REQUEST FOR BOARD ACTION

HENDERSON COUNTY BOARD OF COMMISSIONERS

MEETING DATE:	March 9, 2005
SUBJECT:	Public Health Department – Staff Request
ATTACHMENTS:	Memo dated October 14, 2004 from NC Division of Medical Assistance and Health Check Project Budget Detail.

SUMMARY OF REQUEST:

The NC Division of Medical Assistance has offered to the Henderson County Department of Public Health funds of \$ 33,879.62 per year to be used to hire a full-time Health Check Coordinator. This Health Department employee would be placed at the Medicaid Division of the Henderson County Department of Social Services to assist Medicaid recipients to assure that they are effectively utilizing Medicaid services while limiting use of the higher cost options, such as hospital emergency rooms. The Health Check Coordinator would work with patients of all medical providers and medical assistance agencies to assure appropriate services access. The total cost for the position annually would be \$ 37,755.62 and will require a "local match" of \$ 3,876.00 that will be provided by the Department of Social Services. The position needs to be filled by April 2005 in order to receive these funds; otherwise the offer will be made to another qualifying county.

COUNTY MANAGER RECOMMENDATION/BOARD ACTION REQUESTED:

I recommend that the Board authorize this position. The local match will come out of the Department of Social Services' Work First Maintenance of Effort funds. I also believe that this position will assist participators in the Medicaid Program of which Henderson County pays a portion of the cost.



North Carolina Department of Health and Human Services **Division of Medical Assistance** Managed Care

1985 Umstead Drive – 2501 Mail Service Center - Raleigh, N.C. 27699-2501 Courier Number 56-20-06

Michael F. Easley, Governor Carmen Hooker Odom, Secretary

Gary Fuquay, Director

October 14, 2004

Mr. Tom Bridges, Health Director Henderson County Health Department 1347 Spartanburg Hwy Hendersonville, NC 28792 Courier 06 92 01

Dear Mr. Bridges:

1 am pleased to inform you that Henderson County is eligible to begin the implementation process to become a new Health Check Project County. The Statewide expansion plan endorsed by the Health Directors Association allocates Health Check Coordinator positions in each county based on the population of Medicaid eligible children. Your county is eligible to receive one full time Health Check Coordinator Position.

Please begin executing the Implementation Plan; using the State Health Check Policies and Procedures Manual will expedite completing the implementation requirements. You may download the State Health Check Policies and Procedures Manual from our website at: <u>http://www.dhhs.state.nc.us/dma/healthcheck/hcmanual.htm</u>

The Health Check Implementation Plan can be found as Appendix #12 of the State Health Check Policies and Procedures Manual. Please note, the implementation plan should be completed and approved, and your HCC hired by April 30th, 2005. Should you have any questions regarding the implementation process, please contact Tammy Schneider at (919) 647-8182.

You may fill this position once you have completed and received approval for your implementation plan. Introductory Training for all new HCCs and Supervisors is scheduled quarterly in Raleigh. Quarterly sessions are scheduled in January, April, July and October. We will send additional information to your new HCC once they are hired.

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Page 2 Mr. Bridges, Health Director

If you are not interested in a Health Check Coordinator position at this time, please contact Tammy Schneider. This will allow us to offer this position to another county who is also eligible to receive funding.

We are excited to make Health Check Coordinator services available to your county. We look forward to working with you during the implementation process.

Sincerely,

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Tammy Schneider Health Check Consultant, DMA

Cc: Program Operations Staff Carol Tant, DPH

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HEALTH CHECK PROJECT BUDGET

Agency Name: <u>Henderson County</u> County Name: <u>Henderson</u> Department of Public Health Budget Period: <u>7</u> (Mo.) <u>1</u> (Day), 20<u>05</u> (Yr.) through June 30, 20<u>06</u>

CATEGORIES and LINE ITEMS	DMA BUDGETED AMOUNTS	IN-KIND CONTRIBUTIONS
PERSONNEL		
Health Check Coordinator 1 - Salary	\$22,210.50	
Fringe Benefits (HCC)	\$ 5,552.62	
FTE %:		
Health Check Coordinator 2 - Salary		
Fringe Benefits (HCC)		
FTE %:		
Health Check Coordinator 3 - Salary		
Fringe Benefits (HCC)		
FTE %:		
HCC Supervisor - Salary	\$ 1,366,00	
Fringe Benefits (Supervisor)	\$ 341.50	
FTE %:	\$ 341.50	
CONSULTANT & CONTRACT SERVICES		
		5
EQUIPMENT	Leave Blank	Leave Blank
Computer PC, Printer		\$1,700.00
Cantridges		<u>\$1,700.00</u>
Cartridges SUPPLIES Desk,Bookshelf,		\$1,276.00
Filing Cabinet, Chair,		
Basic supplies		
TRAVEL	Leave Blank	Leave Blank
Mileage 100 miles x .40 x26	\$ 1,040.00	
Hotel 3 nights	\$ 180.00	
Subsistence	\$ 200.00	
	200100	
OTHER	Leave Blank	Leave Blank
AINS Data Processing Fee \$25 x 12	\$ 300.00	
Continuing Education/Training	\$ 100.00	
Phone Cell Phone X \$42 mo	\$ 504.00	
Postage 300 mailings per mo	\$ 1,185,00	\$ 500.00
Educational Materials	\$ 100.00	pSOUOU
ncentives	\$ 200,00	
Advertising		
Printing Letterhead, envelopes	\$ 600.00	\$ 400.00
Office Space	÷·····	
Administrative Fee/Overhead		

Agency Director's Signature:

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State Office Use only Approved by: _____ Date: _____

Health Check Policies and Procedures 05/2003

Appendix 13-1