



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

MINUTES

WEDCO DISTRICT BOARD OF HEALTH MEETING

Tuesday, January 13, 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

Sherry Taylor

**Members Absent:**

**Harrison County**

**Nicholas County:**

**Scott County:**

**Staff and Guests Present:** Dr. Crystal Miller, Rachel Kendall, Allison Anderson, Leslie Anglin, Gary Brunner, Amy Cox, Ralph Deitemeyer, Greg Duncan, Jayne Ferguson, Caroline Fields, Olivia Flaughter, Robin Florence, Sandy Hedges, Mona Holman, Samantha Jones, Pam King, Teresa Lancaster, Rachael Lane, Toni Rae Maners, Terrice May, Charissa Parker, Paige Barnes, Ellen Quinn, Lorrene Rawlins, Tammy Shannon, Matt Simmons, Tony Smith, Janet Tincher, Gene Thomas, Patty Tolliver, Kathie Tucker, and Jennifer Lemmings

With a roll call showing quorum present, Judge Barnett called the meeting to order at 12:01 p.m.

**MOTION #1**

Jared Hollon made a motion to approve the board minutes from November 10, 2021. Becky Reid seconded the motion.

*Roll Call*

Judge Barnett – Yes

Jared Hollon – Yes

Judge Steve Hamilton – Yes

Dr. Brett Hines – Yes

Dr. Horace Hambrick - Yes

Sherry Taylor – RN - Yes

Tim Thompson - Yes

Becky Reid – Yes

Dr. Derek Clarke - Abstain

Judge Barnett shared that there were no action items on the consent agenda which included Clinic, Community Health, Environmental and Administration. Dr. Miller asked both Samantha Jones, Clinic Nursing Administrator, and Terrice May, Community Health, to give brief programmatic highlights.

Terrice May began the Community Health portion discussing Harm Reduction. WEDCO is part of region 8, and our District's hepatitis C rates are among the highest of the 13 regions, with a positivity rating of 44%. WEDCO's county positivity rates for Hepatitis C are as follows (Nicholas Co. is excluded as Syringe Exchange is not available in that county):

- Harrison – 71.4%
- Scott – 61.5%

WEDCO is increasing targeted outreach by going into areas that may have higher rates, testing, referrals and education. We are also partnering with the University of Kentucky. Altogether, testing has increased for both HIV and Hep C by 70% from 2020 to 2021.

Ms. May went on to share that her team is working on the Community Health Assessment. There has been a MAPP coalition in each county. This coalition has identified five areas that we continue to work with community partners toward strategic goals and objectives. Those five areas include; substance abuse, mental health, transportation, youth activities, and homeless services. The first draft of the assessment was completed using the MySidewalk platform, a database for housing our assessment. Dr. Clarke asked if WEDCO has seen high rates of HIV. Ms. May stated for 2021 in Scott county, we have done 9 HIV tests, with 5-6 positive cases. Dr. Miller stated the challenge exists because we haven't been testing for that. Dr. Miller shared we have been working on building relationships to garner trust in our SEP program and having those individuals test for HIV. Ms. May said we have provided an incentive of a \$20 gift card for each participant who tests quarterly.

Next, Samantha Jones, Clinic Nurse Administrator, gave a brief update on Clinic and current happenings. WEDCO has administered 30K vaccines, district wide, since December 2020. We have partnered with school, jails, mass vaccination clinics, homebound vaccination, congregated setting vaccination, etc. Recently we transitioned vaccines from a once a week service to a daily clinic service. This allows more availability to get in and get vaccinations. We schedule appointments and take walk-ins as long as the schedule allows. WEDCO had partnered with a testing facility and we faced numerous challenges. We have moved testing back to "in house" due to these issues. We are currently testing approximately 100/day in Scott, and 20/day in both Nicholas and Harrison. Mrs. Jones shared that all clinic services have now transitioned to core public health. We have been able to provide care for all clinic services during the pandemic, although some numbers have decreased. Mrs. Jones thanked the board and staff for their ongoing support during the pandemic. WEDCO staff working with vaccines and front lines have sacrificed and worked long hours to provide for the communities during Covid. Finally, Mrs. Jones gave a huge thank you to Dr. Miller for all of her help and support during the pandemic. Dr. Miller worked tirelessly, alongside staff, to coordinate and provide all vaccination services.

Jared Hollon and Judge Barnett thanked Mrs. Jones and staff for all they have done and stated they have been vaccinated and tested within our clinics.

Judge Barnett moved on to old business with home health. He stated we had a great meeting on January 4<sup>th</sup> and it's apparent we have amazing staff. His greatest concern has been EPSDT and Waiver and we want to ensure to our patients and employees are taken care of. He stated he called Lorrene Rawlins himself and challenged her to present a plan to see how we can continue to make this work. Judge Barnett reiterated we've lost approximately \$1M in the last five years. Judge Barnett turned the meeting over to Mrs. Rawlins to share her plan.

Mrs. Rawlins, Home Health Director of Nursing, began by stating that anyone that knows her, knows she likes to be as prepared as possible with data and knowledge. She is not going to be able to answer all questions today because she said there are some things she just doesn't know. She reviewed her board packet which included service and financial numbers through November 30<sup>th</sup>, 2021. She stated numbers have fluctuated the past few days with regard to patient load and staffing. Home health is now operating on 46% staff and the program cannot continue to provide care to patients with no staff. To be fully staffed, our home health division, including Waiver and EPSDT need the following:

- 4 Supervisory staff members – excluding Mrs. Rawlins, she currently has 1
- 8 ½ nurses – she currently has 5
- 16 Home Health Aides for attendant care (Waiver program) – she currently has 7
- Administrative staff (this excludes billing staff) – need 8 – she currently has 5

Mrs. Rawlins needs 38 staff members to operate and she has 18, which is 46 % operations for staff. She appreciated Judge Barnett's phone call and she had a Plan B. However, her Plan B needs staff. She discussed the EPSDT program (pediatric program for developmentally challenged children, not impacted by nursing shortage) utilizes therapists. 90% of services are via telehealth. We are as lean in this program as possible with very little overhead. One clerk handles 78 patients, contracted staff therapists are coming out of this program, there are no supplies and a small amount of space. This program is the truest picture operationally as we have. We cannot shift the bottom line in this program. We ended last year with \$3K, and through November we have \$6K. We don't receive cost settlement for this program.

Mrs. Rawlins went on to discuss Waiver, a program where these people meet nursing home level of care. As of today, we have 67 patients in this program. We ended last fiscal year with almost \$300K. Currently, we have \$312K through November 2021. We receive cost settlement which keeps us afloat. Cost settlement for Fiscal Year 21 is expected to be \$320K+. Part of these patients are case managed by our social worker and other agencies provide the attendant care services. The other set of patients, we are the service provider and another agency case manages. You cannot provide both services by the guidelines. It's called conflict free. We have 39 case management patients and we make approximately \$8K month on these. Attendant care requires our aide staff and we are under staffed. This is an opportunity. The state visits a patient in their home and identifies a need by ordering a number of hours the patient needs care per month. If we were able to provide all services, we would generate additional revenue. If we could provide all services with being fully staffed, we would generate an additional: \$15K/month in BC, \$11K/month in HC, \$24K in NC, and \$30K/month in SC. Dr. Clarke asked what we are missing with the information she is relaying. She stated because we don't have staff, we are missing out on the additional visits these patients are authorized for. Dr. Clarke asked how we propose to get staff if we are having trouble getting staff to apply now. Mrs. Rawlins said that is a good question and this has been a struggle for years. She explained this. We are not encountering anything that any other entity is not encountering. We have consistently had a turnover of home health aides. Now, since WEDCO's future of home health has been brought to light, staff are bailing. Dr. Clarke asked if these people are paid by the state or us? Are the salaries based on state rates? Mrs. Rawlins stated our aides are contracted staff members, with paid benefits, as we are bound by state to pay for anyone working over 100 hours/month. Having a contract versus merit gives us opportunity to adjust hourly rate. Dr. Clarke asked what benefits would cost for these staff. Mrs. Rawlins stated she is unable to answer that at this time. Dr. Clarke asked why we aren't taking advantage of a better salary for Waiver if this program is making money. The potential loss of revenue is over \$81K/month without aides to provide attendant care. Dr. Clarke asked what the salary range for home health aides was. Mrs. Rawlins stated that we pay \$12 when they begin and then give increments as our merit employee's receive them, on an annual basis. Dr. Clarke asked who sets the rates, and Mrs. Rawlins stated it's WEDCO. Tim Thompson stated staffing has been an issue with home health since he has been on the board. How does staffing gets fixed if the board decides to keep this program? This doesn't seem to be going away and the money we are spending is concerning. He also asked if any care was not provided due to staff members not being vaccinated. Mrs. Rawlins stated the employees' vaccination status played no role with a loss in services. They were going into the homes to provide services until they received our vaccination guidelines, and since then staff have either

been vaccinated for filed exemptions. Mrs. Rawlins moved on to discuss as of yesterday, we've turned away 52 referrals. She has not been able to follow up to see if these patients were able to get care or if they were able to be taken by another agency. She has heard that Medicaid patients were not taken by another agency. Judge Barnett stated he was one of the 52 and was able to go to wound care in the hospital.

Mrs. Rawlins then shared another opportunity on the horizon was a potential change from PDGM to value based purchasing. With this change, we could be reimbursed by the quality of care we provide versus the quantity of visits. This is important because the performance period began in January and will be monitored due to our performance. This change is set to take place in either 2023 or 2024. There are still many unknowns but our performance will be based on our peers. Another opportunity is with increasing our service fees. We can renegotiate commercial insurance contracts, but only 12% of patients come from commercial plans. Our service fees are not far off from most agencies so it's not like we are far behind. We also may be able to decrease some space costs in Nicholas and Scott Counties. If we have a chance to capitalize on being reimbursed on quality rather than quantity, we can limit our therapy services. Before our PDGM payment change, we received an incentive and with this upcoming change, we can cut some therapy services. This would be a soft limit. Mrs. Rawlins further stated she's concerned because she's shared her Plan B. She told the board she has been doing this already. If we could cut costs, we did it. We don't have fluff in this program and she said staffing is not with a snap of your fingers. She said the current process of recruiting staff and working applications is not what it needs to be. We need to recruit now! We don't have applicants in place right now. She cannot fix that, that's not just her problem and she needs more help than just herself to fix this and its part of the agencies problem.

In closing, Mrs. Rawlins stated she likes to have her finger on numbers. She has not been able to do that. She has a simple calculation she wants to leave them with restricted reserve balances:

- In FY 2017 – HH restricted reserves totaled \$4.9M
- In FY 2021 – HH restricted reserves totaled \$5M

These reserves have been used but also replenished and these totals are because of a lot of cost settlement money.

Dr. Clarke asked if EPSDT employed merit staff or just contractors? Mrs. Rawlins shared that contracted therapists provide these services. Dr. Clarke asked for further explanation regarding home health and why the program has different pots of money, and why isn't it all in one pool? He also asked if the OPS program was only a pass through program? Mrs. Rawlins stated that we make a profit on OPS. Mrs. Kendall, Administrative Services Manager, stated that she has current December numbers and we ended December -\$260K for traditional home health, -\$11, 558 in EPSDT and +\$251,000 for Waiver. Each program is independent but program totals are calculated together to show the program as a whole for simplicity. Thus, in December, the total program showed -\$19,853 which shows the overall umbrella of the program. Dr. Miller shared that we have funding for only certain services and we cannot mix the two. Reimbursement must be applied to the program the service was performed out of.

Next, Dr. Steve Davis complimented board on their due diligence. The board tasked him to find additional information as it related to home health services, specifically EPSDT and Waiver. He had many discussions and has agencies that are currently serving or are interested in providing all four services.

Judge Barnett asked for a motion for executive session.

**MOTION #2**

Jared Hollon made a motion to move into executive session. Tim Thompson seconded the motion.

*Roll Call*

Judge Barnett – Yes  
Jared Hollon – Yes  
Judge Steve Hamilton – Yes  
Dr. Brett Hines – Yes  
Dr. Horace Hambrick - Yes

Sherry Taylor – RN - Yes  
Tim Thompson - Yes  
Becky Reid – Yes  
Dr. Derek Clarke - Yes

No further discussion. Motion passed without opposition.

At 2:50 p.m., Judge Barnett asked for a motion to go back into regular session. No action taken in closed session.

**MOTION #3**

Dr. Derek Clarke made a motion to move back into regular session. Sherry Taylor seconded the motion.

*Roll Call*

Judge Barnett – Yes  
Jared Hollon – Yes  
Judge Steve Hamilton – Yes  
Dr. Brett Hines – Abstain  
Dr. Horace Hambrick - Abstain

Sherry Taylor – RN - Yes  
Tim Thompson - Yes  
Becky Reid – Yes  
Dr. Derek Clarke - Yes

No further discussion. Motion passed without opposition.

Judge Barnett stated he appreciated everyone's patience as the board continued discussion. He stated the board still had more questions and that no action would be taken today.

Judge Barnett asked for a motion to adjourn.

**MOTION #4**

Jared Hollon made a motion to adjourn. Sherry Taylor seconded the motion.

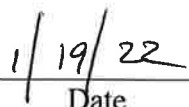
*Roll Call*

Judge Barnett – Yes  
Jared Hollon – Yes  
Judge Steve Hamilton – Yes  
Dr. Brett Hines – Abstain  
Dr. Horace Hambrick - Abstain

Sherry Taylor – RN - Yes  
Tim Thompson - Yes  
Becky Reid – Yes  
Dr. Derek Clarke - Yes

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

  
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Judge Alex Barnett, Chairman

  
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Date

  
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Dr. Crystal Miller, Secretary

  
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Date