



District Health Department & Home Health Agency
Serving Harrison, Nicholas, Scott & Bourbon County Home Health

MINUTES

WEDCO DISTRICT BOARD OF HEALTH MEETING

Tuesday, January 4, 2022

Harrison County Extension Office
Community Room

Cynthiana, Kentucky

12:00 P.M.

Judge Barnett, Chairman

Tim Thompson, Vice Chairman

Members Present:

Harrison County

Dr. Derek Clarke

Brett Hines, OD

Alex Barnett, Judge Executive

Nicholas County

Judge Steve Hamilton

Becky Reid

Scott County

Jared Hollon

Tim Thompson

Dr. Horace Hambrick

Members Absent:

Harrison County

Nicholas County:

Scott County:

Sherry Taylor

Staff and Guests Present: Dr. Crystal Miller, Rachel Kendall, Abigail Adams, Allison Anderson, Leslie Anglin, Gary Brunner, Dan Clifford, Allen Patrick Darnell, Elizabeth Darnell, Michael Donahoe, Greg Duncan, Caroline Fields, Olivia Flaughner, Mona Holman, Evelyn Hughes, Michelle Hunt, Randi-Lynn Hyatt, Pam King, Teresa Lancaster, Rachael Lane, Susan Livingood, Jo Lynn Magee, Toni Rae Maners, Teresa Martin, Gena Mastin, Becca Palmer, Charissa Parker, Paige Barnes, Pat Price, Ellen Quinn, Lorrene Rawlins, Tessa Ray, Rhonda Roberts, Yolanda Sams, Matt Simmons, Annette Smith, Tony Smith, Samantha Stephens, Lisa Stout, Janet Tincher, Dr. Stephen Toadvine, Patty Tolliver, Kathie Tucker, Delanna Van Meter, Paul Wanter, Esther Faye Williams, Amber Jett, Maribeth Midden, Kacy Chamberlin, Bruce Taylor and Jennifer Lemmings

With a roll call showing quorum present, Judge Barnett called the meeting to order at 12:00 p.m.

Judge Alex Barnett opened by stating this meeting was called to further discuss WEDCO's Home Health division. Discussions began in a September meeting regarding core public health services. Home Health has utilized over \$1M in reserves in the past four years. As stewards of tax dollars, the board has to pay close attention to finances. The board is committed to doing all they can to ensure WEDCO employees and patients are taken care of as we continue to discuss Home Health's future. There are only 7 agencies left in the State of Kentucky that are part of a public health department. This meeting is a forum for employees to be heard and to quell assumptions that have been shared over the past couple of months.

Judge Barnett introduced Dr. Stephen Stack, Kentucky Public Health Commissioner, via Zoom. The board has asked Dr. Stack to share the public health priorities with staff, guests, and board members. Dr. Stack began by presenting the state plan for the future of public health. Many public health agencies have faced enormous financial constraints with the pension liability. Part of the change to help secure funding and financial solvency for public health was a shift in the paradigm with public health. Public Health transformation was designed to restructure public health with core public health guidelines (considered foundational) that are foundational health necessities. Dr. Miller and the board are responsible for ensuring that all core public health functions are met. Local health priorities must present a data driven need, evidence based practices, have adequate funding, performance and quality management plans, and an exit strategy should the program not be financially solvent. There are a multitude of programs that fall within local health priorities and they vary across the state with access to care and community needs. When Kentucky expanded the Medicaid system, more Kentuckians were

insured. This allowed for many across the state to find a primary care home and no longer need the health department for certain services. Thus, Kentucky reformed services to fit the need for citizens and their care. The funding mechanism through the state and legislation only allows for a certain number on FTE's (full time equivalents of staff). As well, local tax dollars help fund public health locally. The extra staff, not secured under non-core services, are not funded by the state. Taxes would have to be levied to help support home health if the finances fell short. The needs are not uniform to other counties who continue to keep home health. Most agencies that continue to keep home health have different needs, the main one being that home health service providers are not plentiful there for commercial agencies. Every member of our public health team is valuable, the work is important, but not every service is a service that public health needs to do. We need to find way to expand to services that fall under the public health umbrella. This leads to difficult discussions and decisions about the sustainability. Many home health staff who currently work under the health department would likely receive raises and better benefits should they go to a private or commercial agency due to the outdated merit system structure.

The meeting then turned to public presentation and comment:

Allison Anderson, WEDCO Home Health nurse, was encouraged to speak. Ms. Anderson has been with WEDCO home health for about a year. She relayed she loves home health nursing, her work family, etc. There have been unfortunate circumstances with staffing and not being able to retain staff. Charting takes a ton of time and only has specific time to complete in order to submit for billing. She further stated there had been a lack of communication between home health and the rest of the agency. There was a social media post circulating that has upset patients and community members. She also said the home health staff feel unappreciated. No one wants to work when they think our doors are closing.

Leslie Anglin, contracted Occupational Therapist, has worked with WEDCO, in the EPSDT program, for over 12 years. Ms. Anglin has over 19 years of home health experience. Ms. Anglin discussed with Dr. Hambrick, prior to this meeting, the concern about if the EPSDT program is stopped. There are no other programs in the area that provide these services which is vital for the children who need these services. Staffing has been an issue. Most children are medically fragile and have significant medical needs. She worries about transportation issues for families who will have to take their children to outpatient services and the couple of agencies that provide in home care have waiting lists to become a patient.

Elizabeth (BT) Darnell, community member and mother of son who receives WEDCO services, stated she heard about the closing of home health in Harrison County. She has a 40 yr. old son who has been under the care of this program for 10 years. He is home with his family where they see to his needs. He suffers from PLS which is similar to ALS. He can no longer walk and relies on a motorized wheelchair to maneuver; therefore, nursing homes will not take him. Transfers must be done with assistance to move him from the bed, to bathroom, etc. Home Health has allowed him to stay within his home. Showering, shaving, meals, organizing, companionship, transfers have been provided by WEDCO. They receive these services from 8-4:30, 5 days a week. The caregiver's presence in the home has given their son purpose. When home health is terminated she is unsure what they are going to do.

Michelle Hunt, Home Health clerk with WEDCO for 7 years, serves as the clerical team lead for home health. There have been a lot of change in her position since she began her career with WEDCO. The unknown has created turmoil that she feels could have been resolved prior to the meeting. The clerical team only has four members left from a nine-member team. The team has been pushed beyond their

capacity. There is a communication fall back within the agency and this has created a lot of these issues. The unknown is scary. They feel that this is personal and more discussion should come. Ms. Hunt shared that she has a child who has special needs and she stated that she has her child in an educational setting, but home health isn't needed yet. Now, the school has reached out to see if her child can get home health care, however Home Health referrals are stopped. Also, many other agencies don't take the insurance that WEDCO does so patients will not be seen if we close our doors.

Toni Rae Maners, Independent Speech Therapist with WEDCO over 10 years, discussed that she primarily covers speech for the EPSDT program in Harrison County. Most of the children she services, are unable to get care elsewhere. Mrs. Maners serves approximately 26 kids in Harrison county and many of the families don't have reliable transportation. The reason she has stayed with WEDCO so long is because the team is cohesive and wants to serve our community as they have a vested interest. EPSDT is so beneficial because it allows us to meet needs that school and outpatient clinics cannot provide. Any conversation among home health staff revolve around connecting patients with what they need whether it's running water, electric, etc. She asked the board and guests to follow her for the day to see how rural some of these patients are and that we are not so different than the Appalachian areas. Staff have always found a way to ensure patients have what they need whether a shower chair or other supplies. If we are marketable to sell to another agency, then we should be profitable to sustain our own. There are several staff members who are committed to making this happen and information has not been relayed to help with this.

Charissa Parker, Home Health Nursing Supervisor with WEDCO for 3 ½ years, stated that in the time she has been with WEDCO, there has been a lot of turnover, staffing changes, charting systems, etc. Home Health staff have had to overcome challenges and have done so well. Her main concern is the patients and how WEDCO is often the only person who the patient sees. They have continued to pivot and make changes to overcome obstacles and she would like a chance to continue making positive changes.

Rhonda Roberts, Social Worker and Case Manager for WEDCO's Waiver program, stated Waiver takes care of patients who have no one, and this program keeps them in their home rather than a nursing home. Mrs. Roberts asked what happens to our patients if we close. She said she talks to other agencies daily regarding taking patients and they don't have the adequate staff to take them. If we lose home health that will mean the patients will not receive services. WEDCO finds a way to provide anything patients need whether they can afford it or not. The WEDCO team goes above and beyond. Many of our home health staff know they can make more money elsewhere but they prefer community based programs and serving the communities.

Delanna Van Meter, Independent Physical Therapist for WEDCO, has worked for our agency for a long while. Mrs. Van Meter was very emotional while advocating for her patients. She stated she serves these kids like everyone else does because of the children they are. While she also serves in the school setting, she said serving them in the home is most effective. It's indescribable of what is encountered in these homes. Many children are getting the best therapy they have ever received. She explained several situations of children who are benefiting from therapy in the home and in their own environment. Mrs. Van Meter relayed a few stories of amazing transformations, the children she works with, have shown with the physical therapy care they have received in the home.

Matt Simmons, co-owner of Starting Gait Physical Therapy, relayed how they signed on with WEDCO 15 years ago. Matt and co-owner, Greg Duncan, met with Tina Bennett and Kathy Plummer years ago

to contract with WEDCO. They were able to build an amazing team to help serve the community. Mr. Simmons shared that it's a gift to be in a patient's home and have the trust of the patients. He respects the pension plan, the business decision, and financial decisions that must be made. Staff have been with Starting Gait for a long time, serving WEDCO communities. He understands that the board may need to sell their CON. However, at the end of the day, it is about who is going to the far reaches of the counties and who will meet the patients where they are. Most agencies don't serve the way WEDCO has and will continue to serve if given the opportunity.

Kathie Tucker, WEDCO EPSDT clerk, has been with WEDCO for 19 years. Mrs. Tucker was with Clinic for 11 years and has been with Home Health for last 8 years. She asked if anyone on the board knew what the acronym EPSDT stands for and then shared it is Early Periodic Screening Diagnosis and Treatment. This program provides treatment in our four-county district from the ages of birth to 21. There is no EPSDT program without home health. The therapists are wonderful and the parents of our children are extremely grateful for our program. She said that many of the parents are concerned about what would happen if the EPSDT program was stopped. Mrs. Tucker stated it hurt that she received an email that home health is in jeopardy. She questioned the board on what would happen to her over 1000 hours of sick leave? She doesn't think that there will be another agency that will pick up these kids. She asked the board to think about this.

Lorrene Rawlins, Home Health Director of Nursing with WEDCO, said most staff and guests have stated what she wanted to share. She wanted to share history on the agency and her career at WEDCO. There are many programs under the umbrella of home health; Waiver, EPSDT (both Medicaid funded programs) are special to health department based agencies. Not many agencies seek to provide these services and it's a privilege to provide those two services. WEDCO also provides traditional home health (skilled services and supplies). Mrs. Rawlins began her career 20 years ago as a float nurse in Bourbon County. WEDCO gave her the opportunity to be a supervisor and she thrived in that role. Dr. Miller then appointed her as Director of Nursing. WEDCO home health was established in 1974; therefore, WEDCO has served our community in the home health capacity for 47 years. We provide services in Bourbon, Harrison, Nicholas and Scott Counties. One part of being fiscally responsible was recognizing we were paying and leasing an area in Bourbon County and we needed to integrate our staff to one facility. She stated this was a sacrifice for staff but they didn't complain as their ultimate goal was to continue to provide services. She then discussed other sacrifices that her staff have made, whether they are contracted or merit staff. When staff visits patients in their homes, there is a distinction from what WEDCO does versus other agencies. Staff purchase items from their own pocket for patients, they pay their electric bills, they buy formula, they provide clothing, etc. When other agencies staff members go out after work for drinks, our staff clean patients' homes after hours and put their Christmas trees up. The recipients of our staff's servant hearts are us, as community members. Mrs. Rawlins shared she has been involved directly and indirectly with the District Board for quite some time. Our number one goal was to provide quality care and to do so regardless of their ability to pay. It was understood that it we also needed to make good financial decisions. Many of the sacrifices that have been made have been for the betterment of the department. Many issues have been encountered; both financially and programmatically. Dr. Miller stated it best to Mrs. Rawlins, "it's like being in a field and having a line of people shooting at us and seeing how many bullets can be dodged" in describing the challenges home health has incurred the last few years. So many things are outside our control. One thing that hit us, yet was considered a win, was in fiscal year '21 we were projected to have a deficit of over \$400K due to PDGM, the new payment methodology for Medicare. This programmatic change actually shut the doors of many agencies. In the middle of this chaos, Covid hit and services were placed on hold, performing essential services only. We actually ended the year with

only a \$79K deficit which was a great win considering what was projected. Ms. Rawlins stated the sacrifices and wins she has discussed paint the picture of what this agency has to offer. Her goal for this agency, is that she wants board to know what WEDCO is capable of, what we do, how the community is going to suffer, how the board will be told that there are other agencies that will provide these services, they will not provide the quality care, they will not want EPSDT and Waiver as they will not get the cost settlement that we receive. Mrs. Rawlins stated that the board needs to fight for Waiver and EPSDT. While she will accept any decision the board makes, she wants an opportunity and to share input. We are one agency of 15 in the Bluegrass region and no other entity provides EPSDT in our region because it's not lucrative, but it has always been the agencies mission to provide care regardless of ability to pay. She further shared she wants to be transparent in what we had today versus a month ago. She had a Plan B a month ago; however, our Plan B has changed because she doesn't think that WEDCO home health has been recognized as a priority. We are not the same as the other 7 agencies tied to local health departments. We are number one in our community and recognized as leaders among our community and those other agencies. As a manager, she is disappointed that employees had to read the message through an email by Dr. Miller. These staff members deserve conversations. This conversation is a little too late now because staff are leaving - they are leaving for less money. Last week, the most difficult decision had been made to place referrals on hold. The home health program is now at half-staff for nursing staff. We are now almost inoperable. She needs staff and people aren't waiting in the wings to work for home health, especially knowing that our home health may close. She has pushed Human Resources for recruitment. We have not done our job as an agency in providing the information which would help us recruit staff. This meeting today, she is pleased with it and appreciates the time and effort that has been made to make this happen. They just want to be heard and advocate for their patients.

Mrs. Rawlins shared they have turned down over 30 referrals since last week. Samantha Stephens, Home Health clerical intake, shared she has talked to doctor's offices and hospitals and then tells them we cannot take any other referrals. She shared that everyone is short staffed and she promised that these patients are not being seen. She is sure that outpatient services are being flooded with an influx of patients.

Mrs. Rawlins said we have over 700 patients in our four communities; 135 active home health (receiving traditional skilled services), 78 pediatric EPSDT, 420 supply only patients and 71 Waiver patients. With Waiver, if a provider can come to the home, you can stay home with waiver. If you don't have a provider, then you have to go to a nursing home—nursing homes are full. If our CON is purchased by someone who doesn't want to provide waiver services, these patients will have no other options.

Mrs. Rawlins then asked the board to consider these questions:

1. Home Health has over \$5M of restricted funds in place due to the program's sacrifices. It's our rainy day fund. What are these funds for if not to give us an opportunity to salvage and allow us to enter into a dialogue of what can be done differently?
2. Mrs. Rawlins has a large accumulated leave balance and time. What is going to happen for those employees with the leave and retirement balance? We won't be appetizing as an employee to take on. Several will stand to lose a lot if the agency closes.
3. We want to know where to focus our efforts. A month ago Mrs. Rawlins would have led her team to keep these programs alive. Due to staffing, we are almost non-operational now. Her request is that the very moment the board can share where efforts need to be

focused, please do, because we are flailing right now. We would like one uniform goal in mind.

Tony Smith, has been an Independent Occupational Therapist with WEDCO for over 30 years. He stated you've seen the dedication of the staff today. We are to a point that we need help and we need to be able to care for the people. While he's an independent contractor, he has been here longer than most staff. He has watched several directors, home health leaders and therapists come through these doors. The culture of taking care of patients started years ago and has continued each generation. If we sell, we will only have a slice of the holistic approach WEDCO has. Before we were paid per visit, now we are paid differently which has been hurtful. We have a situation where changes need to be made. We have an assembled group of people who are highly dedicated and who are invested in these communities. If we can preserve this, we have the best chance of providing the answer. There isn't a better group of people who can do this. We have to continue to do things for the community as that is why state agencies exist.

Crissy Bell, Waiver clerk and 24-year employee, was absent for the meeting. Judge Barnett read a statement on her behalf. She stated this meeting is a little too late as there has been a mass exodus of employees. She was embarrassed and hurt that this information was relayed in an email. The last year has been rough for the home health program. She's looking forward to retire due to this, if in fact there is still an agency to retire from. Several questions were asked by Mrs. Bell:

1. She has heard that HMH was discussing buying HH and if that's true, what will become of Waiver, patients, and employees?
2. What will become of employees, like her, who are close to retiring?
3. How quickly will this take place?
4. How long will we have to prepare employees and patients?

Judge Barnett stated he appreciated the dedication of home health staff and has no doubt that we have the best group of home health staff. The passion and love for the patients is immense. This is a tough decision and we have to look at our care for the community and the bottom line of our tax dollars. If the state would pay the pension for us, it would help solve many of our issues. WEDCO had a meeting scheduled on January 13th; however, this meeting was scheduled so that staff could voice their concerns and share their feelings. Judge Barnett stated the number one priority is both that employees are cared for, as well as patients.

The final presentation was by Dr. Steve Davis, medical director for WEDCO and former public health commissioner. He began by thanking all employees for coming and for sharing stories from the heart. He also thanked the board members as he knows the difficulty in this situation. The genuineness is impressive from the staff. He assured the staff no decision has been made and only discussion has been had. Many of the items he came to relay were mentioned in Dr. Stack's presentation. The board charged Dr. Davis with looking at the services available from other agencies, the finances of county health departments, and finally the future of cost settlements.

WEDCO Home Health currently has:

- 700 patients
- 73% are insured by the Medicaid program
- 27% are in all others programs and payers

With Medicare there is no cost based reimbursement. With Medicaid you do have a cost based reimbursement. There are a number of providers who provide similar services in each of our counties; however, Medicaid EPSDT is very minimal, as there is only one other provider. There are several providers who provide skilled nursing care. In consulting with providers in other counties, he was informed there are staffing issues across the board. It's not exclusive to WEDCO. There is a tremendous cost associated with retirements and you also lose valuable training with retirees and staffing. Any agency that has a low turnover rate, their expense is lower. There is a 50% turnover ratio for WEDCO's Home Health division which has also raised expenses greatly. Competing with the private sector is hard. Health Departments were given a supplement to help maintain the pension costs but that pension allocation goes down 10%. In terms of cost settlement, WEDCO receives approximately \$1M a year of cost settlement from the state. The future of the cost settlement doesn't seem to be in jeopardy this year. However, Kentucky is unlike other states in that it is a state law and state regulation to provide cost settlement, not all states have this. Medicaid is a mixture of state and federal funds. For every dollar Medicaid sends to any practitioner, they receive approximately \$.70 from the federal government and approximately \$.30 from the state general fund. There is no guarantee this will continue. It appears now that the Medicare rates are less than other payer rates. There are many communities that have struggled with the very decision WEDCO is facing now.

Judge Barnett thanked all staff and guests for attending. He stated this board will have to make a very difficult decision that is multi-layered. We must ensure sustainability for all programs.

Lorrene Rawlins, Director of Nursing, asked if there was any advice the board can offer regarding recruitment. Judge Barnett asked her to be patient as we have an upcoming meeting on January 13th. Judge Barnett stated if a decision is made to continue moving forward with home health services, there will definitely be a challenge of staffing positions in today's environment. He asked Mrs. Rawlins if we would be able to fill positions if we continued to operate?

Tim Thompson, Scott County local board member, shared he took many notes and appreciated staff opening up with their concerns. He stated this board is a volunteer board and these decisions are difficult. Mr. Thompson stated he valued WEDCO employees and their dedication. The Home Health discussions began three months ago and he doesn't feel there was a better way to send this out. He still has many questions, but offered advice by stating we need to think about what we could do to accommodate our services with no staff. He asked for more details about the supply only program. Ms. Rawlins said this takes very little man power and was 100% administrative. This program is cost settled so it makes money for home health. He asked if there is a large overtime budget with the staff that we have? Staff shared that they are not receiving overtime but are continuing to work long hours. Ms. Kendall, Director of Administrative Services, stated there has been overtime incurred on the clinical side with Covid and there has been one, possibly two staff members who get consistent overtime in Home Health.

The board was asked when a definite decision would be made and Judge Barnett stated that the board does not know. Another staff member asked if Harrison Memorial was still an option of buying our home health division? Dr. Miller responded by clarifying that the discussion regarding home health transpired in a September board meeting when the board was reviewing core public health services. She stated that during that meeting, she shared with the board the services that had transitioned on our clinic side to meet core public health, and the services we are still doing that are not under the core public health criteria. This included services across the entire agency, and not exclusive to just home health.

She communicated with staff via her regular board update email in an order to be transparent with staff regarding the entire meeting, just as she does after each board meeting. That email seemed to spark much discussion, and the CEO of Harrison Memorial called her based on hearing this information. This information would have come from staff who then shared this with the public. The CEO said he understood we were selling Home Health and Dr. Miller elaborated that was untrue, and that the board had a minimal conversation around this topic that had evidently been taken out of context. Out of concern for these rumors, Dr. Miller reached out to an attorney in an effort to gain clarity on protecting the agency. There have been many assumptions and chatter amongst other staff that have been taken out of context. Dr. Miller reminded staff that it is not her place to answer questions from a board level to staff regarding the future of home health. It is not her decision and she shared what she was able to share and asked staff to hold tight. Only one staff member reached out to her to ask questions. She reiterated there has been no discussion with any agency in purchasing our CON.

The board shared they will have another meeting on January 13th, from 12-1pm. Paige Perraut asked if they could recruit nurses, would they be hired. Dr. Miller stated there is a process where an application has to be submitted to the state. As long as that process is followed, they are welcome to apply. Mike Donahoe asked if Judge Barnett was on the hospital board, and if so, is that a conflict of interest? Dr. Miller shared that, once again, there were no discussions with the hospital thus far about buying. A staff member asked about hiring aides and it was shared that we have had an issue with candidates not showing up for their scheduled interview.

With no further items to discuss, the meeting was adjourned.



Judge Alex Barnett, Chairman



Date



Dr. Crystal Miller, Secretary



Date