



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

MINUTES

WEDCO DISTRICT BOARD OF HEALTH MEETING

Wednesday, November 22, 2021

WEDCO District Health Department  
Conference Room

Cynthiana, Kentucky

12:00 P.M.

Judge Alex Barnett, Chairman

Tim Thompson, Vice Chairman

**Members Present:**

**Harrison County**  
Judge Alex Barnett  
Brett Hines, OD

**Nicholas County**  
Judge Steve Hamilton  
Becky Reid

**Scott County**  
Jared Hollon, Judge Designee  
Dr. Horace Hambrick  
Sherrie Taylor, RN  
Tim Thompson

**Staff and Guests Present:** Dr. Crystal Miller, Rachel Kendall, Jennifer Lemmings, Lorrene Rawlins, Steve Davis, Brad Hayes.

With a roll call showing a quorum present, Judge Barnett called the meeting to order.

Judge Barnett asked if everyone had an opportunity to review the minutes.

**MOTION #1**

Becky Reid made a motion to approve the board minutes from Wednesday, September 22, 2021. Jared Hollon seconded the motion.

*Roll Call*

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

Sherry Taylor – RN - Yes  
Tim Thompson - Yes  
Becky Reid – Yes

No further discussion. Motion passed without opposition.

Judge Barnett introduced Brad Hayes to present the findings from our annual Financial Audit.

Mr. Hayes reported that WEDCO had a really good year with the exception of Covid. He explained how the report is laid out and the management's responsibilities' and the auditors responsibilities in the cover letter. At the bottom of the letter the auditors are required to issue an adverse opinion on generally accepted accounting principles because WEDCO in part reports on a regulatory basis. On the next page in the second paragraph they issue a modified opinion on the regulatory basis accounting. The other paragraphs talk about supplementary information. On the next page are the statements, assets, liabilities,

and fund balance. Overall the cash investments increased by \$500,000, there are nearly \$20,000,000 in assets, carrying forward about \$14,000 in liabilities. The following page is revenues, expenditures, and changes in fund balance. Mr. Hayes summarized this page that the top section is revenue and WEDCO came in approximately \$1.7M over budget. The expenditures overall were well controlled. The only line item that was over budget was the operating expenses. The expenditures were over budget by \$350,000 and that was offset by the \$1.7M in revenue. He stated that under the investments, one is under collateralized about \$1,200. Mrs. Kendall stated this has already been taken care of. As of June 30<sup>th</sup>, WEDCO had an unrealized gain of CD's of \$262,000. There is a new disclosure at the very end related to the pension which states we are now being required to pay a certain percentage of our total overhead pension liability over the next 20 years. This is to make readers aware this is changing some. Mrs. Kendall asked if he knew what actual liability would be and said the Board would want to know that information. He did not have the amount of liability that is being calculated for that purpose. The rolling yearly liability, was determined to be just under \$28M and the overhead liability is over \$5M. That was measured as of June 30, 2020. On page 22 there was one audit adjustment this year for a miscoding of a term payment, but nothing significant. The auditor asked if anyone had any questions or comments and Judge Barnett stated that this looked very good, but had a standard question of if there were any findings that needed to be brought to the Board's attention. Mr. Hayes reported that no, neither the report or the attached two-page formal letter to those charged with governance indicated anything of concern.

## MOTION #2

Jared Hollon made a motion to accept the approved financial audit. 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

No further discussion. Motion was passed without opposition.

Judge Barnett moved to the consent agenda requiring no board action. Dr. Miller wanted to highlight a few items in that category. In Health Promotion, we are doing outreach at an event in the Ed Davis community which is a primarily African American and Hispanic community in Scott County. It went well although our turnout was low. It has been good to build the relationships because these are relationships we did not have before that we now have. In Environmental, we have some big projects. FedEx is coming to Scott County. Scott County sewage capacity is a really big issue overall and reported in the newspaper about that. Having the kind of growth they are having in Scott County and having the interest from big companies like FedEx is causing Environmental to really watch Environmental Regs closely. For example, with FedEx, we don't have enough sewage capacity to follow our regs. They are required to "tack on" in 2 years. GMWSS does not feel there will be the sewage capacity in 2 years, which then sends it back to us and we are having to work directly with the state department Environmental Program on making sure that as long as they have holding tanks, making sure they have everything in place. On the clinic front, we are heading back into the days of lots of vaccines. We open up the 5-11 age range this week, which is really good and we are excited about that. We are having some extended hours until 6:00 tonight and Friday until 6:00 in Scott County. We have stayed in line with trends from the 8 and older vaccines, and when the age dropped to the 12-17 age group. It appears that

parents that are vaccinating themselves are also vaccinating their children. For example we have about 60% in Scott County that are 18 and older and 59% for 12-17 year olds. If that holds true in all of our communities, then we can trend out. Judge Barnett asked what is the percentage for each county. Dr. Miller stated that for 18 and older, we have 60% in Scott County, 42% in Harrison County, and about the same in Nicholas. Dr. Hambrick also wanted to know about percentages for kids because the school board was going to address masks in school's next week and this information would be helpful. Tim Thompson asked about the "magic number" for herd immunity. Dr. Miller deferred to Dr. Davis. Dr. Davis said that the literature said for this variant we probably need to get about 80%. We know we have around 50% of the population with at least one dose of vaccine. What we don't know is how many cases of Covid occurred that never got tested. For example, the first cases of Covid did not show up in the US in January or February of 2020, but the Clinical Community felt it probably hit in the late fall of 2019. Patients were having very similar symptoms, but no flu diagnosis, no strep diagnosis, et cetera. We still have a good way to go to get to the 80% as it relates to vaccinated herd immunity. Natural immunity we know wanes and varies in the literature at about 6-8 months. The short answer is we have a way to go as we are 50-60% vaccinate. Mr. Thompson stated that he assumed having the children eligible will help. Dr. Davis said it will help. We have a million children in Kentucky. You can figure about 50,000 in each age group/cohort so age 5-11 is 6 cohorts at 50,000, in each cohort is 300,000 children that are eligible that were not eligible before. The data is showing right now, through several national surveyed data, 30% of parents are going to go out immediately and have their children vaccinated. So, if we are fortunate enough in Kentucky to get 300,000 of those new eligible vaccinated at 30% would be closer, but still a way to go. This is going to be with us a while. The trend is now, where we thought we'd plateaued, and now in a number of states including Kentucky we are starting to climb right back up again in regard to hospitalizations and illness. This is still the condition for hospitals as Covid is an illness of the unvaccinated. People who get vaccinated are pretty safe. We need to do all we can to encourage vaccinations. Dr. Miller asked for a recent projection on the breakthrough cases. Dr. Davis shared that it is now about 20% of cases are breakthrough. Fortunately, 99% of breakthrough cases end up being a mild flulike illness. A very small percentage of breakthrough cases end up in the hospital. Very few deaths, with 1,700 deaths of breakthrough cases nationwide.

### **MOTION #3**

Jared Hollon made a motion to approve the consent agenda. 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

No further discussion. Motion was passed.

Judge Barnett addressed new business and invited Mrs. Kendall to make a presentation. Mrs. Kendall was presenting the updated annual Employee Handbook. There is only one change to the handbook from last year. The Infectious Disease Mitigation Strategy and Vaccination policy has been integrated into the handbook. Mrs. Kendall asked for approval on the updated handbook.

### **MOTION #4**

Jared Hollon made the motion to approve the annual Employee Handbook. The motion was seconded by Dr. Hines.

*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

No further discussion. Motion was passed.

Mrs. Kendall also reported that we still have our outbuilding on hold as there has not been time to work on it. Nicholas County is still working on the generator project. Mrs. Kendall wanted to point out in addition to the auditor's financials report, and wonderful audit, a lot of the funding we have received is directly tied to Covid. She pointed out that at the end of the last quarter, WEDCO ended in a deficit for the first time in a long time. Given the issue with the pension, we are going to have to tighten down where we can for the rest of this year.

Dr. Miller reported that we are having an increase in cases. She had hoped that the increase on Monday was just because of the weekend but it is not. We have had 3 consistent high numbers days and this is consistent with what Dr. Davis was reporting on the local level as well. Dr. Miller is worried about the Disease Investigation Team because we do not have the capacity we had before. Before we had 12 people working on the team but we just have 5 now. We've switched to a regional concept because of the way the funding runs and because of the retirement liability that is associated with it. We have regional teams now that help us, which any help is good help, but it's hard to train new people when they are coming constantly and they are working for our health department and working for another health department so it is just different. Dr. Miller is hoping our cases don't get over 100 per day again because our team was just about to break right when we got the break in cases that we did. More to come on that. We have contracted with a new testing lab. They are providing testing in Scott County and Harrison County 6 days a week. Monday through Friday inside our building from 8:00 – 4:30, and on Saturday they are doing drive through in our parking lot. In Nicholas County they are doing Tuesday's and Friday's from 8:00 – 4:30. This gives us more hours. We were only able to do it from 8:00 – Noon. That has just kicked off this week, so we are still working out some of the logistical things with that. They have the capacity to ramp up if we see that we are overloaded and need more teams. The company has the capacity to send more people. That is a really good partnership. We just have some kinks to work out with them. We have been working with all of our superintendents on "Test to stay" with schools. That is something that is going really well in Scott County with the company they hired. Nicholas County hasn't started that just yet. Harrison County is still involved in discussions as well. Working really closely with that end along with vaccinations. They have sent out all communications to parents and families that we are holding vaccination clinics for ages 5 -11 and trying to make it really convenient for them. Once we do some extended hours, we may even take the one vaccine and host a clinic at school right after school. People want convenience and that is what we need to focus on once we have the capacity. Dr. Hambrick noted that there are two reasons why he thinks cases are going up. One is that it is colder weather and people are moving activities indoors and the other is that there is Covid fatigue and people are not as careful as they used to be. He asked if there are other reasons why our numbers may be going up? Dr. Miller does not think there are other reasons. She stated that we keep a really close hand on long term care outbreaks and we have a few in Signature over in Scott County but we don't have any long term care

outbreaks so it is not associated with that. She does agree with Dr. Hambrick about his reasons are due to Covid fatigue and indoor activities. If this is indicative of cold weather, then we are in for a really bad winter.

Dr. Miller mentioned working on the sewer project. That is a really big deal for us in Scott County. Judge Barnett asked where that stands right now with the concrete. They had issues with the concrete or something and had to shut down. Jared Hollon said they are waiting on some forensic studies and they hope to have that back sometime this week or next week. Dr. Miller relayed we are trying to make sure that the regulation requires companies to tie on to sewer within 2 years. We are trying to make sure that there are things in place that require that they pump their tanks out, and they are appropriately doing that, whether it is FedEx or any other company. These pumps have alarms on them but you can ignore the alarm, not saying that FedEx would do that, but we have that happen with neighborhoods all the time where families will ignore the alarms. Mallard Point is a good example of that. We get many complaints from there. We are trying to tie up all of the loose ends and make sure that if this is 5 years or 10 years or 15 years that there everything in place so we don't have another issue like the South Sewer project we just wrapped up in Scott County. It's messy.

A committee was formed from this board on vaccine exemptions. There were several vaccine exemption requests for both flu and Covid. The committee met, and right after that meeting, HHS came out with guidelines for vaccinations. It really makes the exemptions null and void for us as they specifically outline Home Health, but then there is language in there that makes us believe that all local health departments will be in that requirement as well. If that is the case, then our exemptions are null and void because we are required to follow the HHS guidelines. The committee did meet but have not moved forward because that requirement supersedes anything that the committee has done. Dr. Davis added that if it is held up and not stayed by the federal court, he believes this will include local health departments. Home Health was listed in a number of entities that were absolutely included, but the language left it very open ended. When the state cabinet receives the contract, the cabinet is the contractee/grantee of federal contract monies and the local health departments are the sub-grantees at the local level and there is probably ballpark figure of \$25-30M across county health departments statewide. Dr. Davis does not see the cabinet taking a risk that they might be on the hook by saying local health departments are not responsible and then it coming back on the cabinet. Health departments have asked the cabinet for a legal opinion. Dr. Hambrick asked if anyone knew how local individual doctor's offices are going to be affected? He keeps looking for specific word but not finding out anything for doctor's offices, most all of which would take Medicaid or Medicare. Has anybody seen clarification on that? Dr. Miller offered to Dr. Hambrick the full document if he did not already have it. She thought she saw something in there about local physician's offices, but it specified a certain kind of care. Dr. Hines said that it stated if there was less than 100 employees then local physician offices would not be required to follow the guidance. Dr. Miller said the thought there was language in there that left it up to the individual offices.

To wrap back around to Public Health Transformation, we have family planning in the clinic and we are able to assure we are only doing a very small piece of family planning now. We are now linking people up to a medical home when we are putting them on birth control. That program is now right in line with what we are supposed to be doing with Health Transformation.

Dr. Miller stated that the board had asked to see financials for Home Health. At the last meeting we started talking about Public Health Transformation. The question was asked at the last meeting about what are we still doing that is not core public health. There were a few things in clinic that we needed to lean out. Home Health is not considered core public health as defined by the state. It is not tied to public

health departments. There were more Home Health Agencies with Health Departments in the past. When Dr. Miller started at WEDCO there were over 20 in the state and now there are 7. This has been a program Dr. Miller fought for and wanted to keep. Financially, it was one of those things that made money and enabled WEDCO to serve the community so we held on to it. Looking at uncertain days and the way things have trended in the past, Dr. Miller does not know what the future holds for Home Health in terms of funding. We had that conversation at the last meeting and the board asked for information on where Home Health trends have been over the last 5 years so we are not looking at just 2021. There is no urgency. Are we in a situation where we have to get out of Home Health right now? Absolutely not. That is a board decision. What we are experiencing on the administrative side is if we are going to hang on to Home Health we have got to do some things administratively. One example is that because of the amount of turnover we are having, we need more HR staff. Billing has always been a struggle, but we have recently changed our billing system. Dr. Miller suggested asking more specific questions about the billing to Mrs. Rawlins and Mrs. Kendall. There are some administrative things that make it harder and harder to make money. If we did not have Mrs. Rawlins we probably would have been out of Home Health a long time ago. She has a very good business mind. She has paid attention to how we can maneuver and be financially solvent. Dr. Miller is uncertain if Home Health will be viable down the road and said this is a conversation we need to have. Mr. Thompson asked Dr. Miller to explain what the cost settlement is. Mrs. Kendall responded on basically how cost settlement works. Every year the services that we do fall under Medicaid reigns. When we submit all of our services, which we do on an annual basis, it shows us the rate we are doing in actual profits and it gives us that cushion and that balance because obviously we are doing things for less than they are actually costing us, or we are getting reimbursed for less than what things are costing us. It is not a guaranteed amount. Mrs. Rawlins added that throughout the year Home Health is reimbursed just enough for the agency to cover the cost of providing the service and not all services are cost settled in the Home Health program. There is a list of a few that are. Having said that at the end of the year the cost settlement is a term tied to settling up with an agency at the end of the year that will actually provide a little bit of fluff to not only cover the cost of providing the service but to cover the cost to continue to provide the service into the next following year. At the end of the fiscal year we are cost settled, meaning we are paid a lump sum based on the data we provide them. This is only applied to paid claims. We submit our report of paid claims and then they cost settle us for the remainder. The cost settlement is a lifesaver for us. Mrs. Kendall added that this time every year, we submit all of our data to a firm who handles this for us and they send it out to Medicare and Medicaid and all of the MCO's. We expect the settlement money to come in between January and June so that it will go on our fiscal year records. That does not always happen. Often, money that we are owed doesn't always come through for another year later. Essentially, just because this year they say we are going to get \$500,000, we may get \$300,000 this year and some of it will trickle in next year. It's one of those things where the timing can be off too.

Dr. Miller shared that Mrs. Kendall did a projection of 5 years from 2017 – 2021 and shared the results with the board via a spreadsheet shown electronically. In 2017, without cost settlement we would have been \$17,000 in the negative, in 2018 we would have been \$900,000 in the negative, in 2019 we would have been \$800,000 in the negative, in 2020 we would have been \$831,000 in the negative, and then this year \$814,000 in the negative balance. So you can see how much we depend on cost settlement. It is literally how we hang on. At the bottom, Mrs. Kendall put what we actually got for cost settlement each year. The blue line is what we pull out of our reserves every year. Every year when we end the year each program like traditional Home Health, EPSDT, VA, and Waiver is in its own "bucket" and cannot be shared between programs. For instance, in 2017 we ended the year in the black, so that money went into our reserves. We have \$5M in reserves in Home Health. The blue line is what we dip out of when we need to pull money out of reserves. When cost settlement doesn't balance us out then we dip into our

reserves. Dr. Davis mentioned that historically cost settlement is not a guarantee by the cabinet. For example, in years past we've had several programs that were going to be cost settled like HANDS and then because of the shortfall in Medicaid at the Cabinet, what cost settlement money that was going to come at the local level got used to balance the Medicaid budget at the state level. Dr. Miller said she did not know this and asked whose decision is that? Dr. Davis shared that it is the decision of the Secretary. So cost settlement dollars could be reduced or eliminated if the state needed it to balance the Medicaid budget. Dr. Miller stated that it is clear that if we do not receive cost settlement then Home Health is not a viable program. We have always gotten it and we have never been told we were not getting it. Dr. Howard, former commissioner of public health, did the Public Health Transformation because there were health departments doing lots of things that were not necessarily core public health. And with the financial crisis of the pension, public health transformation was formed in that there are specific things that local health departments have to do no matter what. That is what is outlined in that document that Dr. Miller went over with the board at the last meeting. Dr. Howard was very clear that local health departments with Home Health agencies should not be in that business. Dr. Miller insisted that we were fine and were going to continue on. Then, Dr. Stack was appointed as commissioner and Dr. Miller has had conversations with him to ask if he saw this changing. Dr. Stack agreed with Dr. Howard and is lock stepped with Public Health Transformation. At this point it just brings this discussion to this board on what is the will of the board. It not that we can't do it. If we are going to continue to do Home Health, there are some administrative things we have got to look at doing. Dr. Hines asked if we quit doing Home Health, would they miss us? There is a pretty big group that is served in Home Health. Dr. Miller stated that our patient census has really been the same for the past 5 years. That is the thing too, back when we were having these conversations with Dr. Howard, we were known in our communities a lot for Home Health. You would go out into the communities and say WEDCO and people thought it was Home Health. We haven't done a great job showing ourselves on the public health side. Dr. Hines asked if there are enough other organizations out there to take over if we did away with Home Health. Dr. Miller responded that there are companies that serve every one of our communities but you wouldn't know that until the board decided if we were selling. To answer the question, yes there are private companies that do what we do. Then the question comes are they providing the level of care that we do. Dr. Hambrick asked how fully staffed are we right now? Mrs. Rawlins shared that she has 3 vacancies, a nurse vacancy and 2 clerical staff vacancies. Dr. Miller discussed that filling vacancies right now is a real struggle for us. We have always struggled with turnover and vacancies in home health, but the pandemic has heightened that in every area. In addition to those three we need to hire more people administratively. WEDCO needs another HR person. The turnover in Home Health has been 45% since October. Those are specific positions usually. The aides are always a high turnover positions. It is hard work and always has been. We saw that shift several years ago. Once WEDCO lost people who were in it for their career, we just cannot find people who have that level of commitment to be aides who love that kind of work taking care of patients. That's not something new to us this year but has been an issue for us for several years. The point is that the amount of turnover we are having is hard on the administrative side. The reason for this conversation just adds to it. We are at a point where we need to do some things differently if we are going to hang on to it. It doesn't make sense for us to hire an HR person, more billing people, if we determine the program is no longer viable. If cost settlement goes away tomorrow, we know the answer. If cost settlement stays around for 20 more years, then it is really the will of the board. Dr. Miller did ask Dr. Stack if there would be any flexibility with home health. He feels strongly that the state department would not be funding Home Health. He was clear that we should not look for support from the state for Home Health. Mrs. Kendall brought up the pension fund. We are getting a subsidy right now for our staff for the pension. We have been told that will not last for any Home Health people that we've had. So the \$28M + we have on the books, we are getting a little subsidy to help us with that but that does not include Home Health staff. Mr. Thompson asked how many Home Health agencies are



tied to Home Health departments. Dr. Miller shared that she thought there were 7. Franklin County closed. They ended up selling but they closed their doors before they sold. Clark County got out in the last year and a half. It's hard. If we did not have Mrs. Rawlins managing the business side of this, we would have had the answer long ago. That is the truth. Mrs. Rawlins asked to respond to Dr. Hines' earlier question addressing if the community would miss us. Her response was that we provide a high skill set for 4 counties. We serve Bourbon County in addition to our other WEDCO District counties. On a regular basis we have a waiting list. There are other agencies in the 4 counties we serve. We have the market share in every single county that we provide services in with the exception of Scott County where we are number 3 instead of number 1. The other agencies that share the CON's in our counties, they will tell you "yes, we will take your patients, we will take your indigent ones, we will take your Medicaid patients", but they will not. We are the agency that will take those patients. There will be patients that will not get served in every single program that we offer, especially when you are referring to Medicaid patients in EPSDT, our pediatric program. We are only one of two providers of EPSDT in the bluegrass region. We are the only provider in the 4 county service area. Those pediatric patients with developmental delays will not be served. We have a waiting list. If I have the staff to provide the services in those programs, it would be endless. I cannot find the therapists to provide the services. The Waiver program is designed to keep people at the home and out of facilities. There are no other waiver providers in our area. Our grandparents, our mothers and our fathers, they are going to go into facilities because WEDCO is keeping them out. So we will absolutely be missed. Currently, with all of our services, we touch 746 patients. We have seen our sister agencies make this same decision you are now faced with. We have been the agency that is waiting in the wings and have taken their patients. WEDCO has assumed a lot of the other patients. I think Mepco was the most recent closure which was Madison, Estill, and Powell Counties. We took the patients that we could, that we were able to, to regulation. We did the same thing with Clark County and the same thing with Franklin County. But we were only able to take so much. Dr. Miller is correct. The turnover is phenomenal in Home Health. Couple that with Covid and with burnout, it's painful. It's a struggle. We are strapped with not being able to compete with the private sectors for staff. We haven't been able to for a while. Judge Barnett commented that this is going to be a struggle and not an easy decision. Dr. Miller went on to share that the great part is we are not Three Rivers or Franklin County, and we don't have to make a decision right this second and close the doors right now. But these are conversations that need to be had because it is very real. The way that public health is trending, there will not be a public health department tied with a home health agency. Dr. Davis commented that there once was a Home Health branch at the state level in Frankfort. A previous commissioner decided to dissolve that for many reasons. For many years, there has not been support from the state for Home Health. Over the years, there were over 20 agencies and now are down to 7 agencies. The big gorilla in the room is this pension issue. What we are seeing is that some agencies/health departments are focusing on core functions that is a big pension liability. Private companies can do this more efficiently because they do not have the pension issue to deal with. Private agencies are not paying 50, 60, 70% matching on their 401K. To your point, what we have found over the years, that places without a home health, the private agencies picked up the services with the exception of waiver. There has been difficulty getting the Medicaid Waiver program picked up. Other services were covered. Down the road, Dr. Davis feels that the private sector will pick up the Waiver program more and more because of the pension issue. Mr. Thompson asked if there is a certain reason we are having a hard time finding staffing, like vaccination, or rate of pay. Mrs. Rawlins said that at one point in time, the vaccination status may play a role of not being able to staff if we go that route, but honestly it is the pay. A Home Health aide has the most difficult job in the agency and is one of the lowest paid in the agency. Dr. Miller got approval from the state to increase the pay rate for our Home Health aides and that did help for a period of time but we cannot compete with the private sector. When they can go to a fast food restaurant or work remotely and make more money with less demands, it's a no

brainer. That is what she is encountering right now. Mr. Thompson shared that there are a lot of factors to look at. If we did end up selling, is there a way we could secure jobs for people or even some of the things that she is talking about that they are not providing. Is there a way that we could request that they try to do something like that? Dr. Miller said we would have to be educated on how to do an RFP and she thinks we can list what we want in that RFP. If we want them to assume all of our staff for a certain number of years. Dr. Davis said Dr. Miller is correct. The CON may be offered for sale with the following criteria. Then those that are interested in the RFP could negotiate the conditions of the sale. Mrs. Rawlins shared that CON's are a regulation that agencies must abide by to be able to offer in any county. Dr. Miller shared our CON covers all 4 counties. Another piece of this when you are looking at staffing from being a 20 year merit employee versus a 1 or 5 year employee are the benefits. Mr. Thompson talked about concerns about services being provided and the employees being taken care of. The difficult part of this is that you have to have that balance where you don't want the money to continue to go down as far as the money we are spending and yet to have that balance to be in a position where you feel like if you could sell it you get something out of it or at least have interest in it instead of letting it completely go down. So you have to try to find that magic spot of when we would do that if we were to do that. Dr. Miller pointed out that if cost settlement were to go away and our reserves ran out then we cannot raise enough taxes to take care of Home Health. Then there would be a conversation with Dr. Stack because you are using public taxing money for Home Health and that is not core public health. Judge Barnett stated that the good news is that we have \$4.8M in reserves for Home Health and that takes the rush away. There is time to think about it and talk about it. An option is to have some discussion with other public health directors that have gotten out of it and see how they did it and what were some of their successes if they did put it up for sale. With us having a high volume count we have something that is worth something. There again, dragging our feet doesn't help with the administrative issue that is going on right now. Home Health needs more help but we don't want to hire somebody and then in 8 months or 2 years sell the CON. Even with HR stuff, you are looking at a higher level of pay but bringing someone in and not knowing exactly how long they will work.

Dr. Miller brought up that the other piece of this is the whole vaccine mandate that she feels is now out of our hands. We have several Home Health staff – are we going to be able to replace them easily? We have Speech, OT, PT. Mrs. Rawlins response is no. We are trying to recruit for those positions and are having difficulty getting candidates. Our policy is written to be fully vaccinated by November 24<sup>th</sup> but if the board decides to relax because of the HHS requirement then that extends it to the beginning of January and that will become a big issue because we cannot get paid for them doing services. It's not on the table for them to work for us. We have no control over that. Mrs. Rawlins shared that those particular employees are providing skilled services which are truly home health services. You don't get cost settlement for skilled services. It won't have a huge financial impact on Home Health, but it will impact our ability to provide the services for PT, the OT, and Speech. Financially, the agency won't have a huge impact unless it is a set of 5 home health aides. That would potentially affect us greater. The necessary skilled services that might not be provided like the nursing could be affected because of this on our end. We may not be able to provide these services without these people. This would affect 10-15 patients that we would not be able to serve. If we were to keep Home Health, we would need additional personnel for HR and for billing. There is a new billing system and we need additional personnel to keep up with the demands of the billing system. Judge Barnett expressed concern about the nurses with Home Health and treating them right because they really care and do really great work. It is going to be a tough decision. However, he said he is an economist and we cannot keep losing money. It would be a disaster to raise taxes to provide a service that is provided by the private sector. If that got out all of the elected officials in this area would be gone just like that. And then they would come after some that weren't elected. It comes down to accountability. The good thing is that we have time. Dr. Miller can come

back with more information. Judge Barnett would be curious what the value of the Home Health agency is. Judge Hamilton had a question on the chart. The last 3 years there has been a big spike in the use of reserves. Is there a reason for that? Mrs. Kendall responded that Medicare used to be a large source of revenue for us. We were billing episodically and we were getting paid very well for therapy. If the vaccine mandate happened then, we would really be hurting. But everything flipped over on its side and now skilled nursing and Medicare is not a big revenue source. The Waiver program is now where a large source of revenue comes from. Waiver is trending up. Traditional Home Health is the top line on the chart. The first year is black and the remaining 4 years is red. That would have never happened years ago because Medicare was our payor. The Waiver is the bottom bar and the last 2 years that program is in the black. That is what is holding us up. Mrs. Rawlins added that we were able to recognize an opportunity in a couple of different areas. We saw that we were able to navigate away from the skilled services and into more of our Medicaid funded areas that were going to be cost settled. So we took that opportunity, with Dr. Miller's guidance, and it paid off. In addition, we took the opportunity to be waiting in the wings for those patients whose agencies closed. We engaged in conversations to build relationships with those agencies and took those patients on board to provide supply services. That is also an opportunity that has paid off very well for us. Mrs. Kendall stated that we might question why we took on patients not in our counties. The only thing we can do for those patients is send them supplies. Home Health has a supply vendor that they work with and gets a small percentage of that. 415 patients that are added to our patients which are cost settled. Mr. Thompson asked how we had gotten to \$5M. Is that just over the years? Mrs. Kendall responded that with Medicare before they changed their system, we were making money. Dr. Miller added it is the reason why we did not get out of Home Health when other people were getting out of it. It was never public health, but there was no reason to not do it because we had a great program and we were able to make money doing it. So it was always with us. It wasn't until the last several years' things have turned the other way. Mr. Thompson asked one last question. What happens to the reserves if we do sell Home Health? Dr. Miller shared that would go back into our WEDCO operations reserves.

Dr. Miller wrapped back around to the vaccination policy. Do we keep November 24<sup>th</sup> or do we push it back to January 4<sup>th</sup>?

#### **MOTION #5**

Jared Hollon made the motion to amend the policy for vaccination deadline to January 4, 2022. The motion was seconded by Becky Reid.

#### *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

No further discussion. Motion was passed.

Mr. Thompson brought up giving bonuses to the staff for Christmas. Dr. Miller suggested we could look at our finances and email the board about it. Judge Barnett stated the Board could give Dr. Miller and Mrs. Kendall the authority to proceed as necessary to give bonuses if funds were available.

#### **MOTION #6**

Tim Thompson made the motion to give staff a Christmas Bonus. The motion was seconded by Becky Reid.

*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

No further discussion. Motion was passed.

**MOTION #7**

Jared Hollon made the motion to adjourn the meeting. The motion was seconded by Becky Reid.

With no further discussion, it was advised that the next board meeting be planned for January, February, or March.

Meeting was adjourned.

  
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Judge Alex Barnett, Chairman

  
1/19/22  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Dr. Crystal Miller, Secretary

1/27/22  
\_\_\_\_\_  
Date