

SAMPSON COUNTY HEALTH DEPARTMENT

Wanda Robinson
Health Director



360 County Complex Road, Suite 200
Clinton NC 28328

Sampson County Board of Health

Meeting Agenda

March 19, 2018 7:00 pm

- I. Call to Order – Dr. Jacqueline Howard, Chair
- II. *Approval of minutes
 - a. January 22, 2018 minutes
- III. Additions/Deletions to agenda
- IV. Board of Health Annual Training
 - a. GS § 130A-35 Board of Health; Appointment; Terms
 - b. GS§ 130A-39 Powers and Duties of a Local Board of Health
- V. Accreditation
- VI. Dangerous Dog Committee
- VII. Consolidation of Health and Human Services – Joel Starling, County Attorney
- VIII. *Local Health Department-Health Services Analysis Policy
- IX. Financial Report
- X. *Community Health Grant
- XI. Health Directors Report
- XII. Public Comment
- XIII. Closed Session-Personnel GS § 143-318.11(6)
- XII. Adjournment

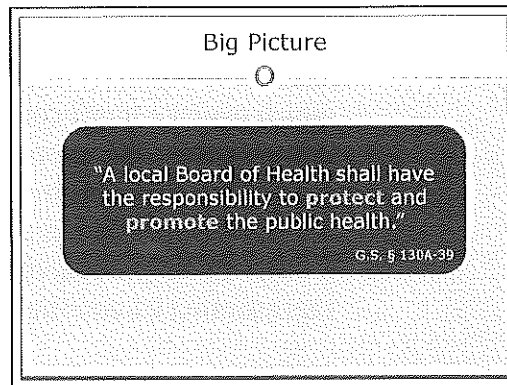
*Requires Board Approval

Slide 21



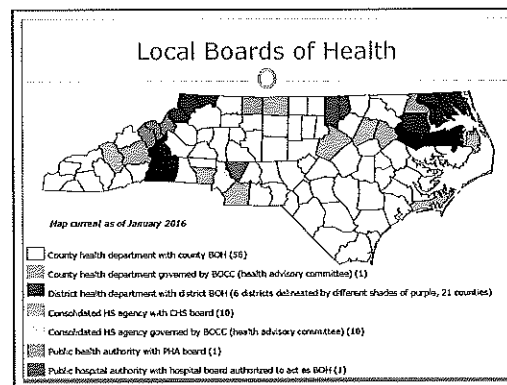
Now that we reviewed the roles and responsibilities of the local health department and director, let's look at the role and responsibilities of the governing board in providing key public health services and the laws that govern them.

Slide 22



The law states that "A local Board of Health shall have the responsibility to protect and promote the public health." That is a pretty tall order. Before we dig in deeper to the ways in which boards carry out this order, let's talk about the statutes that govern the appointment of the boards themselves.

Slide 23



There are a total of 85 local health agencies in North Carolina serving 100 counties. As we mentioned earlier, when we talk about "local Boards of Health" we are capturing several different types of boards that oversee the different types of local health agencies in North Carolina.

There are single county boards that oversee single county health departments. The appointment of this type of board is governed by G.S. 130A-35. Most counties have this type of arrangement.

While Stokes County (shaded in pink), does have a county health department, there is no appointed Board of Health. Instead, the board of county commissioners has assumed the powers and duties of a Board of

Health and appointed an advisory committee on health that has the same membership as a county Board of Health (G.S. 153A-77(a)). The advisory committee may not exercise the powers and duties of a Board of Health; its role is to advise the board of commissioners in public health matters, potentially including the commissioners' exercise of Board of Health powers and duties.

There are district Boards of Health, which oversee multi-county health departments. The appointment of this type of board is governed by G.S. 130A-37. North Carolina currently has 6 district health departments representing 21 counties collectively.

As of January 2016, there were a total of 20 consolidated human services agencies. Not all of these have a consolidated board. Ten of the consolidated human services agencies had appointed consolidated human services boards. In the other 10 counties, the board of county commissioners assumed the powers and duties of the consolidated human services board. Consolidated human services boards acquire the powers and duties of a Board of Health. When a board of county commissioners assumes the powers and duties of a consolidated human services board, it gets the powers and duties of a Board of Health as part of that process. But as was noted before, it is required by law to appoint an advisory committee on health that includes the same membership as a county Board of Health.

A public health authority board oversees a public health authority, which is technically a separate legal entity from the county. This type of board is governed by G.S. 130A-45.1. Currently, Hertford County (shaded in grey) is the only public health authority in the state. Cabarrus County (shaded in green) has adopted a similar model by providing public health services through a public hospital authority. It is the only county in the state that is legally authorized to provide public health services through a hospital authority.

We will talk more specifically about the details of the different ways that board of commissioners can restructure health and human services in their counties later on in this section.

Slide 24

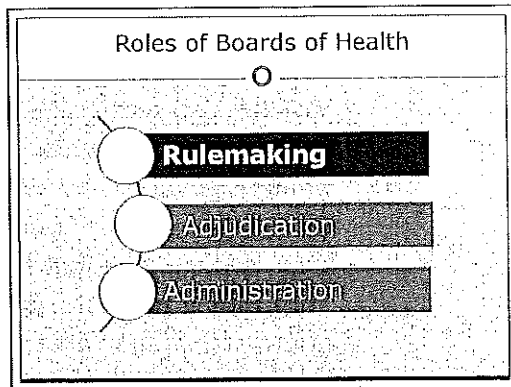
Local Boards of Health

Some key provisions:

- Must be residents of the county
- Appointed/removed by commissioners
- Composition dictated by statute
- Health director serves as secretary

While there are different laws that govern each variation of board model, there are some common threads related to structure and organization of most Boards of Health. Some key provisions of local Boards of Health are that all members are residents of the county or multi-county district, all members are appointed or removed by county commissioners, the composition of the boards is dictated by statute, and the local health director serves as secretary on the board.

Slide 25



All of the various types of boards will have three major roles:

- Rulemaking
- Adjudication and
- Administration

We will talk first about Board of Health rulemaking responsibilities.

Slide 26

The slide is titled "Rulemaking". It contains a quote: "A [BOH] shall have the responsibility to protect and promote the public health. The board shall have the authority to adopt rules necessary for that purpose." Below the quote is the citation "G.S. § 130A-39".

The law states that Boards of Health "have the responsibility to protect and promote the public health." It goes on further to say that the board "shall have the authority to adopt rules necessary for that purpose."

A rule is a law adopted by an administrative body, like a Board of Health. This means that boards have the authority to make laws.

Slide 27

The slide is titled "What is a BOH Rule?". It contains a list of three bullet points: "Prohibit citizens from doing something", "Require citizens to do something", and "Criminal, civil, and administrative penalties". To the right of the list is an image of a scale of justice.

A Board of Health rule is basically a directive that is adopted by a local Board of Health. A rule can prohibit citizens from doing something or require citizens to do something. For example, a Board of Health rule can prohibit smoking in certain public places. Or a Board of Health rule can require a citizen to follow a certain procedure if she wants to install a new septic system on her property. These rules are actually considered laws.

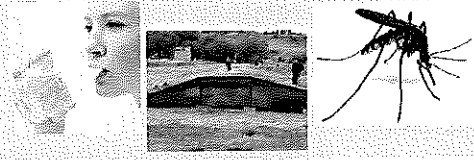
The rules adopted by a Board of Health are enforceable in court. For example, depending on the circumstances a person could be:

- Charged with a criminal misdemeanor,

Slide 28

Rulemaking – Examples

- Some jurisdictions have local rules governing:
 - Private drinking water wells
 - On-site wastewater
 - Mosquito control



Source: <http://www.ad.gov/ars/arsp/arsp/arsp/waterwater/waterwater.html>

- Subject to an injunction ordered by a judge, or
- Fined by the health director.

Boards of health are not required to adopt rules. But they do have a responsibility to do so if a rule is necessary in order to protect or promote the public health.

Some boards have incorporated local rules in their jurisdiction for:


- Private drinking water wells
- On-site wastewater, and
- Mosquito control

Slide 29

Interaction with Other State Rules

“BOH rule may be more stringent than the Environmental Management Commission or Commission for Public Health rule where “a more stringent rule is required to protect the public health.”

G.S. 130A-39(a)-(b)



Source: Creative Commons


In cases where the Board of Health wants to adopt a rule in an area where there is already a federal or state rule in place, state law specifically allows local Boards of Health to adopt rules that are *more stringent* than the rule already in place. That means that the board can adopt a rule that goes above and beyond any state rule that is already in place, but it can't adopt a rule that sets a lesser standard than the state rule.

For example, imagine the state had a rule requiring all homeowners to get their drinking water tested for arsenic. The Board of Health could *not* adopt a rule saying homeowners are *not* required to have their water tested. That would be less stringent. The board may, however, be able to adopt a rule that requires homeowners to get additional water testing. Such a provision may be considered *more stringent*.

Slide 30

Rulemaking – General Limitations

- Must be related to health
- Must be reasonable
- Must not discriminate



While the statute uses sweeping language to describe the authority of Boards of Health “to protect and promote the public health,” there are some general and specific limitations on this authority.

The general limitations should mostly be common-sense – the rules must relate to health, be reasonable, and must not discriminate unfairly.

Slide 31

Rulemaking – Specific Limitations

- BOH may not adopt rules related to the grading, operating, and permitting of food and lodging establishments
- Local smoking rules may only govern certain spaces

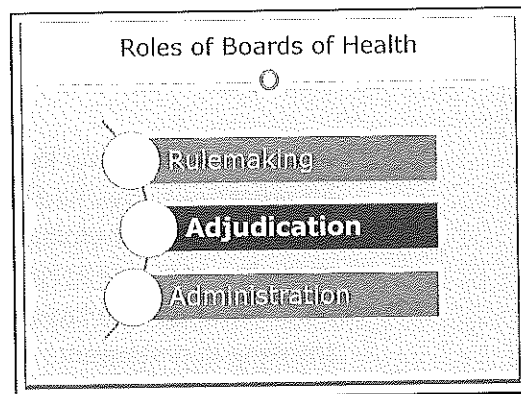
In addition to the general limitations mentioned on the previous slide, state law also includes some specific limitations. For example, a local Board of Health may not adopt rules related to the grading, operating, and permitting of food and lodging establishments—such as restaurants, food vendors, and hotels.

In addition, a local Board of Health may adopt rules governing smoking in public places but the rules may apply only to certain types of places. While a 2010 state law banned smoking in restaurants and bars throughout North Carolina, the same law authorized local Boards of Health to adopt rules restricting or prohibiting smoking in *other* public places. So, for example, the Durham and Orange county boards have adopted local rules addressing smoking in a number of public places, including shopping malls, city bus stops, and more. In other areas, local Boards of Health have used their rulemaking authority to prohibit smoking in places including local government buildings and grounds, or in public parks. Model Board of Health rules are available

from the North Carolina Tobacco Prevention and Control Branch.

More information on Board of Health rulemaking authority is available in an online training on this topic available through the North Carolina Institute for Public Health website, the link to which is available in the resource link located on the upper right-hand side of this slide.

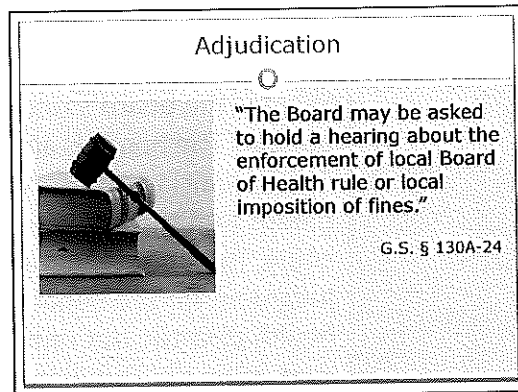
Slide 32



Let's move on to the next role—adjudication. Local Boards of Health sometimes serve in an adjudicatory role. In other words, the board may be asked to serve as a kind of “judge” in the context of an appeal.

This doesn't happen very often but it is important to understand a little bit about this role in case it does come up.

Slide 33



In some circumstances, a local Board of Health acts as an adjudicatory body—essentially like a court. When might this happen? When a person is aggrieved by the local health department's interpretation or enforcement of a local Board of Health rule or the local imposition of fines, the person may appeal the department's decision to the Board of Health.

Note that this role is only invoked if the rule or fine is locally imposed. For example: If local health department staff members are enforcing a local well rule and a citizen is unhappy with the department's action, the citizen

may be able to appeal to the Board of Health.

In most cases, a person or business aggrieved by the enforcement of state rules—such as those pertaining to food and lodging sanitation—must take his case to the state, not the local Board of Health. Most adjudications occur at the state rather than the local level. However, when they do occur at the local level, it is important for the board to be attentive to the law, G.S. 130A-24, that sets out the hearing process.

In recent years many local adjudications have had to do with fines imposed for violation of the laws regarding smoking in restaurants and bars. Although the laws about smoking in restaurants and bars are state laws, the responsibility to impose fines is local and appeals go to the local Board of Health.

Slide 34

Adjudication Role

- Appeal is quasi-judicial
 - Consult with an attorney
 - Follow statutory timelines
 - Record proceedings
 - Issue written decision
- Board's decision may be appealed to district court.

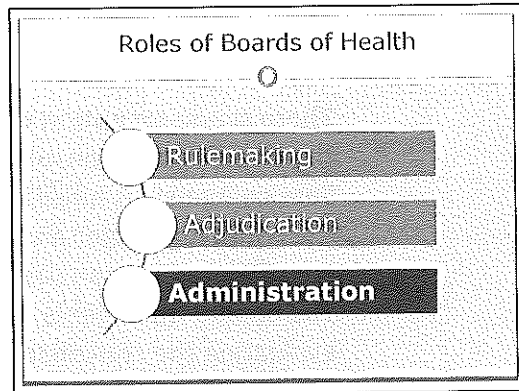
What is the board's role in this type of appeal? The board is acting as a "quasi-judicial" body – which basically means that the board is acting like a court. The board is not substituting its judgment for the department or the health director, but rather it is evaluating the situation to see if (1) legal authority existed for the decision and if (2) the decision is supported by the evidence.

If a board needs to hold a hearing, it must consult with its local counsel for assistance regarding due process and procedures. The board needs to have clear procedures, keep a verbatim

transcript, issue a written decision, and follow the procedures described in state statute.

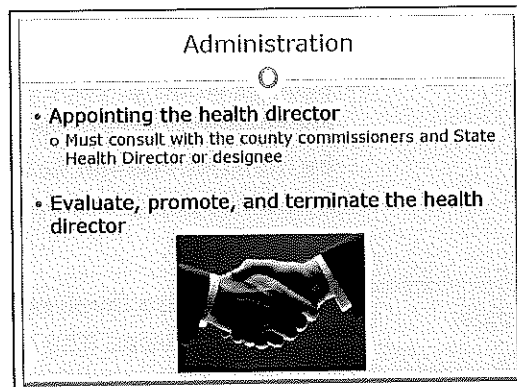
If the citizen is still unsatisfied, the Board of Health's final decision may be appealed to the district court.

Slide 35



The third and final role we will discuss today is Administration.

Slide 36



One of the most important administrative responsibilities the Board of Health has is hiring the health director. While this is primarily the job of the Board of Health, there are some additional players involved.

When the Board of Health identifies a candidate it would like to hire, it communicates with the State Health Director. The State Health Director may reject the candidate if he or she does not meet the education requirements for the position.

In addition, G.S. § 130A-40 requires that the board "consult with" the county commissioners before appointing a health director. The commissioners will also play a role in the hiring because they oversee the county budget and can dictate the director's salary.

The Board of Health will also be responsible for regularly evaluating the director and may be able to terminate his or her employment. It is important to note, however, that health directors are covered by the State Human Resources Act, which means that they are entitled to certain procedures and protections related to their employment.

There is one exception worth noting – the director of a Consolidated Human Service Agency is hired and fired by the county manager and not the consolidated human services board. The county manager is responsible for evaluating the consolidated human services director's performance. In counties with consolidated agencies, the board of county commissioners decides whether the employees of the consolidated agency will be covered by the State Human Resources Act, or by county personnel policies.

Slide 37

Administration — Financial

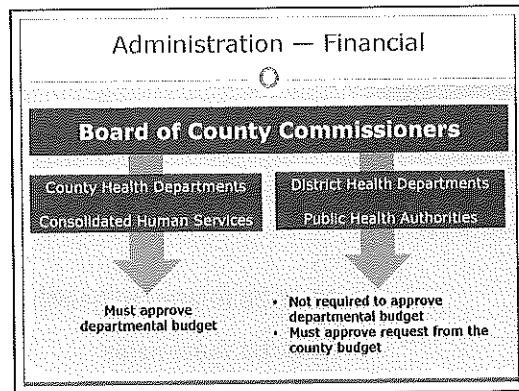
- Establish fees for certain services
 - Commissioners must approve
 - Fees must be reasonable
 - Imposing some local fees (e.g., food, lodging inspections) prohibited by G.S. § 130A-39(g)
- Review budget before submission to the board of county commissioners for approval.

Boards are also involved in setting fees for some services. The law places some limitations on fees. The fee law, G.S. 130A-39(g), prohibits the board from imposing local fees for some services, such as food and lodging inspections. Also, fees must be approved by the county commissioners and they must be reasonable--that is, cost-based.

The local Board of Health also reviews and approves the local health department's budget before it is submitted to the board of county commissioners for their approval. Local Board of Health approval of the

budget is not required by statute, except for consolidated human services boards. However, accreditation rules in benchmark 39, 10A NCAC 48B .1306, state that the local Board of Health shall annually review and approve the local health department budget and approve fees in accordance with G.S. 130A-39(g).

Slide 38



One quick technical note about board of county commissioners' approval of the budget. For county health departments and consolidated agencies, the commissioners must approve the departmental budget. For district health departments or public health authorities, the county commissioners are not required to approve the departmental budget, but they must approve any request from the district or authority for an appropriation from the county budget.

Slide 39

Knowledge check (4 questions)

True or False: State law allows Boards of Health to adopt a rule that is more stringent than a rule already in place.

True

False

True or False: State law allows Boards of Health to adopt a rule that is *more stringent* than a rule already in place.

Response Choices:

- True
- False

Correct Response:


True

Feedback:

b
o
r
d

Which of the following is a **NOT** a general limitation to rulemaking authority? *Select all that apply.*

- Must be related to health
- Must be reasonable
- Must not discriminate



c
Which of the following is a **NOT** a general limitation to rulemaking authority?

Response Choices:

- Must be related to health
- Must be reasonable
- Must not discriminate

Correct Response:


Select all

Feedback:

All are limitations to rulemaking authority.

The board's role in adjudication is to see:

- a. If legal authority existed for the decision
- b. If the decision is supported by the evidence.
- c. Both a and b.



The board's role in adjudication is to see:

Response Choices:

- A. If legal authority existed for the decision
- B. If the decision is supported by the evidence
- C. Both A and B

§ 130A-35. County board of health; appointment; terms.

(a) A county board of health shall be the policy-making, rule-making and adjudicatory body for a county health department.

(b) The members of a county board of health shall be appointed by the county board of commissioners. The board shall be composed of 11 members. The composition of the board shall reasonably reflect the population makeup of the county and shall include: one physician licensed to practice medicine in this State, one licensed dentist, one licensed optometrist, one licensed veterinarian, one registered nurse, one licensed pharmacist, one county commissioner, one professional engineer, and three representatives of the general public. Except as otherwise provided in this section, all members shall be residents of the county. If there is not a licensed physician, a licensed dentist, a licensed veterinarian, a registered nurse, a licensed pharmacist, or a professional engineer available for appointment, an additional representative of the general public shall be appointed. If however, one of the designated professions has only one person residing in the county, the county commissioners shall have the option of appointing that person or a member of the general public. In the event a licensed optometrist who is a resident of the county is not available for appointment, then the county commissioners shall have the option of appointing either a licensed optometrist who is a resident of another county or a member of the general public.

(c) Except as provided in this subsection, members of a county board of health shall serve three-year terms. No member may serve more than three consecutive three-year terms unless the member is the only person residing in the county who represents one of the professions designated in subsection (b) of this section. The county commissioner member shall serve only as long as the member is a county commissioner. When a representative of the general public is appointed due to the unavailability of a licensed physician, a licensed dentist, a resident licensed optometrist or a nonresident licensed optometrist as authorized by subsection (b) of this section, a licensed veterinarian, a registered nurse, a licensed pharmacist, or a professional engineer, that member shall serve only until a licensed physician, a licensed dentist, a licensed resident or nonresident optometrist, a licensed veterinarian, a registered nurse, a licensed pharmacist, or a professional engineer becomes available for appointment. In order to establish a uniform staggered term structure for the board, a member may be appointed for less than a three-year term.

(d) Vacancies shall be filled for any unexpired portion of a term.

(e) A chairperson shall be elected annually by a county board of health. The local health director shall serve as secretary to the board.

(f) A majority of the members shall constitute a quorum.

(g) A member may be removed from office by the county board of commissioners for:

- (1) Commission of a felony or other crime involving moral turpitude;
- (2) Violation of a State law governing conflict of interest;
- (3) Violation of a written policy adopted by the county board of commissioners;
- (4) Habitual failure to attend meetings;
- (5) Conduct that tends to bring the office into disrepute; or
- (6) Failure to maintain qualifications for appointment required under subsection (b) of this section.

A board member may be removed only after the member has been given written notice of the basis for removal and has had the opportunity to respond.

(h) A member may receive a per diem in an amount established by the county board of commissioners. Reimbursement for subsistence and travel shall be in accordance with a policy set by the county board of commissioners.

(i) The board shall meet at least quarterly. The chairperson or three of the members may call a special meeting. (1901, c. 245, s. 3; Rev., s. 4444; 1911, c. 62, s. 9; C.S., s. 7604; 1931, c. 149; 1941, c. 185; 1945, c. 99; c. 1030, s. 2; 1947, c. 474, s. 3; 1951, c. 92; 1957, c. 1357, s. 1; 1963, c.

359; 1967, c. 1224, s. 1; 1969, c. 719, s. 1; 1971, c. 175, s. 1; c. 940, s. 1; 1973, c. 137, s. 1; c. 1151; 1975, c. 272; 1979, c. 621; 1981, c. 104; 1983, c. 891, s. 2; 1985, c. 418, s. 1; 1987, c. 84, s. 1; 1989, c. 764, s. 2; 1995, c. 264, s. 1; 2009-447, s. 1.)

§ 130A-39. Powers and duties of a local board of health.

(a) A local board of health shall have the responsibility to protect and promote the public health. The board shall have the authority to adopt rules necessary for that purpose.

(b) A local board of health may adopt a more stringent rule in an area regulated by the Commission for Public Health or the Environmental Management Commission where, in the opinion of the local board of health, a more stringent rule is required to protect the public health; otherwise, the rules of the Commission for Public Health or the rules of the Environmental Management Commission shall prevail over local board of health rules. However, a local board of health may not adopt a rule concerning the grading, operating, and permitting of food and lodging facilities as listed in Part 6 of Article 8 of this Chapter and as defined in G.S. 130A-247(1), and a local board of health may adopt rules concerning wastewater collection, treatment and disposal systems which are not designed to discharge effluent to the land surface or surface waters only in accordance with G.S. 130A-335(c).

(c) The rules of a local board of health shall apply to all municipalities within the local board's jurisdiction.

(d) Not less than 10 days before the adoption, amendment or repeal of any local board of health rule, the proposed rule shall be made available at the office of each county clerk within the board's jurisdiction, and a notice shall be published in a newspaper having general circulation within the area of the board's jurisdiction. The notice shall contain a statement of the substance of the proposed rule or a description of the subjects and issues involved, the proposed effective date of the rule and a statement that copies of the proposed rule are available at the local health department. A local board of health rule shall become effective upon adoption unless a later effective date is specified in the rule.

(e) Copies of all rules shall be filed with the secretary of the local board of health.

(f) A local board of health may, in its rules, adopt by reference any code, standard, rule or regulation which has been adopted by any agency of this State, another state, any agency of the United States or by a generally recognized association. Copies of any material adopted by reference shall be filed with the rules.

(g) A local board of health may impose a fee for services to be rendered by a local health department, except where the imposition of a fee is prohibited by statute or where an employee of the local health department is performing the services as an agent of the State. Notwithstanding any other provisions of law, a local board of health may impose cost-related fees for services performed pursuant to Article 11 of this Chapter, "Wastewater Systems," for services performed pursuant to Part 10, Article 8 of this Chapter, "Public Swimming Pools", for services performed pursuant to Part 11, Article 8 of this Chapter, "Tattooing", and for services performed pursuant to G.S. 87-97. Fees shall be based upon a plan recommended by the local health director and approved by the local board of health and the appropriate county board or boards of commissioners. The fees collected under the authority of this subsection are to be deposited to the account of the local health department so that they may be expended for public health purposes in accordance with the provisions of the Local Government Budget and Fiscal Control Act. (1901, c. 245, s. 3; Rev., s. 4444; 1911, c. 62, s. 9; C.S., s. 7065; 1957, c. 1357, s. 1; 1959, c. 1024, s. 1; 1963, c. 1087; 1973, c. 476, s. 128; c. 508; 1977, c. 857, s. 2; 1981, c. 130, s. 2; c. 281; c. 949, s. 4; 1983, c. 891, s. 2; 1985, c. 175, s. 1; 1989, c. 577, s. 2; 1991 (Reg. Sess., 1992), c. 944, s. 10; 1993 (Reg. Sess., 1994), c. 670, s. 2; 1995, c. 507, s. 26.8(c); 2006-202, s. 6; 2007-182, s. 2.)

Standard: Governance

Benchmark 36: The local board of health members shall be trained regarding their service on the board.

Activity 36.2: The local health department shall assure new board of health members receive training and reference materials on the authorities and responsibilities of the local board of health within the first year after appointment to the board.

Documentation:

- A. Policies and/or procedures for BOH training
- AND
- B. Training materials used
- AND
- C. Dated evidence of new BOH members' participation in orientation training activities during their first year of service

INTERPRETATION

Intent

Board members come from a variety of community groups and backgrounds and may have little knowledge of public health prior to their appointment. Therefore, orientation and training are necessary for new BOH members. By properly orienting new BOH members to their role and the functions of public health, they can better serve the LHD and the community.

Guidance

This activity has three required pieces of documentation. A BOH should have procedures for training new board members. This may be in the operating procedures of the BOH (Activity 34.1) or may be in a separate policy that the BOH has adopted. The BOH must also provide the training materials used to train newly appointed BOH members. This would be the materials that are used in training and the reference materials that are given to BOH members during the training. The second piece of documentation is dated evidence of participation in training by new BOH members within their first year of service. The training may be called an orientation, but it is to be focused on the authorities and responsibilities of the local board of health.

The training can be conducted at one time, may be done as modules, and can be done as a group and/or as individuals. A self-guided training which includes each board member documenting their completion of the training on a specific date is acceptable.

Documentation of orientation training should be provided for all BOH members appointed since the last site visit and currently serving on the board. Note that members re-appointed or members of the BOH who are now members of a consolidated board do not need to repeat the orientation unless the content has changed since they were oriented.

Additional Guidance for District Health Departments

None

Additional Guidance for Consolidated Human Services Agencies

If the board of county commissioners has assumed the powers/duties of the board of health, the requirement applies to them (not the advisory committee on health).

Pieces of Evidence Required

- A. 1
- B. 1
- C. 1+

SVT Review and Guiding Questions

- ✓ Were the training materials used provided?

- ✓ Review when BOH members were appointed and when they received orientation and training.
- ✓ Were board members trained within their first year on the board?
- ✓ What are the reference materials given to new BOH members?

Sampson County Health Department
Local Health Department
Health Services Analysis
Policy and Procedure

Table of Contents

1. Purpose	3
2. Policy.....	3
3. Responsible Parties.....	3
4. Procedure.....	3
5. Responsibilities.....	4
6. Legal Authority.....	4
7. References.....	5

1. PURPOSE:

To assure that Sampson County Health Department (SCHD) complies with legal requirements for reporting high level clinical service data to the NC Division of Public Health (DPH). The policy details the security measures involved in the reporting process for clinical data exchanged between the NC Division of Public Health-State Center for Health Statistics and Sampson County Health Department.

2. POLICY:

It is the policy of SCHD to require the contracted electronic health record (EHR) vendor (CureMD) to capture required data in its electronic health record. SCHD will require its EHR vendor (CureMD) to create a data extract in the format specified by DPH.

3. DEFINITIONS:

- a. Crush FTP: Secure server used by DPH to receive SCHD Batch Information
- b. S-FTP: Access Form sent by DPH

4. ACRONYMS:

- a. DHHS: Department of Health and Human Services
- b. DPH: Department of Public Health
- c. EHR: Electronic Health Record
- d. LHD-HSA: Local Health Department-Health Services Analysis
- e. NC: North Carolina
- f. PII: Protected Health Information
- g. SCHD: Sampson County Health Department

5. RESPONSIBLE PARTIES:

Only personnel authorized by DPH can access the CrushFTP secure server for the transfer of data with DPH.

6. Procedure:

- A. Health Director designates at least two CrushFTP users:
 - i. Tamra Jones, Accounting Specialist I
 - ii. Sandra Morrissey, Accounting Tech I
- B. Each user will
 - i. complete S-FTP Access Request form obtained from DPH;

- ii. comply with the NC DHHS Privacy and Security Policy: Acceptable Use for DHHS Information Systems;
 - iii. complete training provided by DPH;
 - iv. contact CrushFTP support (919-792-5877) or LHD-HSA Help Desk support (919-707-5192)
- C. Passwords for the CRUSH FTP server may never be shared. Users must transfer data to and from the server from the IP address given with approval. If IP address changes, contact CrushFTP support (919-792-5877).
- D. Upload of files to DPH
- i. SCHD uploads its own files to the CrushFTP server,
 - ii. Upload occurs at least every 30 days and follows the suggested upload schedule published by DPH when possible.
- E. Checking email for processed files
- i. Credentialed users check email daily on workdays for notifications that files have been processed.
 - ii. Credentialed users review the file summary.
 - iii. If the processed file(s) are without error, then no further action is needed.
Note: Processed files are automatically moved to “processed” folder on CrushFTP.
- F. Checking server for error reports
- i. If the processed file(s) indicated errors, then user signs on to the CrushFTP server and reviews the error report.
 - ii. The user may download a copy of the error report to a secure folder on a local server designated for LHD-HSA reporting. The error report will contain personally identifiable information (PII).
Note: Error files will be deleted from CrushFTP on a periodic basis by CrushFTP support.
- G. Correcting error reports
- i. Users review the error reports and make corrections.
 - ii. Some errors are technical while others may be clinical in nature.
 - iii. Contact internal users, vendor, or LHD-HSA Help Desk (919-707-5192) as needed to understand and correct errors.
- H. Resubmitting files to DPH
- i. SCHD should re-open files with changes/fixes within 10 business days.
Note: Re-submission of files to correct errors will not create a duplicate in the master data.

The legal rights and responsibilities of patients and health care providers shall apply to records created or maintained in electronic form to the same extent as those rights and responsibilities apply to medical records embodied in paper or other media. This applies to security, confidentiality, accuracy, integrity, access to, and disclosure of medical records.

Sampson County Health Department
Information Security Manual

All electronic health records are maintained in accordance with the SCHD policy on Electronic Health Records and Imaging Policy and Procedure.

7. **RESPONSIBILITIES:** This policy is applicable to all employees of the SCHD, including students, volunteers, temporary, and contractual staff. Supervisors are responsible for monitoring compliance with the policy.

8. **LEGAL AUTHORITY:**

HIPAA Health Insurance and Portability Act of 1996

NCGS § 130A-34.2. Billing of Medicaid.

NCGS § 90-412§. Electronic medical records.

NCGS § 130A-45.8. Confidentiality of patient information.

NCGS § 130A-15. Access to information.

NCGS § 130A-16. Collection and reporting of race and ethnicity data.

9. **REFERENCES:**

Confidentiality Policy & Procedure Manual

Electronic Health Records and Imaging Policy and Procedure Manual

HIPAA Policy & Procedure Manual

Information Security Policy & Procedure Manual

Sampson County Health Department
Information Security Manual

**SAMPSON COUNTY HEALTH DEPARTMENT
Local Health Department-Health Services Analysis (LHD-HSA) Policy & Procedure
Annual/Review/Policy Update Review Form**

Manual: Information Security Manual	<u>Applicable Signatures/Title</u>
Title: Local Health Department-Health Services Analysis (LHD-HSA) Policy	Program Coordinator/Specialist: N/A
Program Policy: N/A	Supervisor: N/A
Program Procedure: N/A	Director of Nursing: N/A
<input checked="" type="checkbox"/> Management/Department-wide Policy	Medical Director: N/A
Personnel/Fiscal Policy	Health Director: Wanda Robinson
Distributed to: All Staff	Board of Health Chair: Dr. Jacqueline Howard
	Effective Date: 04/01/18
	Supersedes:

Review/Revision Date: _____

Board of Health/Chair

Date

Health Director

Date