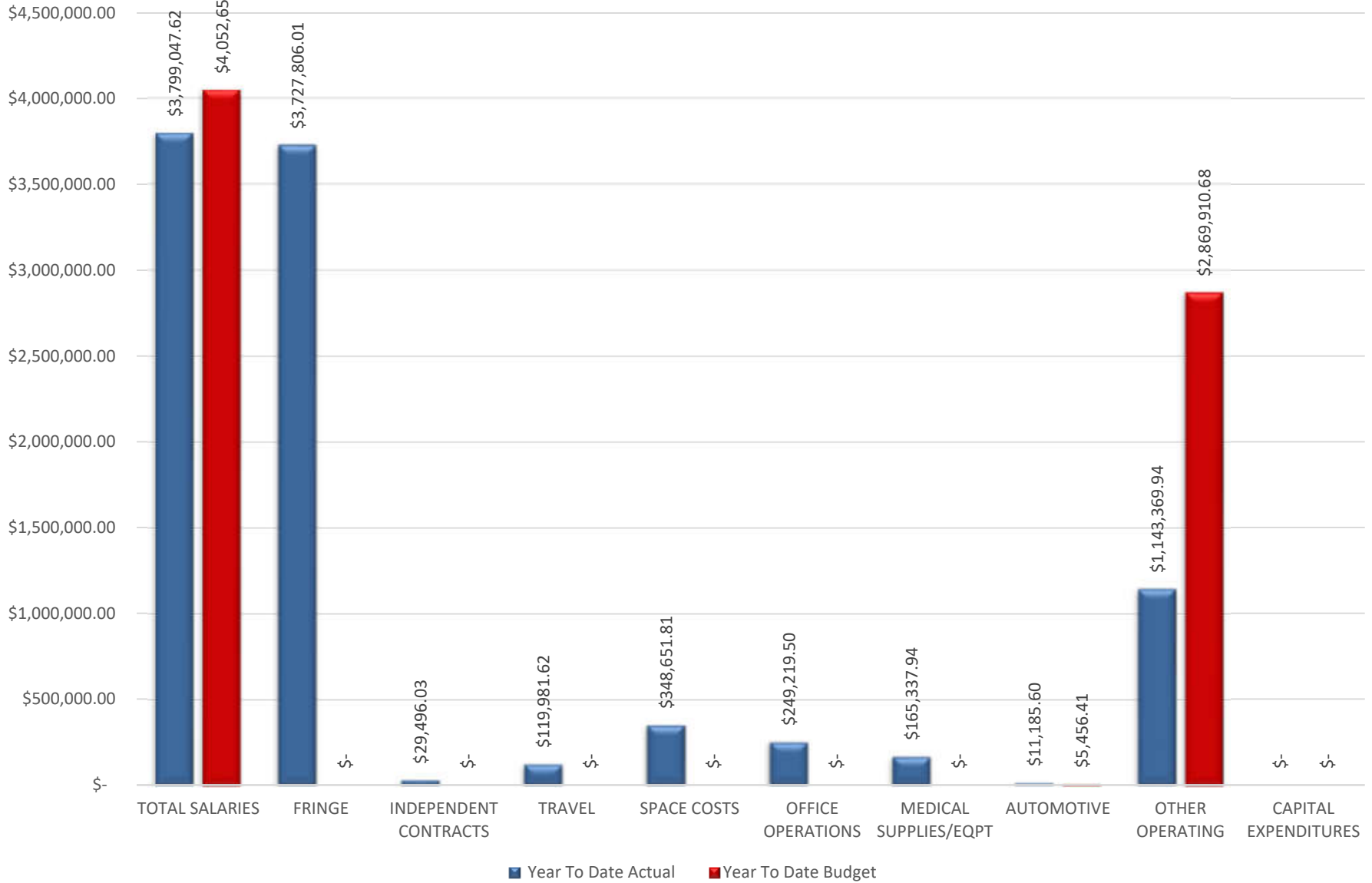
We plan on ending the year at a \$1,207,674 surplus.

Lake Cumberland District Health Department
Summary Statement of Revenue and Expense
As of Period Ending January 31, 2022

	Current Month					Year to Date				
	Actual	%	Budget	Variance	Variance %	Actual	%	Budget	Variance	Variance %
Revenue:										
State	\$ 111,109.57	14.70%	410,842	(299,732)	-72.96%	\$2,050,752.88	21.81%	2,875,896	(825,143)	-28.69%
State Restricted Reserves/Carryover	\$ -	0.00%	0	0	0.00%	0	0.00%	0	0	0.00%
Federal	\$ 392,558.77	51.93%	626,379	(233,820)	-37.33%	\$ 3,228,014.77	34.34%	4,384,656	(1,156,642)	-26.38%
Federal Restricted Reserves/Carryover	\$ -	0.00%	0	0	0.00%	0	0.00%	0	0	0.00%
Local	\$ 0.10	0.00%	286,375	(286,375)	-100.00%	\$ 1,708,749.23	18.18%	2,004,624	(295,875)	-14.76%
Service Fees	\$ 252,227.68	33.37%	392,638	(140,410)	-35.76%	\$ 2,413,215.67	25.67%	2,748,463	(335,247)	-12.20%
Program/Fee Restricted Reserves/Carryover	\$ -	0.00%	0	0	0.00%	0	0.00%	0	0	0.00%
Unrestricted Reserves/Carryover	\$ -	0.00%	0	0	0.00%	0	0.00%	0	0	0.00%
Total Revenue	\$ 755,896.12	100.00%	1,716,234	(960,338)	-55.96%	\$ 9,400,732.55	100.00%	12,013,639	(2,612,907)	-21.75%
Expense:										
Salary & Leave	\$ 456,581.82	60.40%	476,771	(20,189)	-4.23%	\$ 3,799,047.62	40.41%	3,520,769	278,279	7.90%
Fringe Benefits	\$ 926,924.44	122.63%	529,294	397,630	75.12%	\$ 3,727,806.01	39.65%	3,908,630	(180,824)	-4.63%
Independent Contractors	\$ 4,985.97	0.66%	6,404	(1,418)	-22.14%	\$ 29,496.03	0.31%	44,829	(15,333)	-34.20%
Travel	\$ 6,940.41	0.92%	33,209	(26,269)	-79.10%	\$ 119,981.62	1.28%	232,462	(112,481)	-48.39%
Space Occupancy	\$ 57,331.61	7.58%	61,664	(4,332)	-7.03%	\$ 348,651.81	3.71%	431,645	(82,993)	-19.23%
Office Administration	\$ 29,775.67	3.94%	40,648	(10,872)	-26.75%	\$ 249,219.50	2.65%	284,536	(35,316)	-12.41%
Medical Supplies	\$ 12,082.35	1.60%	29,317	(17,235)	-58.79%	\$ 165,337.94	1.76%	205,217	(39,879)	-19.43%
Automotive	\$ 1,127.87	0.15%	779	349	44.78%	\$ 11,185.60	0.12%	5,456	5,729	105.00%
Other	\$ 100,953.78	13.36%	409,987	(309,033)	-75.38%	\$ 1,143,369.94	12.16%	2,869,911	(1,726,541)	-60.16%
Capital Expenditures	\$ -	0.00%	0	0	0.00%	\$ -	0.00%	0	0	0.00%
Total Expense	\$ 1,596,703.92	211.23%	1,588,073	8,631	0.54%	\$ 9,594,096.07	102.06%	11,503,455	(1,909,359)	-16.60%
Excess/(Deficit) of Revenue over Expense:	\$ (840,807.80)	-111.23%	128,161	(968,969)	-756.06%	\$ (193,363.52)	-2.06%	510,184	(703,548)	-137.90%
Less: Reserve used for Program Deficits						\$ -				
Actual Cash Surplus/(Deficit)						\$ (193,363.52)				



Expenditures Period Ending 01/31/22



Lake Cumberland District Health Department		
Balance Sheet		
January 31, 2022		
Account	Account Name	Amount
Assets		
104000	LOCAL BANK ACCOUNT	\$ 10,108,353.27
106000	PETTY CASH	\$ 2,100.00
111000	TIME/CERTIFICATE OF DEP	\$ 2,057,499.25
120001	ADAIR TAXING DISTRICT	\$ 32,904.52
120023	CASEY TAXING DISTRICT	\$ 3,163.13
120027	CLINTON TAXING DISTRICT	\$ 2,242.14
120029	CUMBERLAND TAXING DISTR	\$ 1,847.05
120044	GREEN TAXING DISTRICT	\$ 2,749.91
120074	MCCREARY TAXING DISTRICT	\$ 1,444.42
120100	PULASKI TAXING DISTRICT	\$ 3,595.23
120104	RUSSELL TAXING DISTRICT	\$ 2,407.96
120109	TAYLOR TAXING DISTRICT	\$ 2,411.55
120116	WAYNE TAXING DISTRICT	\$ 3,002.99
	Total Assets	\$ 12,223,721.42
Liabilities & Fund Balance		
Liabilities		
140002	Passport DPH Admin	\$ 4,075.69
140101	MOLINA ADMIN	\$ 883.02
140501	ANTHEM ADMIN	\$ 6,376.24
140601	AETNA ADMIN FEES	\$ 17,055.60
140701	KY SPIRIT DPH ADMIN	\$ 15,390.75
140801	WELL CARE DPH ADMIN	\$ 24,364.76
140901	Humana DPH Admin	\$ 7,853.49
143000	STATE INCOME TAX WITHEL	
147050	Ky Group Life Insurance	\$ 6.54
147057	KY EMP HEALTH INS PLAN	\$ 83.60
147096	FEBCO FLEX MEDICAL SPEN	\$ 8,725.51
148009	GREENSBURG CITY TAX	\$ 186.64
148016	RUSSELL COUNTY TAX	\$ 339.59
148030	MCCREARY LOCAL TAX	\$ 525.60
148056	WAYNE COUNTY TAX	\$ 391.12
148062	PULASKI CNTY TAX WITHEL	\$ 1,331.39
148063	JAMESTOWN CITY TAX WITH	\$ 452.78
148065	BURKESVILLE CITY TAX	\$ 513.47
148074	CUMBERLAND COUNTY SCHOO	\$ 90.38
148084	COLUMBIA CITY TAX	\$ 329.04
148086	SOMERSET CITY TAX	\$ 998.63
148096	CLINTON COUNTY TAX	\$ 347.95
148097	TAYLOR COUNTY TAX	\$ 388.53
148098	CUMBERLAND COUNTY TAX	\$ 320.91
149080	COBRA DELTA DENTAL	\$ 0.20
150000	KENTUCKY RETIREMENT SYS	
150500	RETIREMENT PURCHASE (TA	
151000	GARNISHMENTS	\$ 314.80
153000	RETIREMENT PURCHASE	
169000	MISCELLANEOUS	\$ (131.31)
	Total Liabilities	\$ 91,214.92
Fund Balance		
171000	UNRESTRICTED FUND BALAN	\$ 6,880,967.26
171766	RESTRICTED-MCH	\$ 3,051.90
171826	URESTR LOCAL COMM HLTH	\$ 150.30
171891	Restricted-Medicaid Mat	\$ 466,169.00
171894	RESTRICTED CAPITAL	\$ 125,000.00
171895	RESTRICTED-EMPLOYER RET	\$ 1,777,536.10
172712	STATE RSTR DENTAL	\$ 621.96
172738	STATE RSTR KCCSP OTRCH	\$ 5.69
172762	STATE RSTR SMLNG SCHLS	\$ 72,393.90
172764	STATE RSTR HEP A	\$ 15,159.68
172770	STATE RSTR KCCSP	\$ 1,315.28
172809	STATE RSTR DIABETES	\$ 61,373.03
172842	STATE RSTR HIV CNSLNG/	\$ 8,071.02
172853	HANDS PRIMA GRAVIDA PRO	\$ 688,391.00
173725	FED RSTR KWCS PINK OU	\$ 3,554.12
173726	FED RSTR PHER	\$ 957.47
173731	OPIOID CRISIS RESPONSE	\$ 564.43
173760	FED RSTR HANDS Multi	\$ 23,707.81
173767	FED RSTR HANDS Multi	\$ 6,692.15
173827	FED RSTR TEEN PREG PRE	\$ 68,706.19
173828	FED RSTR DIABETES STIT	\$ 20,728.95
173830	SEXUAL RISK AVOIDANCE E	\$ 48,533.95
173846	FED RSTR RHOP	\$ 52,885.81
173849	FED RSTR USDA GRANT	\$ 10,905.18
173850	FED RSTR KIPRC SUMMIT	\$ 2,604.83
174500	FEE RSTR FOOD SERVICE	\$ 77,931.62
174520	FEE RSTR PUBLIC FACILI	\$ 67,735.25
174560	FEE RSTR ONSITE SEWAGE	\$ 5,952.22
174590	FOOD LICENSE PROJECT	\$ 30,554.28
174712	FEE RSTR DENTAL	\$ 26,795.88
174747	FEE RSTR RSTR KHREF	\$ 15,963.70
174758	FEE RSTR HV/GO365	\$ 629,371.90
174827	FEE RSTR ADAIR SMK FRE	\$ 18.32
174831	FEE RSTR WORKSITE WELL	\$ 2,826.98
174838	FEE RSTR FOUND FOR HEA	\$ 5,000.00
174839	FEE RSTR MARSHALL DIAB	\$ 29,822.41
174853	HANDS PRIMA GRAVIDA PRO	\$ 257,856.69
174858	FEE RSTR SCHL HLTH	\$ 835,980.91
174892	FEE RSTR MINOR RESTRIC	\$ 12.85
	Total Fund Balance	\$ 12,325,870.02
	Total Liabilities and Fund Balance	\$ 12,417,084.94
	Deficit	\$ (193,363.52)
	Cash/CDs/Investments (Assets Less Liabilities)	\$ 12,132,506.50
	Cash/CDs/Investments at 2019-20 Close (Assets Less Liabilities)	\$ 12,325,870.02
	Deficit	\$ (193,363.52)
	Fiscal Year To Date Revenues	\$ 9,400,732.55
	Fiscal Year To Date Expenditures	\$ 9,594,096.07
	Deficit	(\$193,363.52)

Lake Cumberland District Health Department
Revenue & Expense Summary Comparison to Prior Year
As of Period Ending January 31, 2022

	Current YTD Actual	Prior YTD Actual	Change	% Change
Revenue:				
State	\$ 2,050,752.88	\$ 1,300,340.55	\$ 750,412.33	58%
Federal	\$ 3,228,014.77	4,525,552.70	(1,297,538)	-29%
Local	\$ 1,708,749.23	1,640,453.50	\$ 68,295.73	4%
Service Fees	\$ 2,413,215.67	2,028,182.51	385,033	19%
Unrestricted Carryover	\$ -	\$ -	\$ -	N/A
Total Revenue	\$ 9,400,732.55	\$ 9,494,529.26	(93,797)	-1%
Expense:				
Salary & Leave	\$ 3,799,047.62	3,679,859.04	119,189	3%
Fringe Benefits	\$ 3,727,806.01	2,664,704.37	1,063,102	40%
Independent Contractors	\$ 29,496.03	116,888.00	(87,392)	-75%
Travel	\$ 119,981.62	102,585.77	17,396	17%
Space Occupancy	\$ 348,651.81	311,045.52	37,606	12%
Office Administration	\$ 249,219.50	335,500.01	(86,281)	-26%
Medical Supplies	\$ 165,337.94	152,152.48	13,185	9%
Automotive	\$ 11,185.60	4,645.79	6,540	141%
Other	\$ 1,143,369.94	838,585.89	304,784	36%
Capital Expenditures	\$ -	\$ 102,937.10	\$ (102,937.10)	-100%
Total Expense	\$ 9,594,096.07	\$ 8,308,903.97	1,285,192	15%
Excess/(Deficit) of Revenue over Expense:	\$ (193,363.52)	\$ 1,185,625.29	(1,378,989)	-116%

**Lake Cumberland District Health Department
Patient and Services YTD Current vs. Prior Comparison
As of Period Ending January 31, 2022**

	<u>Current Year</u>	<u>Prior Year</u>	<u>Change</u>	<u>% Change</u>
Unduplicated Patients	8,542	7,740	802	10.36%
Services:				
Clinic	31,509	30,711	798	2.60%
Laboratory	3,924	3,855	69	1.79%
Supplemental	118	227	(109)	-48.02%
Total Services	35,551	34,793	758	2.18%
Encounters for Clinic	37,341	36,000	1,341	3.73%
RBRV's				
Clinic	10,441	10,463	(22)	-0.21%
Laboratory	9,198	8,736	462	5.29%
Total RBRV's	19,639	19,199	440	2.29%
Services per Patient	4.16	4.50	(0.33)	-7.41%
RBRV per Encounter	0.53	0.53	(0.01)	0.54

353 plus 758 report

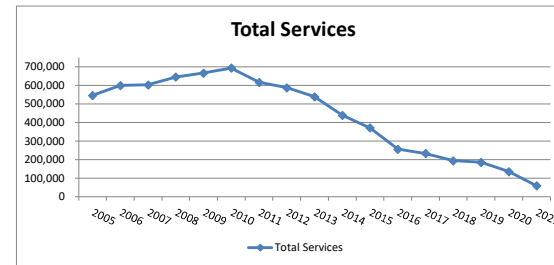
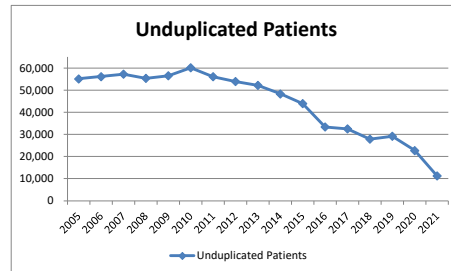
Clinic Services	353 Report		<u>Change</u>	<u>% Change</u>
	<u>Current Year</u>	<u>Prior Year</u>		
712	0	0	0 -	
800	1,949	1,377	572	42%
801	8,418	6,449	1,969	31%
802	4,830	5,472	(642)	-12%
803	2	4	(2)	-50%
804	15,839	17,261	(1,422)	-8%
805	28	47	(19)	-40%
806	2,359	1,716	643	37%
807	83	102	(19)	-19%
809	6	0	6 -	
810	1,229	1,263	(34)	-3%
813	690	875	(185)	-21%
858	0	0	0 -	
Total Clinic Services	35,433	34,566	867	3%

Patients	135 Report		<u>Change</u>	<u>% Change</u>
	<u>Current Year</u>	<u>Prior Year</u>		
712	0	0	0	-
800	1,434	986	448	45%
801	1,712	1,309	403	31%
802	1,038	965	73	8%
803	1	2	(1)	-50%
804	5,071	4,994	77	2%
805	7	14	(7)	-50%
806	753	515	238	46%
807	53	54	(1)	-2%
809	0	0	0	-
810	577	523	54	10%
813	471	531	(60)	-11%
858	0	0	0	-

**Lake Cumberland District Health Department
Patient and Services Fiscal Year Trending Analysis**

	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Unduplicated Patients	55,123	56,152	57,175	55,291	56,459	60,109	56,085	53,874	52,157	48,307	43,923	33,311	32,479	27,834	29,140	22,710	11,198
Services:																	
Clinic	471,632	530,939	528,654	562,190	585,521	613,565	551,349	528,326	488,401	397,651	339,918	228,370	201,426	172,348	165,842	120,060	51,535
Laboratory	73,390	67,581	73,739	82,009	80,520	78,634	64,526	58,501	49,872	40,739	30,416	27,752	22,498	20,297	18,692	14,539	6,548
Supplemental	0												8,609	903	734	614	450
Total Services	545,022	598,520	602,393	644,199	666,041	692,199	615,875	586,827	538,273	438,390	370,334	256,122	232,533	193,548	185,268	135,213	58,533
Encounters for Clinic	487,283	545,055	580,767	616,281	640,742	663,299	597,270	577,400	540,174	440,548	373,098	259,694	226,337	168,156	193,105	132,057	53,842
RBRV's																	
Clinic	173,695	191,444	220,244	240,947	265,036	267,943	252,792	259,908	263,838	181,067	148,794	102,022	97,865	68,014	78,768	49,661	17,618
Laboratory	282,952	307,172	396,760	375,144	588,419	903,902	230,018	208,696	211,587	195,440	142,286	109,408	83,104	62,403	63,897	47,855	15,044
Total RBRV's	456,647	498,616	617,004	616,091	853,455	1,171,845	482,809	468,604	475,424	376,506	291,080	211,429	180,969	130,418	142,665	97,516	32,662
Services per Patient	9.89	10.66	10.54	11.65	11.80	11.52	10.98	10.89	10.32	9.08	8.43	7.69	7.16	6.95	6.36	5.95	5.23
RBRV per Encounter	0.94	0.91	1.06	1.00	1.33	1.77	0.81	0.81	0.88	0.85	0.78	0.81	0.80	0.78	0.74	0.74	0.61
Service Fee Revenue			6,445,928	7,318,486	8,163,604	7,541,994	8,152,690	5,610,809	5,677,521	4,451,357	4,273,794	2,498,350	2,987,957	2,258,573	1,843,173	1,499,625	318,622
SF Revenue per Patient	0.00	0.00	112.74	132.36	144.59	125.47	145.36	104.15	108.85	92.15	97.30	75.00	92.00	81.14	63.25	66.03	28.45
SF Revenue per Encounter	0.00	0.00	11.10	11.88	12.74	11.37	13.65	9.72	10.51	10.10	11.45	9.62	13.20	13.43	9.54	11.36	5.92
SF Revenue per RBRV	0.00	0.00	10.45	11.88	9.57	6.44	16.89	11.97	11.94	11.82	14.68	11.82	16.51	17.32	12.92	15.38	9.76

% Increase/(Decrease)	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Unduplicated Patients	8.30%	1.87%	1.82%	-3.30%	2.11%	6.46%	-6.69%	-3.94%	-3.19%	-7.38%	-9.08%	-24.16%	-2.50%	-14.30%	4.69%	-22.07%	-50.69%
Services:																	
Clinic	-7.96%	12.57%	-0.43%	6.34%	4.15%	4.79%	-10.14%	-4.18%	-7.56%	-18.58%	-14.52%	-32.82%	-11.80%	-14.44%	-3.77%	-27.61%	-57.08%
Laboratory	1.59%	-7.92%	9.11%	11.22%	-1.82%	-2.34%	-17.94%	-9.34%	-14.75%	-18.31%	-25.34%	-8.76%	-18.93%	-9.78%	-7.91%	-22.22%	-54.96%
Supplemental																	
Total Services	-6.78%	9.82%	0.65%	6.94%	3.39%	3.93%	-11.03%	-4.72%	-8.27%	-18.56%	-15.52%	-30.84%	-9.21%	-16.77%	-4.28%	-27.02%	-56.71%
Encounters for Clinic	6.24%	11.86%	6.55%	6.12%	3.97%	3.52%	-9.95%	-3.33%	-6.45%	-18.44%	-15.31%	-30.40%	-12.84%	-25.71%	14.84%	-31.61%	-59.23%
RBRV's																	
Clinic	1.29%	10.22%	15.04%	9.40%	10.00%	1.10%	-5.65%	2.82%	1.51%	-31.37%	-17.82%	-31.43%	-4.07%	-30.50%	15.81%	-36.95%	-64.52%
Laboratory	17.14%	8.56%	29.17%	-5.45%	56.85%	53.62%	-74.55%	-9.27%	1.39%	-7.63%	-27.20%	-23.11%	-24.04%	-24.91%	2.39%	-25.11%	-68.56%
Total RBRV's	10.56%	9.19%	23.74%	-0.15%	38.53%	37.31%	-58.80%	-2.94%	1.46%	-20.81%	-22.69%	-27.36%	-14.41%	-27.93%	9.39%	-31.65%	-66.51%
Services per Patient	-13.92%	7.80%	-1.15%	10.58%	1.25%	-2.38%	-4.64%	-0.81%	-5.25%	-12.07%	-7.09%	-8.81%	-6.88%	-2.87%	-8.57%	-6.35%	-12.21%
RBRV per Encounter	4.06%	-2.38%	16.13%	-5.90%	33.24%	32.64%	-54.24%	0.40%	8.45%	-2.90%	-8.71%	4.36%	-1.79%	-3.00%	-4.74%	-0.05%	-17.85%



Lake Cumberland District Health Department														
Financial Analysis														
Fiscal Year-to-Date as of January 31, 2022														
Cost Center	CC#	Revenue	Actual			Revenue Budget YTD			Expense Budget YTD			% Over/(Under) Budget		
			Expense	Excess	Revenue Budget YTD	Expense Budget YTD	Expense Budget Year	Revenue	Expense	Excess	Revenue	Expense	Excess	
Food Service	500	\$ 199,562.00	\$ 120,821.61	\$ 78,740	223,642	223,642	383,386	(24,080)	(102,820)	78,740	-10.77%	-45.98%	35.21%	
Public Facilities	520	\$ 58,278.18	\$ 33,177.30	\$ 24,561	50,535	50,535	86,632	7,743	(16,818)	24,561	15.32%	-33.28%	48.60%	
General Sanitation	540	\$ -	\$ 83,594.39	\$ (83,594)	108,908	108,908	186,700	(108,908)	(25,314)	(83,594)	-100.00%	-23.24%	-76.76%	
Onsite Sewage	560	\$ 370,936.77	\$ 435,397.61	\$ (64,461)	328,641	328,641	563,385	42,296	106,756	(64,461)	12.87%	32.48%	-19.61%	
Tanning Beds	580	\$ -	\$ -	\$ 0	0	0	0	0	0	0	0.00%	0.00%	0.00%	
Food License Project	590	\$ 127,017.40	\$ 116,400.28	\$ 10,617	125,417	125,417	215,000	1,601	(9,016)	10,617	1.28%	-7.19%	8.47%	
Radon	591	\$ 286.80	\$ 1,373.10	\$ (1,086)	1,750	1,750	3,000	(1,463)	(377)	(1,086)	-83.61%	-21.54%	-62.07%	
Retail Food Standards Grant	592	\$ -	\$ -	\$ 0	0	0	0	0	0	0	0.00%	0.00%	0.00%	
West Nile Virus	595	\$ -	\$ -	\$ 0	0	0	0	0	0	0	0.00%	0.00%	0.00%	
Healthy Homes & Lead Poison P	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	\$ 17.96	\$ 21.19	\$ (3)	5,084	5,084	8,715	(5,066)	(5,063)	(3)	-99.65%	-99.58%	-0.06%	
Asthma Education	722	\$ -	\$ -	\$ 0	0	0	0	0	0	0	0.00%	0.00%	0.00%	
ELC Covid Mini-Grant	723	\$ -	\$ 632.66	\$ (633)	0	0	0	0	633	(633)	0.00%	0.00%	0.00%	
KWSCP Pink County Outreach	725	\$ -	\$ 1,649.03	\$ (1,649)	0	0	0	0	1,649	(1,649)	0.00%	0.00%	0.00%	
Zika Preparedness and Respons	726	\$ -	\$ -	\$ 0	0	0	0	0	0	0	0.00%	0.00%	0.00%	
Harm Reduction/Needle Exchang	727	\$ 16,875.00	\$ 51,973.38	\$ (35,098)	89,049	89,049	152,656	(72,174)	(37,076)	(35,098)	-81.05%	-41.64%	-39.41%	
Diabetes Disease Management	728	\$ -	\$ 1.65	\$ (2)	0	0	0	0	2	(2)	0.00%	0.00%	0.00%	
Vector Surveillance	729	\$ -	\$ -	\$ 0	0	0	0	0	0	0	0.00%	0.00%	0.00%	
Breast Cancer R&E Trust Fund	730	\$ -	\$ -	\$ 0	0	0	0	0	0	0	0.00%	0.00%	0.00%	
Opioid Crisis Response	731	\$ -	\$ -	\$ 0	1,716	1,716	2,942	(1,716)	(1,716)	0	-100.00%	-100.00%	0.00%	
DIABETES PREVENTION PROG	732	\$ -	\$ -	\$ 0	0	0	0	0	0	0	0.00%	0.00%	0.00%	
Oral Health Coalition	735	\$ -	\$ -	\$ 0	0	0	0	0	0	0	0.00%	0.00%	0.00%	
Community Health Action Team	736	\$ 82,113.82	\$ 93,067.29	\$ (10,953)	112,986	112,986	193,690	(30,872)	(19,918)	(10,953)	-27.32%	-17.63%	-9.69%	
EMERGING INFECTIOUS DISEA	737	\$ -	\$ -	\$ 0	0	0	0	0	0	0	0.00%	0.00%	0.00%	
KCCSP Outreach & Education	738	\$ 146,591.13	\$ 173,607.70	\$ (27,017)	168,359	168,359	288,616	(21,768)	5,248	(27,017)	-12.93%	3.12%	-16.05%	
Coordinated School Health	740	\$ -	\$ -	\$ 0	0	0	0	0	0	0	0.00%	0.00%	0.00%	
Passport Referrals	741	\$ -	\$ -	\$ 0	0	0	0	0	0	0	0.00%	0.00%	0.00%	
EnviroHealth Link	742	\$ 10,000.00	\$ 11,533.74	\$ (1,534)	5,833	5,833	10,000	4,167	5,700	(1,534)	71.43%	97.72%	-28.29%	
Federal Hands Special Project	743	\$ 10,879.23	\$ 125,514.05	\$ (114,635)	47,347	47,347	81,167	(36,468)	78,167	(114,635)	-77.02%	165.09%	-242.11%	
Winter Storm	745	\$ -	\$ -	\$ 0	0	0	0	0	0	0	0.00%	0.00%	0.00%	
Environmental Strike Team	746	\$ -	\$ -	\$ 0	0	0	0	0	0	0	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%	
Regional EPI HAI Activities	749	\$ -	\$ -	\$ 0	0	0	0	0	0	0	0.00%	0.00%	0.00%	
Accreditation	750	\$ -	\$ 9,613.23	\$ (9,613)	37,612	37,612	64,478	(37,612)	(27,999)	(9,613)	-100.00%	-74.44%	-25.56%	
HANDS GF Services	752	\$ -	\$ -	\$ 0	0	0	0	0	0	0	0.00%	0.00%	0.00%	
PHEP	753	\$ 16,367.75	\$ 25,948.03	\$ (9,580)	32,461	32,461	55,647	(16,093)	(6,513)	(9,580)	-49.58%	-20.06%	-29.51%	
Zika Vector Control	755	\$ -	\$ -	\$ 0	0	0	0	0	0	0	0.00%	0.00%	0.00%	
PERSONAL RESPNSBLTY EDC	756	\$ 31,876.45	\$ 36,893.51	\$ (5,017)	41,125	41,125	70,500	(9,249)	(4,231)	(5,017)	-22.49%	-10.29%	-12.20%	
Regional EPI	757	\$ -	\$ 10.00	\$ (10)	0	0	0	0	10	(10)	0.00%	0.00%	0.00%	
GO365 (HUMANA VITALITY)	758	\$ 89,940.50	\$ 63,072.79	\$ 26,868	206,208	206,208	353,500	(116,288)	(143,136)	26,868	-56.38%	-69.41%	13.03%	
ELC Surveillance Activities	759	\$ -	\$ -	\$ 0	0	0	0	0	0	0	0.00%	0.00%	0.00%	
HANDS - Federal Home Visiting	760	\$ 40,720.00	\$ 35,580.53	\$ 5,139	210,700	210,700	361,200	(169,980)	(175,119)	5,139	-80.67%	-83.11%	2.44%	
Diabetes Telehealth	761	\$ 2,886.00	\$ 2,718.33	\$ 168	6,735	6,735	11,546	(3,849)	(4,017)	168	-57.15%	-59.64%	2.49%	
Smiling Schools Program	762	\$ -	\$ -	\$ 0	0	0	0	0	0	0	0.00%	0.00%	0.00%	
HEP A Outbreak Activities	764	\$ -	\$ 291.86	\$ (292)	0	0	0	0	292	(292)	0.00%	0.00%	0.00%	
Tobacco Program Federal Funds	765	\$ 1,094.42	\$ 1,306.63	\$ (212)	14,583	14,583	25,000	(13,489)	(13,277)	(212)	-92.50%	-91.04%	-1.46%	
MCH Coordinator	766	\$ 119,960.41	\$ 157,951.27	\$ (37,991)	154,207	154,207	264,355	(34,247)	3,744	(37,991)	-22.21%	2.43%	-24.64%	
HANDS Expanded Multi-Gravida	767	\$ -	\$ 6,888.70	\$ (6,889)	0	0	0	0	6,889	(6,889)	0.00%	0.00%	0.00%	
HANDS Expansion/Outreach	768	\$ -	\$ -	\$ 0	0	0	0	0	0	0	0.00%	0.00%	0.00%	
ELC ENHANCING DETECTION	769	\$ 14,405.71	\$ 25,389.91	\$ (10,984)	306,658	306,658	525,699	(292,252)	(281,268)	(10,984)	-95.30%	-91.72%	-3.58%	
Kentucky Colon Cancer Screenin	770	\$ -	\$ -	\$ 0	0	0	0	0	0	0	0.00%	0.00%	0.00%	
PHEP Special Project	771	\$ 49,203.48	\$ 64,623.45	\$ (15,420)	28,702	28,702	49,203	20,501	35,921	(15,420)	71.43%	125.15%	-53.72%	
HBE Assistance	772	\$ -	\$ 2,979.59	\$ (2,980)	0	0	0	0	2,980	(2,980)	0.00%	0.00%	0.00%	
Contract Tracing	773	\$ 1,167,137.39	\$ 1,375,408.23	\$ (208,271)	1,883,111	1,883,111	3,228,190	(715,973)	(507,703)	(208,271)	-38.02%	-26.96%	-11.06%	
Child Fatality Prevention	774	\$ -	\$ 315.83	\$ (316)	0	0	0	0	316	(316)	0.00%	0.00%	0.00%	
ECD School Projects	775	\$ -	\$ -	\$ 0	0	0	0	0	0	0	0.00%	0.00%	0.00%	
Pediatric/Adolescent	800	\$ 39,240.71	\$ 72,569.13	\$ (33,328)	16,888	16,888	28,951	22,353	55,681	(33,328)	132.36%	329.71%	-197.35%	
Immunizations	801	\$ 92,308.06	\$ 314,591.31	\$ (222,283)	387,563	387,563	664,393	(295,255)	(72,971)	(222,283)	-76.18%	-18.83%	-57.35%	
Family Planning	802	\$ 147,786.43	\$ 395,311.52	\$ (247,525)	515,322	515,322	883,409	(367,535)	(120,010)	(247,525)	-71.32%	-23.29%	-48.03%	
Maternity Services	803	\$ -	\$ -	\$ 0	0	0	0	0	0	0	0.00%	0.00%	0.00%	
WIC Services	804	\$ 546,703.25	\$ 695,845.17	\$ (149,142)	854,439	854,439	1,464,752	(307,735)	(158,593)	(149,142)	-36.02%	-18.56%	-17.45%	
Medical Nutrition	805	\$ 5,641.40	\$ 4,747.56	\$ 894	35,092	35,092	60,158	(29,451)	(30,345)	894	-83.92%	-86.47%	2.55%	
TD	806	\$ 39,418.09	\$ 200,884.01	\$ (161,466)	113,927	113,927	195,303	(74,509)	86,957	(161,466)	-65.40%	76.33%	-141.73%	
STD Services	807	\$ 1,822.47	\$ 10,987.64	\$ (9,165)	14,013	14,013	24,022	(12,190)	(3,025)	(9,165)	-86.99%	-21.59%	-65.41%	
Diabetes	809	\$ 88,274.95	\$ 101,529.19	\$ (13,254)	130,083	130,083	223,000	(41,808)	(28,554)	(13,254)	-32.14%	-21.95%	-10.19%	
Adult Services	810	\$ 15,117.94	\$ 96,752.36	\$ (81,634)	129,142	129,142	221,387	(114,024)	(32,390)	(81,634)	-88.29%	-25.08%	-63.21%	

Lake Cumberland District Health Department														
Financial Analysis														
Fiscal Year-to-Date as of January 31, 2022														
Cost Center	CC#	Revenue	Actual			Revenue Budget YTD			Expense Budget YTD			Over/(Under) Budget		
			Expense	Excess		Revenue	Expense	Excess	Revenue	Expense	Excess	Revenue	Expense	Excess
Lead Poisoning Prevention	811	\$ -	\$ -	0		0	0	0	0	0	0	0.00%	0.00%	0.00%
Breast & Cervical Cancer	813	\$ 12,668.08	\$ 33,117.65	(20,450)		49,242	49,242	84,415	(36,574)	(16,124)	(20,450)	-74.27%	-32.75%	-41.53%
MCH Forum	816	\$ 474.50	\$ 142,229.19	(141,755)		0	0	0	475	142,229	(141,755)	0.00%	0.00%	0.00%
Healthy Communities - Tobacco	817	\$ -	\$ -	0		0	0	0	0	0	0	0.00%	0.00%	0.00%
Community Based Services	818	\$ -	\$ 386.61	(387)		0	0	0	0	387	(387)	0.00%	0.00%	0.00%
PREPAREDNESS COORDINTN	821	\$ 55,681.29	\$ 72,127.10	(16,446)		59,242	59,242	101,558	(3,561)	12,885	(16,446)	-6.01%	21.75%	-27.76%
PREPAREDNESS EPIDEM & SU	822	\$ 43,758.39	\$ 55,435.75	(11,677)		58,524	58,524	100,327	(14,766)	(3,088)	(11,677)	-25.23%	-5.28%	-19.95%
PREPAREDNESS MEDICAL RSI	823	\$ -	\$ -	0		0	0	0	0	0	0	0.00%	0.00%	0.00%
Bioterrorism - Focus Area F	824	\$ -	\$ -	0		0	0	0	0	0	0	0.00%	0.00%	0.00%
Bioterrorism - Focus Area G	825	\$ -	\$ -	0		0	0	0	0	0	0	0.00%	0.00%	0.00%
Local Community Public Health	826	\$ -	\$ 289.64	(290)		11,083	11,083	19,000	(11,083)	(10,794)	(290)	-100.00%	-97.39%	-2.61%
Teen Pregnancy Prevention	827	\$ 77,173.13	\$ 75,303.72	1,869		159,254	159,254	273,006	(82,080)	(83,950)	1,869	-51.54%	-52.71%	1.17%
Addressing Barriers to DSMES	828	\$ -	\$ -	0		0	0	0	0	0	0	0.00%	0.00%	0.00%
Heart4Change	829	\$ 80,453.92	\$ 67,812.64	12,641		111,992	111,992	191,986	(31,538)	(44,179)	12,641	-28.16%	-39.45%	11.29%
Sexual Risk Avoidance Education	830	\$ -	\$ -	0		0	0	0	0	0	0	0.00%	0.00%	0.00%
Worksite Wellness Project	831	\$ -	\$ -	0		0	0	0	0	0	0	0.00%	0.00%	0.00%
Worksite Wellness	832	\$ 40,636.81	\$ 96,084.74	(55,448)		99,159	99,159	169,987	(58,522)	(3,074)	(55,448)	-59.02%	-3.10%	-55.92%
Breastfeeding	833	\$ 15,879.92	\$ 19,209.37	(3,329)		39,375	39,375	67,500	(23,495)	(20,166)	(3,329)	-59.67%	-51.21%	-8.46%
KIRP	834	\$ -	\$ 3,900.00	(3,900)		0	0	0	0	3,900	(3,900)	0.00%	0.00%	0.00%
HPP Activity Support	835	\$ 2,430.00	\$ 2,835.00	(405)		3,150	3,150	5,400	(720)	(315)	(405)	-22.86%	-10.00%	-12.86%
Tobacco Prevention Project	836	\$ 24,980.98	\$ 31,549.53	(6,569)		91,875	91,875	157,500	(66,894)	(60,325)	(6,569)	-72.81%	-65.66%	-7.15%
Abstinence Education	837	\$ -	\$ -	0		0	0	0	0	0	0	0.00%	0.00%	0.00%
Foundation for Health KY-CHIP	838	\$ -	\$ -	0		0	0	0	0	0	0	0.00%	0.00%	0.00%
Marshall Univ. Diabetes Grant	839	\$ -	\$ 255.99	(256)		0	0	0	0	256	(256)	0.00%	0.00%	0.00%
Breastfeeding Peer Counselor	840	\$ 30,477.54	\$ 36,666.12	(6,189)		35,000	35,000	60,000	(4,522)	1,666	(6,189)	-12.92%	4.76%	-17.68%
Federal Diabetes Today	841	\$ 772.07	\$ 871.07	(99)		14,000	14,000	24,000	(13,228)	(13,129)	(99)	-94.49%	-93.78%	-0.71%
HIV Counseling & Testing	842	\$ -	\$ -	0		9,333	9,333	16,000	(9,333)	(9,333)	0	-100.00%	-100.00%	0.00%
Ryan White	844	\$ 84,597.71	\$ 109,889.44	(25,292)		204,167	204,167	350,000	(119,569)	(94,277)	(25,292)	-58.56%	-46.18%	-12.39%
Ryan White	845	\$ 131,506.10	\$ 162,273.55	(30,767)		291,667	291,667	500,000	(160,161)	(129,393)	(30,767)	-54.91%	-44.36%	-10.55%
Rural Health Opioid Grant	846	\$ -	\$ -	0		0	0	0	0	0	0	0.00%	0.00%	0.00%
KIPRC JAIL EDUCATION GRAN	847	\$ 15,285.54	\$ 45,013.94	(29,728)		58,333	58,333	100,000	(43,048)	(13,319)	(29,728)	-73.80%	-22.83%	-50.96%
Healthy Start Project	848	\$ 3,317.38	\$ 4,774.24	(1,457)		29,750	29,750	51,000	(26,433)	(24,976)	(1,457)	-88.85%	-83.95%	-4.90%
USDA Rural Bus. Dev. Grant	849	\$ -	\$ 6,231.66	(6,232)		0	0	0	0	6,232	(6,232)	0.00%	0.00%	0.00%
KIPRC HARM REDUCTION SUM	850	\$ -	\$ 49.27	(49)		0	0	0	0	49	(49)	0.00%	0.00%	0.00%
Pandemic Flu Summit	851	\$ -	\$ -	0		0	0	0	0	0	0	0.00%	0.00%	0.00%
HANDS PRIMA GRAVIDA PROG	853	\$ 1,306,180.00	\$ 1,624,417.40	(318,237)		2,004,328	2,004,328	3,435,990	(698,148)	(379,910)	(318,237)	-34.83%	-18.95%	-15.88%
Arthritis	856	\$ -	\$ 26.01	(26)		0	0	0	0	26	(26)	0.00%	0.00%	0.00%
Physical Activity	857	\$ -	\$ -	0		0	0	0	0	0	0	0.00%	0.00%	0.00%
Supplemental School Health	858	\$ (240.40)	\$ -	(240)		0	0	0	(240)	0	(240)	0.00%	0.00%	0.00%
KHELP	871	\$ -	\$ 8.70	(9)		0	0	0	0	9	(9)	0.00%	0.00%	0.00%
TLC - Obesity Grant	872	\$ -	\$ -	0		0	0	0	0	0	0	0.00%	0.00%	0.00%
HPP Coordinators	875	\$ -	\$ -	0		0	0	0	0	0	0	0.00%	0.00%	0.00%
Hands Program Expansion	877	\$ -	\$ -	0		0	0	0	0	0	0	0.00%	0.00%	0.00%
Ryan White COVID-19 Cares	882	\$ -	\$ 600.00	(600)		0	0	0	0	600	(600)	0.00%	0.00%	0.00%
EPSDT Verbal Notification	883	\$ -	\$ -	0		0	0	0	0	0	0	0.00%	0.00%	0.00%
WIC Operational Adjust Funding	886	\$ -	\$ -	0		0	0	0	0	0	0	0.00%	0.00%	0.00%
Core Assessment & Policy Dev.	890	\$ 1,015.00	\$ 8,948.13	(7,933)		6,146	6,146	10,536	(5,131)	2,802	(7,933)	-83.49%	45.59%	-129.08%
Medicaid Match	891	\$ -	\$ 79,338.50	(79,339)		47,453	47,453	81,348	(47,453)	31,886	(79,339)	-100.00%	67.19%	-167.19%
Minor Receipts	892	\$ 593.91	\$ -	594		0	0	0	594	0	594	0.00%	0.00%	0.00%
Capital	894	\$ -	\$ -	0		0	0	0	0	0	0	0.00%	0.00%	0.00%
Allocable Direct	895	\$ 3,940,626.98	\$ 1,962,936.35	1,977,691		2,726,599	2,726,599	4,674,169	1,214,028	(763,662)	1,977,691	44.53%	-28.01%	72.53%
Total		\$ 9,400,732.55	\$ 9,594,096.07	(193,364)		12,497,511	12,497,511	21,424,304	(3,096,778)	(2,903,415)	(193,364)	-24.78%	-23.23%	-1.55%

Lake Cumberland District Health Department
Actual versus Earned Revenue
Fiscal Year-to-Date as of January 31, 2022

Cost Center	CC #	Actual Revenue	Earned Revenue	Variance	% Variance	Months Equivalent Uncollected
Food Service	500	\$ 199,562.00	279,266	(79,704)	-29%	2.00
Public Facilities	520	\$ 58,278.18	91,995	(33,717)	-37%	2.57
General Sanitation	540	\$ -	83,594	(83,594)	-100%	7.00
Onsite Sewage	560	\$ 370,936.77	435,398	(64,461)	-15%	1.04
Tanning Beds	580	\$ -	0	0	NA	
Food License Project	590	\$ 127,017.40	116,400	10,617	9%	
Radon	591	\$ 286.80	1,373	(1,086)	-79%	5.54
Retail Food Standards Grant	592	\$ -	0	0	NA	
West Nile Virus	595	\$ -	0	0	NA	
Healthy Homes & Lead Poison Prev	598	\$ -	0	0	NA	
Winter Storm Resp-Local	599	\$ -	0	0	NA	
Dental Services	712	\$ 17.96	21	(3)	-15%	1.07
Asthma Education	722	\$ -	0	0	NA	
ELC Covid Mini-Grant	723	\$ -	633	(633)	-100%	7.00
KWSCP Pink County Outreach	725	\$ -	1,649	(1,649)	-100%	7.00
Zika Preparedness and Response	726	\$ -	0	0	NA	
Harm Reduction/Needle Exchange	727	\$ 16,875.00	64,348	(47,473)	-74%	5.16
Diabetes Disease Management	728	\$ -	2	(2)	-100%	7.00
Vector Surveillance	729	\$ -	0	0	NA	
Opioid Crisis Response	731	\$ -	0	0	NA	
DIABETES PREVENTION PROGRAM	732	\$ -	0	0	NA	
Oral Health Coalition	735	\$ -	0	0	NA	
Community Health Action Team	736	\$ 82,113.82	93,067	(10,953)	-12%	0.82
EMERGING INFECTIOUS DISEASE	737	\$ -	0	0	NA	
KCCSP Outreach & Education	738	\$ 146,591.13	173,608	(27,017)	-16%	1.09
Coordinated School Health	740	\$ -	0	0	NA	
Passport Referrals	741	\$ -	0	0	NA	
EnviroHealth Link	742	\$ 10,000.00	11,534	(1,534)	-13%	0.93
Federal Hands Special Project	743	\$ 10,879.23	81,167	(70,288)	-87%	6.06
Winter Storm	745	\$ -	0	0	NA	
Environmental Strike Team	746	\$ -	0	0	NA	
KHREF	747	\$ -	0	0	NA	
IEP School Services	748	\$ -	0	0	NA	
Regional EPI HAI Activities	749	\$ -	0	0	NA	
Accreditation	750	\$ -	9,613	(9,613)	-100%	7.00
HANDS GF Services	752	\$ -	0	0	NA	
PHEP	753	\$ 16,367.75	25,948	(9,580)	-37%	2.58
Zika Vector Control	755	\$ -	0	0	NA	
PERSONAL RESPNSBLTY EDCTN PRG	756	\$ 31,876.45	36,894	(5,017)	-14%	0.95
Regional EPI	757	\$ -	10	(10)	-100%	7.00
GO365 (HUMANA VITALITY)	758	\$ 89,940.50	63,073	26,868	43%	
ELC Surveillance Activities	759	\$ -	0	0	NA	
HANDS - Federal Home Visiting	760	\$ 40,720.00	47,050	(6,330)	-13%	0.94
Diabetes Telehealth	761	\$ 2,886.00	2,718	168	6%	
Smiling Schools Program	762	\$ -	0	0	NA	
HEP A Outbreak Activities	764	\$ -	292	(292)	-100%	7.00
Tobacco Program Federal Funds	765	\$ 1,094.42	1,307	(212)	-16%	1.14
MCH Coordinator	766	\$ 119,960.41	157,951	(37,991)	-24%	1.68
HANDS Expanded Multi-Gravida Families	767	\$ -	6,889	(6,889)	-100%	7.00
HANDS Expansion/Outreach	768	\$ -	0	0	NA	
ELC ENHANCING DETECTION	769	\$ 14,405.71	25,390	(10,984)	-43%	3.03
Kentucky Colon Cancer Screening Project	770	\$ -	0	0	NA	
PHEP Special Project	771	\$ 49,203.48	64,623	(15,420)	-24%	1.67
HBE Assistance	772	\$ -	2,980	(2,980)	-100%	7.00
Contract Tracing	773	\$ 1,167,137.39	1,375,408	(208,271)	-15%	1.06
Child Fatality Prevention	774	\$ -	316	(316)	-100%	7.00
ECD School Projects	775	\$ -	0	0	NA	
Pediatric/Adolescent	800	\$ 39,240.71	72,569	(33,328)	-46%	3.21
Immunizations	801	\$ 92,308.06	425,823	(333,515)	-78%	5.48
Family Planning	802	\$ 147,786.43	537,569	(389,782)	-73%	5.08

Lake Cumberland District Health Department
Actual versus Earned Revenue
Fiscal Year-to-Date as of January 31, 2022

Cost Center	CC #	Actual Revenue	Earned Revenue	Variance	% Variance	Months Equivalent Uncollected
Maternity Services	803	\$ -	0	0	NA	
WIC Services	804	\$ 546,703.25	695,845	(149,142)	-21%	1.50
Medical Nutrition	805	\$ 5,641.40	5,354	287	5%	
TB	806	\$ 39,418.09	200,884	(161,466)	-80%	5.63
STD Services	807	\$ 1,822.47	13,142	(11,320)	-86%	6.03
Diabetes	809	\$ 88,274.95	101,571	(13,296)	-13%	0.92
Adult Services	810	\$ 15,117.94	123,223	(108,105)	-88%	6.14
Lead Poisoning Prevention	811	\$ -	0	0	NA	
Breast & Cervical Cancer	813	\$ 12,668.08	38,253	(25,584)	-67%	4.68
MCH Forum	816	\$ 474.50	142,229	(141,755)	-100%	6.98
Healthy Communities - Tobacco	817	\$ -	0	0	NA	
Community Based Services	818	\$ -	387	(387)	-100%	7.00
PREPAREDNESS COORDINTN & TRNG	821	\$ 55,681.29	72,127	(16,446)	-23%	1.60
PREPAREDNESS EPIDEM & SURVLLNC	822	\$ 43,758.39	55,436	(11,677)	-21%	1.47
PREPAREDNESS MEDICAL RSRV CORP	823	\$ -	0	0	NA	
Bioterrorism - Focus Area F	824	\$ -	0	0	NA	
Bioterrorism - Focus Area G	825	\$ -	0	0	NA	
Local Community Public Health Projects	826	\$ -	290	(290)	-100%	7.00
Teen Pregnancy Prevention	827	\$ 77,173.13	75,304	1,869	2%	
Addressing Barriers to DSMES	828	\$ -	0	0	NA	
Heart4Change	829	\$ 80,453.92	67,813	12,641	19%	
Sexual Risk Avoidance Education Direct Grant	830	\$ -	0	0	NA	
Worksite Wellness Project	831	\$ -	0	0	NA	
Worksite Wellness	832	\$ 40,636.81	96,085	(55,448)	-58%	4.04
Breastfeeding	833	\$ 15,879.92	19,209	(3,329)	-17%	1.21
KIRP	834	\$ -	3,900	(3,900)	-100%	7.00
HPP Activity Support	835	\$ 2,430.00	2,835	(405)	-14%	1.00
Tobacco Prevention Project	836	\$ 24,980.98	31,550	(6,569)	-21%	1.46
Abstinence Education	837	\$ -	0	0	NA	
Foundation for Health KY-CHIP	838	\$ -	0	0	NA	
Marshall Univ. Diabetes Grant	839	\$ -	256	(256)	-100%	7.00
Breastfeeding Peer Counselor	840	\$ 30,477.54	36,666	(6,189)	-17%	1.18
Federal Diabetes Today	841	\$ 772.07	871	(99)	-11%	0.80
HIV Counseling & Testing	842	\$ -	0	0	NA	
Ryan White	844	\$ 84,597.71	109,889	(25,292)	-23%	1.61
Ryan White	845	\$ 131,506.10	162,274	(30,767)	-19%	1.33
Rural Health Opioid Grant	846	\$ -	0	0	NA	
KIPRC JAIL EDUCATION GRANT	847	\$ 15,285.54	45,014	(29,728)	-66%	4.62
Healthy Start Project	848	\$ 3,317.38	4,774	(1,457)	-31%	2.14
USDA Rural Bus. Dev. Grant	849	\$ -	6,232	(6,232)	-100%	7.00
KIPRC HARM REDUCTION SUMMIT	850	\$ -	49	(49)	-100%	7.00
Pandemic Flu Summit	851	\$ -	0	0	NA	
HANDS PRIMA GRAVIDA PROGRAM	853	\$ 1,306,180.00	1,624,417	(318,237)	-20%	1.37
Arthritis	856	\$ -	26	(26)	-100%	7.00
Physical Activity	857	\$ -	0	0	NA	
Supplemental School Health	858	\$ (240.40)	0	(240)	NA	#DIV/0!
KHELP	871	\$ -	9	(9)	-100%	7.00
TLC - Obesity Grant	872	\$ -	0	0	NA	
HPP Coordinators	875	\$ -	0	0	NA	
Hands Program Expansion	877	\$ -	0	0	NA	
Ryan White COVID-19 Cares	882	\$ -	600	(600)	-100%	7.00
EPSDT Verbal Notification	883	\$ -	0	0	NA	
WIC Operational Adjust Funding	886	\$ -	0	0	NA	
Core Assessment & Policy Dev.	890	\$ 1,015.00	8,948	(7,933)	-89%	6.21
Medicaid Match	891	\$ -	79,339	(79,339)	-100%	7.00
Minor Receipts	892	\$ 593.91	594	0		
Capital	894	\$ -	0	0		
Allocable Direct	895	\$ 3,940,626.98	1,987,884	1,952,743	98%	
Total		\$ 9,400,732.55	10,103,756	(703,023)	-7%	0.49

Lake Cumberland District Health Department
Earned Revenue/Expense Analysis
Fiscal Year-to-Date as of January 31, 2022

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	\$ 279,266.33	25%	120,822	-46%	158,445	0	0.00%	158,445	383,386	223,642	383,386	0
Public Facilities	520	\$ 91,995.48	82%	33,717	-33%	58,278	0	0.00%	58,278	86,632	50,535	86,632	0
General Sanitation	540	\$ 83,594.39	-23%	83,594	-23%	0	0	0.00%	0	186,700	108,908	186,700	0
Onsite Sewage	560	\$ 387,721.02	18%	435,398	32%	(47,677)	47,677	2.38%	0	563,385	328,641	563,385	0
Tanning Beds	580	\$ -	No Budget	0	No Budget	0	0	0.00%	0	0	0	0	0
Food License Project	590	\$ 116,400.28	-7%	116,400	-7%	0	0	0.00%	0	215,000	125,417	215,000	0
Radon	591	\$ 1,373.10	-22%	1,373	\$ -	0	0	0.00%	0	3,000	1,750	3,000	0
Retail Food Standards Grant	592	\$ -	No Budget	0	No Budget	0	0	0.00%	0	0	0	0	0
West Nile Virus	595	\$ -	No Budget	0	No Budget	0	0	0.00%	0	0	0	0	0
Healthy Homes & Lead Poison Prev	598	\$ -	No Budget	0	No Budget	0	0	0.00%	0	0	0	0	0
Winter Storm Resp-Local	599	\$ -	No Budget	0	No Budget	0	0	0.00%	0	0	0	0	0
Dental Services	712	\$ 21.19	-100%	21	-100%	0	0	0.00%	0	8,715	5,084	8,715	0
Asthma Education	722	\$ -	No Budget	0	No Budget	0	0	0.00%	0	0	0	0	0
ELC Covid Mini-Grant	723	\$ -	No Budget	633	No Budget	(633)	633	0.03%	0	0	0	0	0
KWSCP Pink County Outreach	725	\$ -	No Budget	1,649	No Budget	(1,649)	1,649	0.08%	0	0	0	0	0
Zika Preparedness and Response	726	\$ -	No Budget	0	No Budget	0	0	0.00%	0	0	0	0	0
Harm Reduction/Needle Exchange	727	\$ 64,348.38	-28%	51,973	-42%	12,375	0	0.00%	12,375	152,656	89,049	152,656	0
Diabetes Disease Management	728	\$ -	No Budget	2	No Budget	(2)	2	0.00%	0	0	0	0	0
Vector Surveillance	729	\$ -	No Budget	0	No Budget	0	0	0.00%	0	0	0	0	0
Breast Cancer R&E Trust Fund	730	\$ -	No Budget	0	No Budget	0	0	0.00%	0	0	0	0	0
Opioid Crisis Response	731	\$ -	-100%	0	-100%	0	0	0.00%	0	2,942	1,716	2,942	0
DIABETES PREVENTION PROGRAM	732	\$ -	No Budget	0	No Budget	0	0	0.00%	0	0	0	0	0
Oral Health Coalition	735	\$ -	No Budget	0	No Budget	0	0	0.00%	0	0	0	0	0
Community Health Action Team	736	\$ 93,067.29	-18%	93,067	-18%	0	0	0.00%	0	193,690	112,986	89,664	104,026
EMERGING INFECTIOUS DISEASE	737	\$ -	No Budget	0	No Budget	0	0	0.00%	0	0	0	0	0
KCCSP Outreach & Education	738	\$ 173,607.70	3%	173,608	3%	0	0	0.00%	0	288,616	168,359	288,616	0
Coordinated School Health	740	\$ -	No Budget	0	No Budget	0	0	0.00%	0	0	0	0	0
Passport Referrals	741	\$ -	No Budget	0	No Budget	0	0	0.00%	0	0	0	0	0
EnviroHealth Link	742	\$ 10,000.00	71%	11,534	98%	(1,534)	1,534	0.08%	0	10,000	5,833	0	10,000
Federal Hands Special Project	743	\$ 81,166.77	71%	125,514	165%	(44,347)	0	0.00%	(44,347)	81,167	47,347	0	81,167
Winter Storm	745	\$ -	No Budget	0	No Budget	0	0	0.00%	0	0	0	0	0
Environmental Strike Team	746	\$ -	No Budget	0	No Budget	0	0	0.00%	0	0	0	0	0
KHREF	747	\$ -	No Budget	0	No Budget	0	0	0.00%	0	0	0	0	0
IEP School Services	748	\$ -	No Budget	0	No Budget	0	0	0.00%	0	0	0	0	0
Regional EPI HAI Activities	749	\$ -	No Budget	0	No Budget	0	0	0.00%	0	0	0	0	0
Accreditation	750	\$ 9,613.23	-74%	9,613	-74%	0	0	0.00%	0	64,478	37,612	64,478	0
HANDS GF Services	752	\$ -	No Budget	0	No Budget	0	0	0.00%	0	0	0	0	0
PHEP	753	\$ 25,948.03	-20%	25,948	-20%	0	0	0.00%	0	55,647	32,461	0	55,647
Zika Vector Control	755	\$ -	No Budget	0	No Budget	0	0	0.00%	0	0	0	0	0
PERSONAL RESPNSBLTY EDCTN PRG	756	\$ 36,893.51	-10%	36,894	-10%	0	0	0.00%	0	70,500	41,125	0	70,500
Regional EPI	757	\$ -	No Budget	10	No Budget	(10)	10	0.00%	0	0	0	0	0
GO365 (HUMANA VITALITY)	758	\$ 29,643.50	-86%	63,073	-69%	(33,429)	33,429	1.67%	0	353,500	206,208	353,500	0
ELC Surveillance Activities	759	\$ -	No Budget	0	No Budget	0	0	0.00%	0	0	0	0	0
HANDS - Federal Home Visiting	760	\$ 47,050.00	-78%	35,581	-83%	11,469	0	0.00%	11,469	361,200	210,700	361,200	0
Diabetes Telehealth	761	\$ 2,718.33	-60%	2,718	-60%	0	0	0.00%	0	11,546	6,735	3,000	8,546
Smiling Schools Program	762	\$ -	No Budget	0	No Budget	0	0	0.00%	0	0	0	0	0
HEP A Outbreak Activities	764	\$ -	No Budget	292	No Budget	(292)	292	0.01%	0	0	0	0	0
Tobacco Program Federal Funds	765	\$ 1,306.63	-91%	1,307	-91%	0	0	0.00%	0	25,000	14,583	25,000	0
MCH Coordinator	766	\$ 157,951.27	2%	157,951	2%	0	0	0.00%	0	264,355	154,207	264,355	0
HANDS Expanded Multi-Gravida Families	767	\$ -	No Budget	6,889	No Budget	(6,889)	6,889	0.34%	0	0	0	0	0
HANDS Expansion/Outreach	768	\$ -	No Budget	0	No Budget	0	0	0.00%	0	0	0	0	0
ELC ENHANCING DETECTION	769	\$ 25,389.91	-92%	25,390	-92%	0	0	0.00%	0	525,699	306,658	0	525,699
Kentucky Colon Cancer Screening Project	770	\$ -	No Budget	0	No Budget	0	0	0.00%	0	0	0	0	0
PHEP Special Project	771	\$ 49,203.48	71%	64,623	125%	(15,420)	15,420	0.77%	0	49,203	28,702	0	49,203
HBE Assistance	772	\$ -	No Budget	2,980	No Budget	(2,980)	2,980	0.15%	0	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%		
Contract Tracing	773	\$ 1,375,408.23	-27%	1,375,408	-27%	0	0	0.00%	0	3,228,190	1,883,111	3,228,190	0
Child Fatality Prevention	774	\$ -	No Budget	316	No Budget	(316)	316	0.02%	0	0	0	0	0
ECD School Projects	775	\$ -	No Budget	0	No Budget	0	0	0.00%	0	0	0	0	0
Pediatric/Adolescent	800	\$ 66,724.57	295%	72,569	330%	(5,845)	5,845	0.29%	0	28,951	16,888	28,951	0
Immunizations	801	\$ 425,823.12	10%	314,591	-19%	111,232	0	0.00%	111,232	664,393	387,563	664,393	0
Family Planning	802	\$ 537,568.64	4%	395,312	-23%	142,257	0	0.00%	142,257	883,409	515,322	883,409	0
Maternity Services	803	\$ -	No Budget	0	No Budget	0	0	0.00%	0	0	0	0	0
WIC Services	804	\$ 695,845.17	-19%	695,845	-19%	0	0	0.00%	0	1,464,752	854,439	1,464,752	0
Medical Nutrition	805	\$ 5,354.18	-85%	4,748	-86%	607	0	0.00%	607	60,158	35,092	60,158	0
TB	806	\$ 133,294.56	17%	200,884	76%	(67,589)	67,589	3.37%	0	195,303	113,927	195,303	0
STD Services	807	\$ 13,142.42	-6%	10,988	-22%	2,155	0	0.00%	2,155	24,022	14,013	24,022	0
Diabetes	809	\$ 101,571.32	-22%	101,529	-22%	42	0	0.00%	42	223,000	130,083	223,000	0
Adult Services	810	\$ 123,223.23	-5%	96,752	-25%	26,471	0	0.00%	26,471	221,387	129,142	221,387	0
Lead Poisoning Prevention	811	\$ -	No Budget	0	No Budget	0	0	0.00%	0	0	0	0	0
Breast & Cervical Cancer	813	\$ 38,252.53	-22%	33,118	-33%	5,135	0	0.00%	5,135	84,415	49,242	84,415	0
MCH Forum	816	\$ -	No Budget	142,229	No Budget	(142,229)	142,229	7.10%	0	0	0	0	0
Healthy Communities - Tobacco	817	\$ -	No Budget	0	No Budget	0	0	0.00%	0	0	0	0	0
Community Based Services	818	\$ -	No Budget	387	No Budget	(387)	387	0.02%	0	0	0	0	0
PREPAREDNESS COORDINTN & TRNG	821	\$ 59,242.17	0%	72,127	22%	(12,885)	12,885	0.64%	0	101,558	59,242	101,558	0
PREPAREDNESS EPIDEM & SURVLLNC	822	\$ 55,435.75	-5%	55,436	-5%	0	0	0.00%	0	100,327	58,524	100,327	0
PREPAREDNESS MEDICAL RSRV CORP	823	\$ -	No Budget	0	No Budget	0	0	0.00%	0	0	0	0	0
Bioterrorism - Focus Area F	824	\$ -	No Budget	0	No Budget	0	0	0.00%	0	0	0	0	0
Bioterrorism - Focus Area G	825	\$ -	No Budget	0	No Budget	0	0	0.00%	0	0	0	0	0
Local Community Public Health Projects	826	\$ 289.64	-97%	290	-97%	0	0	0.00%	0	19,000	11,083	19,000	0
Teen Pregnancy Prevention	827	\$ 75,303.72	-53%	75,304	-53%	0	0	0.00%	0	273,006	159,254	273,006	0
Addressing Barriers to DSMES	828	\$ -	No Budget	0	No Budget	0	0	0.00%	0	0	0	0	0
Heart4Change	829	\$ 67,812.64	-39%	67,813	-39%	0	0	0.00%	0	191,986	111,992	191,986	0
Sexual Risk Avoidance Education Direct Grant	830	\$ -	No Budget	0	No Budget	0	0	0.00%	0	0	0	0	0
Worksite Wellness Project	831	\$ -	No Budget	0	No Budget	0	0	0.00%	0	0	0	0	0
Worksite Wellness	832	\$ 96,084.74	-3%	96,085	-3%	0	0	0.00%	0	169,987	99,159	169,987	0
Breastfeeding	833	\$ 19,209.37	-51%	19,209	-51%	0	0	0.00%	0	67,500	39,375	67,500	0
KIRP	834	\$ 3,900.00	No Budget	3,900	No Budget	0	0	0.00%	0	0	0	0	0
HPP Activity Support	835	\$ 2,430.00	-23%	2,835	-10%	(405)	405	0.02%	0	5,400	3,150	5,400	0
Tobacco Prevention Project	836	\$ 31,549.53	-66%	31,550	-66%	0	0	0.00%	0	157,500	91,875	100,000	57,500
Abstinence Education	837	\$ -	No Budget	0	No Budget	0	0	0.00%	0	0	0	0	0
Foundation for Health KY-CHIP	838	\$ -	No Budget	0	No Budget	0	0	0.00%	0	0	0	0	0
Marshall Univ. Diabetes Grant	839	\$ -	No Budget	256	No Budget	(256)	256	0.01%	0	0	0	0	0
Breastfeeding Peer Counselor	840	\$ 36,666.12	5%	36,666	5%	0	0	0.00%	0	60,000	35,000	60,000	0
Federal Diabetes Today	841	\$ 871.07	-94%	871	-94%	0	0	0.00%	0	24,000	14,000	24,000	0
HIV Counseling & Testing	842	\$ -	-100%	0	-100%	0	0	0.00%	0	16,000	9,333	16,000	0
Ryan White	844	\$ 109,889.44	-46%	109,889	-46%	0	0	0.00%	0	350,000	204,167	350,000	0
Ryan White	845	\$ 162,273.55	-44%	162,274	-44%	0	0	0.00%	0	500,000	291,667	500,000	0
Rural Health Opioid Grant	846	\$ -	No Budget	0	No Budget	0	0	0.00%	0	0	0	0	0
KIPRC JAIL EDUCATION GRANT	847	\$ 45,013.94	-23%	45,014	-23%	0	0	0.00%	0	100,000	58,333	100,000	0
Healthy Start Project	848	\$ 4,774.24	-84%	4,774	-84%	0	0	0.00%	0	51,000	29,750	51,000	0
USDA Rural Bus. Dev. Grant	849	\$ 6,231.66	No Budget	6,232	No Budget	0	0	0.00%	0	0	0	0	0
KIPRC HARM REDUCTION SUMMIT	850	\$ 49.27	No Budget	49	No Budget	0	0	0.00%	0	0	0	0	0
Pandemic Flu Summit	851	\$ -	No Budget	0	No Budget	0	0	0.00%	0	0	0	0	0
HANDS PRIMA GRAVIDA PROGRAM	853	\$ 1,253,680.00	-37%	1,624,417	-19%	(370,737)	370,737	18.49%	0	3,435,990	2,004,328	3,435,990	0
Arthritis	856	\$ -	No Budget	26	No Budget	(26)	26	0.00%	0	0	0	0	0
Physical Activity	857	\$ -	No Budget	0	No Budget	0	0	0.00%	0	0	0	0	0
Supplemental School Health	858	\$ (240.40)	No Budget	0	No Budget	(240)	240	0.01%	0	0	0	0	0
KHELP	871	\$ -	No Budget	9	No Budget	(9)	9	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	\$ -	No Budget	0	No Budget	0	0	0.00%	0	0	0	0	0
Hands Program Expansion	877	\$ -	No Budget	0	No Budget	0	0	0.00%	0	0	0	0	0
Ryan White COVID-19 Cares	882	\$ -	No Budget	600	No Budget	(600)	600	0.03%	0	0	0	0	0
EPSDT Verbal Notification	883	\$ -	No Budget	0	No Budget	0	0	0.00%	0	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%		
WIC Operational Adjust Funding	886	\$ -	No Budget	0	No Budget	0	0	0.00%	0	0	0	0	0
Core Assessment & Policy Dev.	890	\$ 6,146.00	0%	8,948	46%	(2,802)	2,802	0.14%	0	10,536	6,146	10,536	0
Medicaid Match	891	\$ 47,453.00	0%	79,339	67%	(31,886)	31,886	1.59%	0	81,348	47,453	81,348	0
Minor Receipts	892	\$ 593.68	No Budget	0	No Budget	594	0	0.00%	594	0	0	0	0
Capital	894	\$ -	No Budget	0	No Budget	0	0	0.00%	0	0	0	0	0
Allocable Direct	895	\$ 1,987,883.82	-27%	1,962,936	-28%	24,947	0	0.00%	24,947	4,674,169	2,726,599	4,674,169	0
Total		\$ 9,357,030.74	-25%	\$ 9,594,096.07	-23%	\$ (237,065.33)	2,004,624	37.25%	\$ 509,659.46	\$ 21,424,304.42	\$ 12,497,510.91	\$ 20,462,016.00	\$ 962,288.42

Lake Cumberland District Health Department
 Allowable Unrestricted Reserve Calculation
 As of Period Ending June 30, 2021

CC#	Cost Center	Expense	Service Fees	Service Fee % of Total Expense	Non-Fee Program Expense	Fee for Service Program Expense
500	Food Service	103,016	180,948	175.65%	0	103,015
520	Public Facilities	35,441	103,177	291.12%	0	35,442
540	General Sanitation	110,031	0	0.00%	110,031	0
560	Onsite Sewage	579,292	585,241	101.03%	0	579,290
590	Food License Project	209,657	227,976	108.74%	0	209,657
591	Radon	4,651		0.00%	4,651	0
712	Dental Services	147	19	12.60%	147	0
723	Osteoporosis	74,550		0.00%	74,550	0
727	Harm Reduction/Needle Exchange	125,574	0	0.00%	125,574	0
728	Diabetes Disease Management	97		0.00%	97	0
732	DIABETES PREVENTION PROGRAM	439		0.00%	439	0
736	Community Health Action Team	84,419		0.00%	84,419	0
738	COVID-19 IMMUNIZATION SUPP.	114,089		0.00%	114,089	0
742	EnviroHealth Link	19,584		0.00%	19,584	0
746	Environmental Strike Team	19		0.00%	19	0
750	Accreditation	6,351		0.00%	6,351	0
752	HANDS GF Services	39,186	0	0.00%	39,186	0
753	PHEP	36,667		0.00%	36,667	0
756	PERSONAL RESPNSBLTY EDCTN PRO	36,055		0.00%	36,055	0
758	GO365 (HUMANA VITALITY)	108,940	108,940	100.00%	0	108,940
760	HANDS - Federal Home Visiting	142,476	142,476.34	100.00%	0	142,476
761	Diabetes Telehealth	22,588		0.00%	22,588	0
764	HEP A Outbreak Activities	334		0.00%	334	0
765	Tobacco Program Federal Funds	25,616		0.00%	25,616	0
766	MCH Coordinator	209,256		0.00%	209,256	0
767	HANDS Expanded Multi-Gravida Families	137		0.00%	137	0
769	ELC ENHANCING DETECTION	0		0.00%	0	0
771	PHEP Special Project	1,300,375		0.00%	1,300,375	0
773	Contract Tracing	2,532,687		0.00%	2,532,687	0
774	Child Fatality Prevention	124		0.00%	124	0
800	Pediatric/Adolescent	111,674	43,425	38.89%	111,674	0
801	Immunizations	266,988	73,746	27.62%	266,988	0
802	Family Planning	550,474	128,550	23.35%	550,474	0
803	Maternity Services	225	0	0.00%	225	0
804	WIC Services	1,059,619	7	0.00%	1,059,619	0
805	Medical Nutrition	44,532	1,665	3.74%	44,532	0
806	TB	207,605	37,446	18.04%	207,605	0
807	STD Services	16,899	2,868	16.97%	16,899	0
809	Diabetes	135,733	0	0.00%	135,733	0
810	Adult Services	185,170	24,508	13.24%	185,170	0
813	Breast & Cervical Cancer	57,396	6,395	11.14%	57,396	0
816	MCH Forum	398,434	52,541	13.19%	398,434	0
821	PREPAREDNESS COORDINTN & TRNC	95,256		0.00%	95,256	0
822	PREPAREDNESS EPIDEM & SURVLLN	96,620		0.00%	96,620	0
823	PREPAREDNESS MEDICAL RSRV COF	1		0.00%	1	0
827	Teen Pregnancy Prevention	171,380		0.00%	171,380	0
829	Heart4Change	90,404		0.00%	90,404	0
830	Sexual Risk Avoidance Education Direct	0		0.00%	0	0
831	Worksite Wellness Project	84	0	0.00%	84	0
832	Worksite Wellness	93,266		0.00%	93,266	0
833	Breastfeeding	34,511		0.00%	34,511	0
835	HPP Activity Support	5,301		0.00%	5,301	0
836	Tobacco Prevention Project	78,397	10,000	12.76%	78,397	0
839	Marshall Univ. Diabetes Grant	3,223	0	0.00%	3,223	0
840	Breastfeeding Peer Counselor	42,386		0.00%	42,386	0
841	Federal Diabetes Today	23,308		0.00%	23,308	0
844	Ryan White	129,282		0.00%	129,282	0
845	Ryan White	188,916		0.00%	188,916	0
846	Rural Health Opioid Grant	83,291		0.00%	83,291	0

Lake Cumberland District Health Department
 Allowable Unrestricted Reserve Calculation
 As of Period Ending June 30, 2021

CC#	Cost Center	Expense	Service Fees	Service Fee % of Total Expense	Non-Fee Program Expense	Fee for Service Program Expense
847	KIPRC JAIL EDUCATION GRANT	48,939		0.00%	48,939	0
848	Healthy Start Project	16,664		0.00%	16,664	0
849	USDA Rural Bus. Dev. Grant	7,497		0.00%	7,497	0
850	KIPRC HARM REDUCTION SUMMIT	21,104		0.00%	21,104	0
853	HANDS PRIMA GRAVIDA PROGRAM	1,800,225	1,834,920	101.93%	0	1,800,225
858	Supplemental School Health	98,251	0	0.00%	98,251	0
875	HPP Coordinators	1		0.00%	1	0
882	Ryan White COVID-19 Cares	2,025		0.00%	2,025	0
890	Core Assessment & Policy Dev.	6,909	2,192	31.73%	6,909	0
891	Medicaid Match	156,313	0	0.00%	156,313	0
894	Capital	120,153		0.00%	120,153	0
895	Allocable Direct	1,603,617		0.00%	1,603,617	0
	Total	13,973,870		0.00%	10,994,823	2,979,045

Multiplier for Allowed Unrestricted Reserve	30%	40%
Allowed Non-Fee for Service Unrestricted Reserve & Fee for Service Unrestricted Reserve	<u>\$ 3,298,447.01</u>	<u>\$ 1,191,617.97</u>
Allowed Non-Service Fee Restricted Reserves (30% of Total Non-Service Fee Expenses)		3,298,447
Allowed Service Fee Restricted Reserves (40% of Total Service Fee Expenses)		<u>1,191,618</u>
Total Allowed Unrestricted Reserve		4,490,065
Fiscal Year End Actual Unrestricted Reserve		<u>6,880,967</u>
Remaining Allowable Unrestricted Reserve		<u>(2,390,902)</u>

Description	FY2020		FY 2021	
Current Allowed Unrestricted Reserve	\$ 4,922,719.59	100%	4,490,064.98	100%
Fiscal Year End Actual Unrestricted Reserve	5,674,908.39	121%	6,880,967.26	153%
Remaining Allowable Unrestricted Reserve	<u>\$ (752,188.80)</u>	-21%	<u>(2,390,902.28)</u>	-53%
Total Program Restricted Reserves	<u>\$ 3,935,724.38</u>		<u>5,444,902.76</u>	
Total Reserves	<u>9,610,632.77</u>		<u>12,325,870.02</u>	

Total	\$ 962,288.42
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Date	Amend/Addend	Description/Justification	Cost Center	Fund	Grant	Amount
7/12/2021	GEPD2206B	EnviroHealthLink (July)	742	438		\$ 10,000
7/23/2021	GPQI2211C	1817-Diabetes Prevention & Control Innovation (July-Sept)	761	438		\$ 2,136
7/23/2021	GPQI2212C	1817-Diabetes Prevention & Control Innovation (Oct-June)	761	438		\$ 6,410
9/7/2021	GDWH2204B	Personal Responsibility Education Program (PREP) (July-J	756	438		\$ 70,500
9/7/2021	GDWH2202B	Sexual Risk Avoidance Education Grant (Oct-June)	753	438		\$ 55,647
9/8/2021	GEPD2211B	ELC COVID-19	769	434		\$ 525,699
4/14/2021	GPQI2207A	CHAT-Community Health Action Team (July-Sept)	736	435		\$ 10,000
4/14/2021	GPQI2208A	CHAT-Community Health Action Team (Oct-June)	736	435		\$ 20,000
5/19/2021	GPQI2207B	CHAT-Community Health Action Team (July-Sept)	736	435		\$ 59,664
9/27/2021	GPQI2229B	MSA Tobacco Prevention and Control	836	422		\$ 57,500
11/9/2021	GEPD2218C	EPID & Surveillance Rebate	822	422		\$ (4,500)
11/9/2021	GEPD2251A	EPID & Surveillance Rebate (Apr-Jun)	822	422		\$ 1,125
11/9/2021	GEPD2218D	EPID & Surveillance Rebate (Jul-Mar)	822	422		\$ 3,375
11/9/2021	GEPD2202B	HIV Prev Rebate	727	422		\$ (50,000)
11/9/2021	GEPD2249A	HIV Prev Rebate (Apr-Jun)	727	422		\$ 12,500
11/9/2021	GEPD2202C	HIV Prev Rebate (Jul-Mar)	727	422		\$ 37,500
11/9/2021	GEPD2233B	HIV Reg Care Coordinators	844	422		\$ (350,000)
11/9/2021	GEPD2252A	HIV Reg Care Coordinators (Apr-Jun)	844	422		\$ 87,500
11/9/2021	GEPD2233C	HIV Reg Care Coordinators (Jul-Mar)	844	422		\$ 262,500
12/13/2021	GPQI2207C	CHAT-Community Health Action Team (July-Sept)	736	435		\$ 1,362
1/13/2022	GPQI2208B	CHAT-Community Health Action Team (Oct-June)	736	435		\$ 13,000
1/27/2022	GMCH2233B	Federal HANDS Special Project (Oct-Jun)	743	438		\$ 81,167
1/21/2022	GPHP2206B	COVID-19 CARES	771	437		\$ 49,203

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

Internal Control Procedure Manual



Fiscal Year 2020-21

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- 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).
- 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.

- 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)
- 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

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.)

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 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.
- IX. Insurance and Fidelity Bonds
- A. To protect assets, LCDHD maintains the following insurance coverage
- 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.

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 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 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, or investment accounts.
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 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 Staff 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.
 2. An unused check stock is maintained in a locked closet. Only designated Accounting Staff 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 Accounting Staff, or the Director of Administrative Services, and approved by a designated Accounting 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 Accounting 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 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 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

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

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...
 - 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

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. 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 Accounting Staff. An audit report will be submitted to the Director of Administrative Services for compliance documentation.

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 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 Staff prepares changes in employee deductions and enters into system for electronic processing.
3. A designated Accounting Staff audits each timesheet for coding accuracy and entry into computerized system for electronic processing and generation of checks and direct deposits.
4. A designated Accounting Staff prints checks and submits to authorized staff for signing. Checks are forwarded to a designated Accounting Staff to prepare for distribution. A designated Accounting 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 Staff will give authorization to a designated Accounting Staff for the distribution. Payroll registers are maintained in E-reports and electronic storage of E-reports on the Network Server.

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 Accounting Staff along with the electronic time sheets on a bi-weekly basis and must contain supervisor's approval. A designated 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.
6. A designated 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 Accounting Staff for distribution.
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.

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, 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.
- (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 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 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.
 - 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 Accounting Staff, for deposit into the LCDHD operating account.
 7. All service sites will be audited semi-annually by a designated Accounting Staff. He/She will prepare a report of audit and submit to the Director of Administrative Services.
- B. Patient's Accounts Receivable

1. The LCDHD maintains its accounting records on the cash basis of accounting. A designated 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 occurs as the secondary payer after insurance or non-traditional Medicare, He/She is responsible for determining the amount of responsibility and setting up 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 be 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 Accounting Staff is responsible for review and action on any third party denied claims. He/She also reviews the monthly Applied/Pending report for Medicaid status and enters into PEF system accordingly using the NERI command.
3. A designated Accounting Staff prepares Contract/PC8 accounts receivable claims for mailing and manually posts payments/adjustments when received.
4. A designated Accounting Staff reviews and performs actions needed on all other Medicare accounts, including co-insurance billing to supplemental insurance, Medicaid or self-pay billing. He/She also makes adjustments to the patient self-pay accounts receivable file when personnel in the county health centers provide information regarding an error in PEF entry.
5. Fees charged but not collected will be removed monthly from 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 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 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

- 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

- 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>)

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 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 Accounting Staff for check issuance. A designated Accounting Staff is responsible for the processing of all purchase orders. A designated Accounting Staff will assist in the electronic receipt processing of all orders.
- B. Receipt of Purchases - A designated Accounting Staff will verify and check in supplies. A designated Accounting Staff will have all direct purchases made from local retailers checked by a separate designated Accounting Staff when returning to the office. A separate designated 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.

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 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 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 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.

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

XXII. Employee Reimbursements

- A. Any expenses that are due to be reimbursed by an LCDHD employee will be billed and tracked by a designated 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.

XXIII. Credit Cards

- A. Purchases with Credit Cards shall be limited to situations when other purchase and payment methods alternatives are not feasible. Any credit cards in LCDHD's possession will be maintained by the Purchasing Department, by County Office Managers, and/or the Executive Director.
- B. Any LCDHD credit card issued solely for use by the Executive Director shall have no more than a \$1,500 limit.
- C. All purchases made 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, 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 non-credit card purchases.
- D. Credit card purchases should primarily be the responsibility of the Purchasing Department, the County Office Managers, 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. Credit Cards will be kept in a secure location, and promptly reported to the Director of Administrative Services if lost or stolen.
- G. Purchases not approved will be the responsibility of the employee, and payment will be expected within 30 days.

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.

XXV. Human Resources

- 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.

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

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

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)

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.

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.

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.

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>

- 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.

Acts of Sympathy

Policy:

The Lake Cumberland District Health Department may send flowers to funerals or provide other acts of sympathy as approved by the Executive Director.

Procedures:

1. Expenditures for flowers or other acts of sympathy may be approved:
 - a. when an employee or board member passes away, or
 - b. when an employee or board member's spouse, child or step-child, parent or step-parent, or sibling or step-sibling passes away, or
 - c. at the passing of others on a case by case basis as approved by the Executive Director.
2. Expenditure for flowers or other acts of sympathy do not need to exceed \$75.

Date Adopted: 1/30/09

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 Reviewed by BOH: 9/3/2019

Date Revised / adopted by BOH: / /2022

Policy:

The Lake Cumberland District Health Department recognizes breastfeeding as the ideal nutrition for infants. LCDHD promotes, supports, and protects exclusive breastfeeding for the first six months of life and continued breastfeeding for at least the first year. This policy provides guidance on issuance of breast pumps. LCDHD health professional will follow protocol set forth by the Department of Public Health Nutrition Services Branch as outlined in the Woman, Infants, and Children (WIC) Program and Nutrition Manual. In addition to those protocols, LCDHD will also enact the following procedures.

Procedures:

1. Single user electric breast pumps may be needed for women going back to work or school or for women at risk for breastfeeding complications ~~that do not require a hospital grade breast pump~~ as assessed by the health professional/Lactation Specialist. The patient may be fully or partially breastfeeding. The single user pumps may be issued ~~one to two weeks~~ prior to returning to work or school **or in the event of at risk breastfeeding complications or mother and infant separation that may negatively effect breastfeeding outcomes. It is recommended that an electric pump be issued at least one week prior to return to work or school.** Each WIC patient can only receive one single user breast pump in a lifetime, unless approved by a breastfeeding specialist or WIC coordinator. A statement of proof for returning to work or school is not necessary for issuance of single user pumps. Should the pump malfunction after issuance, it will be the patient's responsibility to either notify the manufacturer or replace needed parts.

~~2. Hospital grade breast pumps may be issued to both fully and partially breastfeeding mothers. A doctor's order must be obtained and have the following information: a medical reason for the pump (examples: poor latch, low milk supply, mom and baby separated, etc.) and length of time. Pumps can be approved for 3 months but must be evaluated on a monthly basis by a health professional. If the hospital grade breast pump is needed for longer than three months contact the Lactation Consultant or WIC Coordinator for guidance. Should the nursing staff have any questions or concerns, such as medical reasons needed for approval, please notify the breastfeeding specialist or WIC coordinator.~~

2. If there are questions regarding eligibility of a patient to receive an electric breast pump, staff will contact Heather Capps for further guidance. ~~patient is unable to be evaluated by their primary care provider, please contact Ann Stevens.~~ The lactation specialist will evaluate **issuance of breast** pumps. ~~If it is determined that the patient needs a hospital grade pump, the lactation specialist will notify Dr. Weyman for an order for the patient to receive the hospital grade pump.~~

3. All Breastfeeding women receiving a breast pump should receive accurate information about assembling, using and cleaning breast pumps. Breast pump education should include:

a. How to assemble and use the breast pump

b. The collection, storage and warming of expressed milk

c. Cleaning and sterilization of pump parts

4. The healthcare professional will assess for the need of additional lactation support and make referrals as necessary to the Certified Lactation Counselor and WIC Breastfeeding support program.

5. The clerical supervisor will perform a monthly inventory of all breast pumps. ~~including single user and hospital grade pumps~~ Inventory logs are provided by the WIC & Nutrition Manual.

5. The nursing supervisor will provide appropriate cleaning on hospital-grade breast pumps as they are returned to the clinic. The following procedures will be utilized as provided by the WIC and Nutrition Manual:

a. Cleaning and Maintenance guidelines for Multi-User Pumps

i. Wear protective gloves when handling the pump

ii. Check for return of all parts

iii. Visually check the pump for signs of insect and rodent infestation

iv. Place the entire pump in a sealed heavy-duty plastic bag for two to three days. This will usually kill any insects that have crawled into the pump motor casing

v. After two to three days, remove pump from bag and spray front and back air vents with compressed air. Tilt pump forward and tap gently on hard surface. If there is an infestation, it will be noticed at this time.

vi. Test the pump to ensure it is in good working order

vii. Assess the pump for damage, document the damage and send the pump for repair as needed.

viii. Clean pump motor casing with disinfectant, as recommended by manufacturer

ix. Document pump cleaning on multi-user hospital-grade breast pump on control/tracking log.

6. Nutritionists will assist health professionals if patient does not return hospital-grade pumps through phone calls, mailings, etc.

6. When traveling staff issue a breast pump it will be the responsibility of the nursing supervisor to provide appropriate follow up with patient and required documentation.

7. All clerical staff and health professionals will receive trainings and updates on breastfeeding as set forth by the Nutrition Section of the Department of Public Health.

Cell Phone

Policy:

Company cell phones or stipends for cell phones are provided to certain employee types for a multitude of reasons: 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.

Procedures:

1. All employees approved by the Executive Director accepting receipt of a company cell phone are to utilize the cell phone primarily for functions as stated above. ~~The company plan provides for a pool of data megabytes and voice minutes to be used for the same monthly cost excluding free mobile to mobile voice minutes of the same provider (Verizon to Verizon mobiles) and free night (after 9:00 pm) and weekend voice minutes. Each employee will be notified of his/her data and voice allocation. Every employee is expected to manage his/her data and voice allocation monthly in order to remain below his/her allotment. If the agency's total data and/or voice charges excluding the mobile to mobile and free nights and weekends exceed the total pool of agency wide maximum, then any employee over their individual data or voice allotment may be responsible for all charges which cannot be documented as having a business purpose.~~
2. Every employee is expected to make every effort in keeping an agency phone from damage or loss. In an event of damage or loss deemed to be negligence of the employee, the employee may be charged the cost of a comparable replacement.
3. Any employee receiving a bill for any non-authorized usage or loss is responsible for reimbursement to the company within 30 days of the date of the bill. Any disputed items on a billing should be presented to the Director of Administrative Services for resolution.
4. Every employee is encouraged NOT to use your cell phone, whether company provided or personal, for any reason while driving. Texting or any other form of Data Transmission is PROHIBITED while driving on company business. Studies show the risk of accidents increase tremendously for drivers who are texting while driving. Non-compliance with this policy will increase the risk for accident/injury to the employee, passengers and other drivers on the roadway as well as the risk of liability for the organization. Accidents occurring due to an employee's non-compliance of this policy may not be covered by company liability or workman's compensation.

a. Any employee not complying with this policy will be subject to losing the privilege of utilizing a company cell phone or will forfeit their stipend (see 5 below) as well as other action permitted by the personnel regulations.

5. The Executive Director may designate and approve a cell phone stipend in certain circumstances (see 6 below) (such as environmentalists, health educators, home visitors, etc.). Those employees who have been designated and approved to receive a cell phone stipend will receive either a basic cell phone stipend in the amount of \$20.00 or a "smart" cell phone with a data package stipend for \$50.00. Stipends will be a reimbursement of a portion of the designated employees' personal cell phone expenses, are not part of an employee's salary, and are therefore not subject to payroll taxes.

a. Upon acceptance of this stipend made through an organizational agreement with the employee, the employee may be required to provide the agency the cell phone number to be used for agency contact as well as, upon request, an invoice from their provider for auditing purposes to prove it is an expense related item. The term of the stipend will be indefinite as long as it is warranted as determined by the Executive Director, but may be terminated at any time by the employee or the Executive Director upon 30 days written notice. Employees may continue to receive a stipend while in pay status. However, the stipend shall be reviewed each budget cycle to determine the necessity of an amendment to the amount or to the necessity of the stipend.

b. If a supervisor designates an individual to receive the stipend which has been approved by the Executive Director but the individual refuses the stipend, the supervisor may request a trac phone with \$20 of purchased minutes monthly be provided by the organization which the employee will be required to carry (this should be the exception, though, and not the rule).

6. Hierarchy of Need for Mobile "Smart" Phones with a data package/\$50.00 stipend

a. Top Priority

i. Executive Staff and regional managers which the agency require be available via voice, text, and email, and/or who need internet access via their cell phone to perform their duties when away from their assigned workstation (i.e. Information Technology staff, environmental supervisors, preparedness staff).

7. Hierarchy of need basic mobile phones/\$20.00 stipend

i. Staff members which the agency require work in the field a significant part of their time and be available via voice and text when away from their assigned workstation.

[Monthly Basic Cell Phone Contract Stipend Agreement](#)
[Monthly SmartPhone Contract Stipend Agreement](#)

Date Adopted: 12/01/09
Date Reviewed: 3/02/10
Date Modified by Executive Director: 11/24/10
Date Reviewed by the Board: 12/07/10
Date Reviewed: 3/2/11
Date Reviewed: 3/8/12
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Date Reviewed: 3/25/14
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Date Revised: 6/11/2015
Date revisions ratified by board: 6/23/2015
Date revised/ratified by BOH: 3/5/2019
Date Reviewed by BOH: 9/3/2019

Clinical Programs District Quality Assurance Policy

Policy:

The Lake Cumberland District Health Department recognizes the importance of providing quality care to our clients based upon federal standards, state standards and regulations as outlined in the Department for Public Health Clinical Service Guide, Administrative Reference and Healthy People 2020 objectives. This policy provides guidance for measuring standards of public health practices.

Purpose:

To support the mission of the Lake Cumberland District Health Department by enhancing the ability of the staff to protect, maintain, and improve the health of the local community through continued improvements in public health services. The LCDHD is dedicated to providing quality care to all clients, both in the clinic and the community setting.

Procedures:

District Quality Assurance

1. The District QA Committee has scheduled an annual site visit for each county health department in the district. The District Quality Assurance Committee conducts audits in each county annually. The QA Committee consists of the Clinic QA Nurse, Medical Director, Nurse Administrator, Administrative Service Manager, and designated program coordinators. The Administrative Service Manager is responsible for scheduling all district audits. The clinic QA Nurse oversees the implementation of any additions or deletions to the LCDHD standardized QA/UR form and the processing of the data.
2. Charts from each program will be reviewed during district QA, being certain that charts from each program cover various providers (if feasible). The number of charts audited will vary depending on program circumstances:
 - a. WIC - 8 charts (infant, child, pregnant, postpartum, partially breastfeeding mom & infant, fully breastfeeding mom & infant)
 - b. Cancer - 2 charts
 - c. Family Planning visits - 5 charts total (2 charts should be adolescents, if available. 2 annual/initial visits, 1 resupply visit, 1 ECP or deferred exam visit) ~~annual and initial visit~~
 - d. Pregnancy Test Visits - 2 positive test results, 2 negative test results
~~d. Well child - 6 charts (2 infants, 2 children, 2 adolescents)~~
 - e. Immunization - 6 charts (2 infants, 2 children, 2 adolescents)
 - f. STD - 4 charts (At least one male, one female. One adolescent chart if available.)
 - g. TB - 2 charts

3. Additional records may be reviewed at the discretion of the District Team, based upon previous site review reports, state site review reports, in the event of major changes in program standards or depending upon the volume of patients that participate in a program.
4. A standardized clinic Utilization Review form is used. It consists of questions designed to address protocols outlined in the Administrative Reference, Public Health Core Clinical Service Guide and compliance with medical record rules and regulations. It is divided into sections by program and contains questions related to program and coding requirements.
5. In addition to the chart review, the QA team will also conduct a General Site Review where compliance is assured in areas such as:
 - a. Federal labor law required postings
 - b. WIC program required postings
 - c. Core Clinical Service Guide updates
 - e. Completion of required trainings, ie OSHA, TB, FP CEUs, etc.
 - f. Safety inspections
 - g. Correct coding & billing procedures
6. Upon completion of the site review, an exit interview is conducted with local staff. Each site shall receive a printed report of the review within 30 days of the audit that contains scores for each program, sections within the program and general site review scores. An individual report for each staff member audited will be sent to the county and the nursing supervisor or QA nurse will privately review this report with staff to identify areas in which improvement can be made.
7. The review findings are to be used as a planning and quality improvement tool and for training sessions for all LCDHD staff. Findings can also be used to identify local weaknesses and the need for additional training.
8. Answer sheets will be scanned and audit information will be kept on file electronically. Actual answer sheets will be stored at the district office for 3 months to provide staff with sufficient time to review audit results.
9. Patient Satisfaction Surveys are also conducted annually. Surveys are kept in the QA office at the district office for one year. Electronic results are stored on the QA computer indefinitely.

Date Adopted: 10/01/08

Date Reviewed: 3/3/09

Date Reviewed: 3/2/10

Date revised: 4/18/2011

Date Revised: 7/15/2011

Date Revised: 01/06/2012

Date Approved by Executive Director: 1/11/12

Date Revised: 10/09/2012

Date Revised: 1/15/2013

Date Revisions Reviewed/Ratified by Board: 3/5/2013

Date Reviewed: 3/25/2014

Date Revised: 02/01/2017

Date Revisions Ratified by Board: 3/7/2017

Date reviewed by BOH: 9/3/2019

Date Revised/ratified by BOH: 03/04/2022 if approved

Clinical Programs Local Quality Assurance Policy

Policy:

The Lake Cumberland District Health Department recognizes the importance of providing quality care to our clients based upon federal standards, state standards and regulations as outlined in the Department for Public Health Clinical Service Guide, Administrative Reference and Healthy People 2020 objectives. This policy provides guidance for measuring standards of public health practices.

Procedures:

1. The local Quality Assurance Committee (Local Reviewers) shall consist of all local nursing and clerical staff with the assistance of the LCDHD Coding Team and Quality Assurance nurse, as needed. The Local Committee shall audit charts during a half day session on a quarterly basis.
2. The local reviews shall be based upon the following:

Chart Summary for local QA

# to be audited	Type of Chart
2	Well Child with Immunizations — 1 infant, 1 child
4	WIC - 1 infant, 1 child, 1 Pregnant or Post-Partum, 1 Breastfeeding
3	Family Planning – 1 annual/initial visits, 1 resupply visit, 1 ECP or deferred exam visit
2	FP Pregnancy Test - 2 positive test results, 2 negative test results
1	Cancer Screening
3	STD – at least 1 male, 1 female
2	TB

3. The LCDHD Coding Team and the Quality Assurance Nurse shall be available in person or by phone to assist the local reviewers each quarter during the chart review process.
4. The standardized clinic Utilization Review form is used for all chart reviews.
5. The other two months in the quarter when charts are not audited, half day educational programs may be conducted based on identified areas of need.
6. Printed reports are sent to each county after answer sheets are processed. These reports contain county information from the most recent audit, year-to-date scores and prior year cumulative scores.
7. Individual provider reports and overall county reports are reviewed by the QA nurse so that areas for improvement can be identified and appropriate trainings implemented. Reports are sent to county supervisors within 30 days of the audit for review and distribution to individual providers.

Date Adopted: 10/01/08
 Date Reviewed: 3/3/09
 Date Reviewed: 3/2/10
 Date Revised: 4/18/2011
 Date Revised: 7/15/2011
 Date Revised: 01/6/2012

Date Approved by Executive Director: 1/11/12

Date Revised: 10/09/2012

Date Reviewed: 3/5/13

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Date revisions adopted by board: 3/25/2014

Date Revised: 01/18/2017

Ratified by BOH:3/7/2017

Date reviewed by BOH: 9/3/2019

Date Revised/ratified by BOH: 03/04/2022 if approved

Clinical Site Quality Assurance Policy

Policy:

The Lake Cumberland District Health Department recognizes the importance of providing quality care to our clients based upon federal standards, state standards and regulations as outlined in the Department for Public Health Clinical Service Guide, Administrative Reference and Healthy People 2020 objectives. This policy provides guidance for measuring standards of public health practices.

Procedures:

Observation and Supervision of Clinic Sites

1. LCDHD Nurse Administrator and Administrative Service Manager shall visit clinic sites ~~bi-monthly~~ **quarterly** to monitor and assist with clinics. Sites shall be monitored for clinic flow, patient privacy, and integration of services. If problems are identified, a written report shall be completed and filed at the site.
 1. Findings for monitoring visits shall be used as a basis for future in-service sessions.
 2. Findings shall be discussed with clinic staff.

2. Real-time reviews will be conducted annually in each county by the QA nurse.
 - a. Clinic operations are observed and charts are audited as soon as visits are completed.
 - b. The QA nurse will complete a standardized form on each chart audited.
 - c. Findings from these audits shall be used for immediate feedback to staff audited.
 - d. Forms will be kept on file for two (2) years.

Date Adopted: 10/01/08

Date Reviewed: 3/3/09

Date Reviewed: 3/2/10

Date Revised: 7/11/2011

Date Reviewed: 9/6/2011

Date Reviewed: 01/06/2012

Date Reviewed: 03/5/2013

Date Reviewed: 3/25/2014

Date Revised/approved by board: 3/3/2015

Date reviewed by BOH: 9/3/2019

Date Revised/ratified by BOH: 03/04/2022 if approved

Confidentiality

Policy:

The LCDHD will confidentially maintain all data that can be linked to a specific person, whether that information is about a client or an employee. LCDHD employees, Board Members and affiliated staff will sign Confidentiality Agreement Forms.

Procedures:

1. All persons affiliated with the official business of the LCDHD have legal and ethical responsibilities regarding the protection of personal data that is collected or maintained by LCDHD.

- a. Persons affiliated include employees, personal service contract (PSC) employees, employees of Independent Contractors, students working with LCDHD activities as a part of their learning experiences (e.g., a clinical rotation, a practicum, an internship or externship) who provide patient care and services to client whether in our clinics, clients homes, and at community health fairs, screenings and encounters.
- b. Persons affiliated also include members of the Board of Health who have a legal and ethical responsibility to protect the privacy of any person specific data that is disclosed to them during board meetings, or while carrying out any official responsibilities as board members.
- c. Persons affiliated also include any Business Associates who while performing their work have access to any patient specific data.

2. Each employee will sign a Confidentiality Agreement Form upon employment and annually during their performance evaluation. This form will become a permanent record in employee's personnel file. Each PSC employee will sign a Confidentiality Agreement. Each Independent Contractor will sign a contract requiring compliance with HIPAA provisions. Members of the Board of Health sign Confidentiality Agreement Form. Each student who participates in any activities of the LCDHD will sign a Confidentiality Agreement Form.

3. Confidentiality and Privacy While Providing Services.

- a. In order to ensure confidentiality during patient/client encounter, employees/affiliated staff are instructed to close doors, curtains, shades, etc. and to keep patient covered at all times when working directly with the patient. Visitors and others are asked to leave the room during patient care, unless the patient requests they stay in the room. Any photographs taken are for the purpose of documentation and will only be taken with the written consent of the patient, parent or the patient's guardian.

b. Surveillance Data will also be considered patient information in regards to protected health information. All surveillance data systems are password protected for security.

4. Confidentiality at Other Times.

- a. Staff will provide protection of patient's information, whether in the billing or clinical charts.
- b. Care will be taken to maintain confidentiality when utilizing the computers and faxes.
- c. Staff will refrain from using patient names when speaking over the telephone or cell phones.
- d. Staff will remove patient-identification information from reports, memo's, data-collection forms or shred the information.
- e. Staff will avoid patient discussions in a public area.
- f. Visiting staffs are asked to refrain from using patients' names when on work related phone calls at another patient's home. Visiting staffs are not permitted to discuss their patients with other patients that they are seeing.
- g. Releasing of medical records will follow the procedures of the Release of Medical Records Policy.
- h. Visiting staff are to keep all patient records with names in an enclosed folder or an enclosed container in their cars to prevent them from being misplaced or accidentally falling out of their cars and to prevent passersby from looking through the car windows and seeing confidential patient information.

5. Confidentiality and Security.

- a. In the event that some event, such as a theft, a break-in, or fire, occurs that requires an official investigation, such as a police investigation, our agency will cooperate fully with law enforcement, fire or other official investigational agency.
- i. Patients are encouraged to keep emergency telephone numbers near their telephones.
- ii. Staff are not to use the patient's personal items without their consent.
- iii. Staff are encouraged to use care when handling patient property.
- iv. Patients are instructed to notify the agency if property, money or valuables are missing or damaged during a staff visit.
- v. In the event an admission of theft is made, every attempt will be made to recover the loss from the employee involved and employment with our agency can possibly be terminated.

Date Adopted: 02/13/09

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 Revised/adopted by board: 3/3/2015
Date Reviewed by BOH: 9/3/2019

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 an award of **\$75.00 (before taxes)**.
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/ratified by BOH: 12/1/2015
Date revised/ratified by BOH: 3/6/2018
Date Reviewed by BOH: 9/3/2019

Date Revised: 02/17/22

been made, report this to the Fiscal Administration Office.

Pay checks are available every other Friday. On the Fridays between, when applicable, Travel checks are available. Both checks can be accessed electronically through <https://portal.cdpehs.com/CDPPortal/Login.aspx>

Vital Information

Change of name, address, home phone number, marital status, and other pertinent information should be reported to the Human Resources Office expeditiously so that appropriate changes can be reflected in your files.

Employee Handbook



Presented to:



*Welcome to the
LCDHD Team!*

Rev. March 2022

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work week, 37.5 hours.

One is paid a “biweekly wage” for the initial two weeks of work on Friday of the third week following the date of employment. Thereafter, every other Friday is one’s designated payday.

Pay Checks / Payroll Deductions

Employees are paid every two weeks through direct deposit. Each pay period employees can access an electronic “pay stub” indicating a variety of payroll information including the number of regular work hours and leave hours reported for you during the pay period. It also lists all payroll deductions for that period. Federal, state, and local taxes; social security; and retirement contributions are mandatory and automatic deductions.

You may authorize other payroll deductions for such items as insurance, credit union, deferred compensation savings, or Flexible Spending Benefits.

Applicable deductions are made from your paycheck as follows:

- Credit Union - first and second check of the month
- Deferred Compensation - each check
- Health Insurance Premiums - first and second check of month
- Additional Insurance Policies - first and second check each month
- Garnishment - each check
- Retirement (employee's share) - each check
- Special taxes (ex. county occupational tax) - each check as applicable
- Flexible Spending Benefits – each check

Each time you receive a paycheck, examine the information printed on the stub for errors. If you suspect that an error has

Merit System office no later than 15 days after the effective date of the demotion, suspension, or dismissal.

An applicant or employee who believes he/she has been discriminated against because of sex, religious or political opinions or affiliations, race, national origin, disability, or age in any personnel action may appeal within 30 days of the date of the alleged discrimination.

Refer to Local Health Department Merit System Personnel Administrative Regulations for further details regarding the appeal and hearing process. A *CH-41, Request for Appeal* form may be obtained from the Human Resources Office or Local Health Personnel/Merit System, Frankfort, KY.

Employee Grievances

If an issue is not appealable through the Merit System, employees have procedures to resolve particular job problems or grievances that may occur. Contact the Human Resources Office for the Employee Grievance Policy.

Grievances should be brought to the attention of your immediate supervisor which through the chain of command will be brought into the focus of the department's director.

Should the grievance be between you and your supervisor, the director has an "open-door policy" to hear your grievance and to take appropriate action, make referral, etc., as he/she deems necessary.

PAY POLICIES

Pay Periods / Payday

The department operates under a 26 pay period time frame within a fiscal year. A work year for a full-time employee consists of 1,950 hours; a biweekly period, 75 hours; and a

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and letter grades A through C. An exit interview shall be conducted prior to the employee's termination by the Human Resources Office.

Disciplinary Actions

The causes for disciplinary action fall into two categories: (a) causes relating to performance of duties and (b) causes relating to conduct which may affect an employee’s ability to successfully fulfill the requirements of the job.

The purpose of disciplinary action is to punish the infraction committed, prevent recurrence of violation, and salvage employee for further satisfactory services. Specific programs and/or licensing boards (or other regulatory bodies for licensed, certified, registered, etc. staff) have an established Code of Ethics for applicable personnel. A violation of such shall be grounds for disciplinary actions and/or dismissal.

Disciplinary actions will involve any of the following measures depending upon the severity of the infraction and the number of times the offense has been committed: Admonishment, Reprimand, Withholding of Annual Increment, Suspension, or Dismissal. Suspension or dismissal action will become effective after minimum due process has been provided, unless a flagrant violation has occurred. All disciplinary actions and/or separations shall be in accordance with Local Health Department Merit System Personnel Administrative Regulations and agency guidelines.

Local Health Department Merit System Appeals

An employee with status who is demoted, suspended, or dismissed shall have right to appeal the action. The appeal shall be in writing and mailed to the Local Health Personnel

supplied the affected staff member and of one's right to be placed on a re-employment register. Seniority, performance appraisal results, qualifications, and types of appointment shall be considered in determining the order of layoffs in a manner prescribed by the Local Health Department Merit System. A lay-off plan shall be submitted for approval to Local Health Personnel/Merit System. No permanent employee shall be laid off if there are provisional, temporary, emergency, seasonal, or probationary employees serving in the agency in the same class. Contact Human Resources for a copy of the Layoff/ Workforce Reduction Plan.

Transfer

Only permanent employees are eligible for transfer. Transfer of a permanent employee from a position in one class to a position in another class, within the agency, having the same entrance salary may be made with approval of Appointing Authority and upon approval of Merit System. An Appointing Authority may transfer an employee from one organizational subdivision to another organizational subdivision in the same class as the situation dictates. An employee of one agency shall not transfer to another agency without prior approval of each appointing authority. See regulation relative to additional details.

Resignation

An employee wishing to terminate his/her employment shall present in writing, at least 14 calendar days prior to the last working day, reasons for resignation to the Appointing Authority with copies to their supervisor.

One who fails to give the mandatory 14 calendar day notice, unless otherwise approved by the Appointing Authority, shall result in employee forfeiting payment for accrued annual leave. Advance written notice of 30 calendar days is suggested for those staff members in Grades 12 through 24

INTRODUCTION

The Employee Handbook is an abbreviated version of the policies, procedures, and benefits, which affect your career in public service. **It is not intended to be an official document of personnel rules or regulations; and it does not substitute for other documents or regulations in force.** The handbook should be read by the employee as soon as he/she reports for duty and used as a reference thereafter.

Other publications pertinent to an employee include the Local Health Department/Merit System Personnel Administrative Regulations, Administrative Manuals, and a variety of departmental program manuals and booklets.

We welcome you as a member of the Lake Cumberland District Health Department staff. Join us as a team player to help meet the public health needs of our communities.

MISSION STATEMENT

The Lake Cumberland District Health Department will prevent illness and injury, promote good health practices, and assure a safe environment to protect and improve the health of our communities.

VISION STATEMENT

The Lake Cumberland District Health Department will be a progressive leader providing innovative solutions to achieve optimal health status for our communities.

MERIT SYSTEM

The origin of the Local Health Merit System extends back to 1912 and has evolved since that time to its current form. A merit system of personnel administration is a method of recruiting, selecting, promoting, paying, and releasing public employees on the basis of merit. KRS 211.170, 212.170, 212.870 requires the Cabinet for Health Services to supervise the personnel functions of local health departments. Refer to Local Health Department Merit System Personnel Administrative Regulations 902 KAR 8:040 through 8:140 outlining the various components and regulations governing such a program.

GENERAL INFORMATION

Political Activity

Under the Hatch Act of 1939.....Specific federal regulations prohibit our employees from:

1. Using official influence for the purpose of interfering with or affecting the result of an election or nomination for office;
2. Coercing (or attempting to coerce), commanding or advising a state or local officer or employee to pay, lend, or contribute anything of value to a political party, committee, organization, agency, or person for a political purpose; and
3. Running for elective public office in a partisan election.

Under Kentucky Administrative Regulations an employee in the classified service is prohibited against certain types of political activity. Refer to regulation 902 KAR 8:130 Section 1 in the Local Health Department Merit System Personnel Administrative Regulations Manual for an outline of restricted activities.

Provided monies are available, a lump sum payment shall not exceed eight (8) percent of the employee's current annual salary within a one (1) year period which consist of twenty-six (26) full pay periods based on the annual increment date.

Detail to Special Duty

Detail to special duty means the assignment of an employee to a position for not more than twenty-six (26) pay periods to fulfill the responsibilities of an employee on an approved leave of absence or the assumption of additional job duties. An employee who is approved for detail to special duty shall receive a salary increase of five (5) percent over the salary received prior to detail to special duty. At the completion of the special assignment, the employee shall be transferred to the former classification or resume normal duties with the employee's salary reduced by the five (5) percent.

In-Range Adjustment

An appointing authority may request a salary adjustment not to exceed five (5) percent if an employee is assigned permanent duties and responsibilities which are more complex and difficult than current job duties and grade level, but are less than those indicated through a reclassification. Only one in-range adjustment shall be allowed for an employee per classification. The appointing authority may remove the in-range salary adjustment if the in-range duties are removed. The salary shall revert to the previous amount prior to the in-range adjustment.

Layoff

An employee may be laid off due to shortage of funds or work, abolishment of a position, or other material change in duties or organization. Advance written notice shall be

Annual Increases

For annual increases to be given, monies must be available each year through agency's funding source.

Annual increases must be board approved. If all factors are in place, an increase between one (1) and five (5) percent may be initiated, but are in no way guaranteed or automatic.

1. All eligible employees shall receive the same percentage increase.
2. Increases are based upon a **successful** job performance.
3. Increases are not automatic.
4. Each person has an anniversary date on which such allowable annual increases are granted, that is, completion of twenty-six (26) pay periods of continuous service after initial employment.
5. An Appointing Authority may deny an annual increment to an employee for the following reasons:
 - (a) Documented unsatisfactory work performance;
 - (b) Excessive absenteeism (without just reason);
 - (c) Excessive tardiness;
 - (d) Record of disciplinary action; or
 - (e) Failure to cooperate.
6. An employee whose annual increment is denied shall be notified by the Appointing Authority at least two weeks prior to the anniversary date.

The employee action for which the annual increment was denied may lead to disciplinary action if not corrected.

Meritorious Payment

Permanent, full-time or part-time employees may receive an outstanding meritorious lump sum payment for the following:

- (a) Outstanding job performance;
- (b) Acts or ideas which have resulted in a significant financial savings to the agency; or
- (c) Significant improvement in service to the citizens.

Safety Policy/Procedure

It is the policy of the agency that each employee is entitled to work under the safest possible conditions. Every reasonable effort will be made in the interest of accident prevention, fire protection, and health preservation. It is the responsibility of each employee to perform his/her particular job in the safest possible manner. Texting or any other form of data transmission is prohibited while driving on company business. When traveling, employees must wear seat belts. Should an accident occur during travel, a police report must be obtained. Any type of Accident/Injury should be reported immediately. An Unusual Occurrence/Incident Report form will be completed by the employee and submitted to his/her immediate supervisor within 24 hours of the accident. The Human Resources Office **MUST BE CONTACTED IMMEDIATELY**, no later than 24 hours of accident/incident, for filing of Workers' Compensation Claim report.

Drug-Free Workplace

In compliance with the Drug-Free Workplace Act, employees are advised that unlawful manufacture, distribution, dispensation, possession, or use of any controlled substance and/or alcohol is strictly prohibited in the workplace. Employees cannot report to work or return to work from breaks impaired by alcohol or controlled substances. This includes employees working routine work hours or while "on the clock" at off-site meetings or trainings. Any employee found in violation will be subject to disciplinary action for misconduct which may include sanctions up to and including dismissal from the agency. Employees are notified that compliance with drug-free workplace requirements is a condition of continued employment with this organization.

Each employee is obligated, at the risk of disciplinary action, to report any conviction he/she receives as result of a violation of any criminal drug statute occurring in the

workplace within five days of such conviction to the Appointing Authority. Report of a conviction is required by federal law, and this agency is obligated to report such conviction to the federal government within ten days after receiving notice of same.

Criminal/Conviction Information Checks

In accordance with departmental policy, criminal information checks shall be conducted on each prospective employee prior to employment. With offer of hire, employment is conditional, pending receipt of a favorable criminal information report. Transfers and other personnel acquisition modes require such a “record” check. Current employees selected to fill an advertised position within the organization shall also be required to complete a consent form for a criminal information check if no background check has been conducted within the past two years.

Sexual Harassment

Any incidents of sexual harassment should be reported directly to the Appointing Authority for investigation. Sexual harassment may be any repeated verbal or physical advance, sexually explicit derogatory statement or sexually discriminatory remark/action made in the work setting which is felt offensive or objectionable to another person, causes discomfort or humiliation or interferes with work performance. The harasser may be male or female, an employee, a co-worker, or a non-employee, and does not have to be of the opposite sex.

Sexual harassment falls into two basic types:

1. Quid pro quo (“this for that”) claims in which a supervisor offers a job, promotion or raise etc. in return for sexual favors, or threatens retaliatory action if you don’t comply with advances.
2. Hostile environment is defined as: Unwelcomed sexual advances, requests for sexual favors, and other

funding is sufficient, the appointing authority shall explain the reason in writing and place the explanation in the employee’s personnel file.

The salary of an employee who is demoted because of a documented disciplinary problem or inability to perform a duty or responsibility required of the position shall be reduced to the lesser of ten (10) percent of their current salary or to the minimum of the new grade.

The salary of an employee demoted as a result of documented unsatisfactory performance during the promotional probationary period will be reduced to the level prior to promotion.

Refer to regulation 902 KAR 8:060 Section 6 for additional details.

Reclassification

An existing position may be reclassified if the duties and responsibilities of the position have materially changed.

Refer to regulation 902 KAR 8:060 Section 4 for additional information.

An employee shall meet the minimum requirements of the class to which the position is being elevated and has not previously performed. An employee reclassified to a position having a higher pay grade shall receive a salary increase that is the higher of:

- Five (5) percent of the employee’s current salary or
- Three (3) percent for each grade increase to the new position, not to exceed ten (10) percent or
- The minimum salary of the grade assigned to the new position.

The salary of a promoted employee shall be raised to the greater of the following:

- the minimum salary of the new position or
- Five percent or
- Three percent for each grade increase to new position; not to exceed 10%.

Demotion

An employee may be demoted for one of the following reasons:

1. Employee voluntarily requests a demotion
2. Reorganization by the agency
3. Documented unsatisfactory performance during probationary period
4. Documented disciplinary problem or inability to perform a duty or responsibility required of the position

If an employee is demoted, the appointing authority shall determine the salary in one of the following ways:

For a voluntary demotion one's salary shall be reduced by Five (5) percent for one grade; or for multiple grades three (3) percent for each grade not to exceed ten (10) percent. The employee's salary shall be reduced by an additional three (3) percent if the voluntary demotion is to a position that no longer requires supervisory responsibilities.

If the demotion is due to reorganization, the employee may retain the salary received prior to demotion. If the employee's salary is not reduced upon demotion, and

verbal or physical conduct of a sexual nature constitute "hostile environment" sexual harassment when such conduct has the purpose or effect of unreasonably interfering with an individual's work performance or creating an intimidating, hostile, or offensive working environment.

All such activities are prohibited by the agency and are unlawful. All employees are expected to perform in a courteous, friendly and considerate manner with consumers, the public, and fellow staff. **It should be pointed out that a person who feels that they are being sexually harassed must let it be known both to their supervisor and the offending party.**

ADA / Civil Rights / Equal Employment Opportunity

This agency adheres to the Americans with Disabilities Act, Civil Rights Act, and Equal Employment Opportunity provisions for its employees. The LCDHD does not discriminate on the basis of race, sex, color, religion, national origin, age, disability, or veteran status in the provision of services, programs or activities, or any employment opportunities or benefits it provides. Access to such information is available in the Human Resources Office.

Whistleblower Protection

The agency will not permit any form of retaliation against any person, who, in good faith, reports violations or suspected violations of law or company policy. If employees observe possible unethical or illegal conduct, they are encouraged to report their concerns. Employees and others involved with the company are urged to come forward with any such information, without regard to the identity or position of the suspected offender. The company will treat all communications under this protection in a confidential manner, except to the extent necessary to conduct a complete and fair investigation, or for review of company operations.

Agency Grievance Policy (Public)

The department shall promptly and equitably resolve any complaints alleging discrimination, unfair, or inappropriate treatment of any member of the public for any reason, including discrimination because of ethnicity, mental status, or sexual orientation. A Grievance Policy and Committee are in place to process grievances. Copies of such are on file in the Appointing Authority's Office.

Tobacco Free Workplace

All grounds of the Lake Cumberland District Health Department are designated as "tobacco free environment".

PERFORMANCE AND RESPONSIBILITY

The Public Health Director/Executive Director is responsible for appropriately staffing the department with employees that are willing and able to perform the duties of their assigned position.

The Supervisor of a department program must match the position, its duties, and responsibilities with the most qualified applicant. Before employment is finalized, the supervisor interviews the prospective employee, discusses the expected work performance of the position to be filled, then confers with the Director prior to hiring the applicant.

A written job description (P-65) has been prepared for the employee's position outlining basic duties; however, he/she is expected to assist other staff in what needs to be done as deemed appropriate. Teamwork is a must!! The duties of the position are subject to change with the department's changing needs. Likewise, an employee must be available to work in any county of the 10-county district, as need dictates.

POSITION CHANGE/PERSONNEL ACTION

Any position change or action taken shall be in accordance with the Local Health Department Merit System Administrative Regulations and departmental policies.

Probationary Period

The first 13 full pay periods constitute a probationary period for each newly appointed and/or promoted employee. An employee performance appraisal shall be completed by the Appointing Authority and/or his Authorized Agent prior to the end of the probationary period, as to the employee's job performance.

If a newly appointed employee has not successfully completed the probationary period, he/she may be released from employment. Any time during the probationary period the Appointing Authority and/or his Authorized Agent determine that the services of the newly appointed employee have been unsatisfactory, an employee may be separated from his/her position without the right of appeal or hearing.

The Appointing Authority shall notify the employee at least 7 days prior to the separation date, unless a flagrant violation occurs.

A new employee will receive a 5% increase in salary upon successful completion of the **initial** probationary period. A favorable **promotional** probationary evaluation shall result in a 3% increase. (See also Demotion)

Promotion

Vacant positions are announced and may be filled via inside or outside competition. Employees must meet minimum requirements to compete for a promotion. A promoted employee shall serve a 13 pay-period promotional, probationary time frame. Refer to the section entitled "Probationary Period" for more details.

- a. Any employee, in lieu of items above, may request in advance from his/her supervisor a four-hour block of time that may be coded to “L” (other leave) to cast an absentee ballot.

In the event an election does not impact the entire district, the organization shall grant voting leave as follows:

- A. All employees who are entitled to vote, who are otherwise scheduled to work during the hours that the polls are open, and who request leave in advance shall be granted four hours of voting leave to cast their vote.
 1. To claim the entire 4 hours for which eligible, the employee must be absent, during their regular work hours, for the entire 4 hours. You cannot claim voting time if you vote during non-regular working hours
 - a. Any employee, in lieu of item “2a” above, may request in advance from his/her supervisor a four-hour block of time that may be coded to “L” (other leave) to cast an absentee ballot.

The Lake Cumberland District Health Department reserves the right to check voting records or to require staff to acquire written proof of voting.

Retirement Seminars / Meetings

Employees with twenty (20) or more years of qualifying service credit are allowed (ONE TIME ONLY) one day's time and travel to a Kentucky Retirement Seminar nearest to our area. Employees retiring with less than 20 years are also allowed this benefit. Contact the Human Resources Office or procedures and additional information for this policy.

Any time an employee senses the need for a change in his/her job description he/she is responsible to take this up immediately with his/her supervisor so they can reach an understanding as to what is expected.

Your supervisor is the person to whom you should relate in all matters relevant to your position. If there are any problems or difficulties, discuss them at once with your supervisor, not a co-worker or outsider.

An Office Manager is located in each health center. She/he functions in various capacities, among those: caring for the fiscal & local board of health matters within the center, and serving as a liaison between the local and central offices and board of health.

HEALTH SERVICES REQUIRED FOR EMPLOYMENT

Each employee or volunteer must have a TB skin test or Blood Assay for Mycobacterium Tuberculosis (BAMT) within 10 days of employment. Only nurses working in the TB program, which may include all clinic nurses, will be required to have annual TSTs or BAMTs annually (unless a prior positive is documented). A two-step may be required for base-line if TST is used. All other employees will be required to do an annual TB screening to determine if a TST or BAMT is required(See TB Control Plan for details)

The following vaccinations are required for all employees:

- 2 doses MMR unless employee was born on or after Jan. 1, 1957
- Annual Flu Vaccination
- Hep B series (3 doses) and post vaccination titers at

1-2 months

- Tdap – one-time dose

If employee does not have documentation of 2 MMRs and declines vaccination he/she must prove immunity by getting MMR titers at his/her own expense.

Declination form must be signed for medical contraindications.

The following vaccines are also recommended to promote wellness: they will be provided through VaxCare which bills the employees' health insurance. Should the health insurance not fully cover the vaccine the LCDHD shall pay the balance.

- Hepatitis A vaccination is offered to all employees
- COVID-19: vaccination is offered to all employees
- Chickenpox: All employees who have not had chickenpox are encouraged to receive the Varicella vaccine.
- Pneumovax: Recommended for those 65y and over or those with high risks – smoking, DM, immunosuppressant conditions.
- Tetanus (Td) every 10 years
- TSH (Thyroid Stimulating Hormone): only employees over 40
- Fasting Lipid Profile, Glucose & Counseling annually
- Hemoglobin A1c (employees with diabetes)
- Blood Assay for mycobacterium tuberculosis (BAMT)

Lactation Accommodation (Breastfeeding Friendly Policy)

LCDHD will provide employees, breast feeding mothers, reasonable time to express breast milk as provided in the

with or without pay to further his/her education. See the Administrative Policy Manual and Local Health Merit System Personnel Administrative Regulations. Contact the Human Resources Office regarding procedures and forms.

Voting Leave

Each employee shall be granted four (4) hours to execute an absentee ballot prior to election or to vote on election day.

Procedures:

When an election impacts the entire district:

A. The Lake Cumberland District Health Department's Clinics will close to the public at 11:30 a.m. on election days (elections are defined by precincts and can be primary, runoff primary, special election, or regular election ----excluding Presidential Elections which are treated as 7.5 hours of Holiday pay) and the hours between 11:30 a.m. and 4:30 p.m. will be our agency's designated voting leave time.

1. If an employee chooses to vote and desires to receive paid time for these four hours, he/she must vote and can only be off from work between the hours of 11:30 a.m. and 4:30 p.m.
 - a. Employees choosing to vote in this manner may code his/her time to "L" (other leave) and be paid for this four hour block of time.
2. If an employee chooses not to vote, he/she must either:
 - a. Utilize annual leave and code the time to "V" (vacation [annual] leave), or "C" (compensatory leave, if applicable), or
 - b. Report to one's headquarters and work on a productive activity as identified by your immediate supervisor for the agency as approved by immediate supervisor.
3. If an employee votes by Absentee Ballots

Human Resources for coding information.

Absence Without Leave

All unauthorized and unreported absence is absence without leave, whether or not the employee has accrued leave of any kind. Employees cannot be paid for absence without leave nor can they use accrued leave of any kind to cover an absence without leave. Disciplinary Actions can be taken for unauthorized leave and/or unreported absence. An employee who has been absent without leave or notice to the supervisor for more than three (3) working days shall be considered to have resigned the employee's position.

Special Leave of Absence

An Appointing Authority may grant special leave for education, training or for other circumstances. Leave may be granted with or without pay (not to exceed 26 pay periods). Leave for attendance at a school shall be for training that relate to the employee's work and will benefit the agency.

Special Leave for Investigative Purposes

An Appointing Authority may place an employee on special leave with pay for investigative purposes pending an investigation of an allegation of employee misconduct. Leave shall not exceed 30 working days.

Absence Without Pay

Planned Leaves of Absence without pay require the completion of the agency's Leave Request Form along with a memorandum indicating the reasons for such. Approval by one's supervisor and the Appointing Authority is required.

Educational Leave Program

The Appointing Authority and/or his Authorized Agent may grant a permanent, full-time employee a leave of absence

Patient Protection and Affordable Care Act ("Affordable Care Act"). The break time requirement became effective when the Affordable Care Act was signed into law on March 23, 2010. Employers are required to provide reasonable break time for an employee to express breast milk for her nursing child for one year after the child's birth each time such employee has need to express the milk.

Employers are also required to provide a place, other than a bathroom, that is shielded from view and free from intrusion from coworkers and the public, which may be used by an employee to express breast milk.

PROFESSIONAL RESPONSIBILITIES

Work Day

The health department's usual hours of operation are from 8:00 a.m. to 4:30 p.m., Monday through Friday. The office is staffed at lunchtime on a rotating basis. A routine workday consists of 7.5 hours. Extended facility hours such as early morning, late afternoon, evening, and weekends may be required as the situation dictates. The department is open a minimum of 42.50 hours per week, with the exception of holidays.

You are expected to be punctual and dependable. Call your home office before or shortly after 8:00 a.m. (or contact person as designated by your supervisor) if you will be late or absent and give the reason to your supervisor or designated contact person.

When you know in advance that you will be absent, submit the appropriate leave request and/or materials to your supervisor for approval and arrange for someone to perform the specific duties you were scheduled to handle.

Email

Email is an important form of communication in our current society. Employees are required to check emails daily and respond in a timely fashion while in pay status. If you are going to on extended leave, set your email auto-attendant to notify others of the appropriate contact for follow up.

Rest Breaks

An employee is granted two 15-minute breaks each day (morning and afternoon) or one for each four hours of continuous work. Daily break periods may vary due to workloads or schedule changes. Your supervisor will advise you of your break times.

Lunch Periods

Your lunch period of one (1) hour will be assigned by your supervisor, and in keeping with the labor laws. Daily lunch periods may vary due to workloads or schedule changes.

Schedule / Itinerary

“Monthly Schedule of Work” forms are available for applicable staff, and should be completed as your supervisor requires. Any changes should be reported. The switchboard operator, support person, secretary, or other designated party in your home office must know your whereabouts during the workday. Any time it is necessary to leave your workstation, inform the designated representative as to your departure and approximately what time you will return.

Dress Code and Appearance

All employees of the Lake Cumberland District Health Department (LCDHD) represent the agency in their work activities. Studies have proven that a direct link exists between the dress and appearance of employees and the perception by the community of that person’s professionalism and, indeed, of the entire organization.

Court Leave

Court leave without loss of pay may be granted when subpoenaed as a juror or witness by a federal, state, or court of smaller political subdivision, (except when the employee or a member of the employee’s family is party plaintiff or defendant). If relieved from Jury duty during normal working hours, the employee shall return to work, but employee's total work hours shall not exceed 7.50 hours per day. Wages paid to the employee while serving as a juror shall be retained by the employee.

Military Leave

An employee who is an active member of the United States Army Reserve, the United States Air Force Reserve, the United States Naval Reserve, the United States Marine Corps Reserve, the United States Coast Guard Reserve, the United States Public Health Service Reserve, or the Kentucky National Guard shall be relieved from his civil duties without loss of pay or time, upon request, to serve under orders on training duty for a period not to exceed 75 hours in any one calendar year. The Appointing Authority, before granting military leave, may require a copy of the orders requiring the attendance of an employee.

An employee entering military duty shall be granted a leave of absence without pay for period of active duty not to exceed six (6) years. Accumulated annual and compensatory leave may be paid lump sum at the request of the employee, upon being placed on leave.

A Part Time 100 or Full-Time status employee, who is a spouse of a member or a member of the U.S. Armed Forces, including a member of a state National Guard or a Reserve component on federal duty, shall receive one day off, with pay, from work when the member is deployed and one day off, with pay, from work when the member returns. Contact

for the placement of a child for adoption includes: counseling sessions; to appear in court; consult with attorneys or doctors representing the birth parents; submit to a physical; or travel to complete adoption.

Accumulated annual and comp time shall be used for maternity leave that extends beyond the period of absence that is medically necessary. Maternity leave shall not exceed 12 weeks unless the Appointing Authority approves additional maternity leave. Total leave shall not exceed twenty-six (26) pay periods. Employee shall file written request for maternity leave as soon as practical to allow for future adjustments in work schedule. A physician's statement of expected date of delivery must accompany request. Additional information from the employee's doctor may be required if there are complications and the period of absence begins sooner than agreed, or requires the use of maternity leave beyond the normal twelve (12) weeks.

Family Medical Leave Act

The Family Medical Leave Act (FMLA) entitles employees to take up to twelve (12) weeks of unpaid, job-protected leave each year for specified family and medical reasons.

The employee must have worked for 12 months and have worked at least 1,250 hours over the prior 12 months. Leave may be taken for one or more of the following reasons:

- For incapacity due to pregnancy, prenatal medical care or child birth;
- To care for the employee's child after birth, or placement of a child for adoption or foster care;
- To care for the employee's spouse, son or daughter, or parent who has a serious health condition
- For a serious health condition that makes the employee unable to perform the employee's job.
- For Military Family Leave Entitlements

In the event of a question over interpretation of this dress code, your direct supervisor is authorized to determine whether or not your dress is in compliance with the code. Any concerns should be discussed with the employee face to face. Continued difficulties should be discussed with the Human Resources Manager.

General Dress Code:

All employees are expected to report to work in a clean and neat manner. The employees' clothing is expected to be well maintained, color coordinated and in a presentable condition. Below is the general dress code:

1. Professional employees (i.e. nurses, lab technicians, physicians, clinical assistants, etcetera) should wear scrubs while in the clinics and business casual may be worn otherwise.
 - a. Tennis shoes are acceptable, but must be predominately white in color or must be solid in color and matching or coordinated with the color of the employee's clothing. Shoelaces shall be white or match the color of the shoes.
 - b. When wearing scrubs, a color coordinated lab coat may be substituted for the scrub top. An appropriate color coordinated garment shall be worn under the lab coat.
2. All other employees who staff the clinics must either wear scrubs as a group or business casual as a group (part of the "other employees" wearing scrubs and part wearing business casual is unacceptable as this would be confusing to the public).
 - a. The Local Clerk Manager will decide if her/his employees, as a group, will wear business casual or scrubs.

3. Health Educators shall wear business casual apparel.
4. Environmental staff shall wear business casual apparel.
5. Janitorial staff shall wear work boots/shoes, coveralls, work pants, etcetera or scrubs.
6. All Home Visiting and other employees who travel off-site shall either wear business casual or scrubs (whichever is appropriate for the situation).
7. During routine work hours or while “on the clock” at formal off-site meetings or trainings, employees shall **NOT** wear:
 - a. shorts
 - b. halter tops
 - c. shirts/tops that reveal the waist line
 - d. t-shirts (unless underneath scrubs, lab coats or other acceptable garments)
 - e. garments with advertisements or large logos (may have the small manufacture’s tag or a small tasteful logo)
 - f. any garment with foul language
 - g. denim garments of any color
 - h. flip flops
 - i. Bermuda/Hawaiian flowered shirts
 - j. sweat pants
 - k. sweat shirts
 - l. wind suits
 - m. dresses, skirts, pants or other leg wear etcetera in which the length is above the top of the knees
 - n. excessive amounts of jewelry
 - o. any garments that are too tight, too short or too see through.

8. Human Resources will complete time sheets each pay period while employee is receiving donated hours stating on each time sheet who has donated and the amount of hours donated.
9. Sick leave sharing and donations are strictly voluntary for everyone. No employee shall pressure other employees to donate leave time for themselves or others.

Why Save Your Sick Leave?

If you ever get sick or injured and you have to be absent from work for a long time, hopefully, you will have enough sick leave and other leave to cover your absence. Your sick leave with pay is intended as a benefit for you to use at those times when you have a bona fide need for it.

Sick leave cannot be used for unnecessary occasions when it would be convenient for you to be absent. The employee who abuses sick leave causes either a work slow-down or places an unfair strain upon fellow workers who must do the work in his/her absence.

In consideration for your fellow workers, your department, and the people you serve, use your sick leave time wisely. **REMEMBER: A large amount of accumulated sick leave with pay is your cheapest form of disability insurance.** When the time comes that you really need it, your full salary and benefits continue. Or as one person stated, “It’s like having money in the bank”.

Maternity Leave

The Appointing Authority shall grant maternity leave to an employee because of pregnancy or the adoption of a child. Accumulated sick leave may be used only for the period of time medically necessary to be absent from work as indicated by the licensed practitioner. For the period of time

2. Eligible employees in need of donated sick leave must complete the *Application for Sick Leave Sharing* form and send it to the Human Resources Office.
3. Human Resources will contact the supervisor and the Executive Director for approval of requested sick leave sharing.
4. If approved, the Human Resources Office will notify staff regarding the need for the employee to receive sick leave donations. The notification will contain the name of the employee, request for donations, and tentative time frame the employee is on leave.
5. Leave may be transferred from an employee of one agency to an employee with the same agency or may be transferred from an employee of one health department to an employee of another health department. All leave sharing must remain within the health department system and does not include participation from other state agencies.
6. Full time or part time 100-hour employees who have accrued a sick leave balance of more than 75 hours may, with the approval of the appointing authority, request the transfer of a specified amount of the employee's sick leave balance in excess of 75 hours to another named employee who is authorized to receive sick leave. (Donations received from employees going off duty must be donated and utilized prior to donor's termination from employment.)
7. Employees making donations must complete the *Sick Leave Donation* form and send it to Human Resources.

Exceptions:

1. Any employees leading exercise classes may wear appropriate and modest exercise garments during the duration of the class time only.
2. While conducting on-site inspections, Environmental staff may wear work boots, coveralls, work pants, etcetera during the duration of the on-site evaluation.
3. When an employee is providing inspections during a community festival or is staffing an organization sponsored booth/display and where the temperature is hot that employee may wear appropriately fitting shorts (neither too tight nor too loose) that are at least to just above the knee in length. A shirt must be worn that complies with the "General Dress Code". Clean, color coordinated tennis shoes may be worn.
4. During formal off-site meetings and trainings, the dress code will be in effect during any hours one is "on the clock".
 - a. However, during certain off-site informal meetings (such as staff picnics, or all-day informal retreats) as approved by an appropriate Division Director or the Executive Director, the dress code may be waived except that one's apparel must be modest and not be "too tight, too short or too see through".

Miscellaneous:

1. Make-up and perfume/cologne, if used, should be in moderation. However, if the use of any perfume/cologne should be offensive to any employee, then that employee should request assistance from his/her supervisor. The supervisor

shall request that the scent be eliminated, or that the employee in question wear no perfume/cologne.

2. While the choice of style in dress and appearance is generally up to the employee, there are certain styles that become popular from time-to-time and are not acceptable in the workplace. Employees are to avoid such dress and styles as: facial (other than the ears)/body piercing, gothic dress and radical or

unusual make-up and hairstyles, and displayed body art (body art may be defined as but not limited to tattoos, intentional branding or scarring) -- as these can be distracting to the work of the agency.

The supervisor, Human Resources Manager or the Executive Director are to hold judgment of what may be considered as distracting in the work place.

Every employee is responsible for dressing in a manner that preserves the integrity of the health department. The community's perception of our organization is often linked with the appearance of our staff. Therefore, employees are expected to report to work in a clean, neat manner which is **appropriate for the work to be performed.**

Employees should dress in a conservative, professional manner. Clothing must not be too tight, too short or too low cut. Make-up, perfume/cologne, and jewelry, if used, should be in moderation. To assure a professional public image, the dress code will be enforced up to and including appropriate personnel action. **At supervisor's discretion, an employee may be directed to leave work to dress appropriately.** If directed to leave work, that employee will be required to use personal leave time to correct dress code violations.

Refer to regulation 902 KAR 8:120 regarding detailed information governing extended sick/medical leaves of absence and the return from such absences.

Sharing of Sick Leave

Employees on extended sick leave without pay may receive donations of sick leave hours from other health department employees in accordance with local health merit personnel regulations.

An employee who has a sick leave balance in excess of 75 hours (with approval of Appointing Authority) may request transfer of a specified amount of sick leave to another named employee, authorized to receive sick leave under this program. The donor's sick leave balance shall not fall below 75 hours.

The receiving employee or member of their immediate family must be suffering from an approved illness/condition which has caused, or is likely to cause, the employee to go on leave. The receiving employee shall have a certified physician's statement, exhausted all leave balances, and complied with rules governing the use of sick leave.

Procedures:

1. The appointing authority may approve the amount of sick leave received under sharing of sick leave, if any, if:
 - a. The employee or a member of his immediate family suffers from a medically certified illness, injury, impairment, or physical or psychiatric condition which has caused, or is likely to cause, the employee to go on leave.
 - b. The employee's need for absence and use of leave are certified by a licensed practitioner; and
 - c. The employee has exhausted his accumulated sick leave, annual leave, and compensatory leave.

- immediate family member requires transporting for medical, psychiatric, dental, or optical exam or treatment.

A full-time employee, except emergency staff, completing 10 years of total service shall be credited with 75 additional hours of sick leave. An employee completing 240 months of total service with one or more agencies shall be credited with an additional 75 hours of sick leave.

An employee unexpectedly required to be absent from work in case of illness shall promptly notify their supervisor or other designated person.

Refer to regulation 902 KAR 8:120 Section 5, for action which may be taken upon failure to comply within reasonable time period.

A statement in the form of a personal affidavit, physician's statement, or other statement certifying the incapacity, examination, and treatment during the time for which sick leave was taken may be required by the Appointing Authority.

Each Part-Time 100-hour employee, except emergency employees, (who is in pay status at least 23 hours per pay period), shall be allowed to earn sick leave at the rate of 2.1 hours per pay period and will be credited with sick leave upon the first day of the pay period following the pay period in which the leave was accrued. A PT 100-hour employee completing 10 years total service with the agency shall be credited with 45 additional hours of sick leave.

A PT 100 Hour employee completing 240 months of total service with one or more agencies shall be credited with 45 additional hours of sick leave.

Identification Cards

While on duty all health department employees shall wear identification cards which identify them as official representatives of the health department. Identification cards will be returned to supervisor when employees go off duty. Report lost ID Cards to Human Resources so the card can be deactivated for security purposes.

Professionalism, Courtesy and Manners

LCDHD employees shall demonstrate professionalism to the public and to one's co-workers

1. Employee professionalism includes respect and courtesy toward one's employing agency and toward one's co-workers, both on and off the clock; and both on and off site.
2. Employee professionalism should also be extended to the network of agencies and employees of the agencies with whom we contract and serve.
3. Employees should be mindful of what they post (including, but not limited to, comments, photos, videos, voice recordings etc.) on public blog sites, social network sites, etcetera. Whether on or off the clock and whether at or away from the work site, the employee's behavior still reflects back upon the health department. For example, but not limited to, employees should be careful not to use these "electronic" avenues to criticize peers, the agency, or the agencies or employees of the agencies with which the health department contract and serve; make or be affiliated with posts that are insensitive to another's race, religion, gender, sexual orientation etc.; or post racy, provocative, or sexually charged materials. The

final judgment on what is inappropriate or insensitive will be made by the Executive and Human Resources Directors.

4. Employees should be mindful when posting on public blog sites, social network sites, etcetera that, though you may not be expressing your opinions as a Public Health Employee, it is sometimes difficult for the general public to distinguish your personal from your professional opinions. Make every effort to assure your posts don't run counter to the agency's public health messaging.

5. Employees should limit the time spent on such internet sites during the work day. Employees have breaks and may text or post at lunch, for example. However, it is good to be reminded that work time is work time. Anything being done on work time other than work (except on an extremely limited basis) is unacceptable. This includes reading newspapers or books, making personal phone calls, visiting with family, texting, surfing the web etcetera.

6. Our manners and approach often say more than words. Any difference of opinion or discussion of problems among employees should be discussed in private—not in public areas.

7. Violation of this policy may result in disciplinary action.

8. In terms of social media, it is imperative that employees observe appropriate patient/client boundaries in terms of relationships with patients/clients:

- a. LCDHD strongly discourages “friending” or communicating with patients or clients on social media websites unless you have a

medical, maternity, and/or other types. Contact the Human Resources Office for detailed procedures and required compliance guidelines.

Sick / Medical Leave of Absence

Employees requesting **leave in excess of five working days must have a physician's statement to accompany the request for leave.** Refer to regulation 902 KAR 8:120 Section 5, detailing additional information required from the physician.

ALL EMPLOYEES REQUESTING LEAVE OF THREE OR MORE DAYS MUST CONTACT THE HUMAN RESOURCES OFFICE FOR COMPLETION OF LEAVE FORMS.

All full-time employees, except emergency staff, earn 3.5 hours sick leave per pay period, when in pay status for at least one-half of the pay period, with no maximum limitation. The employee shall be credited with sick leave upon the first day of the pay period following the pay period in which leave was earned.

Upon proper request sick leave may be used as follows:

- personal illness / injury of employee and treatment
- disability by illness or injury of employee
- care for sick or injured spouse, child, step child, parent, step-parent, brother, step-brother, sister, step-sister, grandparent, step-grandparent, grandchild, step-grandchild, mother/father-in-law, daughter/ son- in-law
- death of spouse, child, step child, parent, step-parent, brother, step-brother, sister, step-sister, grandparent, step-grandparent, grandchild, step-grandchild, mother/father-in-law, daughter/ son- in-law (time limits may apply)

10 – 15	3.1 (Approx. 11 days/yr.)
15 – 20	3.6 (Approx. 12 days/yr.)
20 & Over	4.2 (Approx. 15 days/yr.)

defined, assigned a role as a the PIO. Staff with patient/client care roles will not initiate or accept online friend requests except in unusual circumstances, such as the situation in which an in-person friendship predates the treatment relationship.

Employees may accrue annual leave and carry forward from one calendar year to the next the following maximums. Lump sum payments shall not exceed the following maximums.

Full Time Employees:

<u>Years of Service</u>	<u>Maximum Amount</u>
00 - 05	225.0 hours (30 days)
05 - 10	277.5 hours (37 days)
10 - 15	337.5 hours (45 days)
15 - 20	390.0 hours (52 days)
Over 20	450.0 hours (60 days)

Part Time 100 Hour Employees

<u>Years of Service</u>	<u>Maximum Amount</u>
00 - 05	120 hours (16 days)
05 - 10	148 hours (20 days)
10 - 15	180 hours (24 days)
15 - 20	208 hours (28 days)
Over 20	240 hours (32 days)

Leave is credited upon the first day of the pay period following the pay period in which the leave was earned. Annual leave shall not be granted in excess of that earned. Earned annual leave in excess of the amount allowed to be accumulated shall be converted to sick leave at the end of the calendar year.

NOTE: Applicable leave forms and memoranda are available through the Human Resources Office for the purpose of requesting leaves of absence, i.e., sick,

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 phone), and to one's co-workers. An individual should always leave the agency feeling welcomed and wanted. Patients who are scheduled for clinics at a particular time should be registered and seen as close to that time as possible. No employee should be guilty of stacking or shuffling charts in favor of any patient, friend, or type of service.

Your public relations speak loudly. Staff frequently schedule appointments and should always arrange to keep those appointments. If you make an appointment, be on time. If you cannot keep an appointment, extend the courtesy of canceling. Keep notes and refer to your schedule so you will not forget a commitment.

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

Habits

Not only personal appearance and courtesy, but our work habits and tidiness speak loudly. The 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 in each facility. Coats, purses, and other personal items should always be placed in the appropriate area.

The Health Department 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 where he/she works. Equipment and supplies should be stored and used properly. It is the responsibility of each person to see lights are turned off and doors are checked and locked before leaving the building. Do your part to conserve energy and to keep the building clean and tidy.

Media Policy

Accurate, balanced news coverage of Lake Cumberland District Health Department and its local counties and sites is very important as we work to build public understanding of and support for our services and mission. It is our goal to be open and responsive to the public and the news media by providing information in a timely way. We want Lake Cumberland District Health Department and its local counties and sites to be thought of as customer-oriented, innovative, forward-thinking and leading the way in public and preventative health during the information age.

Care must be exercised, however, to assure that we do not give out confidential information about our customers or vendors.

We do not disparage our competition, community partners or public officials in the media. Every effort must be made to guarantee the accuracy of information we disseminate, and to assure that people who are knowledgeable in the issue, who understand the media and know media interview techniques, provide it.

Vacations / Annual Leave Time

Requests should be made for leave time well in advance.

The request should be in writing, and directed to your supervisor indicating the exact dates you anticipate being away from your post. This is necessary so that work schedules can be arranged to provide coverage for clinics and/or other duties without creating a hardship on the department. Because an employee has accumulated annual leave does not mean the employee has the right to take time off at their discretion.

Approval of vacation/annual time is dependent upon the needs of the organization and must be pre-approved by your supervisor. Annual leave may be used as outlined in the regulations and is subject to the operating requirements of the agency. The employee's immediate supervisor must be notified well in advance of planned leave.

Leave is accrued as follows for each full-time employee, except seasonal, temporary, and emergency:

	Annual Leave Hours
<u>Years Employed</u>	<u>Per Pay Period</u>
0 – 05	3.5 (Approx. 12 days/yr.)
5 – 10	4.4 (Approx. 15 days/yr.)
10 – 15	5.2 (Approx. 18 days/yr.)
15 – 20	6.1 (Approx. 21 days/yr.)
20 & Over	7.0 (Approx. 24 days/yr.)

Leave accrual for Part-Time 100 Hours Employees:

	Annual Leave Hours
<u>Years Employed</u>	<u>Per Pay Period</u>
0 – 05	2.1 (Approx. 7 days/yr.)
5 – 10	2.6 (Approx. 9 days/yr.)

If medical treatment is sought it is the employee's responsibility to communicate and furnish proper MD excuses to the Workers' Compensation Insurance Coordinator in the Human Resources Office. If your injury requires time off from work, you may be eligible for Workers' Compensation pay.

The insurance carrier starts paying benefits on the 8th day of injury or illness, and they pay 66 2/3% of the average weekly pay. If the employee is off beyond 14 full days, the carrier goes back and pays benefits for the first 7 days. Under Kentucky Administrative Regulations (KAR), employees will use accrued leave to make up the difference between what the insurance carrier pays and the employee's regular salary. Under no circumstances shall an employee receive more pay than their regular salary.

It is the employee's responsibility to contact payroll to make arrangements to pay any insurance premiums (dental, medical, life) and retirement costs. Refer to regulation 902 KAR 8:120 Section 8 for further details.

Professional Liability Insurance

The Agency provides blanket Professional Liability Insurance coverage for all staff. Each employee is covered for services provided as an employee of the department. One is not covered for activities performed when not functioning as an employee. The coverage amount is \$3,000,000 for each claim and \$5,000,000 aggregate.

LEAVE PROVISIONS

Highlights of the leave policies are noted in this handbook. Refer to the Local Health Merit System Personnel Administrative Regulations for detailed information.

1. Only those who have received specific authorization from the Executive Director are to respond to media inquiries for information. If a reporter contacts you, do not give out information, no matter how insignificant it may seem, until you have received approval to do so. 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 advise you as to how the response will be handled.

2. 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 our policies and practices, professionally prepared and accurately reflect the organization. Organization-initiated media contacts include news releases, news briefings, news conferences, public service announcements, advertisements, public affairs programs, radio or television talk shows, letters to the editor, guest editorials and requests for sponsorships or editorial support.

3. From time to time, as needs of the Organization dictate, 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.

4. The person authorized to speak to reporters on an ongoing basis on medical issues is the Medical Director. The person authorized to speak to reporters

on an ongoing basis on environmental issues is the Environmental Director. The person authorized to speak to reporters on an ongoing basis on all issues is the Executive Director. If these staff are not available, the Executive Director's Office may refer the matter to another member of the Executive Committee or District or Local Board.

Telephone Usage

Telephones within the Health Department are there for business purposes only. Each call should be as brief as possible to not tie up the line for a long period of time. Personal calls should only be made if absolutely necessary and kept as short as possible. Any expense incurred for personal calls is always the responsibility of the employee. Personal cell phones are not permitted in clinic.

Form the habit of answering the telephone in an appropriate business manner. For example:

“Good morning (or good afternoon)
_____ Health Department (and/or
center/office/Program) John Doe

Or from your extension as: Jane Doe or by your section title and then your name.

In-Service Training

General staff meetings (and on-line trainings) for Lake Cumberland District Health Department employees are held as required.

Sessions are planned and conducted to introduce new health programs, to share progress or techniques for on-going programs, and to offer assistance within applicable areas. OSHA/Infection Control trainings are required in accordance

Heath Reimbursement Accounts. See www.febco.com for information or contact the District Fiscal Administration Office or the Human Resources Office.

Unemployment Insurance

Local health department employees are covered by unemployment insurance benefits. Contact the local unemployment insurance office concerning unemployment compensation, when applicable.

Workers' Compensation

All employees are covered by Workers' Compensation through an approved insurance carrier. Any accident or injury sustained by an employee through the course of employment must be reported immediately to the Human Resources Office for processing through our Workers' Comp carrier.

Claims must be reported as soon as possible, but not later than 24 hours, on the Unusual Occurrence/Incident Report form. Failure to complete the form in a timely manner may exclude employees from eligibility for benefits.

If the injury requires emergency treatment, the employee will seek emergency care first and notify the Human Resources Office and the supervisor as soon as practical afterwards.

The notification should be in writing on a Report of Unusual Incident; supervisor will assist the employee to complete this form.

NOTE: The employee should not be delayed in obtaining emergency medical treatment in order to complete any forms.

annually (normally about October) and during this period employees may make varied changes in their health insurance in accordance with designated requirements. **

Dental

Full-time and part-time 100 employees are eligible for dental insurance. A portion of your premium is paid by the employer. Family and/or two-person coverage is available at group rates for the employee. Open enrollment normally occurs about October) **

Vision

Full-time and part-time 100 employees are eligible for vision insurance. Family and/or two-person coverage is available at group rates for the employee. LCDHD does not pay anything toward the monthly premium. Open enrollment normally occurs about October) **

**** NOTE: Contact the Human Resources Office regarding continuation-coverage procedures during periods of leave without pay and for additional detailed information concerning benefits.**

Flexible Spending Benefits

This plan is a Flexible Benefits (or “Cafeteria”) Plan which will reduce your taxes while giving you more spendable income is administered by FEBCO. It involves conversion of premiums for employer sponsored Medical and/or Dental Insurance from a taxable to a pre-tax payroll deduction. The plan permits pre-tax payroll deductions and placement of those dollars in separate accounts, which one can use for employment related dependent care and payment of medical/dental costs above the maximum paid by your medical and/or dental insurance plan.

The minimum amount, which can be contributed to Flexible Spending Account (FSAs) is \$10.00 per pay period. Also offered are Dependent Care Flexible Spending Accounts and

with rules and regulation. Attendance is required of all staff members unless otherwise directed by management.

In addition, on-line trainings and regional training meetings are conducted annually by the Cabinet for Health Services, Department for Public Health. Various conferences are held for specific disciplines in nearby cities during the year.

Employees wishing to attend these conferences must get prior approval from their supervisor and will be expected to share their learning with co-workers in a formalized method. In some instances, employees will be required to attend these functions. **Upon supervisor’s approval and available funding, an employee is allowed one elective training per fiscal year.**

Maintenance of Records

All records are to be maintained in accordance with Lake Cumberland District Health Department policies and applicable Retention and Disposal schedules.

Confidentiality / Security

The confidentiality of all records is to be maintained in accordance with the Policy Governing Inspection of Public Records and the Administrative Guidelines for carrying out that policy.

We have an ethical and legal responsibility to protect the medical information and other data pertaining to our clinic patients and clients. The HIPAA Privacy Rule provides civil and criminal penalties for disclosures of Protected Health Information. New employees receive orientation to HIPAA and continuing education is periodically provided to permanent employees. Data that could identify a specific clinic client is prohibited from being disclosed to anyone, and release would subject the employee to both civil and **criminal penalties (both fines and prison confinement) and disciplinary action.** Employees should also refrain

from discussing any patient particulars even when names are not disclosed.

At the time of employment each employee shall complete and sign an Employee Confidentiality/Security Agreement and adhere to the provisions thereof. Thereafter, the employee's Confidentiality/Security Agreement will be reviewed annually in conjunction with the employee's annual performance evaluation. Any questions thereof should be directed to one's supervisor.

Employees are also prohibited from releasing personal information concerning fellow employees. Such information would include names, addresses, home telephone numbers and Social Security Numbers. All requests for employment verification will be referred to the Human Resources Office.

Compensatory Time / Overtime

All overtime and compensatory time must be pre-approved by supervisor.

Compensatory time falls into two major categories: paid overtime and compensatory overtime. An employee, determined to be exempt under provisions of the Fair Labor Standards Act, authorized to work by their immediate supervisor (with final approval by the appointing authority), shall accumulate compensatory time in fifteen-minute periods for excess time worked. The maximum amount of compensatory time shall not exceed 200 hours. Employees cannot accrue compensatory time until they have actually worked 7.5 hours per day, except holidays and weekends.

Non-exempt employees shall adjust their schedules to prevent having more than 40 paid hours per week or 75 paid hours during a two-week pay period. **Without prior approval from the employee's supervisor and final approval by the appointing authority no non-exempt**

For additional information contact the Human Resources Office or www.kentuckydcp.com or call 1-800-542-2667.

Tuition Assistance Program

The agency may pay the tuition of full-time employees (who have a minimum of three years of employment with LCDHD) for courses of study which have a clear and direct relationship to the work of the health department and are pertinent to the employee's present position or to one that he/she may reasonably aspire.

See Administrative Policy Manual and Local Health Department/Merit System Personnel Administrative Regulation guidelines. Contact the Human Resources Office regarding detailed procedures and applicable forms.

INSURANCE

Life

The health department pays for a \$20,000 term life insurance policy on all full-time and part-time 100 hour employees which becomes effective on the first day of the second full month. Optional Life Insurance and Dependent Life benefits are also available at group rates.**

Medical

All full-time and part-time 100-hour employees are eligible for health insurance coverage. The employer will contribute a fixed amount to a basic plan. Dependent coverage is available with employee paying difference in premium rates. The enrollment date for health insurance is within 35 days of employment and effective date is the first day of the second full month of employment. Open enrollment is scheduled

Employees are responsible for notifying the Human Resources Office of changes in name or address, change in beneficiary designation or any other change that must be submitted to Kentucky Retirement System.

Additional information is available from the retirement system website at <http://kyret.ky.gov> or calling 1-800-928-4646.

Credit Union

Employees can join the Commonwealth Credit Union, if YOU or SOMEONE YOU'RE RELATED TO lives, works, worships, attends school or volunteers in any county in our service area, or if you're related to a current CCU Member. See details at WeCUDifferently.com. Application for membership requires an initial deposit of \$5.00. Checking accounts are also available with no minimum balance required, no monthly fees, unlimited withdrawal and deposits, and earn dividends. Other services include various types of savings accounts and loans. Information is available through the Commonwealth Credit Union, P.O. Box 978, Frankfort, KY, 40602, or call 1-800-228-6420 or see their website at www.ccuky.org.

Deferred Compensation

The agency offers employee participation in a voluntary Deferred Compensation Program administered by Kentucky Public Employee's Deferred Compensation Authority. This is a supplemental long-term retirement program that allows an employee a convenient way to invest for the future through payroll deductions and to defer a portion of his/her current earnings into an account for retirement.

The amount deferred is deducted from earnings prior to calculation of state and federal taxes. Minimum deferral is \$15.00 per check. Supplemental retirement plan opportunities include:

- 457(b) Plan
- 401(k) Plan (includes a Roth 401(k))
- Deemed IRA (both Traditional and Roth IRA)

employee may work in excess of 40 hours during the established work week or 75 hours during a two week pay period.

Refer to 902 KAR 8:120, regarding earning and using accumulated compensatory time. Contact the Payroll Office relative to questions.

Inclement Weather

The LCDHD will make every reasonable attempt to remain open to the public during inclement weather.

A. Facility Open and Operating with Skeleton Crew

1. Skeleton Crew Policy for Health Centers:

a. Health centers, at the discretion of the local Office Manager, may institute a "skeleton crew" policy if the roads become hazardous due to inclement weather. At least one nurse (two for Pulaski) identified by the local nurse manager, and one clerk (two for Pulaski) identified by the local clerk manager, who live the closest and have access to the best roads, will be required to come to work (perhaps, at the discretion of the local Office Manager, on a delayed or shortened work day schedule) in order to see patients who come in and handle telephone calls and reschedules. The remaining staff can use their own best discretion whether or not to come into work once the local Office Manager has declared that the skeleton crew policy has been activated. If a staff chooses not to come to work because he/she believes the road conditions are too hazardous, he/she shall inform the county work site and then he/she shall code his/her time to comp. time first (if he/she has it), annual second, or leave without pay last. * +

Pursuant to 902 KAR 8:120, Section 19 (2), An employee who is on prearranged annual, compensatory, or sick leave shall charge leave as originally requested.

2. Skeleton Crew Policy for Administrative Office:
 - a. If the roads become hazardous due to inclement weather, then a “skeleton crew” policy will go into effect. The administrative office staff can use their own best discretion whether or not to come into work. If a staff chooses not to come to work because he/she believes the road conditions are too hazardous, he/she shall inform the county work site and then he/she shall code his/her time to comp. time first (if he/she has it), annual second, or leave without pay last. * +

Pursuant to 902 KAR 8:120, Section 19 (2), An employee who is on prearranged annual, compensatory, or sick leave shall charge leave as originally requested.

- Local managers have the right to call additional staff into work if the road conditions improve throughout the day and the work demand increases.

B. Facility Closed

1. The Executive Director or his/her designee shall be the only person who can decide to close a site completely down and institute Inclement Weather Pay. However, this will only be done in the most extreme of circumstances; therefore, the Skeleton Crew Policy, as outlined above, shall be routinely utilized.

Holidays

In order to receive holiday pay, the full-time employee shall be in pay status on the workday prior to the holiday.

The department observes the following legal holidays per year. The state office may proclaim additional holidays. Legal holidays falling on Saturday will be observed on the preceding Friday. Legal holidays falling on Sunday will be observed on the following Monday.

- First day of January, plus one extra day
- Third Monday in January, Martin Luther King’s birthday
- Good Friday, one-half day (3.75 hours)
- Last Monday in May, Memorial Day
- Fourth day of July, Independence Day
- First Monday in September, Labor Day
- Eleventh day of November, Veteran's Day
- Fourth Thursday in November, plus one extra day
- Twenty-fifth day of December, plus one extra day.

The first Tuesday in November in Presidential Election years shall be observed as a legal holiday. The extra day in conjunction with Christmas and New Year’s, shall be designated by the Governor.

Retirement

Membership in Kentucky Employees Retirement System is a condition of employment with exception of temporary, emergency, seasonal, or part-time employees. An employee contributes a percentage of his/her gross salary while the employer contributes to the general account. All funds are invested in accordance with Kentucky Law and Board policies.

LCDHD may pay for an individual employee's membership to a professional organization.

1. LCDHD may, at the discretion of the Executive Director, pay for an individual employee's membership to a professional organization.
2. Considerations will be made on a case-by-case basis.
3. The employee's membership will be considered if the membership allows LCDHD access to discounted resources that will save the organization money.

BENEFITS

Benefits vary according to whether you are full-time, part-time 100 hours, or part-time less than 100-hour employee.

1. Full-Time - The employee is in pay status 37 ½ hours each week or 75 hours per pay period. Full-time employees enjoy all the fringe benefits offered by the Department.
2. Part-Time 100 Hours - The employee is in pay status an average of at least 100 hours each month. Benefits include life, dental, and health insurances, COBRA, retirement. Annual leave and sick leave are available at a reduced rate.
3. Part-Time Less Than 100 Hours - The employee works less than 100 hours each month. There are no fringe benefits and no leave is earned.
4. Variable Hour - Compensated on a fee for service or hourly rate and hours worked shall not exceed 800 hours per year. There are no fringe benefits and employee is not covered under Local Health Merit Personnel Administrative Regulations.

2. If an Office Manager feels the weather conditions are too extreme for any staff to report to work, he/she is to contact the Appointing Authority or his/her designee. If the Appointing Authority or his/her designee decides that the health department should close, then the Office Manager shall immediately contact the applicable news media - radio, television stations, etc. and notify them that the office is closed. Whenever possible, a notice should also be placed on our doors, as we do for holidays.
3. If the workplace is closed and no other site is established for employees to work, all employees affected should be paid for the amount of time shut down, and shall code to "L" - "Other Paid Leave" even if on routine pre-arranged leave. Note: Only staff with approval from the Director may work during hours of closure.

[File:DPH Memo regarding HD Closures including inclement weather - 02-19-2015.pdf](#)

Solicitation

Soliciting the sale of any goods or services to or by employees is allowed during lunch hour and breaks only with the approval of the Executive Director.

Travel

You may be reimbursed for travel while in the performance of official duties in accordance with the rates and conditions set forth in the Administrative Policy Manual and agency

policy directives. The amounts we have been able to budget for travel have never kept pace with inflation. We are, therefore, compelled to be very frugal with the travel expense accounts.

Travel expense statements must be approved by your supervisor. All time and travel outside geographic Lake Cumberland District must be pre-approved in writing by one's supervisor. Staff should ride together to clinics and meetings. Persons choosing to drive alone, when others from their headquarters site are attending the same function, will not be permitted to charge travel unless prior approval from their supervisor has been obtained.

Conflict of Interest

No full-time employee may hold an additional full-time or part-time position in a health department. An employee of a local health department shall not individually, enter into a contract with another health department to provide services of any nature to that health department. In the event that one health department shall require the service of an individual from another health department, the respective health departments may, after determining that no conflict of interest exists, enter into a contract for the provision of the services in question.

No full-time employee of a health department may conduct or engage in any supplemental work during regular working hours without the approval of the Executive Director. Full or part time work after hours is allowed for employee, providing it does not interfere with health department obligations or pose a conflict of interest. Employees may not sell, recommend or promote a specific brand of product or equipment that may be subject to inspection or evaluation by a health department employee. LCDHD employees may not recommend the services of a single individual or firm, or in

any way express preference for one qualified vendor over another.

PROFESSIONAL ORGANIZATIONS

Kentucky Public Health Association (K.P.H.A.)

The Kentucky Public Health Association was organized in 1949 as a non-profit, independent voluntary organization. It has members from professions who are interested in and act to influence policy and protect the physical, mental and environmental health needs of all Kentuckians. Kentucky Public Health Association meets annually for two to three days. The meetings are held to keep members advised of advancements in public health, new policies, and state and national legislation. A quarterly newsletter is mailed to all members. Contact your supervisor for more information.

KY (K.N.A.) & American (A.N.A.) Nurses Association

The registered nurses professional organization is the Kentucky Nurses Association, with the headquarters in Louisville. Nurses are urged to join and participate in this association. American Nurses Association (National) has a yearly convention, quarterly meetings with the executive board, and committee meetings.

Kentucky Association of Milk-Food and Environmental Sanitarians, Inc. (K.A.M.F.E.S.)

Kentucky Association of Milk-Food and Environmental Sanitarians, Inc., is designed to assist the environmentalist and fieldman in improving public health in Kentucky and is helpful in providing ways for each member to improve himself and his work. Annual meetings are held.

Professional Membership

Employee Immunization Requirements

Policy:

All employees must produce documentation of:

- 3 doses of Hepatitis B vaccine,
- 2 doses of Mumps, Measles and Rubella vaccine (if born on or after Jan. 1, 1957),
- 1 dose of Tdap (adolescent or adult dose of pertussis) and
- Annual Influenza vaccine

Procedures:

1. All the above vaccines will be provided through VaxCare which bills the employee insurance, should the health insurance not fully cover for the vaccine LCDHD shall pay the balance.
2. Employees with medical contraindications to a particular vaccine must fill out a [declination form](#).
3. Records of immunizations must be sent to the OSHA record keeper in the Medical Director's Office.

Note - excerpt from the employee handbook: The following vaccines are also recommended to promote wellness: they will be provided through VaxCare which bills the employees' health insurance. Should the health insurance not fully cover the vaccine the LCDHD shall pay the balance.

- Hepatitis A vaccination is offered to all employees.
- Chickenpox: All employees who have not had chickenpox are encouraged to receive the Varicella vaccine.
- Pneumovax: Recommended for those 65 years and over or those with high risks –smoking, DM, immunosuppressant conditions.
- Tetanus (Td) every 10 years.
- COVID-19: A vaccination is offered to all employees.

Date Adopted / Board Approval: 12/04/2012

Date Reviewed: 3/5/2013

Date Reviewed: 3/25/2014

Date Revised/Revisions adopted by board: 3/3/2015
Date Reviewed by BOH: 9/3/2019

Revised: 2/17/22



Harm Reduction Syringe Exchange Program

POLICIES AND PROCEDURES



INTRODUCTION

In accordance with SB 192 enacted by Kentucky General Assembly in the 2015 Regular Session and signed by Governor Steven L. Beshear as an emergency bill went into effect on March 24, 2015. This bill amended KRS 218A.510 to allow a local health department to operate an outreach program in which individuals can exchange used hypodermic needles and syringes for clean needles and syringes. In Kentucky this program is named the "Harm Reduction and Syringe Exchange Program" (HRSEP). These HRSEP guidelines provide assistance to local health department jurisdictions that wish to operate HRSEPs. For health departments interested in initiating a HRSEP, these guidelines address key issues to be considered before implementation.

SB 192 can be found in its entirety at: <http://www.lrc.ky.gov/record/15RS/SB192.htm>.

Harm Reduction and Syringe Exchange Programs (HRSEPs) are comprehensive programs designed to provide safe disposal of needles for **injection drug users (IDUs)**, testing for blood borne viral infections for those at greater risk of infection due to injection drug use, supply clean needles to lessen the possibility of infection from shared needles, and to help IDUs find treatment and social services with which they may not otherwise be familiar. HRSEPs can also provide resources and education to the family members and friends of IDUs.

HRSEPs are designed to reduce the likelihood of transmission of blood borne diseases by providing sterile injection equipment to IDUs and reducing the potential of sharing syringes among this population. IDUs account for approximately 16 percent of new HIV infections in the United States¹ and almost one half (48 percent) of newly reported acute hepatitis C virus (HCV) infections are IDU related. Currently, there are no commercially available vaccines for HIV and HCV.

Scientific evidence indicates one of the most effective strategies for combating HIV infections among IDUs is ensuring access to sterile syringes by IDUs who cannot or will not stop injecting drugs. The Institute of Medicine of the Academy of Sciences has said: "For injection clients who cannot or will not stop injecting drugs, the once-only use of sterile needles and syringes remains the safest, most effective approach for limiting HIV transmission."

Therefore, the public health benefits of HRSEPs arise from (1) removing potentially infectious syringes from the community, (2) providing IDUs with sterile syringes and other clean injection equipment, and (3) distributing condoms. Several studies have found that

¹ Hall HI, Song R, Rhodes P, Prejean J, An Q, Lee LM, Karon J, Brookmeyer R, Kaplan EH, McKenna MT, Janssen, RS for the HIV Incidence Surveillance Group. Estimation of HIV incidence in the United States. *JAMA*. 2008;300(5):520-529.

HRSEPs reduce HIV incidence among IDUs. Most studies of injection-related HIV and HCV risks have found HRSEPs to be associated with a lower likelihood of syringe sharing or reductions in syringe sharing. Ecological studies have found that locales with HRSEPs tend to have lower HIV seroprevalence among IDUs,^{2,3,4,5} and one study reported that closing a HRSEP resulted in increased prevalence of HIV risk behaviors among IDUs. Other public health benefits of HRSEPs include the linkage of IDUs to critical services and programs and promoting integrative care among drug treatment programs, HIV/AIDS prevention and treatment services, HCV prevention and treatment programs and social and behavioral health services. The evidence for the public health benefits of HRSEPs is strong and consistent over time. HRSEPs have successfully operated in the United States since the late 1980s.

Syringe access saves lives and is cost effective. The CDC has stated a public health goal of 100% coverage, with all injections performed with a sterile syringe, noting that the one-time use of sterile syringes remains the most effective way to limit HIV transmission associated with injection drug use. HRSEPs reduce the spread of infection and address the personal and public health risks of injection drug use in a cost-effective, comprehensive fashion. A sterile syringe costs less than a dollar and the average IDU injects approximately 1,000 times per year. While the lifetime cost of treating someone with HIV can be as high as \$618,000 and the lifetime cost of treating someone with HCV is estimated between \$100,000 and \$300,000.

HRSEPs are comprehensive service programs that include appropriate linkage and referral to substance abuse prevention and treatment services, behavioral health, blood borne pathogen prevention and treatment and other support services. Harm reduction is a set of practical strategies and ideas aimed at reducing the harm to the individual and society associated with drug use. Harm reduction incorporates a spectrum of strategies from safer use to meeting clients "where they are," addressing conditions of use along with the use itself.

² Des Jarlais DC, Hagan H, Friedman SR, et al. Maintaining low HIV seroprevalence in populations of injecting clients. *JAMA*. 1995;274:1226-1231.

³ Heimer R, Kaplan EJ, Khoshnood K, et al. Needle exchange decreases the prevalence of HIV-1 proviral DNA in returned syringes in New Haven, Connecticut. *Am J Med*. 1993;95:214-220.

⁴ Vlahov D, Junge B. The role of needle exchange programs in HIV prevention. *Public Health Reports*. June 1998; vol.113(Supp 1):75-80.

⁵ Bluthenthal RN, Ridgeway G, Schell T, Anderson R, Flynn NM, Kral AH. Examination of the association between syringe exchange program (SEP) dispensation policy and SEP client-level syringe coverage among injection clients. *Addiction*. 2007;102(4):638-646.

I. TRAINING FOR SEP STAFF AND VOLUNTEERS

Policy: All SEP staff, peers and volunteers who collect or furnish syringes, male or female condoms, and other harm reduction supplies to SEP participants must complete a proper course of training as appropriate to their level of involvement in program activities.

Procedure: Mandated trainings for RNs can be found on TRAIN and various live events are offered by the KDPH Harm Reduction and HIV programs.

A. The topics to be covered include:

1. Orientation to the agency's array of services and eligibility requirements for the syringe exchange program;
2. Overview of harm reduction philosophy and the harm reduction model;
3. KY syringe exchange regulations; KRS 218A.500/510 and 911 Good Samaritan Law.
4. Agency's approved policies and procedures that cover syringe exchange transactions, handling disposal of infectious waste and needle stick injury prevention management.
5. Procedures that ensure secure storage, handling and disposal of syringes in accordance with State law and regulations;
6. Procedures for making referrals, including primary care, detox and drug treatment, HIV counseling and testing, prenatal care, tuberculosis, pre-exposure prophylaxis (PrEP), post-exposure prophylaxis (PEP) and Hepatitis A, B and C screening and treatment, screening and treatment for sexually transmitted infections, and other HIV support and social services;
7. Hierarchy of risks associated with sexual and drug-using behaviors and risk reduction practices for those behaviors;
8. Education and demonstration of safer injection practices, including techniques for disinfecting and protecting injection equipment from contamination, rotation of injection sites and the use of alcohol pads to disinfect injection sites;
9. Cultural diversity including sensitivity to race/ethnicity, age, gender and gender identity, sexual orientation, literacy, socio-economic status and employment status; and
10. Motivational interviewing and other appropriate evidence based behavioral interventions.
11. LCDHD OSHA Training on TRAIN

LCDHD shall maintain training logs and attendance sheets for all trainings provided to SEP staff, peers and volunteers. The attendance sheet must record the names of all staff, peers and volunteers who received the training, date and agenda/topics. A copy of the attendance sheet or a certificate of completion must be maintained in the personnel/training record for each SEP staff, peer and volunteer.

B. Recommended trainings for SEP staff, peers, and/or volunteers provided by other sources.

Training topics include:

1. Drug use, drug dependence and recovery processes, including relapse and relapse prevention. Additional training/support on relapse prevention should be given to SEP staff and volunteers who are former or recovering substance users. This training may be provided by other available sources outside the program, such as consultants, substance abuse treatment providers.
2. Behavioral Interventions including Stages of Change, Harm Reduction, Safety Counts, and integration of these strategies into educational and support sessions;
3. Linkage, navigation and retention of clients in SEP and other services;
4. Data collection and evaluation including the use of mandated data collection systems and software, process and outcome evaluation and client satisfaction surveys;
5. Interpersonal skills development including how to work with difficult people, active substance users and setting boundaries;
6. Communication skills (both verbal and written) and presentation skills; and
7. Skill building related to safer sex and safer injection education, including demonstrations of use.

II. STAFF SECURITY AND SAFETY

Policy: All SEP staff, peers, and volunteers must observe proper safety and security precautions during syringe exchange operations.

Procedure: All SEP staff, peers and volunteers who conduct syringe exchange must complete the OSHA LCDHD training requirements which include Needlestick Injury Prevention. Training topics include procedures for handling potentially infectious injection equipment, waste disposal, and the prevention and management of needlestick injuries.

A. Prevention of Needlestick Injuries.

To prevent needlestick injuries to agency personnel and participants, the following procedures must always be followed:

1. SEP staff, peers, volunteers and participants must be educated regarding safety precautions for carrying and handling of syringes and other sharps, emphasizing the agency's safety policies and procedures during transactions.
2. Staff, peers and volunteers conducting syringe exchange must never handle or touch clients' or others' used injection equipment.
3. SEP sites must have a SPIL kit available and puncture-resistant utility gloves, bleach, forceps or tongs. All could be used in the event of sharps container or syringes spill.
4. All SEP staff/peers/volunteers should be encouraged to wear clothing that provides some protection against needlestick. This includes long pants, long sleeved shirts/blouses and closed footwear. Sandals or open toed shoes should never be worn while conducting SEP.
5. Areas where SEP operations are conducted should have adequate lighting and be free of clutter.
6. All used injection equipment collected by the program must be placed in approved leak-proof, rigid, puncture-resistant containers (sharps containers). Used containers must be conspicuously labeled by the SEP as "Contains Sharps" and packaged as indicated by the agency's medical waste hauler.

7. Containers should be placed on a secure table or on the ground and kept level at all times. SEP personnel should never hold sharps containers during exchange.
8. Injection equipment that falls outside of sharps containers should be retrieved by the participant who is depositing the syringes and placed in sharps containers. If this is not possible, program staff/peers/volunteers should use utility gloves with tongs to retrieve used injection equipment that falls outside the container.
9. Hazardous waste (sharps containers) should NEVER be filled beyond the manufacturer's fill line. Containers should never be more than $\frac{3}{4}$ full.
10. SEP staff/peers/volunteers/participants should be instructed never to insert their hands into sharps containers or forcibly push used injection equipment down into containers beyond openings at the top. Once syringes reach the line for $\frac{3}{4}$ full, the container should be closed, sealed and a new sharps container opened for syringe disposal.
11. Program staff/peers/volunteers are encouraged to wear puncture-resistant utility gloves at all times when opening, sealing, or handling sharps containers.

B. Handling Needlestick Injuries.

In the event of a needlestick or other occupational exposure, the following protocol should be followed:

1. The exposed should wash the injury immediately with soap and water and follow instruction in LCDHD Infection Control Manual under Post Exposure Prophylaxis
2. Injured staff/peers/volunteers/participants must report a needlestick injury immediately to supervisors and Nurse Administrator or Medical Director to discuss the PrEP steps that need to be taken.
3. Injured persons should go to emergency room or a private physician preferably within 2-3 hours of the needlestick but not more than 24 hours after the occurrence.
 - a. Telephone the Medical Director at 606-678-4761 (Monday-Friday 8:00 am – 4:30 pm) or 606-875-7073 (during all other hours) and describe the situation and difficulties being experienced in securing care.
 - b. In emergency care sites, injured persons should be offered counseling and testing for HIV, Hepatitis B and C, and other blood-borne pathogens.
4. Once the emergency is managed, a LCDHD Exposure Incident Report should be submitted to the LCDHD Medical Director and Executive Director.

III. STAYING SAFE AT A SYRINGE EXCHANGE PROGRAM

Policy: All staff, peers, volunteers and clients should follow the agency's rules and procedures regarding personal and collective well-being to ensure a safe working and welcoming environment for anyone on the premises.

Procedure: All staff should receive orientation and written guidance regarding safety whilst working for the LCDHD

Proper utilization and maintenance of agency facilities by clients, staff, peers and volunteers:

1. All agency facilities and property should be well lit for safety purposes. All facilities should be treated with respect and care. This is especially important for shared facilities such as bathrooms, and kitchen/break room equipment.
2. The agency should have an emergency kit that is secured but accessible to staff.
3. Fire extinguishers should be strategically placed throughout the facility.
4. The agency should have naloxone kits available at the site, and have staff trained as opioid overdose responders. The location of the kits should be clearly marked.

IV. PROVISION OF SERVICES TO SPECIAL POPULATIONS

Policy: To ensure the safety of young children who accompany an adult to the syringe exchange program (SEP).

Procedure: Implement the necessary controls to prevent exposure or injury to young children who are brought by an adult to the agency.

Adults with Young Children:

1. Syringe Exchange Program space/location:
 - a. Clients who arrive at the SEP with a young child should be welcomed as any other participant.
 - b. SEP staff should ensure that the space/location is arranged to limit the young child's access to potentially dangerous materials/supplies. This may require moving the sharps container from the floor to a table top; boxes of syringes from the table top to cabinet.
2. Provision of services to adults who are accompanied by a young child:
 - a. Whenever possible, conduct the SEP transaction for that person as soon as possible to avoid an extended visit to the SEP unless the client requires education, counseling or other services.
 - b. Whenever possible, when providing education, counseling, linkage and navigation or any other service, offer these services in a private room or enclosed space so the child is not spending time near the syringe exchange area and his/her movements can be more closely

V. ENROLLMENT IN SEP

Policy: Individuals requesting syringe exchange services will be screened in order to be enrolled in SEP.

Procedure: SEP staff will use the following screening process.

Initial Visits:

Trained SEP Staff/peers/volunteers should perform low threshold screening/assessments for enrollment.

SEP screening should include assessment of:

1. Type of substances/drugs used;
2. Description of injection practices, e.g. route of administration;
3. Frequency of injection;
4. Type of health insurance.
5. Information required for Unique Identifier
6. Zip Code
7. Employment status

This assessment shall be done prior to enrolling a person in the SEP and issuing an identification card.

VI. ENROLLMENT PROCEDURES

Policy: All syringe exchange participants are issued a SEP identification card with the Participant's personal unique identifier.

Procedure: SEP staff/peers/volunteers issue SEP identification cards with unique identifiers as described below.

A. Issuing Participant Identification Cards.

1. Each individual who is enrolled in the SEP must be issued an identification card and assigned a unique I.D. code. If a participant refuses to accept his/her/ identification card, SEP staff must advise the individual of the possible legal consequences of possessing syringes without the ability to demonstrate that he/she participates in an authorized SEP.
2. The SEP will order identification cards. The card will contain the name and address of the LCDHD site, contact telephone number for LCDHD SEP (for business hours). The back side of the card will contain references to the Public Health Law that authorizes KY SEP and information on the 911 Good Samaritan Law.

3. The unique identifier on the ID card is created using the agency specific instructions and formula for I.D. codes. An anonymous unique identifier ("I.D. code") is created for each participant. The anonymous unique identifier that is created must be recorded at enrollment and used during subsequent exchange transactions to collect program utilization information.
4. The formula for constructing the I.D. code must be used consistently when creating unique identifier I.D. codes. The I.D. code should be easily replicable by the program participant for identification purposes in cases when the ID card is lost or when involved with law enforcement.

B. Obtaining and Recording Participant Information.

1. At an individual's first visit to the syringe exchange, trained program staff/peer/volunteers will request and record the information/characteristics that are needed for the creation of the unique identifier. (*Participant's first and last initials, mother's first initial, month/year of birth, last two digit of SSN,*)
2. No corresponding record should be kept that may be used to identify the participant via his/her anonymous unique identifier.

C. Definition of an Enrolled Program Participant.

1. A program participant is defined as a person who has been screened and accepted into the program and has been issued a SEP identification card with a unique program identification code.
2. A program participant may be enrolled in more than one SEP at any time.

VII. ASSESSMENT AND SERVICE REFERRAL OF INJECTION DRUG USERS UNDER 18 YEARS OF AGE

Policy: The LCDHD will not knowingly enroll an underage individual

VIII. DISTRIBUTION AND COLLECTION OF SYRINGES AND NEEDLES

Policy: Syringes will be furnished and collected according to the agency's protocols.

Procedure: The following describes the process to be used to furnish and collect syringes through the agency's syringe exchange program:

A. Syringe Exchange Protocol.

1. The goal of syringe exchange program is to furnish new, sterile syringes to

enrolled participants to allow those individuals to use a new sterile syringe for EVERY injection.

2. The number of syringes that may be furnished in a syringe exchange transaction should be the number of syringes individual participants need to meet the goal in 1) - a new sterile syringe for every injection as is possible.

B. Syringes Issued During a Transaction:

1. The number of syringes that the SEP requests to furnish in a single transaction, should be based upon:
 - a) number of days and hours of SEP operations at each exchange location;
 - b) drug of choice of the majority of participants (e.g. cocaine injectors will use more syringes than heroin injectors if they use a new, sterile syringe for each shot)
 - c) frequency of participants' visits (e.g. consider distance to travel to SEP; cost of travel to SEP, intensity of law enforcement's activities around the SEP site and the possibility of having syringes confiscated by police);
 - d) special circumstances (consider participant's ability to come to the SEP based on employment status, homelessness, school attendance, care taking responsibilities, etc.)
2. SEP participants are instructed to return all used syringes at the next visit to the agency.
3. Each participant is offered harm reduction supplies **as available** including: cotton, alcohol pads, bottle caps, band-aids, personal sharps containers (as available), water bottles, paper or plastic bags, male and female condoms, and other supplies as available, as well as educational materials. Participants should be given sufficient harm reduction supplies to not have to reuse any item.
4. Distribution of harm reduction supplies should be accompanied by demonstrations and/or explanations regarding the use of the supplies, especially for male and female condoms, ~~and bleach kits~~. SEPs should use the most current recommendations from the CDC for instructing participants on "cleaning works".
5. Instructions for safe disposal of syringes should be provided to all participants, especially those who indicate they may not be able to return syringes because of special circumstances (increased scrutiny by law enforcement, homelessness, residence has small children, etc.). Safe disposal of syringes includes:
 - a) KY LAW about sharps disposal
 - (i) Used "sharps" must be placed in a plastic, puncture resistant, screw top, container (detergent, or bleach bottle). Glass containers and coffee cans will not be accepted. The puncture resistant container must be closed and sealed

with tape. The container must be labeled “contains sharps”.

b) Syringe Exchange Programs: Individuals should be instructed to return used sharps to the syringe exchange program. They should be informed that used syringes may be returned to the SEP whether or not they were furnished by the SEP.

(i) Syringes that are returned to a SEP in glass jars or coffee cans will be accepted and carefully deposited in a sharps container by the participant. SEP staff will educate participants on the appropriate type of plastic containers that should be used for syringe disposal.

(ii) Personal sharps containers and FDA approved sharps containers may be discarded.

(iii) Participants should be educated about proper disposal of syringes when they are unable to return them to the syringe exchange program. Inappropriate methods of syringe disposal such as the following should be discouraged: breaking off the tip and discarding in trash, disposal on the street or other public venues; disposal of used syringes in household garbage or residential sharps programs without containment in sealed, labeled plastic puncture resistant containers, flushing in toilets; disposal of syringes in the trash in glass jars or coffee cans; disposal on the street at site where used.

(iv) Many substance users think that syringes are discarded safely if needles are broken off and thrown in the garbage separate from the barrel of syringes. It is important to educate participants that throwing out needles in this way exposes municipal workers (sanitation) to needlestick injury.

(v) During syringe exchange transactions, SEP staff should work to establish relationships based on trust. Participants should be empowered to take responsibility for their own harm reduction behavior.

6. Provision of education should be attempted whenever appropriate or feasible. Topics to discuss include HIV and Hepatitis A, B, C prevention, safer sex, disinfection of syringes (cleaning works), safer injection techniques, medication assisted treatment, and PEP. Such information will be provided verbally and through distribution of culturally sensitive and appropriate printed materials although enrollees are offered services in addition to syringe exchange, they are under no obligation to participate in them.

X. REFERRING AND LINKING PARTICIPANTS TO OTHER SERVICES

Policy: Agency staff will develop referral linkages with providers of health, supportive services and substance use treatment programs so that SEP participants can receive required services.

Procedure: SEPs will develop appropriate linkage and navigation services with other agencies/entities to ensure that participants will be given all necessary referrals and are actively assisted in accessing other needed services.

A. Developing Referral Linkages.

Syringe exchange programs must maintain referral relationships with other service providers, including, but not limited to: anonymous and confidential HIV counseling and testing services at LCDHD, Hepatitis A-C and general primary health care facilities, family planning, prenatal and obstetrical care, substance use treatment including medication assisted treatment, and related medical services, tuberculosis screening and treatment, sexually transmitted infection screening and treatment, case management and support services for HIV-infected people, and mental health services, nutrition, and housing.

B. Recording Referrals.

Referrals given to syringe exchange participants must be recorded, including date of referrals and type of service to which referrals are made. Monthly and quarterly summaries of all referrals must be entered into the electronic data collection system (SEPs). Referrals may be made, but participants do not have to accept or follow through on referrals as a condition for SEP participation.

XI. SUSPENSION OR TERMINATION OF PROGRAM PARTICIPANTS

Policy: Individuals who commit any of the acts listed below may be subject to suspension or termination.

Procedure: SEP participant's use of services may be suspended or terminated at any time at agency's discretion based on the following criteria:

- A.** Violent behavior against program staff/peers/volunteers, or other participants;
- B.** Failure to adhere to program rules and regulations which puts others' safety in jeopardy.
- C.** Persons terminated from SEPs should be provided with reasons for their termination.
- D.** Persons terminated from SEPs will be given lists of other programs and local registered Expanded Syringe Access Program providers.
- E.** Alternatively, participants who are suspended from the SEP for a specific period of time should be given the details regarding the period of suspension in writing at the time of the suspension. Conditions that must be met to be reinstated in the program must also be explained.

XII. SECURITY OF SYRINGES AND OTHER SUPPLIES

Policy: SEPs must institute systems to secure and track syringes and other harm

reduction supplies stored at the agency.

Procedure: SEP personnel must adhere to the following procedures for ordering, receiving, storing, dispensing and disposing of syringes and other supplies. These procedures include appropriate security precautions and methods for maintaining up-to-date inventory records. In order to prevent possible theft or loss of program supplies, the following operational procedures should always be observed:

A. Ordering and Storage of New Syringes.

1. Syringes should be ordered according to time frames established by vendors.
2. Upon receipt of harm reduction supplies ordered, SEP staff must compare the shipping statement against supplies that were actually delivered. SEP staff should not sign for said supplies if there is a difference between these two amounts.
3. Supplies should be stored in a locked, secured space. Only authorized individuals should have access to harm reduction supplies that are stored in secured areas. SEP supplies should be stored in a space that is not used for food storage or that is accessed by other than SEP program personnel.
4. Agencies must maintain written records of names and addresses of persons possessing keys to storage spaces. Keys to storage facilities must be returned to the program immediately upon termination of employment, peer/volunteer status, or when authorization for possession of keys is withdrawn.
5. SEP staff must maintain an inventory of all new, sterile syringes that are at the agency, whether in storage or removed for SEP operations. Inventories must record the date and number of syringes that are received. Inventory sheets must maintain tallies of all syringes in storage.
6. At designated intervals (no less than semiannually) a physical count must be made of all syringes in storage by someone other than SEP staff. The number of syringes found during the physical count should match the number listed in SEP inventories. Significant discrepancies should be immediately reported to the Nursing Administrator and/or Medical Director. Agency staff should work to identify the cause of the discrepancy. Repeated losses/theft should be investigated and, if appropriate, reported to law enforcement.

B. Storage and Disposal of Used Syringes

1. SEPs must adhere to LCDHD procedures regarding disposal of all used syringes and other infectious waste.
 - a. **Collection and Storage:** Sharps should be separated from other regulated medical waste. All sharps must be placed in approved leak proof, plastic and rigid, puncture-resistant containers that are conspicuously labeled “contains sharps”. Other regulated medical waste must be placed in red, disposal moisture proof, rip-resistant bags. Regulated Medical Waste may be stored at the point of generation until it is retrieved by licensed medical waste haulers for disposal.

XIII. DATA COLLECTION AND PROGRAM REPORTING

Policy: All services provided by the SEP must be entered into the SEP's data collection and reporting system (SEPs)is)

Procedure: Data entry and SEP staff will be trained on data entry into the mandatory data collection and reporting system.

A. Incident Reports.

Incidents involving the syringe exchange program, including needlestick injuries; violence at the program site; theft of supplies; potential legal action; media surveillance or incidents against the program must be documented and reported to the LCDHD Medical Director and Executive Director.

B. Reports. The SEP's data will be available on a continuous basis on the LCDHD Website.

1. Number of enrolled participants;
2. Aggregate information on participant characteristics (gender, age, race/ethnicity, etc.);
3. Number of syringes collected from participants, including the average number furnished per participant per transaction;
4. Number of syringes furnished to participants, including the average number collected per participant per transaction;
5. Number and types of services directly provided or provided by referral including HIV counseling and testing; health care services including evaluation and treatment for HIV infection, Hepatitis A-C, sexually transmitted infections, tuberculosis; family planning; obstetrical and prenatal care, supportive services; substance use treatment services; and
6. Significant problems encountered and program milestones achieved.

C. Annual Report. SEPs must submit an annual report of activities, summarizing the agency's accomplishments and challenges during the contract year. The report should compare numbers of projected versus actual services and percentage of service goals reached.

XIV. PROGRAM EVALUATION

Policy: SEPs will conduct process and outcome evaluations of program services and conduct client satisfaction surveys at least once annually.

Procedure: Agencies will develop process and outcome evaluation criteria for program services, including client satisfaction surveys.

SEPs will participate in a continuous Quality Improvement Program.

XV. COMMUNITY RELATIONS

Policy: Each syringe exchange program may have a Community Advisory Board (CAB) that is representative of the community and geographic area served by this program.

Procedure: The following procedures will be used to establish a Community Advisory Board.

A. Formation of a Community Advisory Board

1. Programs may establish a separate body to serve this function or they may utilize an existing advisory body such as ASAP.
2. A list of CAB members and a description of the boards' mission and functions should be documented in the minutes. (*HD, Hospitals, Adanta, ASAP, RWP, Ex-users and users.*)

Date adopted/ratified by BOH: 6/27/2017

Local Clinical Protocols

Policy:

LCDHD will follow local clinic protocols for the services provided not covered or that go beyond the minimum requirements of the Clinical Service Guide.

Procedures:

Local Clinic Protocols are reviewed at least annually and are on the LCDHD wiki.

Adopted: 03/03/09

Date Reviewed: 03/02/10

Date Updated: 03/02/11

Date Reviewed by Board: 05/31/11

Date Reviewed: 3/8/12

Date revised: 10/09/2012

Reviewed: 1/15/2013

Date Reviewed: 3/5/2013

Date Reviewed: 3/25/2014

Date reviewed by BOH: 9/3/2019

Date Revised/Ratified by BOH:

Medical Records Policy

Policy:

Medical records will be initiated and maintained in accordance with the guidelines outlined in the current Section X: Medical Records Management, Administrative Reference. Medical records will be readily accessible and systematically organized to facilitate prompt retrieval. Records will be maintained in a confidential setting and safeguarded against loss or use by unauthorized personnel, secured by lock when not in use, and available upon request by the client or other authorized personnel.

HANDS family records will be initiated and maintained in accordance with the Department of Public Health HANDS program guidelines. HANDS family records will be readily accessible and electronically organized to facilitate prompt retrieval. All HANDS family documentation and records will be maintained in a confidential electronic format and safeguarded against loss or use by unauthorized personnel via a secured encrypted password sentence when not in use. Records or documentation will be available upon request by the client or other authorized personnel.

Procedures:

1. Medical records are initiated and maintained at the following locations: all Clinic Sites, all Hands Sites.

a. Each service site initiates and maintains an original record.

2. HANDS (Health Access Nurturing Development Services) electronic family records are initiated and maintained at the following locations: All LCDHD (Lake Cumberland District Health Department) Clinic Sites.

a. All service sites initiate and maintain a HANDS Electronic Family Record for each parent and/or child enrolled in the HANDS program. Active and inactive HANDS charts are maintained and stored within the LCDHD HANDS Box charting system. Availability of charts is managed on a “need to know” basis monitored by LCDHD Information Technology Department.

b. An Active paper file is initiated on all clients with a positive screening for HANDS services. This active paper file is stored in a special designated, secure cabinet in the county office where the initial screen was completed, with controlled, limited access.

c. Upon choosing to enroll in HANDS, an electronic chart is developed for the enrolling parent and/or child where all documentation is securely stored. Babies born after parent enrollment, have a separate secure electronic chart where all documentation related to baby’s participation in HANDS, is stored.

d. Upon exiting the HANDS program, all inactive HANDS Electronic Family Records are stored electronically according to the Department for Public Health HANDS program Retention and

Disposal Policy.

3. An IP-26 will be initiated for all HANDS participants that do not have a clinic record; notating the client has a HANDS Electronic Family Record. If clinic record exists, the HANDS data entry staff shall notate on the IP-26 that a HANDS Electronic Family Record exists.

Date Adopted: 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/ratified by BOH: 3/5/2019

Date reviewed by BOH: 9/3/2019

COVID-19 On-Call/Standby Policy

I. Scope

This policy applies to hourly non-exempt employees of Lake Cumberland District Health Department.

II. Purpose

The purpose of this policy is to provide guidelines to supervisors regarding the process and procedures to be followed for hourly non-exempt employees who are required to maintain their availability after hours and be on-call to perform work outside of their regular shifts. This policy is consistent with the provisions of the Fair Labor Standards Act and Kentucky's Wage and Hour Laws.

III. Policy and Procedures

A. Identification and Notification

Employees may be required to be on-call or on standby to perform work outside the employees' regular shifts.

Supervisors should identify any other positions who may be required as a condition of employment to be on-call or on standby to return to work outside of the employee's regular shift or who may be requested to perform other duties outside of the employee's regular shift.

B. On-Call Requirements

Supervisors should provide employees who are required to be on-call with a schedule of the time and date that the employee is to be on-call. In addition, the following guidelines apply:

The employee is not required while on-call to remain on the Health Department's premises. However, the employee must remain available by telephone (or email where applicable) while off site and respond to any message within fifteen (15) minutes.

Employees who are on-call are required to report to work within one (1) hour of responding to the message. This work shall be done on-site at one of the local health departments.

Some employees may not have to physically report to work and may perform their duties in any physical location so long as they have access to a reliable internet source and can perform their duties in a HIPAA-compliant environment.

No on-call employee is required to restrict his or her activities while on-call except that all employees must remain free from influence of alcohol and illegal drugs and should not take any prescription drug that adversely affects his or her ability to safely and effectively perform his or her job duties. If an employee has a medical condition and has concerns about complying with this requirement, the employee should consult with his or her supervisor.

If the employee has a conflict and is unable to be on-call during his or her assigned time, it is the employee's obligation to pre-arrange with his or her immediate supervisor for a replacement to cover the employee's on-call shift.

Employees who fail to respond when called and/or who fail to notify the Health Department of the need for a replacement are subject to disciplinary action as defined by the applicable Kentucky Administrative Regulations.

C. On-Call Pay

An employee who is on-call on Saturday and/or Sunday shall be entitled to two and a half (2.5) hours of regular pay per day.

An employee who is on-call on weekdays shall be entitled to one (1.0) hour of regular pay per day.

An employee who is called to work while on-call will be paid for any additional time worked in excess of the one (1.0) hour or two and a half (2.5) hours minimum, including overtime pay, if any hours worked are in excess of 40 hours in any given workweek.

EXAMPLE: Employee is on call on a Saturday. If he/she is not called to work, he/she will receive 2.5 hours pay at regular rate of pay, regardless of whether the total pay for that week is over 40 hours. If the employee is called to work and actually works 5 hours, he/she will be entitled to 2.5 hours of pay in addition to the 2.5 hours of on-call pay, with any of those hours over 40 in one week to be paid at the applicable overtime rate.

NOTHING CONTAINED HEREIN SHALL BE PERCEIVED AS CREATING A CONTRACTUAL RELATIONSHIP, NOR ALTER THE AT-WILL EMPLOYMENT STATUS OF ANY EMPLOYEE.

Date adopted/ratified by District BOH: 9/1/2020

Revised: 2/17/22

Physical Distancing Policy

POLICY:

Lake Cumberland District Health Department will ensure that each employee is separated from all other people in the workplace by at least 6 feet when indoors, unless it can be demonstrated that such physical distance is not feasible for a specific activity. Where maintaining 6 feet of physical distance is not feasible, LCDHD will ensure employees are as far apart from other people as possible. Physical distancing will be implemented, along with the other provisions ~~required by OSHA's COVID-19 ETS,~~ as part of a multi-layered **COVID-19** infection control approach.

PROCEDURE:

The **COVID-19** Safety Coordinator(s) will work collaboratively with employees to assess physical distancing in the workplace.

The **COVID-19** Safety Coordinator(s) **will identify,** develop, and implement physical distancing measures for employee protection, and identify fixed work locations where physical distancing cannot be maintained between employees and co-workers, customers, visitors, and other non-employees, as well as controls and practices that can be implemented to protect employees in these fixed work locations.

The **COVID-19** Safety Coordinator(s) will work with the office managers to ensure signs and floor markings to indicate where employees and others should be located or their direction and path of travel, will be adjusted to ensure physical distancing.

LCDHD with the recommendation of the **COVID-19** Safety Coordinators will implement strategies such as distancing workstations, installing barriers to ensure physical distancing.

LCDHD will utilize Zoom or similar platforms to conduct meetings.

The **COVID-19** Safety Coordinators will work with supervisors to stagger work breaks to prevent gathering in groups in common areas, meeting rooms, and breakrooms.

The **COVID-19** Safety Coordinators will work with the office managers to create and implement a plan for arranging tables, aisles, counters, and check-in/check-out stations to allow for physical distancing.

Date Adopted by Executive Director: 07/09/2021

Date Ratified by BOH: 9/7/2021

Date Revised: 02/17/22

Retirement Receptions for Employees

Policy:

LCDHD employees who are preparing for, hosting, cleaning up and/or attending retirement receptions for other LCDHD employees shall be allowed time for such events.

Procedures:

1. Current employees who are preparing a retirement reception for an upcoming retiree may code up to two hours of time to prepare, serve, and clean-up for the reception.
2. All other locations, with the exception of the host site (see item #5 below) will remain open, so the supervisors will need to pre-approve who may attend.
3. Mileage will be paid and carpooling is expected.
4. Employees attending retirement receptions may code and be paid for travel time to and from the reception and the time in attendance (Coding for time and travel purposes: 898 160 and home location).
5. Staff who wish to attend the reception (particularly staff who worked at the retiree's home location) are encouraged to do so. If necessary, so that all staff will have an adequate chance to attend, locations hosting a retirement reception may close at 2:00 p.m.
6. \$500 is allocated for employee retirement receptions.

These funds are specifically to be used for reception expenses, e.g., cake, decorations, food, plates, napkins, utensils, etc. One individual from hosting location shall act as coordinator and prepare requisition(s) for all reception supplies, submit those to LCDHD purchasing department in a timely manner, and be responsible for returning packing slips and/or receipts for all items purchased to LCDHD purchasing department in a timely manner.

Date Adopted: 05/18/05

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 adopted by Executive Director: 6/25/2015

Policy adoption on hold pending review by the Department of Local Government per request of the district BOH on 9/1/2015

Date revisions adopted by BOH: 12/1/2015

Date reviewed by BOH: 9/3/2019

Date Revised: 02/17/22

Sick Leave Sharing

Policy:

Employees on extended sick leave without pay may receive donations of sick leave hours from other health department employees in accordance with local health merit personnel regulations.

Procedures:

1. The appointing authority may approve the amount of sick leave received under sharing of sick leave, if any, if:
 - a. The employee or a member of his immediate family suffers from a medically certified illness, injury, impairment, or physical or psychiatric condition which has caused, or is likely to cause, the employee to go on leave for at least ten (10) consecutive working days;
 - b. The employee's need for absence and use of leave are certified by a licensed practitioner; and
 - c. The employee has exhausted his accumulated sick leave, annual leave, and compensatory leave.
2. Eligible employees in need of donated sick leave must complete the Application for Sick Leave Sharing form and return to the Human Resources Office.
3. Human Resources will contact the supervisor and the Executive Director for approval of requested sick leave sharing.
4. If approved, the Human Resources Office will forward an email to all staff regarding the need for the employee to receive sick leave donations. The email will contain the name of the employee, very brief reason for leave and tentative timeframe the employee is on leave.
5. Leave may be transferred from an employee of one agency to an employee with the same agency or may be transferred from an employee of one health department to an employee of another health department. All leave sharing must remain within the health department system and does not include participation from other state agencies.
6. Full time or part time 100-hour employees who have accrued a sick leave balance of more than 75 hours may, with the approval of the appointing authority, request the transfer of a specified amount of the employee's sick leave balance in excess of 75 hours to another named employee who is authorized to receive sick leave. (Donations received from employees going off duty must be donated and utilized prior to donor's termination from employment.)

7. Employees wishing to make a donation must complete the Sick Leave Donation Form and send it to Human Resources.

8. Human Resources will complete the appropriate forms and give it to payroll for processing.

9. Sick leave sharing and donations are strictly voluntary for everyone. No employee shall pressure other employees to donate leave time for themselves or others.

Date Adopted: 10/10/97

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 reviewed by BOH: 9/3/2019

Revised: 2/17/22

Speedway Gas Card Policy

Policy:

The Lake Cumberland District Health Department Ryan White Program provides Speedway gas cards to enable clients to obtain transportation to a medical appointment, to meet with their medical case manager, or to attend support groups.

Procedure:

1. Clients who have their own transportation or have a family member/friend to transport them, may be given a Speedway gas card to drive to a medical appointment, to meet with their medical case manager, or to attend support groups.

2. The case manager will refer to the gas card charts to determine the gas card amount to distribute to the client.

a. The charts were based on the round trip mileage (from the county seat in their home county to the location of their medical appointment or support group) divided by an average gas mileage of .18 per mile, multiplied by the national average of gas.

~~b. As of 1/13/16 the national average of regular unleaded gas was \$1.86 which was used to calculate these figures.~~

3. If the client attends a support group, the gas card will be given to the client at that time. The client and the case manager will sign the form to verify (gas card signature page – support group).

4. If the client attends a medical appointment and the case manager is present, the gas card will be given to the client at that time. The client and the case manager will sign the form to verify (gas card signature page – medical appointment).

5. If the case manager will not be present at the medical appointment, the gas card and the form will be mailed to the client. The client must sign the form and have the form completed by the medical provider's office. If the client fails to return the completed form, they will no longer be eligible to receive gas cards.

6. The case manager will upload the completed gas card signature page to the client's folder on the LCDHD server.

7. The case manager must document in CareWare a case note/encounter note listing the date the card was given and the amount of the gas card.

8. The case manager must also enter a service in CareWare under MTS (medical transportation service), to correspond with the case note/encounter note with the amount of the gas card.

9. Gas cards will be locked in a cash box, which must also be kept in a locking cabinet/drawer. The case manager is responsible for all gas cards in their possession.

10. The case manager will maintain an inventory log for the gas cards.

11. Monthly inventory will be completed at the monthly Ryan White team meetings. The inventory log will be signed off by the program manager.

12. Completed inventory logs will be submitted to the purchasing department by the program manager.

Date adopted by Executive Director: 3/11/2016
Date ratified by the BOH: 6/21/2016
Date reviewed by BOH: 9/3/2019

Time Worked in Excess of 99 Hours Per Month

Policy:

Part Time employees working in excess of 99.0 hours during any calendar month must have prior written approval from the appointing authority. Employees working more than 99 hours per month may meet requirements for Kentucky Public Pensions Authority (KPPA) membership and be required to contribute a percentage of their gross wages, referred to as creditable compensation, to KPPA. The percentage contributed is set by state law based on the member's benefit tier.

Procedures:

1. Hours worked in excess of 99.0 hours per month must have prior written approval from the appointing authority.
2. It is the employee's responsibility to adjust his or her schedule to prevent having more than 99.0 hours during a month, as long as the change in schedule would not have a negative impact on the performance of his or her required duties
3. Employees' exceeding the 99.0 hours per month without prior written approval may be required to pay individual and agency charges incurred (such as retirement) from exceeding the allowed hours.

Date Adopted: 07/11/00

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 reviewed by BOH: 9/3/2019

Revised: 02/17/22